

EDUCATION & LABOR COMMITTEE

Congressman George Miller, Chairman

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Press Office, 202-226-0853

Chairman Andrews Statement at Subcommittee Hearing on The Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424)

WASHINGTON, D.C. – *Below are the prepared remarks of U.S. Rep. Rob Andrews (D-NJ), chairman of the House Subcommittee on Health, Employment, Labor, and Pensions, for a subcommittee hearing on “The Paul Wellstone Mental Health and Addiction Equity Act of 2007 (H.R. 1424).”*

I welcome you to the HELP Subcommittee’s hearing on the “Paul Wellstone Mental Health and Addiction Act of 2007.” Today, we will consider whether a federal law to provide mental health parity is necessary to close the gap in coverage for individuals who live without adequate coverage. The federal legislation we will focus our attention on today is known as the “Paul Wellstone Mental Health and Addiction Equity Act” (HR 1424), which was introduced by Congressmen Patrick Kennedy and Jim Ramstad. This legislation is named in honor of the late former Senator Paul Wellstone, who vigorously fought for mental health parity.

I applaud both Patrick and Jim for their tireless efforts to help individuals and families who struggle with mental illness everyday. I also would like to take this opportunity to thank the former First Lady Rosalynn Carter and David Wellstone, son of the late Senator for taking time out to testify before our subcommittee today. Mrs. Carter and David Wellstone have continuously served as a public voice for those with mental illness.

Mental illness is serious and sometimes life-threatening and should be treated just like a debilitating disease. Although having a mental illness can be as serious as having a stroke, many private health insurers often provide less coverage for mental illnesses than for other medical conditions. Furthermore, health plans tend to impose lower annual or lifetime dollar limits on mental health coverage, limit the treatment of mental health illnesses by covering fewer hospital days and outpatient office visits, and increase cost sharing for mental health care by raising deductibles and co-payments.

With only one-third of the 44 million Americans who suffer from a mental health disorder receiving treatment, it is imperative that Congress act to provide adequate mental health coverage to these individuals. Congressional action must produce legislation that is cost-effective for our economy, will increase access to mental illness treatment, provide meaningful

benefits by defining the scope of the benefits to be covered under a health plan, pose a nominal cost to those employers who currently offer mental health coverage and that will not preempt stronger state mental health parity laws.

I thank all the witnesses for contributing their time to today's hearing and we look forward to hearing their testimony.

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