

July 5, 1994; to the Committee on Governmental Affairs.

EC-325. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-331 adopted by the Council on October 4, 1994; to the Committee on Governmental Affairs.

EC-326. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-332 adopted by the Council on October 4, 1994; to the Committee on Governmental Affairs.

EC-327. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-333 adopted by the Council on October 4, 1994; to the Committee on Governmental Affairs.

EC-328. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-334 adopted by the Council on October 4, 1994; to the Committee on Governmental Affairs.

EC-329. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-335 adopted by the Council on October 4, 1994; to the Committee on Governmental Affairs.

EC-330. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-336 adopted by the Council on October 4, 1994; to the Committee on Governmental Affairs.

EC-331. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-337 adopted by the Council on October 4, 1994; to the Committee on Governmental Affairs.

EC-332. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-338 adopted by the Council on October 4, 1994; to the Committee on Governmental Affairs.

EC-333. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-340 adopted by the Council on November 1, 1994; to the Committee on Governmental Affairs.

EC-334. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-341 adopted by the Council on November 1, 1994; to the Committee on Governmental Affairs.

EC-335. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-342 adopted by the Council on November 1, 1994; to the Committee on Governmental Affairs.

EC-336. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-343 adopted by the Council on November 1, 1994; to the Committee on Governmental Affairs.

EC-337. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-344 adopted by the Council on November 1, 1994; to the Committee on Governmental Affairs.

EC-338. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-345 adopted by the Council on November 1, 1994; to the Committee on Governmental Affairs.

EC-339. A communication from the Chairman of the Council of the District of Colum-

bia, transmitting, pursuant to law, copies of D.C. Act 10-346 adopted by the Council on November 1, 1994; to the Committee on Governmental Affairs.

EC-340. A communication from the Chairman of the Council of the District of Columbia, transmitting, pursuant to law, copies of D.C. Act 10-347 adopted by the Council on December 6, 1994; to the Committee on Governmental Affairs.

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM-28. A resolution adopted by the Criminal Justice Information Services Advisory Policy Board relative to unfunded Federal mandates; ordered to lie on the table.

POM-29. A concurrent resolution adopted by the Legislature of the State of California; to the Committee on Environment and Public Works.

"ASSEMBLY CONCURRENT RESOLUTION NO. 133

"Whereas, It is appropriate that California recognize the sacrifices of all the veterans who have given their lives for their country; and

"Whereas, It is also appropriate that California give recognition to those veterans who, as citizens, have distinguished themselves in their community; now, therefore, be it

"Resolved by the Assembly of the State of California, the Senate thereof concurring, That the portion of State Highway Route 101 that is within the city limits of the City of Salinas is hereby officially designated the Veterans' Memorial Highway; and be it further

"Resolved, That the Department of Transportation is directed to determine the cost of appropriate plaques and markers, consistent with the signing requirements for the state highway system, showing the special designation and, upon receiving donations from nonstate sources covering that cost, to erect those plaques and markers; and be it further

"Resolved, That the Chief Clerk of the Assembly transmit a copy of this resolution to the Director of Transportation."

POM-30. A resolution adopted by the Senate of the General Assembly of the Commonwealth of Kentucky; to the Committee on the Judiciary.

"SENATE RESOLUTION NO. 15

"Whereas, the right of free expression is part of the United States Constitution, but very carefully drawn limits on expression in specific instances have long been recognized as legitimate means of maintaining public safety and decency, as well as orderliness and productive value of public debate; and

"Whereas, certain actions, although arguably related to one person's free expression, nevertheless raise issues concerning public decency, public peace, and the rights of expression and sacred values of others; and

"Whereas, there are symbols of our national soul, such as the Washington Monument, the United States Capitol Building, and memorials to our greatest heroes which are the property of every American and are therefore worthy of protection from desecration and dishonor; and

"Whereas, the American flag is a most honorable and worthy banner of a nation which is thankful for its strengths and committed to curing its faults, and remains to millions of immigrants the universal symbol of the American ideal; and

"Whereas, recent decisions by the United States Supreme Court no longer accord to the Stars and Stripes the reverence, respect,

and dignity befitting the banner of that most noble experiment of a nation-state; and

"Whereas, it is only fitting that people everywhere should lend their voices to a forceful call for restoration to the Stars and Stripes a proper station under law and decency; now, therefore, be it

"Resolved by the Senate of the General Assembly of the Commonwealth of Kentucky:

"Section 1. That the Commonwealth of Kentucky respectfully petitions the Congress of the United States to propose an amendment to the United States Constitution, for ratification by the states, specifying that Congress and the states shall have the power to prohibit public physical desecration of the flag of the United States.

"Section 2. That the Clerk of the Senate is directed to send copies of this Resolution to the Clerk of the U.S. House of Representatives, the Secretary of the U.S. Senate, and the members of the Kentucky Congressional Delegation."

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. DOMENICI (for himself and Mr. WELLSTONE):

S. 298. A bill to establish a comprehensive policy with respect to the provision of health care coverage and services to individuals with severe mental illnesses, and for other purposes; to the Committee on Labor and Human Resources.

By Mr. COCHRAN:

S. 299. A bill to amend the Federal Power Act to modify an exemption relating to the territory for the sale of electric power of certain electric transmission systems, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. MCCONNELL (for himself and Mr. ABRAHAM):

S. 300. A bill to reform the civil justice system, and for other purposes; to the Committee on the Judiciary.

By Mr. KYL:

S. 301. A bill to provide for the negotiation of bilateral prisoner transfer treaties with foreign countries and to provide for the training in the United States of border patrol and customs service personnel from foreign countries; to the Committee on Foreign Relations.

By Mrs. HUTCHISON:

S. 302. A bill to make a technical correction to section 11501(h)(2) of title 49, United States Code; to the Committee on Commerce, Science, and Transportation.

By Mr. LIEBERMAN (for himself, Mr. MCCAIN, Mr. BRADLEY, Mr. BROWN, Mr. COATS, Mr. KYL, and Mr. MCCONNELL):

S. 303. A bill to establish rules governing product liability actions against raw materials and bulk component suppliers to medical device manufacturers, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. SANTORUM (for himself, Mr. BRYAN, Mr. GORTON, and Ms. MOSELEY-BRAUN):

S. 304. A bill to amend the Internal Revenue Code of 1986 to repeal the transportation fuels tax applicable to commercial aviation; to the Committee on Finance.

By Mr. WARNER (for himself and Mr. ROBB):

S. 305. A bill to establish the Shenandoah Valley National Battlefields and Commission

in the Commonwealth of Virginia, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. DORGAN:

S. 306. A bill entitled the "Television Violence Reduction Through Parental Empowerment Act of 1995"; to the Committee on Commerce, Science, and Transportation.

By Mr. LEAHY:

S. 307. A bill to require the Secretary of the Treasury to design and issue new counterfeit-resistant \$100 currency; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. SIMPSON (for himself, Mr. ROCKEFELLER, Mr. THURMOND, Mr. MURKOWSKI, Mr. JEFFORDS, Mr. CRAIG, Mr. GRAHAM, and Mr. AKAKA):

S.J. Res. 26. A joint resolution designating April 9, 1995, and April 9, 1996, as "National Former Prisoner of War Recognition Day"; to the Committee on the Judiciary.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DOMENICI (for himself and Mr. WELLSTONE):

S. 298. A bill to establish a comprehensive policy with respect to the provision of health care coverage and services to individuals with severe mental illnesses, and for other purposes; to the Committee on Labor and Human Resources.

THE EQUITABLE HEALTH CARE FOR SEVERE MENTAL ILLNESS ACT OF 1995

Mr. DOMENICI. Mr. President, today I rise to introduce a bill I have introduced in the past, and which has always attracted the support and encouragement of a wide variety of my distinguished colleagues. This bill is called the Equitable Health Care for Severe Mental Illness Act of 1995. It was written because a situation exists in this country that I believe cannot continue, and this situation impacts upon some of the most vulnerable individuals in society. I am speaking of the those individuals who have been diagnosed as having a severe mental illness.

For so long, society shunned these individuals out of fear, ignorance, or misunderstanding, and the afflicted and their families suffered in silence. Because society didn't know what caused these illnesses, they could only assume that the strange and perplexing behavior was the result of some action; a punishment for some sin; or a weakness or frailty in character. In the past, those suffering from mental illness were locked up, tried as witches, or banished from society for being possessed by demons or evil spirits. As late as 1972 in this country, many States singled out the mentally ill, institutionalized them, and subjected them to systematic sterilization, often without their consent or knowledge. Ignorance of these illnesses bred contempt, and the sick were seen as criminals. Some just say, "why don't they just stop acting that way?"

Thankfully, today we know better. With our increasing understanding of the human body and the composition of the brain, we have come to learn a truth far different from the super-

stitions of the past. We have learned that there are physiological, chemical, and biological reasons for this behavior, and that these circumstances are far beyond an individual's control. We have also learned that these illnesses are treatable, and that with the right combinations of medicinal and behavioral therapy, these people can be helped, and can frequently lead a life as normal as yours or mine.

But mental illness continues to exact a heavy toll on many, many lives. Even though we know so much more about mental illness, it can still bring devastating consequences to those it touches; their families, their friends, and their loved ones bear this as well. These individuals and families not only deal with the societal prejudices and suspicions hanging on from the past, but they must also contend with a structural, systematic discrimination that most often bars them from getting the care they need and deserve. The advancement in our knowledge of these illnesses has not been accompanied by a change in the policies of most health care insurers. Consider the following facts for a moment:

MENTAL ILLNESS—A WIDESPREAD DISEASE

One person out of every five—more than 40 million adults—in this Nation will be afflicted by some type of mental illness.

Schizophrenia alone is 50 times more common than cystic fibrosis, 60 times more common than muscular dystrophy and will strike between 2 and 3 million Americans.

Among children and adolescents, nearly 7.5 million, or 12 percent, suffer from one or more mental disorders.

DISCRIMINATION IN HEALTH INSURANCE

Only 2 percent of Americans with private health care coverage have policies that adequately and fairly cover severe mental illnesses.

Health care reform plans designed to make health care more accessible and affordable would continue the discrimination prevalent in private health insurance today. Many plans: allow 365 days for inpatient physical care but only 45 days of inpatient psychiatric care; provide unlimited coverage of office visits for physical care but only 20 visits for psychiatric care; and provide up to \$1 million in lifetime coverage for physical care but only \$50,000 lifetime coverage for mental health care. These are discriminations that we cannot let continue, especially if we reform the health care programs, and more particularly if we reform the insurance programs of our Nation.

Furthermore, we find that only 10 percent of all insurance policies have coverage for partial hospitalization, despite proven success in producing good outcomes while controlling costs with persons with mental illness, and 60 percent of health maintenance organizations and preferred provider organizations completely exclude coverage of some treatments for severe mental illness.

Some will immediately say we cannot afford it or that inclusion of this treatment will cost too much. But let us take a look at the efficacy of treatment for these individuals, especially when compared with the success rates of treatments for other physical ailments. For a long time, many who are in this field—especially on the insurance side—have behaved as if you get far better results for angioplasty than you do for treatments for bipolar illness.

Let me give you some facts as to efficacy of treatment in the United States today. Treatment for bipolar disorders—that is, those disorders characterized by extreme lows and extreme highs—has an 80 percent success rate if you get treatment, both medicine and care. Schizophrenia, the most dread of mental illnesses, has a 60-percent success rate in the United States today if treated properly. Major depression has a 65 percent success rate.

Let me remind everybody that when we speak of schizophrenia or manic depression, frequently we think these are the dredges of society. I would like to remind everyone that some of the greatest men and women in all of history were manic depressives. Let me give you a few: Winston Churchill. Unquestionably, he would be diagnosed today as manic depressive because he had those extreme highs, when he said he never slept and he sat around and wrote history books, and all of a sudden the black hole, 3, 4 months in a state of depression. He was able to cope with it. Most human beings with that kind of illness cannot quite cope with it. They are not dredges or imbeciles, they are not the low intellectual people. In fact, quite to the contrary.

Compare this with commonly reimbursed treatments for cardiovascular diseases. Let us talk about that for a minute.

Angioplasty has a 41-percent success rate. Treatment for schizophrenia, the dread disease, has a 60-percent success rate. We can go on with many of the other ones. There is a 52-percent effective rate for atherectomy, one of the very important kind of treatments that everybody thinks we ought to be doing.

Furthermore, the National Institutes of Mental Health estimates that primary preventive care will add \$6.5 billion annually to the overall cost of mental health care. This will be offset by an overall savings of about \$8.7 billion to society. That is a \$2.2 billion savings. The Federal Government alone spends approximately \$14 billion each year for disability payments to these individuals—25 percent of all disability payments. Clearly, helping these individuals early on with medical treatment not only makes the distribution of health care services fair, but also saves the Government and society money over the long term.

So you can see why I feel it is a necessity that we do something to resolve this situation. Frankly, without some