out, and then our estate taxes are. If she wants to pass that on to the next generation, the next generation is going to incur a big tax on it.

Here is a woman who is really independent, not on public assistance, who has money in the bank or an asset that if she needs emergency long-term care, if she has a catastrophe in her family, she has something. We are saying to her, you have to sell that cushion, because if you die your children are going to have to pay a whopping tax on it. We run off family farms because of that, and we make it impossible for small businesses to go from generation to generation.

One of the things that is real important now is women own small businesses in unprecedented numbers. As they find out, hey, I have worked for the last 20 years to build up this company and it is worth a little money now, $1 million, $2 million net worth of a business, and I want to pass it on to my daughter, but guess what, Uncle Sam is saying they cannot do it.

We have passed the end of that death tax penalty. There again, we have passed a version, the Republicans have, but we are willing to work with the President on it. If the President does not want to have too many wealthy people, I think wealth is something that in Arkansas, at least his school taught him that that was evil, that people who have been successful are not the people who have enjoyed the American dream but people who seem to be destroying the American dream.

There seems to be this constant class warfare. The idea that you work hard all your life, you build up an estate, you build up wealth, you want to pass it on to your kids, I think is part of being an American. So we have passed estate tax relief.

Again, we are willing to compromise with the President. We want to do what is best for America.

Mr. GUTKNECHT. Let us not be too willing. The truth of the matter is, no family should have to visit the undertaker and the IRS in the same week. I do not think most Americans realize that very quickly, and it does not take much of a farm in my part of the world to quickly be worth $2 million, perhaps $3 million, that has been the family farm perhaps for a couple of generations, all of a sudden the patriarch dies, and in a very short period of time the family could have to cough up upwards of 55 percent. So I hope we are not too willing to compromise.

I agree with the gentleman, we have to be willing to meet the President halfway. Frankly, I do not want to meet the President halfway going in the wrong direction. Frankly, I think it is time for us to say, this is not the government's money.

At some point, I think every one of these estates, every one of these businesses, we have to be honest, they have been paying taxes all through the years. They have paid sales taxes, they have paid income taxes. As the gentleman mentioned, they have paid property taxes.

For the Federal government to step right in and say, oh, by the way, we want upwards of 55 percent of the value of that estate, I am willing to compromise and I think we are willing to meet the President halfway on this, but I think the principle that families should not have to meet the undertaker and the IRS in the same week is a very important principle.

As we were told this morning at a breakfast meeting we were at, that is not the Statue of Fairness, that is a Statue of Liberty. The people who came here came here for liberty and freedom and opportunity. I hope we will always remain a society that understands that the three magic words are hope, growth, and opportunity.

We cannot make things completely fair. People came to this country so they could create their own fortunes, so they could take their chance at life, so they could use their God-given skills and create wealth for themselves, for their families, and in many cases, for hundreds, perhaps even thousands of other people. That is the magic of America, where ordinary people are allowed to do extraordinary things.

We have to make certain that we have a government that respects the fact that people have a right and an opportunity in America to make the most of it.

Mr. KINGSTON. I think the gentleman is right. That is also one reason that we are investing in fighting the drug war, because our children need to be safe from drug pushers at their school, and we need to pass this legacy on to the next generation.

It is odd, as much money as a company like Nike or Coca-Cola spend advertising, that with drug dealers, there is no advertising plan, no business cards, you cannot tell everybody who you work for, no pension plan, no corporate logo. Yet as I go to the school districts in the 18 First District of Georgia counties and I ask in schools, private or public, rural or city, ''How many of you kids can get drugs in the high schools by the end of the day if you wanted to,'' in just about every school, 50 percent of the hands go up.

That is too many. We have got to stop it. I would like to ask that question one day and see zero hands go up. But that is one reason why we are pushing for drug interdiction, keeping the stuff from even coming to our counties; drug enforcement, that if you are caught selling this deadly poison to our children, you are going to go to jail; and drug treatment. To that kid, that user, who says, I made a mistake, now I am addicted, I need some help, we want to give them a lifeline.

Mr. GUTKNECHT. We are just about at the end of our time for this special order, but I am really happy we have had the opportunity, and I was delighted our colleague, the gentleman from Oklahoma, could join us.

Because really, in many respects, this country is a much better place than it was 6 years ago. Instead of a future of debt, dependency, and despair, I really think we are giving to our kids a future of hope, growth, and opportunity. Instead of having huge deficits piling up bigger and bigger every year, we are now talking about surpluses. We are not talking about leaving them a legacy of debt, but perhaps actually paying off all of the debt held by the general public.

We have welfare reform so we encourage work and personal responsibility. We want to allow families to keep more of what they earn, because we know at the end of the day the magic of America is not here in Washington, D.C. It really is back there in places like Savannah, Georgia, and Rochester, Minnesota, in Kasson, Minnesota, where real people, ordinary people, are allowed to do extraordinary things.

That is the magic of America. That is the magic we cannot afford to lose, because if we continued down the path we were on 6 years ago of higher taxes and bigger debts, more government regulation, and even more government interference in the activities of business, we were absolutely guaranteed that we were on a downhill spiral, not only for the economy but for our society.

The good news is we are moving up now, we are headed in the right direction. Taxes should be coming down. The deficit is coming down. Spending is under control. We are encouraging work and personal responsibility. I think that is the future that we want to leave to our kids. That is a legacy that I think we can all be proud of.

I want to thank the gentleman for joining us tonight. If the gentleman from Georgia (Mr. KINGSTON) has any closing words, I yield to the gentleman.

Mr. KINGSTON. Mr. Speaker, I do want to say this. We lost a great United States Senator this week. It is tragic for all parties.

In discussing him, I learned a lot from Senator PAUL COVERDELL. One thing I learned, although he was a Republican and was a great, key member of the Republican team, he always showed us by instruction, never put politics over policy.

What we are about here is good policy. Our hands are open to the White House, to the Senate, to the Democrats, to Republicans of different philosophies, to let us all put our policies first for the good of America.

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MEDICARE PRESCRIPTION DRUG PLAN

The SPEAKER pro tempore (Mr. SHERWOOD). Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, tonight, I would like to start our 1 hour Special Order on the Democratic side by talking about the need for a Medicare prescription drug plan. This is an issue

that I have taken to the floor many times to discuss. It is the highest priority for the Democratic Party and those Democrats in the Congress both in the House and the Senate.

I noticed that my colleagues on the other side who spoke before me mentioned the issue of drug prices and how drug prices have increased significantly and the disparity between drug prices here in the United States versus Canada or Mexico or other countries.

But I have to be somewhat critical of the Republican leadership because the fact of the matter is that, on many occasions over the last few weeks, Democrats have tried to bring a Medicare prescription drug bill to the floor to adopt and have the Congress adopt a comprehensive package that would include prescription drugs under Medicare for seniors and the disabled.

On every occasion when we have tried to do that, and there have been at least two so far in the last few weeks, the Republicans have stopped the effort, and, instead, put forward a plan that seeks to basically give some money to seniors to go out and try and see if they can get an insurance company to sell them a policy that would cover prescription drugs, not under the rubric of Medicare, in a fashion that the insurance companies have already indicated that they would not sell such policies, such drug-only policies.

As a result, I have been very critical of the fact that the Republican leadership really does not want a Medicare prescription drug plan; they do not want seniors seriously to see enacted into law by the President a plan that will actually provide seniors with prescription drugs.

Instead of just talking about this sham insurance policy where one goes out and sees if one can buy an insurance policy, which people can try to do that anyway today and find that they will be largely unsuccessful because the private market is not interested in offering drug only insurance policies.

So I want to talk a little bit about the prescription drug issue tonight. I want to also point out that, even though my Republican colleagues talked about prices and the rising prices of prescription drugs, that their legislation, their prescription drug legislation does not address the issue of price, whereas the Democrats have tried to do that.

They have tried to point out that, in the same way that there is a huge disparity between the price of prescription drugs here in the United States versus Canada, for example, there is also a huge disparity between the cost of the price that seniors who are in HMOs or employer pension plans, seniors that are part of an existing prescription drug plan through their HMO or in some other way where they are collectively able to negotiate for a cheaper price tend to be paying significantly less than seniors who do not have a prescription drug plan because they are not in an HMO or they are not covered in some way and have to go to the drug store on their own and just buy the prescription.

There is a huge price disparity here in the United States between what seniors pay who do not have coverage as opposed to seniors who happen to be part of a larger group through their HMO or in some other way where they can bargain for a better price.

The Democrats in our Medicare prescription drug plan, which we have tried to bring up, which the Republicans will not let us bring up, we address the issue of price discrimination by basically allowing Medicare and the Medicare program, HCFA, which is the agency that administers the Medicare program, to actually be a bargaining agent through regional benefit providers to go out and get a cheaper price for seniors so that the disparity, the price discrimination would no longer exist in this country, and we would not have this problem where many seniors pay a lot higher prices than a few select seniors.

I also wanted to mention that this evening I am going to be joined by the gentlewoman from Texas (Ms. JACKSON-LEE) and the gentleman from Texas (Mr. RODRIGUEZ), both who have been leaders on health care issues in general, and who are going to talk about mental health issues and children's mental health in the context of the special order that we are going to have for the next hour or so.

Mr. Speaker, I yield to the gentleman from Texas (Mr. RODRIGUEZ) briefly. I know he was very concerned about this price discrimination issue.

Mr. RODRIGUEZ. Mr. Speaker, let me, first of all, thank the gentleman from New Jersey for allowing me to say a few words.

I was very pleased to see that, at least from the Republican perspective, our fellow colleagues before were talking about the price disparities that exist between this country and other countries on the same prescriptions.

That same disparity exists in this country when it comes to the price that that senior citizen pays here in the United States and what that HMO individual pays on that same prescription. So that disparity not only exists in this country to other countries, but within our own country itself.

So the real problem is that the pharmaceutical companies have chosen to play a game with us. We have taken them on, and we have said we are not going to deal with it anymore. They have actually come back, contributed to a lot of the politicians up here, and are contributing heavily and expending a lot of money, as my colleagues well know, on advertisement that brings out the senior citizen by the name of Flo that talks about that she does not want government involved.

Well, the reason she does not want government involved is because she wants to make sure that the pharmaceutical companies continue to do what they have been doing, and that is price fixing as far as I am concerned.

One of the things that we have in this country is, as my colleagues well know, is that senior citizens on Medicare who might be receiving the only pension, might be Social Security, having to pay higher prices than someone that is under an insurance HMO. We should not tolerate that.

The other thing that I think we recognize as Americans is that health care and prescription coverage go hand in hand. When we established Medicare, the prescription coverage aspect of it was not considered at that point in time. Yet, for Medicaid, for indigent individuals, we provide prescription coverage. It is only fair that we take into consideration our senior citizens and that we provide for them, especially those that are on a fixed income.

I think they recognize the disparity, but they lost track of who we need to go after, and that is our pharmaceutical companies that we need to make sure that they are fair about the prices.

One of the proposals that they had, I was looking at it, and it sounds great, but one of the main fights that we have in this country is the war on drugs. I represent the border. We have packages that come in that Customs has to check. Can my colleagues imagine having to check foreign prescriptions and foreign drugs that come in and to determine whether they are legal or not legal? As it is, we have heroin that is mailed into this country. We have pot that is mailed in. We have other types of pharmaceutical, illegal pharmaceutical things that are mailed in under the black market. How are we going to distinguish that?

So I think the best thing to do is to look in terms of that cost now in this country and make sure that they provide an affordable cost and do everything we can to help our senior citizens have access to prescription coverage. I think that is the only thing that makes sense. It is something that they have been unwilling to do in the last two Congresses here; I am hoping that we can make it happen.

Again, I just want to thank the gentleman from New Jersey (Mr. PALLONE) for his efforts in this area because I think it is a key area that needs to be dealt with.

Mr. PALLONE. Mr. Speaker, I thank the gentleman from Texas (Mr. RODRIGUEZ) for pointing out the two problems that we have right now with prescription drugs for seniors. One is there is no benefit; there is no guaranteed benefit under Medicare right now. The second is the price discrimination. If I could, I just will very quickly talk about both of those points.

We are not really trying to reinvent the wheel as Democrats, but we are saying, and I know the gentleman from Texas said, that Medicare is a good program. It has been on the books now for over 30 years.

One has part A to get one one's hospitalization. One has part B where one pays a certain amount per month, 40-

something dollars a month on average, and one gets one's doctors care paid for. One has a certain co-payment, one gets one's doctors bill paid for.

So what we are saying is we have this existing program which is a good program, very low administrative cost. We know that when Medicare started 30 years ago, prescription drugs really were not much of an issue because people did not buy many of them, but now it is.

From a preventive point of view, we want to make sure that people have prescription drug coverage. So we are going to establish another part C or part D, if you will, under Medicare. Just like part B for one's doctor bills, one will pay $40 a month, whatever it is a month; and one will get a significant portion of one's prescription drugs paid for, starting with the first prescription, in the same way that one's doctor bills are paid for.

It is a guaranteed benefit. In other words, if one decides to participate and pay the money per month, if one cannot afford it, just like part B, the Government will pay for it; but if one can afford it, one has to pay a certain premium, and then one is guaranteed all medically necessary drugs.

In other words, the doctor decides that, if one needs a particular prescription, it is covered. It is not like where the HMO is going to say, well, maybe one cannot have this or one cannot have that. So whatever is medically necessary.

Now, the Republicans instead, because of the drug companies, the drug companies lobbied them and said no, no, no, we do not want that because they are concerned, once this comes under the rubric of Medicare, there is going to be some government control over it.

So what they do is they tell the Republicans, why do you not forget about the Medicare example that has been so successful, and you just give some money to seniors, I do not know how much, whatever you think you can afford with this surplus that we have; and you see if the seniors can go out and see if an insurance company will sell them a policy.

Well, that is not Medicare. That is not building on the existing program. Every one of the insurance company representatives that came before the House committee, my Committee on Commerce, Committee on Ways and Means, said they will not sell those Republican drug-only policies because it is a benefit. It is not a risk.

When one is selling insurance, one wants to make sure some people do not use the benefit and others do, and that is how one makes money. Well, insurance companies are not going to sell a policy where everybody needs a drug benefit, which 90 percent-plus seniors do.

Now, the other thing the Democrats are saying is that, once this Medicare prescription drug program is established under Medicare, now HCFA can basically, in each region of the country, establish what we call a benefit provider.

I do not want to be too bureaucratic, but this is some agency that will go out and negotiate a price because now there are going to be 40 million people, seniors who are Medicare beneficiaries that the Government can bargain for the best price, just like the HMOs do. That drives the cost down. That eliminates the price discrimination that one is talking about.

The Republicans do not have anything like that. They do not even address the issue. So our colleagues over there, and I am not trying to say they are badly intentioned here, but they are talking about the price of prescription drugs; but they are not addressing it in their bill.

They will not even let us bring our bill up. We tried to do it in Committee on Rules when they brought up their prescription drug plan. They said, no, we cannot do that. Then last week, when we had the marriage penalty, the President came out and said, look, I will even agree to the Republican marriage penalty provision, even though it is not really helping the average person the way they have set it up; but you have got to add our prescription drug benefit to it. They said no, we are not going to do that.

Mr. RODRIGUEZ. Mr. Speaker, I know. One of the things I think that the gentleman from New Jersey (Mr. PALLONE) mentioned, because the insurance companies are unwilling to come in and take care of our senior citizens, and they do it for good reasons, is because they know that, when one becomes a senior, that is when one is going to need the service.

If I can be as cynical to say that, during the time of LBJ and when we established both Medicaid and went forth with Medicare, there was an understanding with the insurance companies that, number one, it was okay to have Medicare because that is when one becomes a senior citizen, and that is when one was not cost effective for the insurance companies to take one on.

So that was okay for government to get involved with that. It was okay for us to have Medicaid because, after all, with Medicaid, one had no money to buy insurance so then it is okay. They wanted to take care of those that were healthy and young during that period.

So that is one of the reasons why they would be unwilling to go and get involved in providing prescription coverage when we know full well that the average citizen is expending over $1,000, more than the majority are spending, over $1,000 a year on just prescription coverage. So it is not to their advantage. They are not going to make the profits that they would like to.

The ones that are making the huge profits are our pharmaceutical companies, which they ought to be embarrassed; and they ought to be embarrassed in terms of the amount of millions of dollars they are out there expending on the waivers and coming out on TV talking about the fact that we should not want government involved. The ones who are doing a number on us are the pharmaceutical companies, the private sector. I think it is time we put a stop to that.

Mr. PALLONE. Mr. Speaker, I agree.

Mr. Speaker, just briefly, I am not an ideological type. I want to do what is practical and what works. The bottom line is one can call Medicare a government program. Sure it is, but I do not think it is bad because it is a government program. It works. The administrative costs of Medicare are, like, 3 percent. I would defy anybody on the Republican side to tell me that their typical constituent does not like Medicare.

Plus it is voluntary. We are not saying that one has to participate in this. It is just like part B. If one does not want it, one does not participate.

So if one looks at this practically speaking, the Republicans are talking about this drug-only insurance policy that is not going to work. Nobody is going to sell it. We are talking about expanding the existing Medicare program to cover prescription drugs which has worked for the last 35 years.

I have to say that I was amazed, because I mentioned this before, too, that in Nevada a few months ago, they passed a plan very similar to the Republican plan where they are going to basically give people money to go out and see if they can buy these insurance-only policies. Not one insurance company stepped up to the plate and said they wanted to buy the policy.

□ 2045

So even though the legislature passed the bill and the governor signed the bill, just like the Republican bill here in the House of Representatives, there is nobody benefiting from the program because no insurance company will sell the policy. So what good is it? It does not make any sense.

Mr. Speaker, I yield to the gentlewoman from Texas, and again I want to thank her for all her work on these health care issues. I know tonight she wants to highlight the mental health issue.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentleman for yielding to me, and before I turn to that I certainly cannot not acknowledge the crisis that we are in as it relates to our senior citizens and their desperate need for a benefit.

And if I can draw from the gentleman from Texas and the fine leadership of the gentleman from New Jersey on these issues dealing with prescription drugs, let me just tell my colleagues how I define it. I define the effort that we are undergoing here as a Democratic caucus to provide a benefit as contrasted to a promise; an opportunity to dial the telephone. Some of our seniors, of course, as the gentleman well knows, still have those dial phones and not push-button

phones because they have lived frugally all their life, and they have now the right to dial the telephone to an insurance company and hear them either get a dial tone or a hang-up sound, which means they do not have the money to pay for the opportunity for an insurance company to consider whether or not they would cover them.

In my own county alone we have had at least two HMOs pull up stakes. And this is why we are talking about mental health this evening, because in some of those instances the HMOs do not even cover mental health services. But we find that they are pulling up stakes. Senior citizens are left holding the bag.

I can remember when I was first elected and we were talking about saving Medicare and I would go around to my seniors, guess who would beat me to the punch? HMOs, who were signing up senior citizens on the Medicare program. I would have senior citizens coming to me and asking which one they should choose. Of course, I could not advise them on personal decisions, but I could advise them on our determination to save Medicare.

But those same HMOs now have flown the coop and left senior citizens with the opportunity simply to dial a telephone number. I believe it will be a tragedy if we allow this to occur, the same way it will be a tragedy to allow the fact that people who are suffering with mental illness, as we will be talking about in just a moment, will not be able to have coverage.

I want to show this little chart, which indicates that in the Republican bill that they are trying to push through the beneficiary pays $1744, minimally speaking. Now, we know today that there are some senior citizens who cannot buy food or pay rent. They do not have the money to take care of themselves and the high cost of prescription drugs, along with providing for their other needs to provide for a quality of life that we want them to have.

I understand there was some jolly celebrations pooh-poohing the fact that we have a surplus. All right, we have a surplus. Now then is the time to respond to those whose hard work have helped us gain this prosperity, our senior citizens and many that are coming after them, to give them this prescription benefit through the Medicare structure and make it a real benefit.

Mr. PALLONE. I want to thank the gentlewoman, and just before we turn to the mental health issue, I just wanted to say that she was right on point when she talked about these HMOs.

I do not have a problem with HMOs. Let us face it, in our Democratic bill, in our Democratic Medicare prescription drug bill, we actually provide the HMOs with the majority of the cost of the prescription drugs. So sometimes Republicans say, well, they want choice; and if they go out and try to buy this insurance policy, they are going to have choice.

Well, seniors are going to have more choice with us because we guarantee the benefit under Medicare. If they want to stay in the HMO, they can. We give the HMO more than 50 percent of the cost of providing the prescription drugs, so they can stay in their HMO. And the HMOs actually will be encouraged to offer more benefits because we will give them the majority of the money to pay for the prescription drug benefit.

But as the gentlewoman from Texas said, the problem is now that so many of these HMOs are strictly just canceling coverage. As of July 3, when they had the latest round where they had to announce if they were going to pull out of the Medicare market, over 700,000 people are likely to lose their HMO benefits, and most likely their prescription drug benefits, because the HMOs are pulling out. They had to announce by July 3 if they want to pull out by January 2001.

So, again, the HMOs are not the answer to prescription drugs, because they are not providing it or they are getting out of the market. The answer is to provide the guaranteed benefit under Medicare.

What I would like to do now, Mr. Speaker, if I could, is to yield the balance of the hour to the gentlewoman from Texas to address the mental health issues and the children's mental health issues that she has been such a champion for.

The SPEAKER pro tempore (Mr. SHERWOOD). Under the designation of the minority leader, the balance of the hour is allocated to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. I thank the gentleman very much, and as I indicated, I thank the gentleman from New Jersey (Mr. PALLONE) for being persistent in his commitment to ensuring that we as a Nation face the question of viable health care and viable health benefits, which include prescription drugs.

And now this evening, Mr. Speaker, I believe that we will also see where Americans are crying out, sometimes in complete silence, in complete isolation for America to address the question of mental health needs. Notice, Mr. Speaker, that I do not define it as mental illness. I define it as mental health needs. And I am going to try to speak about the children that need these services as special needs children.

It is important that we highlight the fact that it is so very important that we eliminate what is such a devastating impact of mental health issues, and that is the stigma attached to it. I am not reading from Webster's dictionary as to the definition of stigma, so my colleagues will have to forgive me, but even the sound of the word sounds negative. And in my own attempt to define it, it seems to me to be allowing or encouraging or suggesting that we must live in silence about the mental health needs of our family.

I remember growing up and there were certain illnesses that people would not talk about. And as I was in a meeting with mental health providers, they related that we have now overcome the stigma of cancer. People get up and proudly say that they are cancer survivors; that they have survived and are fighting and their family is working with them. As I am told, years ago that was not something people talked about. We did not know. It was an unknown.

Today, I believe that mental health needs are equated to that era. And as we are now in the 21st century, people are living lonely lives. I work a lot with the veterans hospital. I work a lot with veterans, and with homeless veterans. It is well documented that large numbers of veterans from the Vietnam War, who I give great homage and great respect to, who many times they are sensitive to these statistics, are amongst our homeless veterans. They suffer from a number of conditions, some of them of substance abuse, but a lot deal with mental health needs. They are homeless because there is a disturbance that has not been treated. Their families did not know how to handle it.

When we look at the numbers dealing with children, some 13.7 million children suffer from diagnostical mental health disorders and only 20 percent receive the mental health services they need.

It is interesting that when we were funding Labor HHS, and I know we are about to address that issue again, I attempted to offer an amendment to the national mental health community, mental health clinics and services, that we got a mere $86 million. I was trying to push it up to the President's request. In actuality, the children's mental health services serves approximately 34,000 children, Mr. Speaker, and we are a Nation of 200 million plus, an increasingly younger nation with children who suffer from depression.

I would imagine if we passed a playground and saw one or two children fall off the monkey bars or the slide or the seesaw, maybe they do not call them those names anymore, but we saw that they could not move their arm, we would rush to their aid, call the teachers' aide or the teacher and say two or three children have fallen and it looks as if they have broken their arm or broken their leg. We would rush them to the hospital, and before long they would come back with their badge of honor, their arm in a sling or a cast, and soon they would be well. But what would we do if there was a little child on the playground that seemed isolated, that seemed distraught and frustrated, that seemed disturbed? Maybe we would send them to the principal's office because they were misbehaving, but many times we would not help them.

So this evening I am going to share with a number of my colleagues, and I am delighted to see the gentleman

from Texas (Mr. RODRIGUEZ), the gentlewoman from Indiana (Ms. CARSON), and the gentlewoman from California (Ms. LEE). I want them to join me. I am so honored that they have come to talk about this stigma.

I would be happy to yield to the gentleman from Texas, who as a State legislator was not afraid of tackling those issues that others would not speak about. I believe mental health is an issue that people do not speak about. They are our neighbors. We need more funding. And the people who are fighting this alone, whose relatives are hospitalized because they cannot get home care, need our help.

I yield to the distinguished gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. First I want to thank the gentlewoman for yielding to me, and I want to congratulate her because I know she has had legislation to address this problem.

The gentlewoman mentioned some startling statistics, about 13.7 million youngsters in this country that suffer from mental health problems. One of the other statistics that she mentioned that was also very interesting was that only 20 percent of those receive service. That means two out of every ten that get diagnosed actually get service.

I want to share with my colleagues that by profession I am a social worker. I worked 3 years with adult heroin addicts, I worked about 4 years with adolescent substance abusers, and approximately a couple of years in community mental health. While I was working with adolescents in the entire Bexar County area, back then it was called the mental health and mental retardation center, we had two people that worked with adolescent substance abuse, two people for a county over a million. And one of the things I recall is that they used to call us asking for help and the first thing we had to ask is, has your son or your daughter been incarcerated? And when they said no, they have not gotten into trouble, but we need help. I would have to say, well, I am sorry, we cannot help you until you get into the judicial system.

So it is unfortunate that we could not reach out to these families and provide assistance when those individuals were in school having difficulties and having problems. And I want to congratulate the gentlewoman for pushing forward in this area.

When we talk about mental health, I want to share with my colleagues, and I know the gentlewoman from Texas is aware of this, that suicide is the eighth leading cause of death in the United States, accounting for more than 1 percent of all deaths. In addition to that, when we look at persons under the age of 25, it accounts for 15 percent of suicides in 1997. Between 1980 and 1997, suicide rates for 15- to 19-year-olds increased 11 percent. So we have had this real problem in terms of increases in suicide.

□ 2100

It is unfortunate that it has gotten to the point that we have very little service. The other reality that we really need to be very conscious about is the suicides. Let me just give you one more figure. Twelve young people between the ages of 15 to 24 die every day. Today, 12 young people on the average committed suicide. African Americans is growing, in terms of the young African Americans who are committing suicide. Latino women are also suffering from depression. So it is an issue that we need to come to and revisit.

I know that your piece of legislation helps to begin to address this problem and sometimes we do not realize the connection between what is happening out there, the consequences in terms of our schools and the danger that is occurring there.

Ms. JACKSON-LEE of Texas. I think the gentleman made an important point. Many people believe that for some reason or another, Members of the United States Congress, and I hope the gentlewoman from Indiana will maybe mention her background a little bit, sort of drop out of the sky and come into the United States Congress. As a lawyer, I practiced what we call probate law in Texas, the mental health commitments under the probate courts. So I got a chance to go into all kind of halfway houses and facilities to see people. Some of them were not as I would have wanted. They were tragic circumstances in terms of anyone getting any good treatment. But we had to in essence put someone somewhere. I felt the pain of families. I think you should repeat again, you were a social worker. You wanted to help people, but you could not help a young person unless they were put in the detention or the juvenile crime system.

Mr. RODRIGUEZ. Unless they had already broken the law, we could not help them. That was the way it was structured in terms of how it was funded. So individuals out there that are having difficulties, parents, a multitude of parents with adolescents, we could not reach out to them at all. Those services are lacking throughout this country. There is a real need for us to revisit that. There are a lot of issues in mental health. I think that this is one of the areas that we are looking forward to. I was real pleased to see Tipper Gore reach out and do the conference here in Washington on mental health and the importance and the testimony that she provided on her firsthand experiences with depression and how difficult that is and the need for us to have a better understanding of what that can cause and the problems that that can bring.

As a country, we need to recognize that a lot of people are falling through the cracks. If you look at the incident, the shooting that occurred here with that individual that had a mental health problem, that individual had been under treatment and had dropped out of that treatment. One of the few ways that we can prevent those kinds of atrocities is by providing mental health services. I think it is important that we take and work with those youngsters.

If I can add one other thing that I am real concerned about, not enough studies and research have been done with the use of Ritalin and prescription coverage with youngsters. Ritalin and some of those prescriptions were made for adults. All of a sudden we started to provide those prescriptions for our youngsters. We do not know what the long-term effects are going to be. And I think we have gone overboard on the use of some of those prescription items with our youngsters. So we really need to be very cautious. There is a need for research to occur in this area. I am hoping that your piece of legislation will be funded and that we can reach out to those youngsters throughout this country that are suffering from depression and a variety of different other disorders.

Ms. JACKSON-LEE of Texas. I thank the gentleman for his expertise and his leadership on this issue. We are going to work together.

As I introduce the gentlewoman from Indiana, let me cite for you a statement of needs of mentally ill children in the juvenile justice system in a position paper done by the Mental Health and Mental Retardation Authority of Harris County, Joy Cunningham, executive director. She used the term mental illness or mentally ill children. I said that I was going to focus it on special needs children, but mentally ill children, as this paper cites, are more vulnerable to drug and alcohol problems and are at high risk for suicide and for committing nonrational violent acts. While we cannot completely divert these children from the juvenile justice system because their condition is manifested in serious behavioral problems, for the majority of these children an improvement in their condition equals an improvement in their behavior.

This is a fait accompli. This is what is going on now. Would it not be great if we could get these children before it resulted in violent behavior? The gentlewoman has worked to try and curb the use of handguns or guns getting in the hands of children. Part of that, of course, is accidental. But part of it is guns mixing with children who are disturbed. She has been working on the antiviolence, and I believe they are all interwoven. We thank her for her leadership and sharing this time with us to talk about the needs of people who are suffering from mental needs or mental health needs and as well our children.

I yield to the distinguished gentlewoman from Indiana (Ms. CARSON).

Ms. CARSON. Mr. Speaker, I would like first and foremost to give honor to whom honor is due, and that is to the distinguished gentlewoman and my friend from Texas (Ms. JACKSON-LEE) and certainly to the honorable gentleman from Texas (Mr. RODRIGUEZ).

Mental health is an issue that has historically been kept quiet. It was sort of like a quiet storm within various households across this country

and across this world. People were not inclined to talk about mental illness. They would pretend when they had a family member with mental health challenges to have been gone away on a visit or be in some place other than hospitalized because of their mental health challenges. That is not something that I have learned by reading a book; it is something that I have learned firsthand through my neighbors and through my churches. Prior to coming to the United States Congress, I was elected to township trustee. The reason I wanted to do that is because I wanted to buy a building which has since been named the Julia Carson Government Center in Indianapolis because it is set in a very nice neighborhood. But it had the highest number of homeless children in the whole of Marion County. It was the Mapleton-Fall Creek area as it is known. The kids were laying on the steps all night and all day. These were young children. They were 7 and 8 years of age. They were classified as delinquent sometimes or homeless sometimes; and their basic underlying needs were left ignored or unmet, the kind of mental health challenges that are often referred to in terms of a description of what really faced those very vulnerable children.

I am pleased that the honorable gentlewoman from Texas (Ms. Jackson-Lee) allowed me to become a cosponsor of the bill that she inspired and authored, H.R. 3455. I commend her for her outstanding foresight and insight and activism on behalf of our children who are diagnosed with mental health disorders. The gentlewoman's bill provides mental health services to children, adolescents, their families, schools and communities. This issue reminds me in the academic sense of the mathematical axiom that the whole equals the sum of its parts. While we talk about mental health challenges and mental health disorders among young people and trying to access them to proper medical services and coverage, we have to further recognize that there are other axioms out here that perpetuate that whole challenge of mental illness, and that is the kind of environment in which kids grow up.

Kids live in old neighborhoods, in old houses. They still have lead-based paint in the houses which has been known to perpetuate violence, delinquency and mental health disorders. We have a food stamp program that covers food for children, but it does not allow good nutritional kinds of support for children. For example, food stamps do not cover vitamins. It specifically denies purchase of vitamins with food stamps, which to me is a very vital component of anybody's well-being, nutrition, et cetera. I think those are areas that we need to further expand upon as we try to deal with the mental health disorders that this bill addresses.

The gentlewoman's bill authorizes the Substance Abuse and Mental Health Services Administration to work with the Department of Education to increase the level of available resources for localities, to identify emotional and behavioral problems in children and adolescents and provide service through school and community-based clinics.

I do not want to get into another kind of discussion here, but while we deny the majority of America's children who are in public education access to quality education and all of the tools that are attendant to quality education such as mental health services, counselors, nurses, professional people within a school setting who are adept in identifying potential problems, I think we do this country a disservice while we wade off into areas that really do not benefit the majority of America's children.

Her bill provides mental health services to children and adolescents, their families and their schools and communities. That is so vital if we are really going to get a grip on this issue. Everybody may not know that an estimated 20 percent of American children and adolescents, 11 million in all, have serious diagnosable emotional or behavioral health disorders which range from attention deficit disorder and depression to bipolar disorder and schizophrenia. That is a lot of people, 11 million in all, of our children.

Ms. JACKSON-LEE of Texas. That is a very good point. That is a large number. That is documented. We do not know what are the other numbers. The reason why I wanted to have this discussion on the floor of the House is because I have encountered a number of custodians of children, those who have custodial care, whether they are grandparents or aunts and uncles, single parents and families who are suffering alone with children who need mental health care.

But one of the major problems is as we all know, the work of children is going to school. We get up every morning and we head out for our work as an adult. I am told that that work for children is when they go to school. The issue is, this is where they live a good portion of their life. And knowing children, working with children, having, I know, some wonderful grandchildren, are children apt to just pop up one day and say, my emotions don't feel well?

This is the problem that we are facing. How do you get help for children who are children and do not know how to express that they are depressed or something is wrong other than when they act it out? And then that parent is left just aghast as to what happened.

Have you seen that, particularly with those homeless children, you do not know, you are able to house them maybe, but were there resources there to help them with their state of mind?

Ms. CARSON. There were not resources available. As the gentleman from Texas (Mr. RODRIGUEZ) pointed out his experience, unless a child gets into the juvenile justice system, they are sort of just out there with no kind of support, no emotional support, nobody to talk to, nobody who understands. Their home conditions are such that they really cannot get the kind of help they need through the home. We have an inordinate number of children who are born with substance abuses because their parents were substance abusers and so we have all these little babies being born now who are addicted from the time that they are flushed into the world, if you will. There are not enough services, not enough identification, not enough early prevention and care for those children before they become problems, if you will, for society. That is indeed a problem, and that is why it is imperative for this Congress to recognize the importance of passing the measure that you have introduced.

Between 9 percent and 13 percent of children ages 9 to 17 have serious mental and emotional disturbances that substantially interfere with or limit their ability to function in a family, school and community. Evidence that was compiled by the World Health Organization indicates by the year 2020, internationally, childhood neuro-psychiatric disorders will rise proportionately by over 50 percent to increase one of the five most common causes of morbidity, mortality and disability among children. And, of course, the Mental Health Association reports that most people who commit suicide have a mental or emotional disorder. Within every 1 hour and 57 minutes, a person under the age of 25 years of age commits suicide.

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I think this Congress has an obligation if we stand here day and night and talk about family values, then we need to move forward not just in word but in deed in terms of providing some help for all of these people out here who are dependent on the Sheila Jackson-Lees and the Barbara Lees of the country to step forward and provide meaningful opportunities to redress this very serious problem in our communities, in our individual communities and in our country.

I would say to the gentlewoman from Texas (Ms. JACKSON-LEE) that I have a great deal of gratitude, and I want to thank her for the opportunity to stand here and speak on a problem that was not a popular subject matter; but she certainly has done a yeoman's job in bringing it to the fore of the American people.

Mr. Speaker, I am a cosponsor in support of Congresswoman JACKSON-LEE's bill H.R. 3455 and commend my colleague for her outstanding activism on behalf of children diagnosed with mental health disorders.

This bill would provide mental health services to children, adolescents and their families, schools and communities.

This legislation would authorize the Substance Abuse and Mental Health Services Administration to work with the Department of Education to increase the level of available resources for localities to identify emotional and

behavioral problems in children and adolescents and would provide service through school and community based health clinics.

Mental health care needs among our children are on the rise.

An estimated 20% of American children and adolescents, 11 million in all, have serious diagnosable emotional or behavioral health disorders, which range from attention deficit disorder and depression to bipolar disorder and schizophrenia.

Between 9% and 13% of children ages 9 to 17 have serious mental or emotional disturbances that substantially interfere with or limit their ability to function in the family, school, and community.

Recent evidence compiled by the World Health Organization indicates by the year 2020, internationally, childhood neuropsychiatric disorders will rise proportionally by over 50% to become one of the five most common causes of morbidity, mortality, and disability among children.

The National Mental Health Association reports that most people who commit suicide have a mental or emotional disorder. Within every 1 hour and 57 minutes, a person under the age of 25 commits suicide.

Furthermore, the U.S. Surgeon General reports that suicide among African-American youth has increased 100% in the last decade.

Too many children suffering from a mental or emotional disorder go unserved. An estimated two-thirds of all young people are not getting the mental health treatment they need.

Effective treatments for children's psychiatric disorders typically require not only direct interventions such as psychotherapy or medication, but also a range of other actions, including interventions with parents and school personnel.

The Children's Defense Fund reports that when children's mental health services are unavailable, affordable, or inappropriate, young people often end up caught in the child protection or juvenile justice systems. Furthermore, parents may even be forced to give up custody of the children to secure appropriate treatment.

The rise in youth violence across this nation has created a climate of fear in our schools and communities and has therefore, contributed to the increase in children having mental or emotional disorders.

The serious consequences of untreated mental health problems among children result in school drop-out, rise in juvenile delinquency, alcohol and drug abuse, and even suicide.

We need to advocate for initiatives that promote healthy mental and physical growth among our youth by providing prevention efforts, community-based mental health services, and ensuring quality mental health care services.

Implementing early-intervention services will ultimately decrease the likelihood of more severe emotional or behavioral problems.

Representative JACKSON-LEE's bill would not only expand resources for communities but would also allow communities to expand existing school-based anti-violence prevention programs that provide crisis intervention, emergency services, school safety, and behavior management.

Therefore, I ask my other colleagues to support this important and needed legislation and help our children receive the quality mental health services that they deserve.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished gentlewoman from Indiana (Ms. CARSON). I can assure her that she has done a great service to those who are suffering in isolation by coming to the floor tonight and saying to those who are suffering with mental health needs that they are not alone.

It is interesting, as the gentlewoman from California (Ms. LEE) worked so hard on the floor last week to challenge this Congress and ask the very simple question, can we not provide for the poor of the world. And I thank the gentlewoman from Indiana (Ms. CARSON) very much for her commitment and support of the legislation that we are trying to pass to provide $100 million in funding for mental health needs.

The gentlewoman from California (Ms. LEE) fought just last week when unfortunately we were told we had no money; we come just a few days later and we are hearing of the booming surplus that is coming about. Of course, there is a lot of debate about tax cuts to people and people wonder why, many of us, particularly Democrats, have a different perspective. Because I realize that out of information that we have gotten from the National Mental Health Association, and we applaud their work, and the White House conference with Tipper Gore, that people in the United States, what a tragedy, we can only serve 34,000 children, when I have pages of gun violence incidents that suggest that we have troubled children in our midst and we cannot find a way to provide an extra $100 million for school nurses, for counselors, for training teachers to be able to detect whether a child is troubled. I believe the fight of the gentlewoman was a very important fight, dealing with debt relief, but dealing with HIV/AIDS around the world.

I believe this is an important fight for the children of America, and I am delighted with the leadership of the gentlewoman from California (Ms. LEE) and would like to yield to the distinguished gentlewoman from California (Ms. LEE), who is aware that human needs must be paramount.

Ms. LEE. Mr. Speaker, I would like to thank my esteemed colleague, the gentlewoman from Texas (Ms. JACKSON-LEE), for really organizing the opportunity to discuss a crucial national issue, the mental health of our children. Let me just say I am a proud social worker. I actually studied psychology during my undergraduate term at Mills College in California and then I went on to receive my masters in social work, a degree at the University of California.

Ms. JACKSON-LEE of Texas. If the gentlewoman would yield, it is wonderful that as we debate this that the American people understand that we did not just come here; that we bring experiences.

Ms. LEE. I studied Maslow and Freud and Jung and all of the great psychiatrists and behavioral scientists of our time, and I studied psychology because I wanted to try to understand human behavior more. I went into community mental health, psychiatric social work, because I learned very quickly that the environment and the social context in which a child or a human being lives really that context impacts their life, their behavior and their mental health.

So mental health is a question of just that; it is a question of health. For too long it has been stigmatized, and it has been neglected.

In the early 1970s, when I was in graduate school, I actually founded a community mental health center; and it was called Change, Incorporated, and it was in Berkeley, California. I founded that center so that we could destigmatize and remove the artificial barriers about mental health for primarily low-income African American residents of that community.

That mental health center survived for 10 years, but this was in the early 1970s, and we had a hard time raising money then for resources to provide the intervention and the counseling. What we saw, though, during those 10 years was the psychologists, social workers, counselors, made an enormous difference in the lives of children and families through intervention, through quality mental health services.

Now, as I said, this was in the early 1970s. Here we are now in the year 2000 and we are still talking about the fact that mental health is not a critical component of our national health policy, and we are struggling to raise resources and to provide new resources for mental health counselors. We can help our children and we can offer alternatives to desperate young people, averting some of the terrible schoolyard tragedies which we have seen that really dominate our nightly news.

Substance abuse, violence, school dropouts, suicide all of these are manifestations of a young child's acting out, yearning to be heard, wanting us as adults to do something to help. They are calling out for help. Suicide rates among African American youth have increased 100 percent in the last 10 years, 100 percent. This is really a silent epidemic that is taking our young people one by one, and I know that with some form of intervention most of these lives would have been saved.

So we do need community programs, and we do need to offer mental health services in our schools. We need school counselors. In my own State of California we have one counselor to 1,100 children. Can one imagine? Teachers need to be freed up to teach.

Some children come to school hungry. They cannot concentrate. Consequently they act out. A teacher has to deal with that. If there were a counselor available, the teacher could refer that child to a counselor; and the counselor could develop a case management plan to help that child rather than allowing that child to be suspended or to fall out or to drop out of school.

So I am very proud to be with the gentlewoman tonight. I thank her for this. I am in full support of her bill, which is such an important bill, The Give a Kid a Chance Omnibus Mental Health Services Act for Children. I think that is a great title for the bill.

It will really forge a critical link in our health network. It also will boost badly needed resources for communities to develop community mental health programs for children and adults, the same thing that we tried to do in Berkeley, California, in the early 1970s.

So here we are again. We need mental health professionals in every school. We need our families and children to know that it is okay to seek a counselor and to seek a mental health professional, and we need to give our kids a chance.

Ms. JACKSON-LEE of Texas. The gentlewoman has highlighted so many important points I do not know where to start, but having just finished the fight to assist the world in its fight for HIV/AIDS, does the gentlewoman not think that if we discover that we have a surplus that was unexpected that it would not be fiscally irresponsible to be able to look at mental health parity in our HMO coverage? The gentlewoman being a psychiatric social worker has seen the pain of people suffering from mental illness and mental health needs, as I have called it. What I have seen is people who are isolated and do not know where to go.

Let me cite these numbers for a moment. It is estimated between 118,700 and 186,600 youth were involved in the juvenile justice system, I call it the juvenile crime justice system, have at least one mental disorder. So they really needed other kinds of help.

According to a 1994 OJJDP study of juveniles' response to health screening conducted at the Mission of Juvenile Facilities, 73 percent of juveniles reported having mental health problems and 57 percent reported having prior mental health treatment. Of the 100,000 teenagers in juvenile detention, estimates indicate that 60 percent have behavioral, mental, or emotional problems.

Is it important that we try to find the funding to be able to help not only these children but these families? And I know social workers are not paid what they should be paid.

Ms. LEE. Or psychiatrists or psychologists.

Ms. JACKSON-LEE of Texas. Or child psychiatrists.

Ms. LEE. Mental health professionals need to be paid what they deserve to be paid, and based on their workload they need to be paid twice as much.

Let me just say that one has to believe that the mind and the body are equally important. I think all of us believe that, but we have not put our money where our mouth is.

Mental health parity is critical if one believes that one's spirit, one's mind is just as important as the physical body. Psychosis, schizophrenia, depression, all of these mental issues, and I will not call it mental illness either because we still do not have a clear definition of mental illness, but all of these behavioral difficulties can be cured in many instances.

So why do we not elevate the mind and the body on an equal basis, because certainly one cannot be treated without treating the other? So additional resources making mental health policy as part of our national health policy should really be a national priority, and we should use some of our surplus to do just that.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentlewoman from California (Ms. LEE) very much. I thank her for her work before coming to Congress, her work now. Let us commit ourselves, first of all, to the reality that this Nation is suffering from inadequate mental health services.

Yes, they are there in spotty places throughout the Nation, but even the community mental health services or the community mental health centers are only in about 37 of our States. The funding does not allow for complete use in all 50 States.

More teenagers die from suicide, Mr. Speaker, than from cancer, heart disease, AIDS, birth defects, strokes, influenza and chronic lung disease combined.

The U.S. Surgeon General stresses that mental health needs should be a central part of this Nation's health policy debate because mental health is indispensable to personal well-being, family interpersonal relationships, and contribution to community and society. I think when we talk about our children, families know about anorexia nervosa, we know about that. We have heard about anxiety disorders, but are we aware that our children suffer greatly from depression?

If I might share as I close this evening, depression is one of the most treatable mental illnesses as it is said here on the National Mental Health Association fact sheet, but early diagnosis and treatment are essential to depressed children and can help them lead to better long-term good health.

Mr. Speaker, the real question is, how many of us would run to aid a fallen child with that broken arm or that bruised knee or bruised finger, and the tears coming to their eyes? But how many of us have come to this floor to demand parity for mental health treatment for all Americans in their HMOs and health plans?

I want to applaud some of the great works of some Members of our Congress, both Republicans and Democrats, but we need to finish the job. The job means that we have to find good resources for children so that they can grow up to be healthy adults.

Let me acknowledge Dr. James Comer, who is here with the Yale University Child Study Center, been a leading force on children's mental health; Dr. Koplewicz, from the New York University Child Study Center who has also been working, but they need us in the United States Congress to fund legislation. I hope that H.R. 3455, give a kid a chance legislation, that asks for just $100 million to be able to put school counselors and nurses in schools, to be able to help our children find their way and to help their parents, would be considered in this Congress.

I do hope that those who feel isolated with the impact of mental illness in their families will find a way to believe in the United States Congress that we are moving toward addressing this question and not leaving them to suffer alone, Mr. Speaker.

NEEDS OF MENTALLY ILL CHILDREN IN THE JUVENILE JUSTICE SYSTEM POSITION PAPER

MENTAL HEALTH MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY

Joy Cunningham Exec. Dir.

Over the years, the MHMRA Child and Adolescent Services Division, operating with limited resources, has been able to serve the needs of a variety of juvenile offenders through their outpatient clinics, school-based programs and day treatment services. However, it is apparent that there is a growing number of juveniles who are dually diagnosed whose needs cannot be met in our current county institutions.

Data collected by the Forensic unit on juvenile offenders indicate 17% of these youth (one of every five) suffer from a severe mental condition characterized by disturbed thinking, mood disorder, or impulse control disorder. When we include children who are diagnosed with Conduct Disorder, this percentage increases to 33% (two out of every five). Yet, the juvenile justice system does not have a single facility for mentally ill offenders. At present time, the Juvenile Probation Department sends children with severe mental health problems to private placement. This has resulted in the unprecedented amount of money spent in private placement. Within the last year, the collaboration between MHMRA and the juvenile probation department has resulted in the provision of some psychiatric services at juvenile probation facilities. However, this does not begin to address the needs of mentally ill children.

Mentally ill children are more vulnerable to drug and alcohol problems, and are at high risk for suicide and for committing non-rational violent acts. While we can not completely divert these children from the juvenile justice system because their condition is manifested in serious behavioral problems, for the majority of these children, an improvement in their condition equals an improvement in their behavior.

In order to address the needs of these mentally ill children, we need specialized programs that emphasize psychological/psychiatric intervention and that are manned by professionals with training in dealing with these children. These specialized services should be available in a continuum of care that addresses all levels of severity, and can either be contracted out or provided through MHMRA and Juvenile Probation with additional funding. Some of these specialized services/needs are described below.

Because of the severity of behavior problems, many of the most seriously mentally ill children are held in the detention center either awaiting court or awaiting placement. This is particularly detrimental for these children because of their limited cognitive and emotional resources. Consequently, their

behavior is prone to deterioration often resulting in them becoming a danger to themselves or others. The needs of these children can be best addressed in a short-term inpatient setting where they can have access to medication, and where monitoring for self-injurious behavior is an integral part of the program.

Chronically mentally ill children who are adjudicated delinquent and who, as a result of their condition, are prone to aggressive outbursts and whose behavior is so impaired that they represent a substantial risk to themselves or others, will necessitate a long term Residential Treatment Placement. The focus of this placement will be to provide regular psychiatric/psychological interventions in the form of individual, group, and family counseling, as well as medication interventions. It will also be important to incorporate an aftercare program that includes a transition to a less restricted facility prior to return to home placement.

No one agency should be responsible for providing services for these children. The needs of these children are complex and, as a result, need the efforts of all local agencies including Juvenile Probation Department, MHMRA, Child Protective Services, and the local school district.

Recommendations: It is imperative that Harris County have a centralized data bank, so that all the different agencies have immediate access to information regarding performance and participation in school program, history of mental illness/condition, history of referrals to the Juvenile Probation Department, and information regarding physical or sexual abuse or foster placement. The lack of this information makes it difficult to recognize the needs of children and offer appropriate alternatives.

Need for Research: It is imperative to have research driven treatment alternatives. To this end a centralized data source would be helpful. In Harris county, this would involve having a data system that includes the HCJS, MHMRA, CPS, and HISD, so that children can be easily identified, and to allow for continuation of services.

Training of Practitioners: Government should sponsor internship/resident programs with local universities or institutions of higher learning to allow for a rotation with these mentally ill children. This would serve the purpose of educating professionals who will be going into positions of responsibility with regards to these children, and/or to provide a larger pool of professionals with training with this specialized population.

Training of Juvenile Court Staff: It is imperative that all levels of court personnel (judges, district attorney, juvenile attorneys) and Juvenile Probation staff have an understanding of how mental illness or level of functioning can be a factor in criminal activity. Training in the complex issues of competency should be mandatory.

Legal System: Courts must continue to be involved because these children do have severe behavioral problems that put the public at risk, but also because in many instances it is the threat of legal action that motivates families and youth to participate in many of these programs. Therefore, they should have ultimate authority to remove these children from participation in these specialized programs should there be no indication that they are making an impact on the youth and/or the family. In making these decisions it will be important that those more closely involved with the implementation of these programs should receive education regarding mental illness so that they can make better decisions regarding the alternatives for these children.

Federal Funding: There is no doubt that implementation of the above recommendations is a costly endeavor. Support at the federal level in the way of legislation that provides line item funding for these services is recommended.

Mr. Speaker, children's mental health needs to be a national priority in this country today!

In this nation, we have taken great strides to address spend 10 times the amount on research into childhood cancer, than on children's mental health, yet one of five children is affected by some sort of mental illness.

Even more devastating is the fact that although one in five children and adolescents has a diagnosable mental, emotional, or behavioral problem that can lead to school failure, substance abuse, violence or suicide, 75 to 80 percent of these children do not receive any services in the form of specialty treatment or some form of mental health intervention.

This heartbreaking story of Kip Kinkle, the fifteen year-old student of Springfield, Oregon, who shot his parents and went to school to kill several other students is tragic, yet illuminating.

For three years before this horrendous event, Kip suffered from psychosis and heard voices, yet no one did anything to address this situation. No teacher sent him to the nurse and no one asked his parents to take him to a doctor to find out what was wrong.

This is why I stand before you today to encourage my Colleagues to address the inadequate funding for comprehensive children's mental health services. We need to reach these 75 to 80 percent of children suffering from mental illness and not allow any more days to go by, otherwise we are waiting for another school tragedy like Kip Kinkle to occur.

The recent Surgeon General's Report on Children's Mental Health specifically states that ''most children in need of mental health services do not get them . . .'' Hence, when children's mental health needs are not met, young people often get caught in child protective services or the juvenile justice system. As a result, we see that almost 60 percent of teenagers in juvenile detention have behavioral, mental or emotional disorders.

Although children's mental health services were funded at the President's request under H.R. 4577, this funding was still below the requested funding by National Mental health Association and the Federation of Families for Children's Mental Health Services. In order to adequately fund children's mental health services, we would need to fund this program with at least $93 million and not the $86 million allocated in the poorly funded bill H.R. 4577.

Currently, the Children's Mental Health Services Program only serves approximately 34,000 children. Additional funding would enable more states to provide more mental health services on the community level.

This is why I attempted to offer an amendment to H.R. 4577 to increase the funding for the Substance Abuse and Mental Health Services Administration by $10 million dollars. The intent of this Amendment was to increase the funding for the Children's Mental Health Services Program under SAMSHA.

Both the National Mental Health Association and the Federation of Families for Children's Mental Health Services support increased funding for children's mental health and agree that we need to focus this nation's attention on intervention measures so that we can prevent tragedies like Columbine in Littleton, Colorado, Heath High School in Paducah, Kentucky, and Westside Middle School in Jonesboro, Arkansas.

The grant programs funded under the comprehensive community mental health services program are critical to insure that children with mental health problems and their families have access to a full array of quality and appropriate care in their communities. To date, there have not been sufficient funds to award grants to communities in all the states.

It is also crucial that we emphasize the fact that mental health disorders often lead to teen suicide with a person under the age of 25 committing suicide every 1 hour and 57 minutes! The fact that 8 out of 10 suicidal persons give some sign of their intentions also begs the question, why do we not make children's mental health a national priority.

We know that more teenagers died from suicide than from cancer, heart disease, AIDS, birth defects, strokes, influenza and chronic lung disease combined.

Because childhood depression is so very prevalent, we must recognize the dire need for increased services to treat our youth.

One of the unfortunate realities of the lack of mental health services is the fact that many juveniles convicted in the criminal justice system are in the system because they need mental health services. Recently, the Human Rights Watch released its year 2000 report entitled, ''Punishment and Prejudice: Racial Disparities in the War on Drugs.'' This report detailing the discrepancies between criminal sentencing of African-American and Hispanic drug offenders versus White drug offenders in the juvenile justice system. This report also makes reference to the failure of minority youth to be provided adequate mental health services or appropriately sentenced according to their mental health needs.

Additionally, the New York Times released a study this past March that was conducted on 100 rampage killings. This Report indicated that mental health services could help prevent future outbreaks of violence among our youth and save students and their parents from the torture of another school shooting.

This is further support for the belief that all children need access to mental health services. Whether these services are provided in a private therapy session or in a group setting in community health clinics, private sessions or through the schools, we need to make these services available. That is why this Congress should support legislation that will help remedy the lack of mental health services in the school system.

The National Mental Health Association recommends initiatives to promote the ''healthy physical and mental development for America's youth.'' They support initiatives like increased mental health services in the school system and the surrounding community so that children have access to help when they need it. Recommended also are community based programs that promote good emotional development in children and adolescents.

Furthermore, the Substance Abuse and Mental Health Services Administration (SAMHSA) states that it advocates ''legislation that would provide support to communities to integrate mental health principles, services and supports into existing early childhood programs . . .''

This is why I introduced my bill, H.R. 3455, ''Give a Kid a Chance, Omnibus Mental Health

Services Act for Children of 1999,'' which would provide mental health services to children, adolescents and their families in the schools and in our communities. Already, this bill is supported by 58 members of Congress and numerous organizations including the National Mental Health Association, the National Association of School Psychologists and the Federation of Families for Children's Mental Health.

By making mental health services more readily available, we can spot mental health issues in children early before we have escalated incidents of violence. My bill, H.R. 3455, would authorize the Substance Abuse and Mental Health Services Administration (SAMHSA) to work with the Department of Education (DOE) to increase the level of available resources for localities to identify emotional and behavioral problems in children and adolescents and to provide service through the schools and community based health clinics.

Unlike other limited legislative remedies, my bill would require local entities to implement ''comprehensive community-based programs that provide public health interventions and promote good emotional development in children and adolescents. These programs would provide early intervention services when mental health problems occur and would reach children who may be at-risk for a serious emotional or behavioral disorder (SED) and/or substance abuse.

One of the significant points of my legislation is that in order for a student to access the services of any of the mental health professionals, he/she would not have to have a ''medically diagnosed'' mental health disorder. Thus, any student in need of someone to talk to about their emotional problems or simply in need of a ''friend'' would have access.

□

GENERAL LEAVE

Ms. JACKSON-LEE of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of this special order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Texas?

There was no objection.

□

CONFERENCE REPORT ON H.R. 4810, MARRIAGE TAX RELIEF RECONCILIATION ACT OF 2000

Mr. ARMEY (during the special order of Ms. JACKSON-LEE of Texas), submitted the following conference report and statement on the bill (H.R. 4810) to provide for reconciliation pursuant to section 103(a)(1) of the concurrent resolution on the budget for fiscal year 2001.

CONFERENCE REPORT (H. REPT. 106–765)

The committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 4810), to provide for reconciliation pursuant to section 103(a)(1) of the concurrent resolution on the budget for fiscal year 2001, having met, after full and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the House recede from its disagreement to the amendment of the Senate and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the Senate amendment, insert the following:

SECTION 1. SHORT TITLE.

(a) SHORT TITLE.—This Act may be cited as the ''Marriage Tax Relief Reconciliation Act of 2000''.

(b) SECTION 15 NOT TO APPLY.—No amendment made by this Act shall be treated as a change in a rate of tax for purposes of section 15 of the Internal Revenue Code of 1986.

SEC. 2. ELIMINATION OF MARRIAGE PENALTY IN STANDARD DEDUCTION.

(a) IN GENERAL.—Paragraph (2) of section 63(c) of the Internal Revenue Code of 1986 (relating to standard deduction) is amended—

(1) by striking ''$5,000'' in subparagraph (A) and inserting ''200 percent of the dollar amount in effect under subparagraph (C) for the taxable year'',

(2) by adding ''or'' at the end of subparagraph (B),

(3) by striking ''in the case of'' and all that follows in subparagraph (C) and inserting ''in any other case.'', and

(4) by striking subparagraph (D).

(b) TECHNICAL AMENDMENTS.—

(1) Subparagraph (B) of section 1(f)(6) of such Code is amended by striking ''(other than with'' and all that follows through ''shall be applied'' and inserting ''(other than with respect to sections 63(c)(4) and 151(d)(4)(A)) shall be applied''.

(2) Paragraph (4) of section 63(c) of such Code is amended by adding at the end the following flush sentence:

''The preceding sentence shall not apply to the amount referred to in paragraph (2)(A).''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 1999.

SEC. 3. PHASEOUT OF MARRIAGE PENALTY IN 15-PERCENT BRACKET.

(a) IN GENERAL.—Subsection (f) of section 1 of the Internal Revenue Code of 1986 (relating to adjustments in tax tables so that inflation will not result in tax increases) is amended by adding at the end the following new paragraph:

''(8) PHASEOUT OF MARRIAGE PENALTY IN 15-PERCENT BRACKET.—

''(A) IN GENERAL.—With respect to taxable years beginning after December 31, 1999, in prescribing the tables under paragraph (1)—

''(i) the maximum taxable income in the lowest rate bracket in the table contained in subsection (a) (and the minimum taxable income in the next higher taxable income bracket in such table) shall be the applicable percentage of the maximum taxable income in the lowest rate bracket in the table contained in subsection (c) (after any other adjustment under this subsection), and

''(ii) the comparable taxable income amounts in the table contained in subsection (d) shall be ½ of the amounts determined under clause (i).

''(B) APPLICABLE PERCENTAGE.—For purposes of subparagraph (A), the applicable percentage shall be determined in accordance with the following table:

''For taxable years beginning in calendar year—	*The applicable percentage is—*
2000	*170*
2001	*173*
2002	*178*
2003	*183*
2004 and thereafter	*200.*

''(C) ROUNDING.—If any amount determined under subparagraph (A)(i) is not a multiple of $50, such amount shall be rounded to the next lowest multiple of $50.''.

(b) TECHNICAL AMENDMENTS.—

(1) Subparagraph (A) of section 1(f)(2) of such Code is amended by inserting ''except as provided in paragraph (8),'' before ''by increasing''.

(2) The heading for subsection (f) of section 1 of such Code is amended by inserting ''PHASEOUT OF MARRIAGE PENALTY IN 15-PERCENT BRACKET;'' before ''ADJUSTMENTS''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 1999.

SEC. 4. MARRIAGE PENALTY RELIEF FOR EARNED INCOME CREDIT.

(a) IN GENERAL.—Paragraph (2) of section 32(b) of the Internal Revenue Code of 1986 (relating to percentages and amounts) is amended—

(1) by striking ''AMOUNTS.—The earned'' and inserting ''AMOUNTS.—

''(A) IN GENERAL.—Subject to subparagraph (B), the earned'', and

(2) by adding at the end the following new subparagraph:

''(B) JOINT RETURNS.—In the case of a joint return, the phaseout amount determined under subparagraph (A) shall be increased by $2,000.''.

(b) INFLATION ADJUSTMENT.—Paragraph (1)(B) of section 32(j) of such Code (relating to inflation adjustments) is amended to read as follows:

''(B) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined—

''(i) in the case of amounts in subsections (b)(2)(A) and (i)(1), by substituting 'calendar year 1995' for 'calendar year 1992' in subparagraph (B) of section 1(f)(3), and

''(ii) in the case of the $2,000 amount in subsection (b)(2)(B), by substituting 'calendar year 1999' for 'calendar year 1992' in subparagraph (B) of section 1(f)(3).''.

(c) ROUNDING.—Section 32(j)(2)(A) of such Code (relating to rounding) is amended by striking ''subsection (b)(2)'' and inserting ''subparagraph (A) of subsection (b)(2) (after being increased under subparagraph (B) thereof)''.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 1999.

SEC. 5. ALLOWANCE OF NONREFUNDABLE PERSONAL CREDITS AGAINST REGULAR AND MINIMUM TAX LIABILITY.

(a) IN GENERAL.—Subsection (a) of section 26 of the Internal Revenue Code of 1986 (relating to limitation based on tax liability; definition of tax liability) is amended to read as follows:

''(a) LIMITATION BASED ON AMOUNT OF TAX.—The aggregate amount of credits allowed by this subpart for the taxable year shall not exceed the sum of—

''(1) the taxpayer's regular tax liability for the taxable year reduced by the foreign tax credit allowable under section 27(a), and

''(2) the tax imposed for the taxable year by section 55(a).''.

(b) CONFORMING AMENDMENTS.—

(1) Subsection (d) of section 24 of such Code is amended by striking paragraph (2) and by redesignating paragraph (3) as paragraph (2).

(2) Section 32 of such Code is amended by striking subsection (h).

(3) Section 904 of such Code is amended by striking subsection (h) and by redesignating subsections (i), (j), and (k) as subsections (h), (i), and (j), respectively.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2001.

SEC. 6. ESTIMATED TAX.

The amendments made by this Act shall not be taken into account under section 6654 of the Internal Revenue Code of 1986 (relating to failure to pay estimated tax) in determining the amount of any installment required to be paid before October 1, 2000.