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contract for thousands of county employees. She also won a big victory in the convalescent home industry.

Her work has been an inspiration and example for others and has produced one of the largest delegations to the Labor to Neighbor. This vital program educates and involves union members and their families in the campaign to protect jobs and the future of working people in San Diego-Impperial Counties.

My congratulations go to Mary Grillo for these significant contributions. I can personally attest to Mary's dedication and commitment and believe her to be highly deserving of the San Diego-Imperial Counties Labor Council, AFL-CIO Leadership Award.

CONGRATULATIONS TO ABINGTON SENIOR HIGH SCHOOL

HON. JOSEPH M. HOEFFEL
OF PENNSYLVANIA
IN THE HOUSE OF REPRESENTATIVES

Thursday, May 27, 1999

Mr. HOEFFEL. Mr. Speaker, I rise today to recognize the outstanding accomplishments of a High School in my District, Pennsylvania’s Thirteenth Congressional District.

On behalf of the entire Montgomery County community, I congratulate the Abington Senior High School in Abington, PA, for being selected by the Corporation for National Service as a National Service-Learning Leaders Schools. Abington is one of only two schools in Pennsylvania to receive this honor, and has been selected as part of the first-ever class of Service-Learning Leader Schools.

This designation is only awarded to schools that have broad-based service-learning activities throughout the school, and who have thoughtfully and effectively integrated service into school life and curriculum, promoted civic responsibility, improved school and student performance, and strengthened the surrounding communities with their participation.

National Service-Learning Leader Schools do not simply hold an honorary title. Along with the honor, Abington accepts responsibility for helping other schools integrate service into their curriculum. During Abington’s 2-year term as a Service-Learning Leader, it will serve as a model of best practices to other schools and actively help them incorporate service-learning into their school life and curriculum. Specifically, Abington will lead, mentor, and coach other schools by sharing materials, making presentations, and participating in peer exchange.

As part of its Service-Learning Leader activities, Abington will send representatives to Washington, DC this June in order to attend a Leader Schools Leadership Institute, during which delegates will receive specific training on establishing service programs in their schools, and in helping other schools to do the same.

Once again, congratulations to Abington Senior High School. The entire Thirteenth District is proud of them, and commends them for their excellent work in instilling civic responsibility in students and for serving the community.

EXTENSIONS OF REMARKS

INTRODUCTION OF H.R. 1977. THE HAROLD HUGHES, BILL EMERSON SUBSTANCE ABUSE TREATMENT PARITY ACT

HON. JIM RAMSTAD
OF MINNESOTA
IN THE HOUSE OF REPRESENTATIVES

Thursday, May 27, 1999

Mr. RAMSTAD. Mr. Speaker, every day, politicians talk about the goal of a “drug-free America.”

Mr. Speaker, let’s get real! We will never even come close to a drug-free America until we knock down the barriers to chemical dependency treatment for the 26 million American people presently addicted to drugs and/or alcohol.

That’s right, Mr. Speaker. 26 million alcoholics and addicts in the United States today. 150,000 Americans died last year from drug and alcohol addiction.

Alcohol and drug addiction, in economic terms, cost the American people $246 billion last year. American taxpayers paid over $150 billion for drug-related criminal and medical costs alone in 1997—more than they spent on education, transportation, agriculture, energy, space and foreign aid combined.

According to the Health Insurance Association of America, each delivery of a new child that is complicated by chemical addiction results in an expenditure of $48,000 to $150,000 in maternity care, physicians’ fees and hospital charges. We also know that 65 percent of emergency room visits are drug/alcohol related.

The National Center on Addiction and Substance Abuse found that 80 percent of the 1.7 million prisoners in America are behind bars because of drugs and/or alcohol addiction.

Another recent study showed that 85 percent of child abuse cases involve a parent who abuses alcohol or other drugs. 70 percent of all people arrested test positive for drugs. Two-thirds of all murders are drug-related.

Mr. Speaker, how much evidence does Congress need that we have a national epidemic of addiction? An epidemic crying out for a solution that works. Not more cheap political rhetoric. Not more simplistic, quick fixes that obviously are not working.

Mr. Speaker, we must get to the root cause of addiction and treat it like other diseases. The American Medical Association told Congress and the nation in 1956 that alcoholism and drug addiction are a disease that requires treatment to recover.

Yet today in America only 2 percent of the 16 million alcoholics and addicts covered by health plans are able to receive adequate treatment.

That’s right. Only 2 percent of alcoholics and addicts covered by health insurance plans are receiving effective treatment for their chemical dependency. Notwithstanding the purported “coverage” of treatment by their health plans.

That’s because of discriminatory caps, artificially high deductibles and copayments, limited treatment stays and other restrictions on chemical dependency treatment that are different from other diseases.

If we are really serious about reducing illegal drug use in America, we must address the disease of addiction by putting chemical dependency treatment on par with treatment for other diseases. Providing equal access to chemical dependency treatment is not only the prescribed medical approach; it’s also the cost-effective approach.

We have all the empirical data, including actual studies, to prove that parity for chemical dependency treatment will save billions of dollars nationally while not raising premiums more than one-half of one percent, in the worst case scenario!

It’s well-documented that every dollar spent for treatment saves $7 in health care costs, criminal justice costs and lost productivity from job absenteeism, injuries and sub-par work performance.

A number of studies have shown that health care costs, alone, are 100 percent higher for untreated alcoholics and addicts compared to recovering people who have received treatment.

Mr. Speaker, as a recovering alcoholic myself, I know firsthand the value of treatment. As a recovering person of almost 18 years, I am absolutely alarmed by the dwindling access to treatment for people who need it. Over half of the treatment beds are gone that were available 10 years ago. Even more alarming, 60 percent of the adolescent treatment beds are gone.

Mr. Speaker, we must act now to reverse this alarming trend. We must act now to provide greater access to chemical dependency treatment.

That’s why today I am introducing the Harold Hughes, Bill Emerson Substance Abuse Treatment Parity Act—the same bill that had the broad, bipartisan support of last year’s 95 cosponsors.

This legislation would provide access to treatment by prohibiting discrimination against the disease of addiction. The bill prohibits discriminatory caps, higher deductibles and copayments, limited treatment stays and other restrictions on chemical dependency treatment that are different from other diseases.

This is not another mandate because it doesn’t require any health plan which does not already cover chemical dependency treatment to provide such coverage. It merely says those whose offer chemical dependency coverage cannot treat it differently from coverage for medical or surgical services for other diseases.

In addition, the legislation waives the parity for substance abuse treatment if premiums increase by more than 1 percent and exempts small businesses with fewer than 50 employees.

Mr. Speaker, it’s time to knock down the barriers to chemical dependency treatment. It’s time to end the discrimination against people with addiction.

It’s time to provide access to treatment to deal with America’s No. 1 public health and public safety problem.

We can deal with this epidemic now or deal with it later.

But it will only get worse if we continue to allow discrimination against the disease of addiction.

As last year’s television documentary by Bill Moyers pointed out, medical experts and treatment professionals agree that providing access to chemical dependency treatment is the
only way to combat addiction in America. We can build all the fences on our borders and all the prison cells that money can buy. We can hire thousands of new border guards and drug enforcement officers. But simply dealing with the supply side of this problem will never solve it.

That's because our nation's supply side emphasis does not adequately attack the underlying problem. The problem is more than illegal drugs coming into our country; the problem is the addiction that causes people to crave and demand those drugs. We need more than simply tough law enforcement and interdiction; we need extensive education and access to treatment.

Drug Czar Barry McCaffrey understands. He said recently, "Chemical dependency treatment is more effective than cancer treatment, and it's cheaper." General McCaffrey also said, "We need to redouble our efforts to ensure that quality treatment is available."

Mr. Speaker, General McCaffrey is right and all the studies back him up. Treatment does work and it is cost-effective.

Last September, the first national study of chemical dependency treatment results confirmed that illegal drug and alcohol use are substantially reduced following treatment. This study, by the Substance Abuse and Mental Health Services Administration, shows that treatment rebuilds lives, puts families back together and restores substance abusers to productivity.

According to Dr. Ronald Smith, Captain, Naval Medical Corps and former Vice Chairman of Psychiatry at the National Naval Medical Center, the U.S. Navy substance abuse treatment program has an overall recovery rate of 75 percent.

The Journal of the American Medical Association (JAMA) on April 15, 1998 reported that a major review of more than 600 research articles showed that addiction conforms to the common expectations for chronic illness and addiction treatment has outcomes comparable to other chronic conditions. It states that relapse rates for treatment for drug/alcohol addiction (40%) compare favorably to those for other chronic disorders: adult-onset diabetes (50%), hypertension (30%) and adult asthma (30%).

A March 1998 GAO report also surveyed the various studies on the effectiveness of treatment and concluded that treatment is effective and beneficial in the majority of cases.

A number of state studies also show that treatment is cost-effective and good preventive medicine.

A Minnesota study extensively evaluated the effectiveness of its treatment programs and found that Minnesota saves $22 million in annual health care costs because of treatment.

A California study reported a 17 percent improvement in other health conditions following treatment—and dramatic decreases in hospitalizations.

A New Jersey study by Rutgers University found that untreated alcoholics incur general health care costs 100 percent higher than those who receive treatment.

So, the cost savings and effectiveness of chemical dependency treatment are well-documented. But putting the huge cost-savings aside for a minute, what will treatment parity cost?