provides parity for mental health and substance abuse benefits. It provides parity while preserving the foundation of the ERISA benefit structure, protecting the ability of group health plans to medically manage their claims and providing plans with the flexibility to determine and administer on a voluntary basis the benefits provided to working men and women and their families. By steering clear of the benefit mandates and litigation traps contained in H.R. 1424, this motion makes it possible for employers to continue to provide high-quality affordable benefits, and it does so while responsibly offsetting the cost.

This motion to recommit includes an important provision that will save the American taxpayers billions of dollars by reducing the fraud in the Medicaid system by requiring all States to implement an electronic asset verification program within their Medicaid eligibility systems. Many States have balanced budget requirements and thus have limited dollars to allocate for the Medicaid programs. These new State-level Medicaid asset verification systems would ensure that Medicaid applicants are not intentionally hiding significant amounts of funds in undisclosed bank accounts in order to fraudulently enroll in a State's Medicaid program. This is a responsible way to pay for mental health parity benefits.

Finally, this motion to recommit includes language to clarify that the bill does not require a group health plan to cover abortion as a treatment. For these reasons, I strongly urge my colleagues to support this motion to recommit and vote in favor of this commonsense alternative.

I yield to the gentlewoman from New Mexico (Mrs. WILSON).

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Mrs. WILSON of New Mexico. Mr. Speaker, I would ask my colleagues to remember only three things about this motion to recommit:

First, it happens immediately. This is ''forthwith'' so we can do this tonight. Don't send it back to committee. We can do it right now.

Second, it substitutes the Senate bill that is supported by 245 different organizations, including the National Alliance for the Mentally Ill, the American Psychological Association and numerous others. It's a bipartisan bill that passed unanimously in the United States Senate. It has the parity provisions very similar to the ones that Mr. KENNEDY and Mr. RAMSTAD have brought forward, but an important policy difference. The Ramstad-Kennedy bill does not require employers to cover mental health care. It says, if they do offer it, it must include every diagnosis in the DSM-IV manual, everything. No other, including the Federal employees health plan, goes that far. I think that the likely result of that will be what we all don't want to see, which is employers drop mental health coverage completely. That's why organizations like the National Alliance on Mental Illness support the Senate bill and not the House bill. They want to see an expansion of coverage for the mentally ill, not a loss of coverage for 18 million seriously ill Americans.

The third thing that I want you to remember is this: There's been a lot of discussion about the pay-for in the bill we're asked to vote on here on the floor tonight. This motion to recommit would defeat the provision that will close physician-owned hospitals, including a lot of them in rural areas of America as a different pay-for that extends a successful pilot project for electronic verification of assets for Medicaid eligibility.

So three things. We can do it tonight, it doesn't go back to committee. It is better policy which will extend greater coverage for those who are mentally ill. And the pay-for doesn't hurt our rural, physician-owned hospitals.

Mr. PALLONE. Mr. Speaker, I rise in opposition to the motion.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, I would yield initially to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of the Paul Wellstone Mental Health and Addiction Equity Act and against this motion to recommit.

My friends, this is a cynical attempt by the Republican leadership to kill a bill that they never liked from the start. Too many people worked too hard and for too long on this legislation to let it be derailed now.

274 Members have cosponsored the bill. Three committees have passed it. And my two good friends, PATRICK KENNEDY and JIM RAMSTAD, have worked for years to reach this vote today. I will not let their hard work be for nothing.

Mr. Speaker, I know what it's like to live every day with a disability and how important it is to have the care and the resources that allow me to live a normal life. See, you can see my disability. It's obvious. But with a wheelchair, with adaptive equipment, it really levels the playing field. With other support I can live a very fulfilling and normal life.

But, Mr. Speaker, there are millions of people across this country who live with a silent disability, a hidden disability, struggling day in and day out with substance abuse, mental illness, chemical imbalance, other mental illness challenges, and they don't have the support that they need, and they struggle day in and day out. They don't have the support they need because they don't have mental health parity. We have the opportunity to change that and give them the care and the support that they need to live a normal life.

PATRICK KENNEDY, my good friend, has had the courage to speak for all those suffering from the hidden disability of mental illness. He's been a champion and a leader, and millions of people across this country are looking to him right now and they will be looking at all of us to pass this bill and allow them the access and the care and the treatment that they deserve. We can't let them down.

I urge my colleagues to support this bill and reject this cynical attempt and specious motion to recommit.

Mr. PALLONE. Mr. Speaker, I reclaim my time and I want to thank the gentleman from Rhode Island for what he said.

I yield the balance of my time to the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. I thank the gentleman for yielding.

Mr. Speaker, I urge my colleagues, and I ask them to vote ''no'' on this motion to recommit.

The House bill is stronger than the Senate bill. The House bill provides stronger parity protections than the Senate bill for the same cost. The House bill requires parity in out-of-network benefits. The Senate bill does not. Out-of-network care is important where plans cover a limited number of providers and there are long waiting lists to access the care.

The House bill requires coverage for all clinically significant disorders if the insurer chooses to provide coverage for mental illness. The Senate bill lets health plans pick and choose which diseases they will cover, so they could deny care for autism, eating disorders, alcoholism and more.

And also, on this motion to recommit, when it comes to protecting human life, I stand with my colleagues on both sides of the aisle. But this abortion provision in this legislation is a red herring. If this abortion provision was a problem, why would my colleagues, our colleagues, our friends in the Senate like Senator COBURN, Senator BROWNBACK, Senator DEMINT vote for it?

I sit on the Energy and Commerce Committee where this bill came from. The abortion issue never was raised.

Under the House bill, health care plans retain the right to make decisions about medical necessity, and nothing in this bill would overturn the ability of health care plans to impose a conscience clause and not cover certain services due to religious or moral objections. This was made part of Federal law in 2005 under the Abortion Nondiscrimination Act authored by Congressman DAVE WELDON. That is the law today. Nothing in this bill would affect the Weldon amendment as we know it. Nothing in this bill would affect the ability of a plan to prohibit coverage of abortion either on medically necessary grounds or on a conscience clause.

The bill provides for treating mental health services and physical services with parity. It doesn't address how plans cover physical, i.e., abortion