

identical to the standards for licensure or certification as a social worker: possession of a Master's degree or Ph.D. from a recognized program for marriage and family therapy or a related field and at least two years of supervised clinical experience in marriage and family therapy. In the 8 states where licensure or certification has not been achieved, MFTs are able to practice if they are eligible for clinical membership in the American Association for Marriage and Family Therapy which is the national certifying body for marriage and family therapists.

Although the name might suggest that the scope of services MFTs provide would be limited to problems arising due to marriage, their title merely refers to the context in which they treat common mental disorders. For example, research has shown that one of the greatest risk factors for depression is family stressors. In addition, the likelihood of relapse is more likely when family stressors are not addressed in treatment. MFTs treat the individual in the context of their spousal and family relationships. Such an approach not only affords the provider a better context in which to deal with the underlying problem, but increases the likelihood for a successful outcome.

I want to make it clear to my colleagues that the proposal we are putting forward today does not expand the scope of mental health services currently available to Medicare beneficiaries. Our proposal would simply state that when a marriage and family therapist provides a mental health service to a Medicare beneficiary that is covered by Medicare when provided by a psychiatrist, psychologist, social worker or psychiatric nurse, then the same service is covered if provided by a marriage and family therapist. Equally important, when the marriage and family therapist provides a covered service to a Medicare beneficiary, the fee paid shall be 75% of what has been paid by Medicare had the service been provided by a psychiatrist or psychologist.

Our proposal, Mr. Speaker, is modeled after earlier laws passed by Congress relating to Medicare coverage of mental health services provided by psychologists and social workers. Individuals must meet certain minimum educational standards, as well as compete clinical experience requirements and be licensed or certified by the state as a marriage and family therapist. In the event the individual provides services in a state that does not license MFTs, the therapist would be required to meet equal education and experience qualifications, adhere to standards determined by the Secretary of Health and Human Services, and be eligible for clinical membership in the American Association for Marriage and Family Therapy.

Mr. Speaker, I suspect that many of my colleagues would be surprised to learn that most of their Congressional Districts may be considered Mental Health Professional Shortage Areas by the federal government. Indeed, in my own rural district, all 20 counties are considered Mental Health Professional Shortage Areas.

The time has come to correct the oversight in the Medicare law and treat marriage and family therapists the same way we treat other mental health professionals. Millions of Medicare beneficiaries could benefit from being able to receive their covered mental health

services from a marriage and family therapist. Equally important, I believe the Medicare program could benefit by covering these individuals. We have an opportunity to make an investment to improve access to mental health services for the Medicare population. Failure to make this investment now could result in far higher Medicare expenditures in the future, but more importantly, many mental disorders that could have been successfully handled by a marriage and family therapist will go untreated. If this is allowed to happen, the human toll, as well as the financial toll, will steadily increase.

I welcome my colleagues' support for this important legislation, and I look forward to working with both the Commerce and Way and Means Committees to secure the bills' adoption.

TRIBUTE TO EVELYN PRINCE

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, September 24, 1999

Mr. UPTON. Mr. Speaker, it is with a heavy heart that I rise today to pay tribute to a wonderful young woman, Evelyn Prince, who was tragically taken from us last week. Many of us here in the House of Representatives had the opportunity to meet Evelyn when she served with great pride and enthusiasm as a Congressional Page. I was honored to say she was "our page" from back home in Kalamazoo, Michigan.

The head of the Kalamazoo Close Up Program, Gerhard Fuerst, where Evelyn served as President from 1997-1999, described her simply as a "sheer joy." He encouraged her to continue setting and meeting her own great expectations of herself, including participation in the Page program. He shared with me recently an article she wrote upon returning from Washington, DC. In the article, Evelyn encourages and challenges fellow students, as she so loved to do, to get involved in "observing the inner works of government" and to "have fun while learning!"

After she completed the Page program, Evelyn traveled to Wolfsburg, Germany. There she was staying with a family as an exchange student as part of the Youth for Understanding program. It is there, too, that she met with the harsh fate of an automobile accident she did not survive.

Evelyn is remembered today as a talented and spirited 17-year-old. She was a dedicated student, earning straight-As and looking forward to attending college next year. But while she was focused on excelling at school, it is as a loyal friend and loving daughter and sister that she will be so sorely missed.

Evelyn's family shared her sense of adventure and her dreams for the future. Their lives were enriched immeasurably by her presence and are undoubtedly altered immeasurably by her absence. With a young person as talented, exuberant and ambitious the sky was the limit. Sadly, we will never know how far she could have soared with a long life. But we thank God for the contributions she made, the people she inspired and the happiness she

created in her all too short life. I close with a poem by Edna St. Vincent Millay:

My candle burns at both ends: It will not last
the night;
But, ah, my foes, and oh, my friends,
It gives a lovely light.

Mr. Speaker, I urge all of my colleagues here in Congress to join me in extending our deepest sympathies to the family and friends of Evelyn Prince. All members of the Congressional family send our thoughts and prayers especially to Evelyn's parents, DeeAnn and Charles "Skip" Prince, and her sister Lauren.

Evelyn was indeed a rising star whose lovely light still shines on the many people she touched.

CONFERENCE REPORT ON S. 1059, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2000

SPEECH OF

HON. DUNCAN HUNTER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 15, 1999

Mr. HUNTER. Mr. Speaker, I would like to express my strong support for the National Defense Authorization Act for Fiscal Year 2000, S. 1059, which includes the authorization of funds for the upgrade of Army weapon systems. I rise today to address the concern that the \$3.5 million increase, which was contained in the House-passed Fiscal Year 2000 Defense Authorization Bill for software and hardware upgrades to Improved Moving Target Simulators was inadvertently dropped from the Conference Report on S. 1059, the National Defense Authorization Act for Fiscal Year 2000 due to an administrative error. The conferees intended to authorize this increase. It should be included in the Department of Defense Appropriations Act for Fiscal Year 2000.

THE VETERANS MILLENNIUM HEALTH CARE ACT

HON. HAROLD ROGERS

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Friday, September 24, 1999

Mr. ROGERS. Mr. Speaker, I rise today to voice my concerns with an item contained in H.R. 2116, the Veterans Millennium Health Care Act, which passed the House last Tuesday with overwhelming support.

Let me first say that I voted in favor of this bill, and believe its passage was long overdue. This bill ensures the continuation of vital healthcare services for our Nation's veterans into the next century by reforming many aspects of delivery and support services.

The veterans who have so bravely served each and every one of us deserve our highest respect and they deserve a Federal Government that lives up to its commitment to them. With the aging of our veteran population, there is a greater need for long-term care, and this bill sends a strong message that America is prepared to live up to that commitment by expanding these services.