

Reynolds	Shays	Tsongas
Richardson	Shea-Porter	Turner
Rodriguez	Sherman	Udall (CO)
Rogers (AL)	Shimkus	Udall (NM)
Rogers (KY)	Shuler	Upton
Rogers (MI)	Shuster	Van Hollen
Rohrabacher	Simpson	Viselcosky
Ros-Lehtinen	Sires	Walberg
Roskam	Skelton	Walden (OR)
Ross	Slaughter	Walsh (NY)
Rothman	Smith (NE)	Walz (MN)
Roybal-Allard	Smith (NJ)	Wamp
Royce	Smith (TX)	Wasserman
Ruppersberger	Smith (WA)	Schultz
Ryan (OH)	Snyder	Waters
Ryan (WI)	Solis	Watson
Salazar	Souder	Watt
Sali	Space	Waxman
Sánchez, Linda T.	Speier	Weiner
Sánchez, Loretta T.	Spratt	Welch (VT)
Sarbanes	Stupak	Weller
Saxton	Sullivan	Wexler
Schakowsky	Sutton	Whitfield (KY)
Schiff	Tancredo	Wilson (NM)
Schmidt	Tanner	Wilson (OH)
Schwartz	Tauscher	Wilson (SC)
Scott (GA)	Terry	Wittman (VA)
Scott (VA)	Thompson (CA)	Wolf
Sensenbrenner	Thompson (MS)	Woolsey
Serrano	Thornberry	Wu
Sessions	Tiahrt	Yarmuth
Sestak	Tiberi	Young (AK)
Shadegg	Tierney	Young (FL)
	Towns	

NAYS—23

Akin	Everett	Mica
Broun (GA)	Flake	Price (GA)
Buyer	Foxx	Scalise
Campbell (CA)	Gingrey	Stearns
Coble	Goode	Taylor
Davis, David	Goodlatte	Weldon (FL)
Deal (GA)	Kingston	Westmoreland
Duncan	Lamborn	

NOT VOTING—18

Braley (IA)	Doggett	Pryce (OH)
Cooper	Gonzalez	Radanovich
Cubin	Gordon	Reyes
Cummings	Hulshof	Rush
Davis, Lincoln	Neugebauer	Stark
Dingell	Obey	Velázquez

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1405

Mr. GOODLATTE changed his vote from “yea” to “nay.”

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. BRALEY of Iowa. Mr. Speaker, on rollcall 622, the motion to recommit H.R. 5244, the Credit Cardholders Bill of Rights Act of 2008, I was not present. If I had been there, I would have voted “nay.”

On rollcall 623, on passage of H.R. 5244, the Credit Cardholders Bill of Rights Act of 2008, I was not present. If I had been there, I would have voted “aye.”

On rollcall 624, H.R. 6897, the Filipino Veterans Equity Act 2008, I was not present. If I had been there, I would have voted “yea.”

PERSONAL EXPLANATION

Mr. NEUGEBAUER. Mr. Speaker, due to a family matter, I was absent for the following

rollcall votes held September 22 and September 23, 2008. Had I been present, I would have voted as indicated for each rollcall listed: rollcall vote 616: “nay,” rollcall vote 617: “nay,” rollcall vote 618: “yea,” rollcall vote 619: “nay,” rollcall vote 620: “no,” rollcall vote 621: “yea,” rollcall vote 622: “yea,” rollcall vote 623: “no,” rollcall vote 624: “yea.”

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SERRANO). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the additional motions to suspend the rules on which a recorded vote or the yeas and nays are ordered or on which the vote is objected to under clause 6 of rule XX.

Record votes on the postponed questions will be taken later.

PAUL WELLSTONE AND PETE DOMENICI MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6983) to amend section 712 of the Employee Retirement Income Security Act of 1974, section 2705 of the Public Health Service Act, and section 9812 of the Internal Revenue Code of 1986 to require equity in the provision of mental health and substance-related disorder benefits under group health plans, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6983

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the “Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008”.

SEC. 2. MENTAL HEALTH PARITY.

(a) AMENDMENTS TO ERISA.—Section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a) is amended—

(1) in subsection (a), by adding at the end the following:

“(3) FINANCIAL REQUIREMENTS AND TREATMENT LIMITATIONS.—

“(A) IN GENERAL.—In the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides both medical and surgical benefits and mental health or substance use disorder benefits, such plan or coverage shall ensure that—

“(i) the financial requirements applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance use disorder benefits; and

“(ii) the treatment limitations applicable to such mental health or substance use disorder benefits are no more restrictive than the predominant treatment limitations ap-

plied to substantially all medical and surgical benefits covered by the plan (or coverage) and there are no separate treatment limitations that are applicable only with respect to mental health or substance use disorder benefits.

“(B) DEFINITIONS.—In this paragraph:

“(i) FINANCIAL REQUIREMENT.—The term ‘financial requirement’ includes deductibles, copayments, coinsurance, and out-of-pocket expenses, but excludes an aggregate lifetime limit and an annual limit subject to paragraphs (1) and (2).

“(ii) PREDOMINANT.—A financial requirement or treatment limit is considered to be predominant if it is the most common or frequent of such type of limit or requirement.

“(iii) TREATMENT LIMITATION.—The term ‘treatment limitation’ includes limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the scope or duration of treatment.

“(4) AVAILABILITY OF PLAN INFORMATION.—The criteria for medical necessity determinations made under the plan with respect to mental health or substance use disorder benefits (or the health insurance coverage offered in connection with the plan with respect to such benefits) shall be made available by the plan administrator (or the health insurance issuer offering such coverage) in accordance with regulations to any current or potential participant, beneficiary, or contracting provider upon request. The reason for any denial under the plan (or coverage) of reimbursement or payment for services with respect to mental health or substance use disorder benefits in the case of any participant or beneficiary shall, on request or as otherwise required, be made available by the plan administrator (or the health insurance issuer offering such coverage) to the participant or beneficiary in accordance with regulations.

“(5) OUT-OF-NETWORK PROVIDERS.—In the case of a plan or coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits, if the plan or coverage provides coverage for medical or surgical benefits provided by out-of-network providers, the plan or coverage shall provide coverage for mental health or substance use disorder benefits provided by out-of-network providers in a manner that is consistent with the requirements of this section.”;

(2) in subsection (b), by amending paragraph (2) to read as follows:

“(2) in the case of a group health plan (or health insurance coverage offered in connection with such a plan) that provides mental health or substance use disorder benefits, as affecting the terms and conditions of the plan or coverage relating to such benefits under the plan or coverage, except as provided in subsection (a).”;

(3) in subsection (c)—

(A) in paragraph (1)(B)—

(i) by inserting “(or 1 in the case of an employer residing in a State that permits small groups to include a single individual)” after “at least 2” the first place that such appears; and

(ii) by striking “and who employs at least 2 employees on the first day of the plan year”; and

(B) by striking paragraph (2) and inserting the following:

“(2) COST EXEMPTION.—

“(A) IN GENERAL.—With respect to a group health plan (or health insurance coverage offered in connection with such a plan), if the application of this section to such plan (or coverage) results in an increase for the plan