

to redline individuals with a pre-existing mental health condition. I undertook this initiative when I learned that some of my constituents were being turned away from health plans in the private non-group market due solely to a past history of treatment for mental conditions. Unfortunately, under the current system of care in the United States, individuals who are undergoing treatment or have a history of treatment for mental illness may find it difficult to obtain private health insurance, especially if they must purchase it on their own and do not have an employer-sponsored group plan available to them. In part this is because while the Health Insurance Portability and Accountability Act, HIPAA, protects millions of Americans in the group health insurance market, it affords few protections for individuals who apply for private non-group insurance. While the majority of Americans under age 65 have employer-sponsored group coverage, a significant minority, approximately 12.6 million individuals, rely on private, individual health insurance.

The Mental Health Patients' Rights Act closes this loophole by limiting any preexisting condition exclusion relating to a mental health condition to not more than 12 months and reducing this exclusion period by the total amount of previous continuous coverage. It prohibits any health insurer that offers health coverage in the individual insurance market from imposing a preexisting condition exclusion relating to a mental health condition unless a diagnosis, medical advice or treatment was recommended or received within the 6 months prior to the enrollment date. And it prohibits health plans in the individual market from charging higher premiums to individuals based solely on the determination that the individual has had a preexisting mental health condition. These provisions apply to all health plans in the individual market, regardless of whether a state has enacted an alternative mechanism, such as a risk pool, to cover individuals with pre-existing health conditions.

The Mental Health Patients' Rights Act complements ongoing efforts to enhance parity between mental health services and other health benefits. This is because parity alone will not help individuals who do not have access to any affordable health insurance due to preexisting mental illness discrimination. The Patients' Rights Act does not mandate that insurers provide mental health services if they are not already offering such coverage. It simply prohibits plans in the private non-group market from redlining individuals who apply for general health insurance based solely on a past history of treatment for a mental condition.

I have also asked the General Accounting Office to examine the types of mental health conditions for which individual health insurers typically underwrite; the degree to which there is an actuarial basis for these carrier practices; the prevalence of medical

underwriting for mental health conditions that results in denying coverage or raising premiums; and the extent of state laws that prevent or constrain insurers from denying coverage or raising premiums due to a history of mental health conditions, including consumer protections such as appeals procedures and access to information. This report is due out next month.

It simply does not make sense that a person is rendered uninsurable for all health needs simply because he or she seeks treatment for mental illness. I invite my colleagues to enlist in this important initiative to ensure that such individuals are not discriminated against when applying for health insurance coverage.

I ask unanimous consent that the article be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[From the Washington Post, Feb. 5, 2002]

SECOND OPINION: THE PERILS OF DOING RIGHT

(By Abigail Trafford)

Michelle Witte did everything right. She graduated from the University of Maryland last June with a degree in English. She got a job she loves with a Washington communications firm that is too small to qualify for a group health plan. But her employer will pay for an individual policy, so she applied to CareFirst BlueCross BlueShield. In answer to questions on the form, she stated that she has chronic asthma and had been prescribed antidepressant medication for a short period when she was in high school.

The health plan rejected her.

"Upon review of the Individual Health Evaluation Questionnaire, you have documented that you have been or are currently being treated for depressive disorder," stated the letter from the health plan. "Based upon our medical underwriting criteria, we are unable to approve this coverage for you."

"I just think it's shocking," said Witte, 23. CareFirst has refused to comment on the case. But in its official reply to her application, the plan expressed no concern over her ongoing problem of asthma. It was one episode of successfully treated depression in adolescence that turned Witte into a health plan pariah. "It didn't occur to me that it could be such a liability," she said.

This is how discrimination works against people with mental diseases. For all the rhetoric about removing the stigma of mental illness and treating disorders of the brain the same way as disorders of the body, the bias persists. A physical disease like asthma is okay; a mental disorder like depression is not.

If anything, Witte ought to be a prized health plan client. She has demonstrated that she knows how to take care of herself. Six years ago, when she was in high school, she developed anorexia, an eating disorder. Her parents promptly took her to a psychiatrist at Children's National Medical Center who diagnosed depression and prescribed a six-month course of the antidepressant Zoloft. Witte responded well. She overcame her eating problems. She has had no problems with depression since that time.

How many teenage girls try to keep their destructive eating habits secret? How many go for years without proper treatment? They can end up needing hospitalization and may suffer long-term complications. In the end, that is much more expensive to a health plan than covering outpatient psychotherapy and medications for six months.

In short, Witte and her parents—her father works for the federal government, her mother for a health maintenance organization—

did everything right in getting prompt treatment. "It was a success story," said Witte. "I'm a proponent of drugs when they're used properly. They can really help."

Why should she be penalized for being a success story?

It's legal for health insurers to consider a person's health status when they offer individual policies. Otherwise some people might not buy insurance until they were diagnosed with a major medical problem and needed coverage to get care.

But this is obviously not the case with Witte, a healthy young woman who runs regularly and likes to take day-long hikes. As a health insurance reject, she is eligible for programs designed for high-risk individuals, but the costs of coverage are generally higher and the benefits more limited compared to a regular plan. That's a steep price to pay for having had a six-month prescription for Zoloft.

In many parts of the country, the infrastructure of mental health services is unraveling. Headlines have rightly focused on the collapse of public programs for people who need government-funded treatment.

But a much larger population with mental disorders remains in the private sector. They are holding jobs and raising families. They rely on private insurance and private therapists for treatment. Support for them is eroding, too, as insurance agencies stint on payment for mental health services, managed care plans place limits on benefits, and the burden of co-payments and other out-of-pocket expenses continues to increase.

Even people with good jobs and supposedly good health coverage are hurting. One man who works for the federal government has been treated for major depression since his first episode at age 38. He has seen the same psychiatrist, who monitors his medications and provides psychotherapy, every week for 15 years.

This year his insurance plan has eliminated the more generous high-option policy that covered 50 visits to the doctor. His current plan, with a premium that is a few dollars cheaper every month, covers only 25 sessions. His psychiatrist charges \$165 an hour; the plan now covers about half the hourly fee, and only half the time. Bottom line: His doctor bills come to \$8,250 a year. His plan pays \$1,800; he pays the rest.

"It's not fair," he said, "it has to cost us so much money when there's supposed to be parity" in coverage of mental and physical illnesses. "Parity keeps slipping away."

The president last week came out in favor of patients' rights. That ought to include the millions of Americans with mental illness.

#### LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH of Oregon. Madam President, I rise today to speak about hate crimes legislation I introduced with Senator KENNEDY in March of last year. The Local Law Enforcement Act of 2001 would add new categories to current hate crimes legislation sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred April 17, 1993 in Portland, ME. Two men assaulted a father and son they mistook for a gay couple. The assailants, James G. Miezín, 23, of Parma, and Thomas J. Lengieza, 22, were charged with harassment and assault.

I believe that government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act of 2001 is now a symbol that can become substance. I believe that by passing this legislation, we can change hearts and minds as well.

#### MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Ms. Evans, one of his secretaries.

#### EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

#### MESSAGE FROM THE HOUSE

At 3:26 p.m., a message from the House of Representatives, delivered by Mr. Hays, one of its reading clerks, announced that the House has passed the following bills:

S. 737. An act to designate the facility of the United States Postal Service located at 811 South Main Street in Yerington, Nevada, as the "Joseph E. Dini, Jr. Post Office."

S. 970. An act to designate the facility of the United States Postal Service located at 39 Tremont Street, Paris Hill, Maine, as the "Horatio King Post Office Building."

S. 1026. An act to designate the United States Post Office located at 60 Third Avenue in Long Branch, New Jersey, as the "Pat King Post Office Building."

S. 1888. An act to amend title 18 of the United States Code to correct a technical error in the codification of title 36 of the United States Code.

The message also announced that the House has passed the following bill and joint resolution, in which it requests the concurrence of the Senate:

H.R. 577. An act to require any organization that is established for the purpose of raising funds for the creation of a Presidential archival depository to disclose the sources and amounts of any funds raised.

H.J. Res. 82. An act recognizing the 91st birthday of Ronald Reagan.

The message further announced that the House has disagreed to the amendment of the Senate to the bill, H.R. 2215, to authorize appropriations for the Department of Justice for fiscal year 2002, and for other purpose, and agrees to the conference asked by the Senate on the disagreeing votes of the two House thereon; and appoints the following Members as the managers of the conference on the part of the House:

From the Committee on the Judiciary, for consideration of the House bill and the Senate amendment, and modifications committed to conference: Mr. SENSENBRENNER, Mr. HYDE, Mr. GEKAS,

Mr. COBLE, Mr. SMITH of Texas, Mr. GALLEGLY, Mr. CONYERS, Mr. FRANK, Mr. SCOTT, and Ms. BALDWIN: Provided, That Mr. BERMAN is appointed in lieu of Ms. BALDWIN for consideration of section 312 of the Senate amendment, and modifications committed to conference.

From the Committee on Energy and Commerce, for consideration of sections 2203-6, 22-8, 2210, 2801, 2901-2911, 2951, 4005, and title VIII of the Senate amendment, and modifications committed to conference: Mr. TAUZIN, Mr. BILIRAKIS, and Mr. DINGELL.

From the Committee on Education and the Workforce, for consideration of sections 2207, 2301, 2302, 2311, 2321-4, and 2331-4 of the Senate amendment, and modifications committed to conference: Mr. HOEKSTRA, Mr. CASTLE, and Mr. GEORGE MILLER of California.

#### MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 577. An act to require any organization that is established for the purpose of raising funds for the creation of a Presidential archival depository to disclose the sources and amounts of any funds raised; to the Committee on Governmental Affairs.

#### REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. BINGAMAN, from the Committee on Energy and Natural Resources:

Special Report entitled "History, Jurisdiction, and a Summary of Activities of the Committee on Energy and Natural Resources during the 106th Congress" (Rept. No. 107-135).

#### INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

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

By Mr. VOINOVICH:

S. 1913. A bill to amend title 5, United States Code, to establish an exchange program between the Federal government and the private sector to develop expertise in information technology management, and for other purposes; to the Committee on Governmental Affairs.

#### ADDITIONAL COSPONSORS

S. 237

At the request of Mr. HUTCHINSON, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 237, a bill to amend the Internal Revenue Code of 1986 to repeal the 1993 income tax increase on Social Security benefits.

S. 595

At the request of Mr. WELLSTONE, the name of the Senator from New Jersey (Mr. CORZINE) was added as a cosponsor of S. 595, a bill to amend the Public

Health Service Act, Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to provide for nondiscriminatory coverage for substance abuse treatment services under private group and individual health coverage.

S. 677

At the request of Mr. HATCH, the names of the Senator from Oklahoma (Mr. INHOFE) and the Senator from Wyoming (Mr. ENZI) were added as cosponsors of S. 677, a bill to amend the Internal Revenue Code of 1986 to repeal the required use of certain principal repayments on mortgage subsidy bond financing to redeem bonds, to modify the purchase price limitation under mortgage subsidy bond rules based on median family income, and for other purposes.

S. 806

At the request of Mr. HUTCHINSON, the name of the Senator from Pennsylvania (Mr. SANTORUM) was added as a cosponsor of S. 806, a bill to guarantee the right of individuals to receive full social security benefits under title II of the Social Security Act with an accurate annual cost-of-living adjustment.

S. 999

At the request of Mr. BINGAMAN, the name of the Senator from New Jersey (Mr. TORRICELLI) was added as a cosponsor of S. 999, a bill to amend title 10, United States Code, to provide for a Korea Defense Service Medal to be issued to members of the Armed Forces who participated in operations in Korea after the end of the Korean War.

S. 1107

At the request of Mr. HARKIN, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 1107, a bill to amend the National Labor Relations Act and the Railway Labor Act to prevent discrimination based on participation in labor disputes.

S. 1209

At the request of Mr. BINGAMAN, the name of the Senator from Hawaii (Mr. AKAKA) was added as a cosponsor of S. 1209, a bill to amend the Trade Act of 1974 to consolidate and improve the trade adjustment assistance programs, to provide community-based economic development assistance for trade-affected communities, and for other purposes.

S. 1210

At the request of Mr. CAMPBELL, the name of the Senator from Oklahoma (Mr. INHOFE) was added as a cosponsor of S. 1210, a bill to reauthorize the Native American Housing Assistance and Self-Determination Act of 1996.

S. 1248

At the request of Mr. KERRY, the name of the Senator from Florida (Mr. NELSON) was added as a cosponsor of S. 1248, a bill to establish a National Housing Trust Fund in the Treasury of the United States to provide for the development of decent, safe, and affordable, housing for low-income families, and for other purposes.