Cienegas National Conservation Area Establishment Act of 1999). Las Cienegas is Spanish for marshes or bogs. In the Southwest desert, water is a treasured commodity. A cienega is even more precious and rare. This essential resource—water—is becoming increasingly difficult to manage because of the changes we see in the region. This legislation takes a large step to provide positive management. It establishes a national conservation area in the Cienega Creek and Babocomari River watersheds located in southern Arizona. The NCA will conserve, protect, and enhance various resources and values while allowing environmentally responsible and sustainable livestock grazing and recreation.

Congressionally designated National Conservation areas (NCAs) have developed through the years as a method to protect and manage special areas that do not fit neatly into a traditional designation, such as wilderness. The NCA designation allows for flexible and creative management strategies for a resource area, while a designation of wilderness mandates a management structure set out in law. Therefore, an NCA is useful when there is a need to accomplish two objectives: (1) permanence to a management strategy, which is usually a compromise by all the stakeholders; and (2) flexibility to stipulate special management practices.

In 1995, the Sonoita Valley Planning Partnership (SVPP) was formed to work on public lands issues in the Empire-Cienega Resources Conservation Area, which the BLM established in 1988. The Partnership is comprised of various stakeholders, such as hiking clubs, conservation organizations, grazing and mining interests, off-highway vehicle clubs, mountain bike clubs, as well as Federal, State, and county governments. The SVPP has developed a collaborative management plan for these lands, and an NCA designation would give this plan's objectives permanence and assure implementation.

The Las Cienegas National Conservation Area Establishment Act would save a large tract of land significant for preserving a cross-section of plants and wildlife. The NCA would provide corridors for animal movements that are necessary for the long-term viability of important species. Two of southern Arizona's perennial streams, the Cienega Creek and the Babocomari River, would be protected, ensuring a long-term, sustainable riparian area. However, the NCA designation also retains these lands for human use. Ranching and recreation are integral parts of this conservation area, and the proposed legislations states this clearly.

The core of this NCA designation is the management plan, which must be based on the SVPP land use management plan. The plan will include several key elements: A program for interpretation and public education; a proposal for needed administrative and public facilities; a cultural resources management strategy prepared in consultation with the Arizona State Historic Preservation Officer; a wildlife management strategy prepared in consultation with Arizona's Game and Fish Department; a production livestock grazing management strategy drafted in consultation with the State Land department; a strategy for recreation management including motorized and nonmotorized recreation, formulated in consultation with the State; and a cave resources management strategy.

Another key component of the proposed legislation is the acquisition of land. This proposal reaffirms the principle of maintaining private property in Arizona, currently only 17.7 percent of the State, while providing the flexibility needed to include state lands in management strategies. Under this proposed bill, private land can be acquired only through donation, exchange, or conservation easements. To further ensure that Arizona's privately held lands will not be diminished, the proposed legislation specifically states that an exchange must not ''reduce the tax base within the State of Arizona.'' In addition, conservation easements are given a priority, and any activity related to private lands must be done with the consent of the owner.

This bill has been drafted by the people who live and work in this area, and I am honored to introduce this bill for them and for future generations of Arizonans. The Las Cienegas National Conservation Area Establishment Act is proof positive that people with seemingly different objectives can work together and find a large expanse of common ground. This bill supported by ranchers and environmentalists, both understanding that they want the same thing—a beautiful and vibrant southern Arizona.

THE SENIORS MENTAL HEALTH ACCESS IMPROVEMENT ACT OF 1999

HON. NATHAN DEAL

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, September 24, 1999

Mr. DEAL of Georgia. Mr. Speaker, I rise today to introduce Seniors Mental Health Access Improvement Act of 1999. I urge support of this important legislation to address the mental health needs of our nation's elderly population.

According to the National Institute of Mental Health (NIMH), nearly 2 million Americans over the age of 65 suffer from depression. Timely and appropriate access to mental health services is a critical component in depression treatment and suicide prevention. Unfortunately, many of those two million older Americans do not have access to appropriate mental health services or, if they do have access, the mental health provider available to them is not covered by the Medicare program.

Failure to treat depression has devastating consequences. It is a national tragedy that one of the highest rates of suicide in the United States is found in white males over the age of 85. Depression is treatable and suicide preventable if we make mental health services more readily available to the Medicare population. The legislation Representative STRICKLAND and I introduce today is an important step in the battle to improve mental health services access for older Americans.

The Seniors Mental Health Access Improvement Act would authorize Medicare Part B coverage of marriage and family therapists (MFTs). For many years, the Federal Government has recognized a core group of mental health providers. The five groups of professionals are: psychiatrists, psychologists, social workers, psychiatric nurses, and marriage and family therapists.

When assessing the availability of mental health services, the Federal Office of Shortage Designation (OSD) determines the availability of each one of these health professionals when determining whether a community should be considered a Mental Health Professional Shortage Area. According to OSD, nearly 50 million Americans currently reside in areas designated by the Federal Government as a Mental Health Professional Shortage Area.

Unfortunately, while many older Americans may live in an area the Federal Government has determined to have an adequate supply of mental health professionals, the reality may be something quite different. You see, Mr. Speaker, of the five core mental professionals I mentioned earlier, all but one are covered by the Medicare program. Marriage and family therapists are the only mental health professional not recognized by Medicare.

The Seniors Mental Health Access and Improvement Act seeks to correct this oversight Many may hold a common misconception that marriage and family therapists only deal with marital strife or family communication problems. In fact, like psychologists and social workers, marriage and family therapists provide a full range of mental health services. When you examine the state laws governing social workers and marriage and family therapists, my colleagues will find that the education and training criteria for licensure as a social worker is often identical to the requirements for licensure and certification as a marriage and family therapist. In other words, like social workers, marriage and family therapists are educated and trained to diagnose and treat those mental disorders and services currently covered by the Medical program.

Currently, 42 states license or certify marriage and family therapists, and legislation is either pending or anticipated in the remaining 8 states. In each of these states, the standards of licensure or certification are virtually identical to the standards for licensure or certification as a social worker: possession of a Master's degree or Ph.D. from a recognized program for marriage and family therapy or a related field and at least two years of supervised clinical experience in marriage and family therapy. In the 8 states where licensure or certification has not been achieved. MFTs are able to practice if they are eligible for clinical membership in the American Association for Marriage and Family Therapy which is the national certifying body for marriage and family therapists.

Although the name might suggest that the scope of services MFTs provide would be limited to problems arising due to marriage, their title merely refers to the context in which they treat common mental disorders. For example, research has shown that one of the greatest risk factors for depression is family stressors. In addition, the likelihood of relapse is more likely when family stressors are not addressed in treatment. MFTs treat the individual in the context of their spousal and family relationships. Such as approach not only affords the provider a better context in which to deal with the underlying problem, but increases the likelihood for a successful outcome.

I want to make it clear to my colleagues that the proposal we are putting forward today does not expand the scope of mental health services currently available to Medicare beneficiaries. Our proposal would simply state that when a marriage and family therapist providers a mental health service to a Medicare

beneficiary that is covered by Medicare when provided by a psychiatrist, psychologist, social worker or psychiatric nurse, then the same service is covered if provided by a marriage and family therapist. Equally important, when the marriage and family therapist provides a covered service to a Medicare beneficiary, the fee paid shall be 75% of what has been paid by Medicare had the service been provided by a psychiatrist or psychologist.

Our proposal, Mr. Speaker, is modeled after earlier laws passed by Congress relating to Medicare coverage of mental health services provided by psychologists and social workers. Individuals must meet certain minimum educational standards, as well as compete clinical experience requirements and be licensed or certified by the state as a marriage and family therapist. In the event the individual provides services in a state that does not license MFTs, the therapist would be required to meet equal education and experience qualifications, adhere to standards determined by the Secretary of Health and Human Services, and be eligible for clinical membership in the American Association for Marriage and Family Therapy.

Mr. Speaker, I suspect that many of my colleagues would be surprised to learn that much of their Congressional Districts may be considered Mental Health Professional Shortage Areas by the federal government. Indeed, in my own rural district, all 20 counties are considered Mental Health Professional Shortage Areas.

The time has come to correct the oversight in the Medicare law and treat marriage and family therapists the same way we treat other mental health professionals. Millions of Medicare beneficiaries could benefit from being able to receive their covered mental health services from a marriage and family therapist. Equally important, I believe the Medicare program could benefit by covering these individuals. We have an opportunity to make an investment to improve access to mental health services for the Medicare population. Failure to make this investment now could result in far higher Medicare expenditures in the future, but more importantly, many mental disordered that could have been successfully handled by a marriage and family therapist will go untreated. If this is allowed to happen, the human toll, as well as the financial toll, will steadily increase.

I welcome my colleagues' support for this important legislation, and I look forward to working with both the Commerce and Way and Means Committees to secure the bills' adoption.

TRIBUTE TO EVELYN PRINCE

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, September 24, 1999

Mr. UPTON. Mr. Speaker, it is with a heavy heart that I rise today to pay tribute to a wonderful young woman, Evelyn Prince, who was tragically taken from us last week. Many of us here in the House of Representatives had the opportunity to meet Evelyn when she served with great pride and enthusiasm as a Congressional Page. I was honored to say she was ''our page'' from back home in Kalamazoo, Michigan.

The head of the Kalamazoo Close Up Program, Gerhard Fuerst, where Evelyn served as President from 1997–1999, described her simply as a ''sheer joy.'' He encouraged her to continue setting and meeting her own great expectations of herself, including participation in the Page program. He shared with me recently an article she wrote upon returning from Washington, DC. In the article, Evelyn encourages and challenges fellow students, as she so loved to do, to get involved in ''observing the inner works of government'' and to ''have fun while learning!''

After she completed the Page program, Evelyn traveled to Wolfsburg, Germany. There she was staying with a family as an exchange student as part of the Youth for Understanding program. It is there, too, that she met with the harsh fate of an automobile accident she did not survive.

Evelyn is remembered today as a talented and spirited 17-year-old. She was a dedicated student, earning straight-As and looking forward to attending college next year. But while she was focused on excelling at school, it is as a loyal friend and loving daughter and sister that she will be so sorely missed.

Evelyn's family shared her sense of adventure and her dreams for the future. Their lives were enriched immeasurably by her presence and are undoubtedly altered immeasurably by her absence. With a young person as talented, exuberant and ambitious the sky was the limit. Sadly, we will never know how far she could have soared with a long life. But we thank God for the contributions she made, the people she inspired and the happiness she created in her all too short life. I close with a poem by Edna St. Vincent Millay:

My candle burns at both ends: It will not last the night;
But, ah, my foes, and oh, my friends,
It gives a lovely light.

Mr. Speaker, I urge all of my colleagues here in Congress to join me in extending our deepest sympathies to the family and friends of Evelyn Prince. All members of the Congressional family send our thoughts and prayers especially to Evelyn's parents, DeeAnn and Charles ''Skip'' Prince, and her sister Lauren.

Evelyn was indeed a rising star whose lovely light still shines on the many people she touched.

CONFERENCE REPORT ON S. 1059, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2000

SPEECH OF

HON. DUNCAN HUNTER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 15, 1999

Mr. HUNTER, Mr. Speaker, I would like to express my strong support for the National Defense Authorization Act for Fiscal Year 2000, S. 1059, which includes the authorization of funds for the upgrade of Army weapon systems. I rise today to address the concern that the $3.5 million increase, which was contained in the House-passed Fiscal Year 2000 Defense Authorization Bill for software and hardware upgrades to Improved Moving Target Simulators was inadvertently dropped from the Conference Report on S. 1059, the National Defense Authorization Act for Fiscal Year 2000 due to an administrative error. The conferees intended to authorize this increase. It should be included in the Department of Defense Appropriations Act for Fiscal Year 2000.

THE VETERANS MILLENNIUM HEALTH CARE ACT

HON. HAROLD ROGERS

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Friday, September 24, 1999

Mr. ROGERS. Mr. Speaker, I rise today to voice my concerns with an item contained in H.R. 2116, the Veterans Millennium Health Care Act, which passed the House last Tuesday with overwhelming support.

Let me first say that I voted in favor of this bill, and believe its passage was long overdue. This bill ensures the continuation of vital healthcare services for our Nation's veterans into the next century by reforming many aspects of delivery and support services.

The veterans who have so bravely served each and every one of us deserve our highest respect and they deserve a Federal Government that lives up to its commitment to them. With the aging of our veteran population, there is a greater need for long-term care, and this bill sends a strong message that America is prepared to live up to that commitment by expanding these services.

Unfortunately, there is one concept contained in this legislation which I oppose. The Veterans Tobacco Trust fund, contained in section 203 of the bill, requires that a certain percentage of any proceeds recovered from tobacco manufacturers, as a result of a U.S. Government lawsuit, be transferred to a special account within the Treasury to treat smoking-related illnesses for veterans. While I support the Federal Government providing adequate resources to the VA to combat and treat smoking-related or any other illnesses, this language legitimizes Federal lawsuits against tobacco companies. That is wrong.

As we saw yesterday, the Justice Department finally unleashed its forces on tobacco by filing a suit in U.S. court, seeking to recover billions in health-related costs to the government. The administration is proceeding with a politically motivated, and legally suspect, attack on a private industry that manufactures and sells legal products. If successful, this action will further damage the farm economies of Kentucky and other States.

I believe it is hypocritical for the Department to propose spending millions of taxpayer dollars trying to develop a legal basis for yet another lawsuit. After all, the Federal Government has earned billions of dollars on the sale of tobacco, through Federal excise taxes, and warned the public about the risks of smoking through labels for decades. It also is hypocritical for this body to pass an appropriations bill that denies funding for a tobacco lawsuit, to then turn around and set up a trust fund in anticipation of receiving proceeds from one.

Section 203 is unnecessary for achieving the objective of improving veterans' health care. It also can be interpreted to implicitly encourage civil actions by the Federal Government made against private industries, including, but not limited to, tobacco related products.

I hope that during the further consideration of H.R. 2116, the House and the other body will agree to omit section 203 from the bill.