friend and colleague from South Carolina. Once again he makes a great deal of sense. I look forward to being supportive of his effort.

My colleague from Connecticut, Senator LIEBERMAN, is doing a remarkably fine job managing a very complicated piece of legislation. He deserves great deal of credit for taking on that responsibility. I have not had a chance to speak on the bill as of yet, but I don't want to miss the opportunity of congratulating him and thanking him, and all of our colleagues, for the work he has done and to thank Senator HOLLINGS for his tireless efforts on related matters.

The PRESIDING OFFICER. The Senator from Nevada.

MORNING BUSINESS

Mr. REID. I ask unanimous consent we proceed for a period of morning business with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. If the managers will come back and want to yield more, we will be happy to consent to that.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

MENTAL ILLNESS PARITY

Mr. WELLSTONE. Mr. President, the Washington Post on September 9 had an editorial titled ''Equity for Mental Illness.'' I ask unanimous consent this editorial be printed in the RECORD.

There being no objection, the editorial was ordered to be printed in the RECORD, as follows:

[From the Washington Post, September 9, 2002]

EQUITY FOR MENTAL ILLNESS

Last spring President Bush announced a new commitment to improving mental health care for Americans. He cited unfair limits on treatment as one major obstacle to effective care and pledged to seek legislation by year's end to require that insurance plans treat mental illnesses in the same way they treat other medical ailments. Now time is getting short and the calendar is crowded, but Congress still should approve a parity bill, and Mr. Bush, recalling his pledge, should help make it happen.

This isn't the position we took when we last examined the subject, last year, and many of the issues that troubled us then haven't disappeared. Parity legislation is not a panacea. It won't help the uninsured. There's a risk that, by raising costs, it could cause some employers to weaken or abandon existing coverage or charge employees more for benefits. Congress tends to be much more interested in providing benefits than in dealing with their costs: That's especially true for a mandate like this, in which the costs would be borne almost entirely by the private sector. Businesses wrestling with double-digit increases in health care costs are fighting any move that would add even marginally to the problem.

But two factors now seem to us to outweigh those concerns. The first is practical: Experience in both the federal employees' insurance system and in states that have enacted their own parity laws argues that, by managing care, insurers can move toward equal treatment without crippling cost increases. The Congressional Budget Office has estimated that enacting the parity bill now pending in Congress would add just less than one percent to the overall national cost of insurance premiums, though specific costs will vary from business to business depending on what benefits are offered. Insurers, CBO noted this spring, still will be able to exercise the management tools that have been used in the past to decide what treatments are appropriate and warranted, and to hold down expenses. The right response to the gathering health care crisis is to fix the system, not make the mentally ill bear a disproportionate burden.

The second factor is one of fundamental fairness, and of removing the stigma that for too long has shrouded mental illness. Many mental disorders can be clearly diagnosed and effectively treated; some can't. The same can be said of cancers. The pending legislation would require large employers who offer coverage for mental and other illness to handle all disorders in essentially the same way: You can't put treatment limits or financial requirements on mental health benefits that are not imposed on physical ailments. Insurers would not have to pay for what is not medically effective. It's not a huge step, but it would help some people get the treatment they need. It's right to level the field.

Mr. WELLSTONE. I will read the opening paragraph:

Last spring President Bush announced the new commitment to improving mental health care for Americans. He cited unfair treatment as one major obstacle to effective care and pledged to seek legislation to require the insurance plans to treat mental illness in the same way they treat other medical ailments. Now time is getting short and the calendar is crowded, but Congress still should approve a parity bill, and Mr. Bush, recalling his pledge, should help make it happen.

This isn't the position we took when we last examined the subject.

As a coauthor of this legislation with Senator DOMENICI, I am gratified and moved that the Washington Post has come out with a very strong editorial in favor of parity in mental health coverage. This legislation is called the Mental Health Equity Treatment Act, with, by the way, 67 Senators, two-thirds of the Senate, and 243 Representatives, including authors MARGE ROUKEMA and PATRICK KENNEDY, bipartisan in both the Senate and the House, in support of it.

The Washington Post says it is not a be-all or end-all. The Washington Post is absolutely right. But it at least is a huge step toward ending the discrimination. And more or less, I argue, once we have the coverage in the plans, the care will follow the money. And there will be more of an infrastructure of care for people who do not get any help.

I don't know what has happened with the negotiations. There is no stronger advocate than my colleague, Senator DOMENICI. I was excited when the President announced his support. I thought the White House would bring people together and we would have agreement in the House and the Senate and we would pass legislation. Frankly, I have not seen a lot of negotiation take place. It has been a huge disappointment to me. I hope the White House will become fully engaged. It is not too late.

The President went on record as saying: I want to see this legislation passed; I want to see this discrimination ended. We need to see those words backed by action.

What we call the Mental Health Equity Treatment Act has tremendous support. If the White House would become engaged in this, we can pass this legislation. There are any number of different vehicles we still have this month. I believe we can attach this legislation to one of those vehicles and one of those appropriations bills or other pieces of legislation. This legislation will pass. It will pass for a couple of reasons. It will pass because all of the families that have been affected by this illness—and there is not anybody in the Senate or the House who does not have a member of the family who has not been affected one way or the other—have stepped forward. They have become their own leaders. They have become their own citizen lobby. They basically say it is time to end this discrimination. This is major civil rights legislation.

It will pass. Last time, this became part of the Education, Labor, Health and Human Services appropriations bill. Both Senator HARKIN and Senator SPECTER were strong advocates of this matter when it went to conference committee. We had near unanimous support in the Senate. Then it was blocked last session by the House Republican leadership and the White House. But there were a number of Republicans who said: We are very uncomfortable voting against this. Several of them, I believe, have their own personal experiences in their own families or with friends with mental illness. Several of them said: Look, if this comes back a year later and nothing has been done, we do not want to vote against this.

I come to the floor to include this very important editorial in the Washington Post in the Senate RECORD to bring this to my colleagues' attention. This is a change of position on the part of the Washington Post. The Washington Post points this out in their editorial.

Second, I remind the President that he has made a commitment to helping pass this legislation this session, not to put it off year after year after year. I hope he will back his words with the deed, the good Hebrew word, ''mitzvah.''

Time is not neutral. We do not have a lot of time yet. There is a lot of good will in the Senate, both by Democrats and Republicans. Certainly, one of the key leaders is Senator DOMENICI. Nobody has done more. I mention MARGE ROUKEMA and PATRICK KENNEDY on the House side. Senator REID has done so much work. I could go on and on. The White House has been semi-missing in action. We need them to become engaged. I have no doubt we can pass this