

However, only 24.6 percent of those surveyed who had mental health disorders believe that people are caring and sympathetic to persons with mental illness.

Psychiatrists advise that emphasizing abilities and not limitations, when talking about someone who has a mental illness is important for the self-esteem of the mentally ill.

Everyone has strengths that are not related to a mental illness, and these should be the focus of those seeking help for the mentally ill in their lives.

We have to change cultural and socially acceptable language and behavior toward the mentally ill—mental illness is nothing to laugh at or make light of.

Mental health care disparities exist due to:

1. Reluctance and Inability to Access Mental Health Services impacts the care of African Americans.

Approximately 30 percent of African American adults with mental illness receive treatment each year, compared to the U.S. average of 43 percent. Here are some reasons why.

2. Distrust and misdiagnosis

Historically, African Americans have been and continue to be negatively affected by prejudice and discrimination in the health care system.

Misdiagnoses, inadequate treatment and lack of cultural competence by health professionals cause distrust and prevent many African Americans from seeking or staying in treatment.

Socio-economic factors play a part too and can make treatment options less available. In 2017, 11 percent of African Americans had no form of health insurance.

3. Provider Bias and Inequality of Care

Conscious or unconscious bias from providers and lack of cultural competence result in misdiagnosis and poorer quality of care for African Americans.

African Americans, especially women, are more likely to experience and mention physical symptoms related to mental health problems.

For example, they may describe bodily aches and pains when talking about depression.

A health care provider who is not culturally competent might not recognize these as symptoms of a mental health condition.

Additionally, men are more likely to receive a misdiagnosis of schizophrenia when expressing symptoms related to mood disorders or PTSD.

Members of minority communities often experience bias and mistrust in health care settings.

This often leads to delays in seeking care.

Those seeking mental health services, must be informed on how to best determine the best person to provide them with care.

Key factors should include whether the mental healthcare providers have:

Cultural Competence in Service Delivery

Culture—a person's beliefs, norms, values and language—plays a key role in every aspect of our lives, including our mental health. Cultural competence is a doctor's ability to recognize and understand the role culture (yours and the doctor's) plays in treatment and to adapt to this reality to meet your needs.

Cultural competence is important because cultural competence in mental health care results in misdiagnosis and inadequate treatment.

African Americans and other multicultural communities tend to receive poorer quality of care.

To improve the chances of getting culturally sensitive care patients should go directly to a mental health professional because this is their area of expertise, if they do not feel comfortable right away, a primary care doctor is a great place to start.

The primary care doctor might be able to start the assessment to determine if a patient has a mental health condition or help refer them to a mental health professional.

When meeting with a provider, ask questions to get a sense of their level of cultural sensitivity.

No person seeking help should feel bad about asking questions.

Health care providers expect and welcome questions from their patients since this helps them better understand the patient and what is important to them.

Some of the essential questions that should be asked are:

Have you treated other African Americans?

Have you received training in cultural competence or on African American mental health?

How do you see our cultural backgrounds influencing our communication and my treatment?

How do you plan to integrate my beliefs and practices in my treatment?

The answers to these questions should inform the patient seeking medical care.

It is also important for the patient to know the clues that indicate that the medical professional may be biased in how they communicate with the patient regarding their medical condition.

There have been tremendous advancements in medical care that include therapies and medications that allow persons with serious mental health conditions to lead productive and full lives.

The Affordable Care Act takes a positive step forward to address the issue of mental illness and access by making it a requirement that all healthcare plans contain care for mental illness and substance abuse.

Because of the health care law, for the first time insurance companies in the individual and small group market are required to cover mental health and substance abuse disorder services as one of ten categories of essential health benefits.

Additionally, health insurance providers must cover mental health and substance abuse services at parity with medical and surgical benefits (which means things like out-of-pocket costs for behavioral health services must generally be comparable to coverage for medical and surgical care).

The Affordable Care Act expands mental health and substance abuse disorder benefits and the parity created by the law protections approximately 60 million Americans by assuring coverage.

The Affordable Care Act is one of the largest expansions of mental health and substance abuse disorder coverage in a generation.

As part of the White House roll out of the Affordable Care Act a \$100 million commitment to improve access to mental health services was announced.

The Affordable Care Act is providing \$50 million to assist community centers provide

more mental health services. The Department of Agriculture will provide an additional \$50 million to finance rural mental health facilities.

The health care law requires most health plans to cover recommended preventive services like depression screenings for adults and behavioral assessments for children at no cost to consumers.

In the State of Texas it is expect that 5,189,000 people will have access to mental health and substance abuse assistance programs.

Post-traumatic stress disorder is a psychiatric disorder that can occur following the experience or witnessing of a life threatening event, such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adult or childhood.

PTSD, one of the most prevalent and devastating psychological wounds suffered by the brave men and women fighting in far off lands to defend the values and freedom we hold dear.

A suicide bomber, an IED, or an insurgent can obliterate their close friend instantaneously and right in front of their face. Yet, as American soldiers, they are trained to suppress the agonizing grief associated with those horrible experiences and are expected to continue on with the mission. And carry on they do, with courage and with patriotism.

PTSD can cause problems like: Flashback or feeling like the event is happening again; Trouble sleeping or nightmares; Feeling alone; Angry outbursts; and Feeling worried, guilty, or sad.

The fact of the matter is that most veterans with PTSD also have other psychiatric disorders, which are a consequence of PTSD.

About 30 percent of the men and women who have spent time in war zones experience PTSD.

More than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced clinically serious stress reaction symptoms.

PTSD has also been detected among veterans of other wars.

Estimates of PTSD from the Gulf War are as high as 10 percent.

Estimates from the war in Afghanistan are between 6 and 11 percent.

Current Estimates of PTSD in military personnel who served in Iraq range from 12 percent to 20 percent.

We need to ensure that no soldier is left behind by addressing the urgent need for more outreach toward hard to reach veterans suffering from PTSD, especially those who are homeless or reside in underserved urban and rural areas of our country.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. HORSFORD (at the request of Mr. HOYER) for today.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 2099. An act to redesignate the Sullys Hill National Game Preserve in the State of

North Dakota as the White Horse Hill National Game Preserve; to the Committee on Natural Resources.

BILLS PRESENTED TO THE PRESIDENT

Cheryl L. Johnson, Clerk of the House, reported that on November 18, 2019, she presented to the President of the United States, for his approval, the following bills:

H.R. 2423. To require the Secretary of the Treasury to mint coins in commemoration of ratification of the 19th Amendment to the Constitution of the United States, giving women in the United States the right to vote.

H.R. 1123. To amend title 28, United States Code, to modify the composition of the eastern judicial district of Arkansas, and for other purposes.

H.R. 724. To revise section 48 of title 18, United States Code, and for other purposes.

ADJOURNMENT

Ms. PLASKETT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 11 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, November 19, 2019, at 10 a.m. for morning-hour debate.

BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to the Statutory Pay-As-You-Go Act of 2010 (PAYGO), Mr. YARMUTH hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 4344, the Investor Protection and Capital Markets Fairness Act, as amended, for printing in the CONGRESSIONAL RECORD.

ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 4344

	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2020–2024	2020–2029
Statutory Pay-As-You-Go Impact	16	7	-7	-17	-58	-78	-78	-58	-28	-18	-59	-317

Components may not sum to totals because of rounding.

Pursuant to the Statutory Pay-As-You-Go Act of 2010 (PAYGO), Mr. YARMUTH hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 4634, the Terrorism Risk Insurance Program Reauthorization Act of 2019, as amended, for printing in the CONGRESSIONAL RECORD.

ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 4634

	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2020–2024	2020–2029
Statutory Pay-As-You-Go Impact	0	160	120	-120	-490	390	250	20	-570	-1,010	-330	-1,250

Components may not sum to totals because of rounding.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

2976. A letter from the Administrator, Specialty Crops Program, Agricultural Marketing Service, Department of Agriculture, transmitting the Department's interim final rule — Establishment of a Domestic Hemp Production Program [Doc. No.: AMS-SC-19-0042; SC19-990-2 IR] received November 7, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

2977. A letter from the Director, Issuances Staff, Office of Policy and Program Development, Food Safety and Inspection Service, Department of Agriculture, transmitting the Department's final rule — Eligibility of the People's Republic of China (PRC) To Export to the United States Poultry Products From Birds Slaughtered in the PRC [Docket No.: FSIS-2016-0002] (RIN: 0583-AD64) received November 12, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

2978. A letter from the Alternate OSD FRLO, Office of the Secretary, Department of Defense, transmitting the Department's final rule — Defense Advanced Research Projects Agency, Privacy Act of 1974 [Docket ID: DOD-2019-OS-0041] (RIN: 0790-AK60) received November 12, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Armed Services.

2979. A letter from the Senior Counsel, Legal Division, Bureau of Consumer Financial Protection, transmitting the Bureau's final rule — Home Mortgage Disclosure (Regulation C) [Docket No.: CFPB-2019-0021] (RIN: 3170-AA76) received November 7, 2019,

pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

2980. A letter from the Director, Office of Standards, Regulations, and Variances, Department of Labor, transmitting the Department's technical amendments — Examinations of Working Places in Metal and Nonmetal Mines [Docket No.: MSHA-2014-0030] (RIN: 1219-AB92) received November 7, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and Labor.

2981. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's withdrawal of direct final rule — Air Plan Approval; California; South Coast Air Quality Management District; Stationary Source Permits [EPA-R09-OAR-2019-0272; FRL-10002-12-Region 9] November 8, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

2982. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; Massachusetts; Transport Element for the 2010 Sulfur Dioxide National Ambient Air Quality Standard [EPA-R01-OAR-2019-0353; FRL-10001-80-Region 1] received November 8, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

2983. A letter from the Assistant General Counsel for Regulatory Affairs, Office of the General Counsel, Consumer Product Safety Commission, transmitting the Commission's direct final rule — Revisions to Safety Standard for Toddler Beds [Docket No.: CPSC-2017-0012] received November 12, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

2984. A letter from the Division Chief, Regulatory Affairs, Bureau of Land Management, Department of the Interior, transmitting the Department's final rule — Minerals Management: Adjustment of Cost Recovery Fees [18X.LLWO310000.L13100000.PP0000] (RIN: 1004-AE70) received November 6, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

2985. A letter from the Chief Financial Officer, NESDIS, National Oceanic and Atmospheric Administration, transmitting the Administration's correcting amendment — Schedule of Fees for Access to NOAA Environmental Data, Information, and Related Products and Services; Correction [Docket No.: 181108999-9149-02] (RIN: 0648-B160) received November 12, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

2986. A letter from the Assistant Administrator for Regulatory Programs, NMFS, Office of Sustainable Fisheries, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Magnuson-Stevens Act Provisions; Fisheries Off West Coast States; Pacific Coast Groundfish Fishery; Groundfish Bottom Trawl and Midwater Trawl Gear in the Trawl Rationalization Program; Correction [Docket No.: 180207141-8999-03] (RIN: 0648-BH74) received November 12, 2019, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

2987. A letter from the Acting Deputy Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod in the Bering Sea and Aleutian Islands Management Area [Docket No.: 180713633-