First, there is no cost to the federal budget. Parity does not apply to FEHBP, Medicare or Medicaid.

According to a national research study that based projected costs on data from states which have already enacted chemical dependency treatment parity, the average premium increase due to full parity would be 0.2 percent. (Mathematical Policy Research study, March 1998)

A Milliman and Robertson study projected the worst-case increase to be 0.5 percent, or 66 cents a month per insured.

That means, under the worst-case scenario, 16 million alcoholics and addicts could receive treatment for the price of a cup of coffee per month to the 113 million Americans covered by health plans. At the same time, the American people would realize $5.4 billion in cost-savings from treatment parity, according to the California Drug and Alcohol Treatment Assessment.

U.S. companies that provide treatment have already achieved substantial savings. Chevron reports saving $10 for each $1 spent on treatment. GPU saved $6 for every $1 spent. United Airlines reports a $17 return for every dollar spent on treatment.

And, Mr. Speaker, no dollar value can quantify the impact that greater access to treatment will have on the spouses, children and families who have been affected by the ravages of addiction. Broken families, shattered lives, messed-up kids, ruined careers.

Mr. Speaker, this is not just another policy issue. This is a life-or-death issue for 16 million alcoholics and addicts who have been affected by the ravages of addiction. Broken families, shattered lives, messed-up kids, ruined careers.

Mr. Speaker, the American people cannot afford to wait any longer.

I urge all members to co-sponsor the Harold Hughes, Bill Emerson Substance Abuse Treatment Parity Act.

SOUTHSIDE SAVANNAH RAIDERS—H.R. NO. 566

HON. JACK KINGSTON
OF GEORGIA
IN THE HOUSE OF REPRESENTATIVES
Thursday, May 27, 1999

Mr. KINGSTON. Mr. Speaker, today, I rise to recognize the outstanding achievements of the Southside Savannah Raiders, and present to you this resolution.

Whereas, the Southside Savannah Raiders, the terrific youth baseball team for boys 14 years old and under, won the 1998 State Baseball Championship promoted by the Georgia Association of Recreation and Parks Departments; and

Whereas, the victorious Raiders are sponsored by the Vietnam Veterans of America Chapter 671, but all of Savannah shared in their victory in Brunswick on July 18, 1998; and

Whereas, the Southside Savannah Raiders had an overall record of 32 wins and five losses during the 1998 season while clinching the League, City, District 2, and Georgia Games titles; and

Whereas, these fine young athletes demonstrated exceptional ability, motivation, and team spirit throughout their rigorous season, and the experience they have shared has provided them many wonderful memories, friendships, and values; and

Whereas, the members of the 1998 Raiders are Joey Boen, Christopher Burns, Brady Cannon, Robert Cole, Brian Crider, Matthew Dotson, Kevin Edge, Michael Hall, Mark Hamilton, Garett Harvey, Zach Hillard, Bobby Keel, Corey Kesseler, Chris Palmer, Matt Thomas, and Ellis Waters; and the coaches are Linn Burns, Danny Boen, and Gene Dotson, now therefore, be it resolved by the House of Representatives; that the members of this body congratulate the Southside Savannah Raiders on their state championship and wish each member of the team all the success in the future.

Be it further resolved that the Clerk of the House of Representatives is authorized and directed to transmit an appropriate copy of this resolution to the Southside Savannah Raiders.

CHILDREN’S LEAD SCREENING ACCOUNTABILITY FOR EARLY-INTERVENTION ACT OF 1999

HON. ROBERT MENENDEZ
OF NEW JERSEY
IN THE HOUSE OF REPRESENTATIVES
Thursday, May 27, 1999

Mr. MENENDEZ. Mr. Speaker, I am pleased today to introduce the Children’s Lead Screening Accountability for Early-Intervention Act of 1999. This important legislation will strengthen federal mandates designed to protect our children from lead poisoning—a preventable tragedy that continues to threaten the health of our children.

Childhood lead poisoning has long been considered the number one environmental health threat facing children in the United States, and despite dramatic reductions in blood lead levels over the past 20 years, lead poisoning continues to be a significant health risk for young children. CDC has estimated that about 890,000, or 4.4 percent of children between the ages of one and five have harmful levels of lead in their blood. Even at low levels, lead can have harmful effects on a child’s intelligence and his, or her, ability to learn.

Children can be exposed to lead from a number of sources. We are all cognizant of lead-based paint found in older homes and buildings. However, children may also be exposed to non-paint sources of lead, as well as lead dust. Poor and minority children, who
Ms. STABENOW. Mr. Speaker, I was unavoidably detained on May 24, 1999, and was not able to vote on H.R. 1251 and H.R. 100.

Had I been present, I would have voted "yea" on H.R. 1251.

Had I been present, I would have voted "yea" on H.R. 100.