

latest, most cost-effective mental health treatments.

In the past few decades, there have been tremendous advances in mental health diagnosis and treatment. We know that mental health conditions are like other health conditions. With appropriate treatment, some conditions can be resolved entirely while others require lifelong management. The same is true for physical illnesses like diabetes or multiple sclerosis. Furthermore, as the 1999 Surgeon General's report concludes, "a wide variety of community-based services are of proven value for even the most severe mental illnesses." Yet with few meager exceptions, Medicare mental health benefits have remained virtually unchanged since they were enacted in 1965.

To correct these flaws, the Medicare Mental Health Modernization Act would allow beneficiaries to access a range of community-based residential and outpatient services that appropriately reflect the state-of-the-art in mental health treatment.

For example, although inpatient psychiatric services remain important, community-based crisis programs provide an evidence-based alternative to institutional care. Recognizing that fact, our bill would create Medicare coverage for up to 120 days/year for intensive residential services, such as mental illness residential treatment programs and substance abuse treatment centers.

In addition, for the relatively small percentage of Medicare beneficiaries with the most serious and disabling mental illnesses, this legislation would make available a range of intensive outpatient services. Research confirms that these innovative services provide necessary skill training and supports that help people with brain disorders, such as schizophrenia and bi-polar disorder, function better. In fact, costly inpatient hospitalizations can be reduced by as much as 60 percent. Examples of intensive outpatient services include Programs of Assertive Community Treatment (PACT), psychiatric rehabilitation, and intensive case-management.

Improved Beneficiary Access to Medicare-Covered Services. The Medicare Mental Health Modernization Act would also address professional shortages and potentially discriminatory coverage criteria that can leave vulnerable beneficiaries unable to access care. According to the Surgeon General,

the supply of well-trained mental health professionals also is inadequate in many areas of the country, especially in rural areas. Particularly keen shortages are found in the numbers of mental health professionals serving . . . older people."

The Medicare Mental Health Modernization Act addresses these professional shortages by allowing marriage and family therapists and mental health counselors who are licensed or certified at the state level to provide Medicare-covered services. It also ensures that clinical social workers can continue to provide psychotherapy in nursing homes by allowing them to bill Medicare directly for these services as psychiatrists and clinical psychologists can do. Finally, because coverage criteria for therapy services require beneficiaries to demonstrate "continuing clinical improvement," our bill would mandate a study to determine whether these criteria discriminate against people with Alzheimer's disease and related mental illnesses.

There is no question that our country's senior citizens and people with disabilities have

significant mental health and substance abuse needs. Consider data from the 1999 Surgeon General's report on mental health and the 2001 Robert Wood Johnson report on substance abuse:

Major depression is strikingly prevalent among older people. In primary care settings, 37 percent of senior citizens demonstrate symptoms of depression and impaired social functioning. Furthermore, older people have the highest rate of suicide of any age group—accounting for 20 percent of all suicide deaths.

About 20 percent of individuals age 55 and older experience specific mental disorders that are not part of normal aging. Unrecognized and untreated depression, Alzheimer's disease, anxiety, late-onset schizophrenia, and other mental conditions can lead to severe impairment and even death.

Older Americans tend to underutilize mental health services—only 50 percent of those who acknowledge mental health problems receive treatment.

Approximately 17 percent of adults over 65 suffer from addiction or substance abuse, particularly alcohol and prescription drug abuse. While addiction often goes undetected and untreated among older adults, aging and disability makes the body more vulnerable to the effects of alcohol and drugs, further exacerbating other age-related health problems.

Nearly 1 out of every 4 Medicare dollars spent on inpatient hospital care is associated with substance abuse.

About 5 percent of American adults experience a serious mental illness that is disabling with respect to employment, self-care, and interpersonal relationships. In fact, nearly 90 percent of people with serious mental illnesses are unemployed.

Nearly one-third of non-elderly, disabled Medicare beneficiaries have a primary diagnosis of mental illness.

Policymakers on both sides of the aisle agree that Medicare's mental health benefits are woefully inadequate and out-of-date—yet none of the current Medicare reform proposals specifically address mental health. As a country, will we continue to stigmatize mental illness and deny elderly and disabled individuals access to mental health services that can improve their health and well-being? To me, the bottom line is clear—mental health modernization must be part of any fundamental Medicare reform.

On a national level, there is positive movement in this direction. On January 1, 2001, an executive order brought parity to 9 million Federal employees, retirees, and their dependents—providing them with improved mental health benefits equal to those for physical conditions. Most states and even many large corporations now recognize that unequal coverage for mental illnesses is not only discriminatory, but costs more money in the long run.

That's because untreated mental illness can lead to high cost hospitalization and crime—not to mention personal and family suffering, suicide, homelessness, lost productivity, and partial or total disability. These comprise the "indirect" costs of untreated mental illness. Together, these direct and indirect costs are tremendous. Yet over the past decade, spending for mental health care has declined relative to overall health spending and accounts for a mere 7 percent of total health expenditures.

The Medicare Mental Health Modernization Act is an important step forward in providing comprehensive mental health coverage for

senior citizens and people with disabilities. It ends Medicare's longstanding discriminatory mental health benefits and recognizes that state-of-the-art mental health care takes place in the community. This bill will assure that the mental health needs of elderly and disabled Americans are more fully addressed.

A range of mental health advocacy organizations representing consumers, family members, and professionals has endorsed this bill. These include: American Association of Geriatric Psychiatry; American Association of Marriage and Family Therapists; American Association of Pastoral Counselors; American Association of Suicidology; American Counseling Association; American Foundation for Suicide Prevention; American Group Psychotherapy Association; American Mental Health Counselors Association; American Occupational Therapy Association; American Orthopsychiatric Association; American Psychological Association; Association for Ambulatory Behavioral Health; Association for the Advancement of Psychology; Bazelon Center for Mental Health Law; Clinical Social Work Federation; International Association of Psychosocial Rehabilitation Services; Kristin Brooks Hope Center; National Alliance for the Mentally Ill; National Association of Anorexia Nervosa and Associated Disorders; National Association of County Behavioral Health Directors; National Association of Psychiatric Health Systems; National Association of School Psychologists; National Association of Social Workers; National Mental Health Association; National Resource Center for Suicide Prevention and Aftercare; Suicide Awareness/Voices of Education; Suicide Prevention and Advocacy Network; Suicide Prevention Services of Illinois; The National Hopeline Network 1-800-SUICIDE; and Tourette Syndrome Association.

I urge my colleagues to join us in support of this important legislation.

A TRIBUTE TO REDONDO BEACH  
COUNCILMAN BOB PINZLER

**HON. JANE HARMAN**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, April 4, 2001*

Ms. HARMAN. Mr. Speaker, I rise today to honor Bob Pinzler for his outstanding service to the citizens of Redondo Beach, California.

As a member of the Redondo Beach City Council for the past eight years, Bob demonstrated a profound commitment to civic service. He is known as a relentless advocate of better city government. He championed more effective use of technology by municipalities. He fought for infrastructure improvements and community development projects whose positive impacts have been felt throughout the City of Redondo Beach and indeed the entire South Bay.

Responding to his constituents' concerns about increased noise, pollution and traffic resulting from proposed expansion of Los Angeles International Airport, Bob worked with me and other civic leaders and elected officials on a task force shaping a regional approach to solving Southern California's air transportation needs. Our work continues, but Bob has made an invaluable contribution. I know that we will continue to work together on this issue.

In addition to his service on the Redondo Beach City Council, Bob is the current State League Director of the League of California Cities and was President of the League's Los Angeles County Division. He is the past president of the South Bay Cities Council of Governments. He is a member of the Regional Council of the Southern California Association of Governments and was vice-chair of the Santa Monica Bay Restoration Project.

Bob is a friend and an ally. I extend my very best wishes to him and his wife Arlene as they move into an exciting new chapter of their lives. It has always been a privilege to work with Bob and I invite my colleagues to join me in commending his exemplary public service.

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#### ACCESS TO HEALTH CARE

### HON. JOHN P. MURTHA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, April 4, 2001*

Mr. MURTHA. Mr. Speaker, I want to express concern about the increasing challenges facing health care providers, both hospitals and long-term care providers. Pressed by continued government underfunding, inadequate managed care payments, exploding professional liability costs, growing numbers of uninsured, and workforce shortages, these providers are struggling to meet community needs. Access to care is being threatened.

At the federal level, we have been trying to right the wrongs created when the Balanced Budget Act of 1997 cut millions of dollars in Medicare payments to hospitals. We have made progress to return some of this money, but more must be done.

And to succeed, we need the continued support of all elements. I've spoken with Pennsylvania hospital administrators about efficiency, and Pennsylvania now has the second most cost-efficient system in the Nation. Costs in Pennsylvania acute care hospitals are 6 to 7 percent below their expected costs. Also I've spoken with Governor Ridge and Pennsylvania legislators about growing problems with nurse shortages, long-term care, and care for children and pregnant women and encouraged more support from the Commonwealth to help meet costs and address these problems.

In addition, a special independent Pennsylvania Legislative Budget and Finance Committee study released recently shows that hospitals' financial condition continues to deteriorate, and that Pennsylvania is paying only 74 cents for each dollar of Medical Assistance care provided.

The study reveals Pennsylvania hospital margins have deteriorated markedly since 1997, with total margins dropping to 2.4% in 1999 and operating margins averaging only .03%. Nationwide, total hospital margins in 1999 were 4.65% and operating margins were 1.07%.

The low margins in Pennsylvania's hospitals are not due to cost inefficiency since costs in Pennsylvania acute care hospitals are 6 to 7 percent below their expected costs. Pennsylvania hospitals are the second most cost efficient in the nation.

And add to the overall cost problem the fact that professional liability costs will go up this year a minimum of 35 to 50 percent and that

we have a decreasing payment-to-cost ratio of commercial insurers, and a growing uninsured rate, the writing is on the wall. No organization can continue to survive and provide all the services our citizens need.

On the long-term care side, two reports delivered last week to the Pennsylvania Intra-Governmental Council on Long-Term Care revealed that Pennsylvania and long-term care providers must find new ways to raise the pay and status of long-term care workers or face an extended workforce crisis. There is a worker shortage across the "spectrum of elder services" that affects access to care and quality of care for our elderly. Turnover rates are skyrocketing. If we do not get a handle on this problem today, we will have a vulnerable population of seniors counting on a broken system that can't deliver.

Over one-third of long-term care providers reported serious problems finding and keeping direct-care workers. More than 40 percent of private nursing homes and home-care and home-health agencies report a serious problem with either recruitment or retention of workers.

We have Area Agencies on Aging with growing waiting lists because people can't arrange home services for needy clients. Nursing homes are looking to temp agencies to fill vacancies among staff aides, and between one-third and one-fourth of the long-term care workforce in the state have less than one year's experience with their employer.

Currently about 94,000 Pennsylvanians are employed by more than 3,400 providers to help dress, feed, bathe and transport frail elderly persons. Low pay and low respect are to blame. Combine these issues with a growing demand for services and we find long-term care providers in a major dilemma.

We have the second largest senior population in Pennsylvania and an ever-growing number of seniors over the age of 80. Access to healthcare and all forms of long-term care are critical. Pennsylvania leaders, Congress and health care professionals must all work together to resolve these problems.

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#### TRIBUTE TO THE LATE HONORABLE ADRIAN C. SANCHEZ

### HON. ROBERT A. UNDERWOOD

OF GUAM

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, April 4, 2001*

Mr. UNDERWOOD. Mr. Speaker, I rise today to make note of the recent passing of the Honorable Adrian C. Sanchez, a distinguished member of the Eleventh, Twelfth and Thirteenth Guam Legislatures. He leaves behind his widow, Young, his children Doris, Diana, Josephine, and Adrian.

Senator Sanchez was born on September 26, 1919 in the village of Hagåtña—the son of Simon Angeles and Antonia Cruz Sanchez. A product of the Guam public school system, he attended Padre Palomo Elementary, Leary Middle School and Seaton Schroeder Junior High School. He later received an Associate's Degree in Public Administration from the University of Guam and a Bachelor's degree in Business Administration from the Western States University.

His diverse and distinguished career began prior to World War II when he worked as a

surveyor for the local Department of Records and Accounts. Between 1936 and 1938, he was employed as a school teacher by the Department of Education. He enlisted in the United States Navy in 1938 and served until his retirement in 1964. While in the Navy, he had the chance to serve in various capacities. He was the School Administrator for the Northern Marianas immediately after World War II and he also served as a member of the President's staff from 1958 until 1964. A veteran of World War II, the Korean War and the Vietnam War, he attained the rank of Master Chief Petty Officer—the highest enlisted rank in the United States Navy.

Upon his retirement, Senator Sanchez came back to Guam and was employed as the Assistant Director for the Department of Public Health and Social Services. Prior to his election to the Guam Legislature in 1970, he also served as Director of the Guam Department of Corrections and Deputy Director of the Guam Department of Public Works.

Senator Sanchez held office for three consecutive terms. As a Senator, he was known for his dedication towards the proliferation of the local culture. He is credited for having a day set aside to commemorate Guam's initial contact with European culture. Through his efforts, Discovery Day is now a local holiday celebrated with much fanfare in the village of Umatac.

Although the Senator retired from public service in 1976, his interest in the island's affairs led to memberships in a number of Government of Guam boards and commissions. He was appointed to the Territorial Planning Commission, the Guam Commission of Public Safety, the Guam Visitor's Bureau and the Guam Banking Commission. In addition to this, his civic and community involvement included active participation with the Guam Chapter of the American Cancer Society, the TB & Health Association, the Sons and Daughters of Guam Club in San Diego, the Guam Press Club, the Young Men's League of Guam, the Tamuning Church Holy Name Society and the Former Senators Association. As a military veteran, he also held memberships with the Veterans of Foreign Wars, the Fleet Reserve Association and the Guam Navy Club.

Having been a real estate broker and investor since 1970, Senator Sanchez was also a respected member of the local business community. He was affiliated with the Guam Board of Realtors, the National Association of Realtors, the Environmental Assessment Association, the International Institute of Valuers and the National Association of Review Appraisers and Mortgage Underwriters.

His dedication towards conveying the unique story of his people led Senator Sanchez to author a number of books. "Two Lovers Point" was published in 1971. Its second edition "Two Lovers Point or Puntan Dos Amantes" was released in 1991. In 1990, he wrote "The Chamorro Brown Steward" and his autobiography, "Dano I.", was published in 1993. For his work and accomplishments, Senator Sanchez received numerous awards—the most notable of which was the Governor's Lifetime Art Award.

Senator Adrian C. Sanchez leaves a great legacy of service and devotion to the island and people of Guam. A noted figure in field of education, military and public service, his accomplishments provide inspiration to us and