

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

and is more expensive than 3 of the Nation's top 10 killers: 6 times more expensive than America's number one killer: heart disease (\$133.2 billion/year), 6 times more than diabetes (\$130 billion/year), 4 times more than cancer (\$96.1 billion/year).

The time for the passage of parity is now. Over 25 million people need mental health and addiction treatment but are not getting it. Legislation to bring full equity to mental health coverage has been introduced in the House in every Congress since the 107th session but until this year, it never received consideration in committees or on the floor despite bipartisan majority cosponsorship. Now, 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. In 2007, fourteen different field hearings were held around the country and included testimony from employers and insurers. These hearings documented the need for equity in health plans for the treatment of addiction and mental illness. The record shows parity is a priority that must be passed now.

We are hopeful the House of Representatives will pass H.R. 1424 this week with a strong bipartisan majority. The Hazelden Foundation stands ready to assist you toward the goal of achieving access to treatment for addiction in health plans for all Americans.

Sincerely,

NICHOLAS T. MOTU,

Senior Vice President and COO Publishing.

FEDERATION OF AMERICAN HOSPITALS,

Washington, DC, March 3, 2008.

Speaker NANCY PELOSI,

U.S. Congress,

Washington, DC.

Minority Leader JOHN BOEHNER,

U.S. Congress,

Washington, DC.

DEAR SPEAKER PELOSI AND LEADER BOEHNER: The Federation of American Hospitals (FAH), representing America's investor-owned and managed hospitals and health systems, supports swift passage of the Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424). This legislation will provide greatly needed access to mental health treatment for Americans who need it most.

This bipartisan legislation would end prevalent forms of health insurance discrimination against patients with debilitating chronic mental illnesses. Additionally, H.R. 1424 will assist millions of Americans in obtaining the necessary hospital care they need and were previously denied because of inadequate mental health coverage.

H.R. 1424 is paid for, in part, by prohibiting physician self-referral to a hospital in which a physician has an ownership interest. Physician self-referral presents an inherent conflict of interest, creates an unlevel, anti-competitive playing field; threaten patient safety; fall low-income and uninsured patients; and, has resulted in the overutilization of limited Medicare resources. We strongly support this provision.

We deeply appreciate Congress' ongoing commitment to mental health parity and strengthening the Medicare program.

Sincerely,

CHILDREN AND ADULTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDERS,

Landover, MD, March 4, 2008.

Hon. PATRICK J. KENNEDY,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN KENNEDY: On behalf of Children and Adults with Attention Deficit/Hyperactivity Disorders (CHADD), we write in strong support of the Paul Wellstone Mental Health and Addiction Equity Act of 2007, which will be debated this week in the U.S. House of Representatives. We write to urge all Members of Congress to vote for passage of this legislation.

Currently, 113 million Americans face higher payments and stricter coverage limits for some illnesses than for others because their health plans discriminate against them. For example, many health plans pay more of the expenses for diabetes than for depression or attention-deficit/hyperactivity disorder (AD/HD), though all can be serious, chronic conditions requiring intensive, long-term treatment. Of they pay more for Parkinson's and Alzheimer's than for schizophrenia, though all affect the structure and function of the brain. We cannot let this continue.

Disparity in mental health coverage disproportionately affects low-income and minority populations who may not have access to care, in part because they can't afford to pay the extra out-of-pocket expenses, or because they cannot access health care providers. Some families have to relinquish custody of their children in order to get needed treatment. We all pay the price when mental health and substance abuse issues are not addressed.

The Paul Wellstone Mental Health and Addiction Equity Act of 2007 will end insurance discrimination by providing equal coverage for health and mental health/substance abuse treatment, including days/visits covered, cost caps, coinsurance, co-payments, deductibles and out-of-pocket costs.

This legislation will help many children and adults—including children and adults with AD/HD—to access the mental health and substance abuse treatment they need. We strongly support this legislation, and urge all Member of Congress to vote YES on this important bill.

Thank you for your leadership on this issue.

Sincerely,

E. CLARKE ROSS,

CEO.

Hon. PATRICK J. KENNEDY,
House of Representatives,
Washington, DC.

Hon. JIM RAMSTAD,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVES KENNEDY AND RAMSTAD: I am writing on behalf of the American Counseling Association (ACA) to express our strong support for your legislation H.R. 1424, the "Paul Wellstone Mental Health and Addiction Equity Act." ACA is the Nation's largest non-profit membership organization representing the counseling profession, which includes more than 100,000 professional counselors licensed in 49 states and the District of Columbia.

Mental and addiction disorders are real, and are treatable. For decades, millions of American families experiencing such disorders have had their access to care limited by discriminatory health insurance policies. Your legislation would help end this practice, closing major loopholes in the 1996 federal parity law. By requiring group health plans that cover mental health and substance use benefits to do so without different

duration limits and financial requirements, this legislation will help millions of people with mental disorders get the care they need.

Importantly, your legislation also prohibits plans from declining to cover care for certain mental or addictive disorders, giving privately-insured Americans coverage for the same range of conditions for which members of Congress and other federal employees enjoy protection under Federal Employees Health Benefits Program (FEHBP) policies. Your legislation also requires health plans to cover out-of-network care for these disorders if they cover out-of-network care for general medical conditions. Patient choice of provider is critically important in mental health treatment, and a plan can hardly be said to be providing parity of coverage if they restrict choice of provider for mental and addictive disorders but don't do so for general medical services.

We applaud your consistent leadership in championing this landmark legislation, and we urge all House members to vote for H.R. 1424 and against any amendments to weaken its protections. Congress has a chance to take an historic step forward in passing this legislation. We hope that House passage of your strong, bipartisan bill will spur to completion the negotiations with the Senate on legislation that can become law later this year.

Sincerely,

BRIAN CANFIELD,

President,

American Counseling Association.

EATING DISORDERS COALITION,

Washington, DC, March 4, 2008.

Hon. PATRICK J. KENNEDY,

House of Representatives

Washington, DC.

Hon. JIM RAMSTAD,

House of Representatives

Washington, DC.

DEAR REPRESENTATIVES KENNEDY AND RAMSTAD: I am writing on behalf of the Eating Disorders Coalition which represents 36 different organizations and constituents in all 50 states and the District of Columbia. Our researchers, therapists, prevention experts, and families understand that eating disorders are life-threatening—often deadly—and can linger, diminishing one's quality of life for decades. Unfortunately, our members also know how difficult it is to access care, even under policies that supposedly include mental health coverage.

We urge House members to bring H.R. 1424, the Paul Wellstone Mental Health & Addiction Equity Act to the floor on March 5, 2008 and vote YES on this important bill.

Millions of American families face structural discrimination against the mental health benefits in their health coverage. For example, people with eating disorders are often denied services as managed care companies and health care providers struggle with arbitrary interpretations of medical necessity. Your proposed legislation will strengthen the appropriate role of managed care as it also expands access to life-saving mental health services.

We hope that House passage of your strong bipartisan bill will lead to the completion of negotiations with the Senate on a bill that can become law this year. Additionally we urge that the broad-based definition of mental disorders that is a cornerstone of H.R. 1424 remain intact as it will ensure that people with eating disorders receive appropriate care.

It is time that our great nation takes the next step to advance care for people with mental health needs.

We thank you for your leadership on this important issue.

Sincerely,

MARC LERRO,
Executive Director.

PAUL WELLSTONE MENTAL
HEALTH AND ADDICTION EQUITY
ACT OF 2007

SPEECH OF

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 5, 2008

Mr. KENNEDY. 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.

THE BETTY FORD CENTER,
Rancho Mirage, CA,
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 Betty Ford Center, I am writing to express my 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 billion each year. Moreover, each year, 1.3 billion work days are lost due to mental disorders, more than arthritis, stroke, heart attack and cancer combined and workers with untreated alcoholism cost their employers \$135 billion in lost productivity annually.

The time for the passage of parity is now. Over 25 million people need mental health and addiction treatment but are not getting it. Legislation to bring full equity to mental health coverage has been introduced in the House in every Congress since the 107th session but until this year, it never received consideration in committees or on the floor despite bipartisan majority cosponsorship. Now, 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. In 2007, the Betty Ford Center was pleased to join with families, providers, employers and state and local officials at fourteen different field hearings held around the country. These hearings documented the need for equity in health plans for the treatment of addiction and mental illness. The record shows parity is a priority that must be passed now.

I am hopeful the House of Representatives will pass H.R. 1424 this week with a strong bipartisan majority. The Betty Ford Center stands ready to assist you and your colleagues in the Senate in making equitable treatment for addiction and mental health in health plans a reality for all Americans in 2008.

Sincerely,

MRS. BETTY FORD.

BRAIN INJURY ASSOCIATION OF AMERICA,
Vienna, VA, March 3, 2008.

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 Brain Injury Association of America, I am writing to express our support for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, which would prohibit insurance discrimination against 80 million Americans suffering from addiction and mental illness.

An intricate and intertwined relationship exists between substance abuse, mental health, and traumatic brain injury (TBI). Substance use and abuse is often both an antecedent to and a consequence of TBI. Incidence data indicate that substance abuse significantly raises an individual's risk of sustaining a brain injury. TBI is one of the most common and tragic consequences of substance abuse, especially by teenagers and young adults. In addition, neurobehavioral problems commonly arise as a direct result of TBI, and psychotherapeutic services are integral to successful neurorehabilitation programs. Access to comprehensive and specialized addiction and mental health services is critical to maximizing the recovery of individuals brain injury.

The time for the passage of parity is now. More than 25 million people need mental health and addiction treatment but are not getting it. Legislation to bring full equity to mental health coverage has been introduced in the House in every Congress since the 107th session but until this year, it never received consideration in committees or on the floor despite bipartisan majority cosponsorship. Note, 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. Remarkably, 14 different field hearings documenting the need for equity in health plans for the treatment of addiction and mental illness were held around the country in 2007. The record shows parity is a priority that must be passed now.

Because of the critical nature of this legislation, the Brain Injury Association of America urges you to pass H.R. 1424 when it comes to the floor this week. Our organization stands ready to assist you toward the goal of achieving fairness in health plans for all Americans.

SINCERELY,
SUSAN H. CONNORS,
President/CEO,

Brain Injury Association of America.

NATIONAL COUNCIL FOR COMMUNITY
BEHAVIORAL HEALTHCARE,
March 3, 2008.

Hon. PATRICK J. KENNEDY,
House of Representatives,
Washington, DC.

Hon. JIM RAMSTAD,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVES KENNEDY AND RAMSTAD: I am writing on behalf of the National Council for Community Behavioral Healthcare to urge House Members to vote YES on your bill H.R. 1424, the Paul Wellstone Mental Health & Addiction Equity Act.

Millions of American families who face structural discrimination against the mental health and addiction treatment benefits in

their health coverage will welcome passage of this legislation. It is designed to close loopholes in the 1996 Federal parity law that has too often been evaded. By requiring group health plans that provide mental health or substance use benefits to include them without different duration limits and financial requirements, this legislation will help people with mental and addiction disorders without a costly burden on employers.

We hope that House passage of your strong bipartisan bill will spur to completion the negotiations with the Senate on a bill that can become law this year. Further delay is not acceptable.

Thank you for your leadership on this important issue.

Sincerely,

LINDA ROSENBERG, MSW, CSW,
President and CEO.

AMERICAN SOCIETY OF
ADDICTION MEDICINE,
Chevy Chase, MD, March 4, 2008.

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 American Society of Addiction Medicine (ASAM), 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.

ASAM's mission is to increase access to and improve the quality of addiction treatment; to educate physicians (including medical and osteopathic students), other health care providers and the public; to support research and prevention; to promote the appropriate role of the physician in the care of patients with addiction; and to establish addiction medicine as a specialty recognized by professional organizations, governments, physicians, purchasers and consumers of health care services, and the general public.

I am writing because our country cannot afford the continued burden of untreated addiction and mental illness. Over 25 million people need mental health and addiction treatment but are not receiving it and the costs are staggering. Left untreated, addiction costs Americans \$400 billion dollars each year. Moreover, 80 percent of trauma admissions in emergency departments are alcohol and drug related.

The time for the passage of parity is now. Legislation to bring full equity to mental health coverage has been introduced in the House in every Congress since the 107th session but until this year, it never received consideration in committees or on the floor despite bipartisan majority co-sponsorship. Now, H.R. 1424, introduced by Reps. PATRICK KENNEDY (D-RI) and JIM RAMSTAD (R-MN), has the support of the majority of the House with 273 co-sponsors. The bill has been favorably reported by the Ways and Means, Energy and Commerce and Education and Labor Committees. In 2007, fourteen different field hearings were held around the country and included testimony from employers and insurers. These hearings documented the need for equity in health plans for the treatment of addiction and mental illness. The record shows parity is a priority that must be passed now.

We are hopeful the House of Representatives will pass H.R. 1424 this week with a strong bipartisan majority. The American Society of Addiction Medicine stands ready to assist you toward the goal of achieving