

# EXTENSIONS OF REMARKS

HONORING PAMELA BONNETT

**HON. EDOLPHUS TOWNS**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, March 12, 2008*

Mr. TOWNS. Madam Speaker, I rise today to recognize Pamela Bonnett, who immigrated from British Guiana, South America to the United States in 1969 when there was an urgent need for Registered Professional Nurses. She graduated from St. Joseph's College with a bachelor of science in health administration and a masters degree in public health education from Hunter College, City University of New York.

Currently a patient service manager at the Visiting Nurse Service of New York, Inc., she is responsible for a team of registered professional nurses providing care to the chronically ill and the geriatric community. Prior to holding this position, Ms. Bonnett was an administrator/associate administrator with Nurse Referrals Inc., responsible for their license program, professional development, utilization and standards of care, to ensure agency compliance with the New York State Department of Health Regulations. She chaired the Quality Assurance Committee of Certified Home Health Care Agencies and other professional staff. Moreover she evaluated contract compliance and made recommendations to the NYC Health and Hospital Corporation and acted as a liaison and marketing agent between the Nurse Referrals Inc., and NYC Health and Hospital Certified Home Care Agencies.

Among other positions held were assistant director of nursing/director of in service education at the Woodland Rehabilitation Center, New Rochelle; executive director, Bushwick Stuyvesant Heights Home Attendant Agency; community health nurse, Beth Israel Hospital and; clinical manager of the Community Geriatric Clinic at the Brookdale Hospital Medical Center.

Pamela Bonnett is currently a member of the National Coalition of 100 Black Women, Inc., Member of the Chi Eta Phi Sorority, Inc., past member of the board of directors for the Boys and Girls of America, Hempstead Boys and Girls Club, and a past member of the community board of St. John's Episcopal Hospital in Brooklyn.

Madam Speaker, Pamela Bonnett epitomizes what is good about public health service and we should recognize her for being a role model to young boys and girls in the community. She is a person who is making a difference in people's lives.

HONORING KYLE E. BOWMAN

**HON. SAM GRAVES**

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, March 12, 2008*

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Kyle E. Bowman, a very

special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 314, and by earning the most prestigious award of Eagle Scout.

Kyle has been very active with his troop, participating in many scout activities. Kyle started his journey with the Boy Scouts seven years ago earning 28 merit badges. Over the years Kyle has been involved in scouting, he has held many leadership positions such as historian, librarian, patrol and assistant patrol leader. Kyle is an Ordeal in the Order of the Arrow and is a Foxman in the Tribe of Mic-O-Say. Kyle has attended H. Roe Bartle Reservation for three years and has also camped at Camp Nash on four separate occasions. For his Eagle Scout project, Kyle designed and constructed two horse mounting platforms for Heartland Presbyterian Center.

Madam Speaker, I would be remiss if I did not mention the strong family foundation Kyle has supporting him. His proud parents Mark and Britt Bowman, as well as his sister, Amanda.

Madam Speaker, I proudly ask you to join me in commending Kyle E. Bowman for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

HONORING DR. MARK KUSHNER

**HON. TOM LATHAM**

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, March 12, 2008*

Mr. LATHAM. Madam Speaker, I rise today to recognize Dr. Mark Kushner, a distinguished professor and Dean of the College of Engineering at Iowa State University on winning the Semiconductor Industry Association annual award for outstanding work and exemplary leadership by university researchers.

Dr. Kushner received his BA in Astronomy and BS in Engineering from the University of California at Los Angeles in 1976 and earned his MS and PhD in Applied Physics from the California Institute of Technology in 1977 and 1979. From 1986 to 2005, Dr. Kushner was the Founder Professor of Engineering in the Department of Electrical and Computer Engineering at the University of Illinois at Urbana-Champaign. In 2005, Dr. Kushner became the Dean of Engineering and the James Melsa Professor at Iowa State University with appointments in the departments of Electrical and Computer Engineering, Materials Science and Engineering, and Chemical Engineering.

For 18 years, Dr. Kushner has worked with the Semiconductor Research Corporation, and his work is widely recognized as the "Gold Standard" for the semiconductor industry. He has published more than 210 journal articles and delivered more than 170 invited symposia presentations on topics related to plasma and thermal materials processing, gas and solid state lasers, pulse power plasmas, chemical

lasers, and laser spectroscopy. Dr. Kushner has also trained dozens of Ph.D.s who continue to drive innovation and progress in microelectronics.

Dr. Kushner's efforts in research and training play a crucial role in expanding horizons in semiconductors and the field of engineering for the benefit of society. I consider it an honor to represent Dr. Kushner in Congress, and I wish him continued success in his groundbreaking efforts in the semiconductor industry and his academic work in the field of engineering.

**PAUL WELLSTONE MENTAL HEALTH AND ADDICTION EQUITY ACT OF 2007**

SPEECH OF

**HON. JOHN D. DINGELL**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, March 5, 2008*

Mr. DINGELL. Mr. Speaker, I would ask that the following letters of support for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2008, be submitted for the record on the floor debate on this bill.

NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS,  
*Alexandria, VA, February 29, 2008.*

Hon. PATRICK J. KENNEDY,  
Hon. JIM RAMSTAD,  
*House of Representatives,*  
*Washington, DC.*

DEAR REPRESENTATIVES KENNEDY AND RAMSTAD: On behalf of the National Association of State Mental Health Program Directors (NASMHPD). I am writing to offer our strong support for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007. NASMHPD represents state and territorial mental health commissioners/directors and their agencies that provide public mental health services to over 6 million people annually. Our members manage community-based systems of care as well as inpatient care in state psychiatric hospitals for individuals with serious mental illness.

It has been over ten years since the Congress passed the Mental Health Parity Act, which prohibited annual and lifetime dollar limits for mental health care. This small but symbolically important first step left much work to be done; it is now the time to fill remaining gaps by prohibiting treatment limitations and eliminating inequitable financial requirements. An ever-growing body of research, advanced especially during and since the 1990-2000 Decade of the Brain, demonstrates that mental and behavioral disorders are brain disorders and benefit in the same way as other physical disorders from advances in science. Scientific knowledge of mental illness has removed all justification for the wide-spread difference in insurance coverage for mental health benefits.

An October 2006 NASMHPD study describes an alarming finding that people with mental illness experience twenty-five years of lost life. This is an unconscionable situation that demands immediate action, for all adults and children with mental illness who now

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

face such terrible odds against living a long and healthy life. The harsh reality of poor health for those with mental illness requires new approaches to integrate mental health and general health. Enacting a strong mental health parity law has the potential to measurably improve the health status of individuals with mental illness who suffer other dire health consequences.

The states' mental health directors commend you for your leadership on this critical national priority. We are pleased to add our voice to the growing chorus of support that was so clearly demonstrated during your highly successful "Equity Campaign Tour" along with the 273 co-sponsors of H.R. 1424.

Sincerely,

ROBERT W. GLOVER,  
*Executive Director.*

AMERICAN PSYCHIATRIC ASSOCIATION,  
*Arlington, VA, March 5, 2008.*

DEAR REPRESENTATIVE: I am writing on behalf of the American Psychiatric Association (APA), the medical specialty representing more than 38,000 psychiatric physicians nationwide, and particularly on behalf of our patients and their families, to urge you to vote for passage of mental health "parity" legislation (H.R. 1424) on March 5, and to oppose any weakening amendments and/or motions to recommit.

Mental illnesses have a devastating impact on millions of Americans every day. The good news is that treatment works, but too many insurance plans impose discriminatory cost-sharing and treatment limits on mental health care that are not required for treatment of any other illnesses. For nearly a decade, the Federal Employees Benefits program has required insurers to provide parity coverage for mental health care. Research has shown that the parity requirement has not led to any significant cost increase for federal employees (including Members of Congress and their staff). Surely the public at large deserves the same coverage?

Opponents of the House bill are circulating outrageous and false claims about what the House bill does. I am attaching a brief fact sheet that sets the record straight. Please feel free to share this with your House colleagues.

The members of the APA have been pleased to work with the House Blue Dogs over the years, and look forward to a productive relationship in the years ahead. Please reject the blatant disinformation being circulated by parity opponents and vote for passage of H.R. 1424. It is long past time for Congress to act.

Thank you for your support.

Sincerely,

CAROLYN B. ROBINOWITZ,  
*President.*

AMERICAN PSYCHIATRIC ASSOCIATION RESPONSE TO CONTROVERSY ABOUT DSM-IV AND MENTAL HEALTH PARITY—MARCH 2008

Business and insurance opposition to passage of H.R. 1424 in part involves opposition to the use of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to define those conditions that must be covered by health plans under the terms of the bill. Let's look at a few of these claims:

DSM-IV obligates employers to cover jet lag, caffeine intoxication, and similar conditions:

Fact: This is nonsense. These claims typically refer to so-called "V Codes." These are not DSM diagnoses. The V Codes are developed by the World Health Organization for the International Classification of Diseases (or ICD), not by the APA for the DSM. They are listed in DSM as a courtesy to facilitate coding and cross-walking between DSM and the ICD, and they are intended to allow clinicians to identify the types of non-diagnostic problems that are brought to their attention.

Because it is "so broad," using DSM to set baseline coverage will force insurers and employers to pay for treatments for the most minor of conditions.

Fact: This argument is based on the false premise that diagnosis and treatment are one and the same. This is absolutely false. Simply because a diagnosis is made does not obligate insurers to pay for treatment, and nothing in H.R. 1424 changes that fact. Treatment would still be subject to the same medical necessity decision-making and utilization review that is in effect today. The appropriate treatment for jet lag would almost certainly be "get some sleep." Members of the House should demand that employers who argue about jet lag and caffeine intoxication provide data showing they have incurred any appreciable costs because they have been forced to pay for treatment.

DSM-IV will codify a treatment mandate. Fact: False. This claim confuses diagnosis with treatment. Once again, DSM-IV is not a treatment mandate, it is a diagnostic tool. In fact, employers and insurers don't want you to know that they use DSM every day to limit and in some cases deny treatment under terms of medical necessity.

The American Psychiatric Association has a vested interest in having DSM-IV written into federal law, creating an improper conflict of interest.

Fact: DSM-IV is widely recognized as the leading and internationally authoritative text for the diagnosis of mental illness. It is the product of exhaustive research and deliberation over a six-year period involving more than 1,000 individuals and numerous professional organizations, as well as agencies of the Federal Government. As a result, DSM-IV is referenced and has legal standing in more than 900 federal and state laws and regulations. The major legal reason why states and the Federal Government have used DSM-IV instead of ICD-9-CM is to insist on a higher and more precise standard for defining a mental disorder. Are employers and insurers proposing to ban any references to CPT-Codes in federal law, or use of ICD-9-CM codes for billing purposes? Of course not. Why is DSM-IV any different?

The House of Representatives is poised to take a truly historic step toward ending insurance discrimination against Americans seeking help for mental illnesses, including substance-related disorders. Please do not allow the deliberate distortions and outright falsehoods about DSM-IV asserted by business and insurance groups to influence your vote. The 38,000 psychiatric physician members of the American Psychiatric Association urge you vote for passage of H.R. 1424.

For additional information, please contact the APA's Department of Government Relations.

NATIONAL COUNCIL ON ALCOHOLISM  
AND DRUG DEPENDENCE, INC.,  
*New York, NY, March 3, 2008.*

Re support for HR-1424 the Paul Wellstone Mental Health and Addiction Equity Act.

Hon. NANCY PELOSI,  
*Speaker of the House of Representatives,*  
*Washington, DC.*

Hon. JOHN BOEHNER,  
*Republican Leader, House of Representatives,*  
*Washington, DC.*

DEAR SPEAKER PELOSI AND LEADER BOEHNER: On behalf of the National Council on Alcoholism and Drug Dependence, Inc. (NCADD) and our National Network of Affiliates, I am writing to express our support for HR 1424, the Paul Wellstone Mental Health and Addiction Equity Act. HR-1424 would prohibit insurance discrimination against 80 million Americans suffering from addiction and mental illness! Pass HR-1424 without any amendments that would weaken the bill

and oppose any effort to substitute S-558. A vote for S-558 is a vote against addiction and mental health coverage that would count!

The lives of millions of Americans are at stake. Last year, over 650,000 individuals and family members contacted NCADD seeking help for themselves or a family member! The lack of access to alcoholism and addiction specific treatment through insurance results in continued alcohol/drug use and insurance pays a fortune to treat all of the physical symptoms that result from alcoholism and addiction, accidents, gastritis, broken arms/legs, cirrhosis, etc. The financial cost of addiction and mental health problems is staggering. And, the best way to reduce those costs is by providing access to treatment! Each year, 1.3 billion work days are lost due to mental disorders, more than arthritis, stroke, heart attack and cancer combined. Moreover, workers with untreated depression cost their employers \$31 billion a year in lost productivity and workers with untreated alcoholism cost their employers \$135 billion in lost productivity each year.

The time to end the insurance discrimination faced by those with addiction and mental health issues is now! The Paul Wellstone Mental Health and Addiction Equity Act (H.R. 1424), introduced by Representatives Patrick Kennedy (D-RI) and Jim Ramstad (R-MN), has the support of the majority of the House with 273 cosponsors. The bill has been favorably reported by the Ways and Means, Energy and Commerce and Education and Labor Committees. Lastly, fourteen Congressional field hearings in 2007 clearly documented the need for equity in health plans for the treatment of addiction and mental illness, parity is a priority and it must be passed now!

Because of the critical nature of this legislation, we urge you to vote in support of HR 1424. On behalf of those who will benefit from access to life-saving treatment, thank you for support!

Sincerely,

ROBERT J. LINDSEY,  
*President/CEO.*

PAUL WELLSTONE MENTAL  
HEALTH AND ADDICTION EQUITY  
ACT OF 2007

SPEECH OF

**HON. JIM RAMSTAD**

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, March 5, 2008*

Mr. Ramstad. Mr. Speaker, I would like to have the following letters of support for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, submitted for the record on the floor debate of this bill.

HAZELDEN,

*Center City, MN, March 3, 2008.*

Hon. NANCY PELOSI,  
*Speaker of the House of Representatives, Capitol Building, Washington, DC.*

Hon. JOHN BOEHNER,  
*Republican Leader, House of Representatives,*  
*Capitol Building, Washington, DC.*

DEAR SPEAKER PELOSI AND LEADER BOEHNER: On behalf of the Hazelden Foundation, I am writing to express our strong support for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. This landmark legislation would prohibit insurance discrimination against 80 million Americans suffering from addiction and mental illness.

I am writing because our country cannot afford the continued burden of untreated addiction and mental illness. Untreated addiction costs Americans \$400 billions annually