

Our children are our greatest natural resource, and they embody the very spirit of our nation's future. Our children are wonderful symbols of the infinite promise of tomorrow. The incredible potential that these children hold in their minds and in their hearts knows no bounds. I feel it is essential that we recognize children so that we may instill in them a sense of self-worth and self-esteem. Through our efforts, we may guide them along a successful path in life.

Now, more than ever, our children need our support, as they are faced with many challenges that our generations could have never imagined. School violence has become a terrible epidemic, and we must exhaust all possible avenues as we try to reach a solution to this problem. Our children deserve our utmost attention as they grow and take on new responsibilities. Children deserve a day in which we honor them for the lives they touch and the joy they bring to the world.

While first celebration of Children's Day took place in San Francisco in 1925, the United States no longer acknowledges this holiday. Today, over twenty-five countries—including England, Scotland, Sweden, Poland, and Norway—all consider this day to be worthy of honor. We too, should recognize International Children's Day and bring back this day to the country in which it originated.

I would like to recognize Margareta Paslaru-Sencovici of Summit, New Jersey, who has worked tirelessly to establish June 1st of each year as International Children's Day. After emigrating from Russia, Margareta has spent 18 years living in Summit and received an honorary award and membership to UNICEF for her protection of children. Margareta continues to return to Bucharest where she visits orphanages to entertain the children with stories and song, as well as delivering toys and clothing, which she has collected through donations here in America.

I commend Margareta for bringing international recognition to a day we can all agree on regardless of political affiliation, religious preference, or race because, after all, there is no dispute that our children are our future.

#### DEMOCRACY IN ALBANIA

### HON. JEFF FLAKE

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 21, 2001*

Mr. FLAKE. Mr. Speaker, I rise today to discuss the events currently underway in the country of Albania. You may recall that ten years ago this Eastern European nation cast off the heavy burden of communism. Since its first elections in 1991, Albanian elections have been marked with partisan manipulation, which has resulted in the disillusionment of the Albanian people.

The upcoming June 24th national elections are a significant opportunity for Albania to move towards establishing a transparent democratic government.

While there is reason to be hopeful that these elections will be better than previous Albanian elections, there also remains cause for continued concern that they will fall short of the free and fair standard that not only we but the Albanian people themselves would want to see. It is my hope the upcoming elections will

mean another step forward and not a step backwards in Albania's quest to establish a strong democracy in this troubled region.

I call upon all my colleagues to join me in carefully watching the unfolding events in Albania.

#### INTRODUCTION OF THE CLINICAL SOCIAL WORK MEDICARE EQUITY ACT OF 2001

### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 21, 2001*

Mr. STARK. Mr. Speaker, today I join with Rep. LEACH and Sen. MILKULSKI to introduce the Clinical Social Work Medicare Equity Act of 2001. This bipartisan legislation would fix a technical error created by the Balanced Budget Act of 1997 (BBA'97) and help residents of skilled nursing facilities (SNFs) better access needed mental health care. It does this by allowing clinical social workers to bill Medicare directly when they provide mental health services to SNF residents.

Clinical social workers are highly trained mental health professionals who have participated in the Medicare program since 1987. They constitute the single largest group—roughly 60 percent—of mental health providers in the nation. In rural and other medically underserved areas, clinical social workers are often the only mental health providers.

Until BBA'97, clinical social workers were able to bill Medicare directly for providing mental health services to SNF residents, just like clinical psychologists and psychiatrists. But a drafting error in BBA'97 unintentionally stripped clinical social workers of this ability and created an inequity that ultimately harms beneficiaries who need mental health care.

In order to contain rising healthcare costs, Section 4432 of BBA'97 authorized a prospective payment system for Medicare SNFs. For each day a beneficiary spends in a SNF, the facility receives a fixed payment that essentially bundles together the range of services a typical resident requires. Yet Congress recognized that some ancillary services, including mental health services, are better provided on an individually arranged basis. Mental health providers, including clinical psychologists and psychiatrists, were therefore excluded from the SNF prospective payment system.

Unfortunately, clinical social workers were not placed on this exclusion list. This was an unintended oversight arising from a failure to recognize that all social workers are not alike.

Some social workers are specifically trained to provide medical-social services, such as discharge planning from inpatient or long-term care settings. Because SNF residents often require this type of medical-social service, it makes sense to bundle it into the SNF prospective payment system.

Clinical social workers, however, are specifically trained to provide mental health services. Clearly Congress never intended mental health services to be part of the SNF prospective payment system. Therefore, the failure to exclude clinical social workers, who are Medicare-authorized mental health providers, makes no sense.

If Congress does not fix this oversight in the law, many clinical social workers will be forced

to stop serving Medicare beneficiaries in SNFs. The ultimate victims are vulnerable seniors who need mental health care.

We must not allow this to happen. According to the 2001 DHHS report, "Older Americans and Mental Health: Issues and Opportunities," mental illness is highly prevalent in nursing homes. In fact, some studies have found that up to 88 percent of nursing home residents have mental health problems, ranging from major depression to Alzheimer's disease. The 1999 Surgeon General report on mental health further indicates that older people have the highest rate of suicide of any age group—accounting for 20 percent of all suicide deaths.

Mental health treatment works. Alzheimer's patients and their families can benefit enormously from psychoeducation and counseling around how to cope and manage behavior problems. Research trials have repeatedly demonstrated that psychotherapy can be as effective as anti-depressants in treating major depression. Clinical social workers provide these important services and do so at a fraction of the cost of clinical psychologists and psychiatrists.

This legislation is strongly endorsed by the National Association of Social Workers and the Clinical Social Work Federation and is included in a larger omnibus Medicare mental health modernization bill (H.R. 1522) endorsed by over 30 mental health and senior citizen organizations.

Again, our legislation would exclude clinical social workers from the prospective payment system. This small fix corrects what we believe to be a serious error created by BBA'97. It is time to act quickly and decisively to preserve access to needed mental health services for residents in thousands of our nation's skilled nursing facilities.

#### INTRODUCTION OF FOODS ARE NOT DRUGS ACT

### HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 21, 2001*

Mr. PAUL. Mr. Speaker, I rise to introduce the Foods are not Drugs Act, a constitutional and common sense piece of legislation. This bill stops the Food and Drug Administration (FDA) from interfering with consumers' access to truthful information about foods and dietary supplements in order to make informed choices about their health.

The Foods are not Drugs Act accomplishes its goal by simply adding the six words "other than foods, including dietary supplements" to the statutory definition of "drug." This allows food and dietary supplement producers to provide consumers with more information regarding the health benefits of their products, without having to go through the time-consuming and costly process of getting FDA approval. This bill does not affect the FDA's jurisdiction over those who make false claims about their products.

Scientific research in nutrition over the past few years has demonstrated how various foods and other dietary supplements are safe and effective in preventing or mitigating many diseases. Currently, however, disclosure of these well-documented statements triggers