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MARKUP OF:

H.R. 2017, THE COMMON SENSE NUTRITION
DISCLOSURE ACT OF 2015

H.R. 2446, TO AMEND TITLE XIX OF THE SOCIAL
SECURITY ACT TO REQUIRE THE USE OF
ELECTRONIC VISIT VERIFICATION FOR PERSONAL
CARE SERVICES FURNISHED UNDER THE MEDICAID
PROGRAM

H.R. 2646, THE HELPING FAMILIES IN MENTAL
HEALTH CRISIS ACT

H.R. 3014, THE MEDICAL CONTROLLED
SUBSTANCES TRANSPORTATION ACT

H.R. 3537, SYNTHETIC DRUG CONTROL
ACT OF 2015

H.R. 3716, THE ENSURING TERMINATED PROVIDERS
ARE REMOVED FROM MEDICAID AND CHIP ACT

H.R. 3821, THE MEDICAID
DIRECTORY OF CAREGIVERS ACT

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WEDNESDAY, NOVEMBER 4, 2015

House of Representatives,
Subcommittee on Health,
Committee on Energy and Commerce,
Washington, D.C.

The subcommittee met, pursuant to call, at 10:00 a.m., in Room 2123 Rayburn House Office Building, Hon. Joe Pitts [chairman of the subcommittee] presiding.

Members present: Representatives Pitts, Guthrie, Barton, Whitfield, Shimkus, Murphy, Burgess, Blackburn, McMorris Rodgers, Lance, Griffith, Bilirakis, Long, Bucshon, Brooks, Collins, Upton (ex officio), Green, Engel, Capps, Schakowsky, Butterfield, Castor, Sarbanes, Matsui, Lujan, Schrader, Kennedy, Cardenas, and Pallone (ex officio).

Staff present: Clay Alspach, Chief Counsel, Health; Gary Andres, Staff Director; Will Batson, Legislative Clerk, Energy and Power and Environment and Economy; Mike Bloomquist, Deputy Staff Director; Sean Bonyun, Communications Director; Rebecca Card, Assistant Press Secretary; Karen Christian, General Counsel; James Decker, Policy Coordinator, Commerce,

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Manufacturing, and Trade; Peter Kielty, Deputy General Counsel; Carly McWilliams, Professional Staff Member, Health; Katie Novaria, Professional Staff Member, Health; Tim Pataki, Professional Staff Member; Graham Pittman, Legislative Clerk; Michelle Rosenberg, GAO Detailee, Health; Chris Sarley, Policy Coordinator, Environment and the Economy; Adrianna Simonelli, Legislative Associate, Health; Heidi Stirrup, Health Policy Coordinator; John Stone, Counsel, Health; Josh Trent, Professional Staff Member, Health; Dylan Vorbach, Legislative Clerk, Commerce, Manufacturing, and Trade; Gregory Watson, Legislative Clerk, Communications and Technology and Oversight and Investigations; Jessica Wilkerson, Oversight Associate, Oversight and Investigations; Jen Berenholz, Chief Clerk; Christine Brennan, Press Secretary; Jeff Carroll, Staff Director; Elizabeth Ertel, Deputy Clerk; Waverly Gordon, Professional Staff Member; Tiffany Guarascio, Deputy Staff Director and Chief Health Advisor; Ashley Jones, Director of Communications, Member Services, and Outreach; Una Lee, Chief Oversight Counsel; Rachel Pryor, Health Policy Advisor; Tim Robinson, Chief Counsel; Samantha Satchell, Policy Analyst; Kimberlee Trzeciak, Health Policy Advisor; Arielle Woronoff, Health Counsel.

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Mr. Pitts. The subcommittee will come to order. At the conclusion of opening statements yesterday, the Chair called up H.R. 3014 and the bill was open for amendment at any point.

[The Bill H.R. 3014 follows:]

*****INSERT 1*****

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1 Mr. Pitts. Are there any bipartisan amendments to the bill?

2 Are there any other amendments to the bill?

3 All right, the question now occurs on forwarding H.R. 3014
4 to the full committee.

5 All those in favor, say aye.

6 Those opposed, no.

7 The ayes appear to have it. The ayes have it and the bill
8 is agreed to.

9 All right, now the Chair calls up H.R. 3537 and asks the Clerk
10 to report.

11 [The Bill H.R. 3537 follows:]

12

13 *****INSERT 2*****

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14 The Clerk. H.R. 3537. To amend the Controlled Substances
15 Act to clarify how controlled substance analogues are to be
16 regulated and for other purposes.

17 Mr. Pitts. Without objection, the first reading of the bill
18 is dispensed with. The bill will be open for amendment at any
19 point. So ordered.

20 Are there any bipartisan amendments to the bill?

21 Mr. Pitts. If not, are there any other amendments to the
22 bill?

23 Mr. Pitts. The question now occurs on forwarding H.R. 3537
24 to the full committee.

25 All those in favor, say aye.

26 Those opposed, no.

27 The ayes appear to have it. The ayes have it and the bill
28 is agreed to.

29 All right, the Chair now calls up H.R. 2446 and asks the Clerk
30 to report.

31 [The Bill H.R. 2446 follows:]

32

33 *****INSERT 3*****

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34 The Clerk. H.R. 2446. To amend Title XIX of the Social
35 Security Acts to require the use of electronic visit verification
36 for personal care services furnished under the Medicaid program
37 and for other purposes.

38 Mr. Pitts. All right, without objection, the first reading
39 of the bill is dispensed with. The bill will be open for amendment
40 at any point.

41 The Chair now recognizes Mr. Guthrie for the purposes of
42 offering an amendment in the nature of a substitute and the Clerk
43 will report the amendment.

44 [The Amendment of Mr. Guthrie follows:]

45

46 *****INSERT 4*****

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47 Mr. Guthrie. Thank you, Mr. Chairman. I have an amendment
48 at the desk.

49 The Clerk. Amendment in the nature of a substitute to H.R.
50 2446 offered by Mr. Guthrie of Kentucky.

51 Mr. Pitts. Without objection, the reading of the amendment
52 is dispensed with. Mr. Guthrie is recognized for 5 minutes in
53 support of this amendment.

54 Mr. Guthrie. Thank you, Mr. Chairman. Today, Medicaid is
55 the nation's largest health insurance program serving roughly 83
56 million vulnerable patients this year alone. Many frail,
57 disabled, or otherwise homebound enrollees benefit from Medicaid
58 personal care services and home health services yet, the Office
59 of the Inspector General at HHS has found that existing program
60 safeguards intended to ensure medical necessity, patient safety,
61 and quality, and prevent improper payments were often
62 ineffective. Further, more the OIG warned that fraud in this area
63 is on the rise which can endanger vulnerable patients and short
64 taxpayers.

65 H.R. 2446, The Verify Act, would require Medicaid programs
66 utilize an electronic visit verification, an EVV system for
67 personal care and home services. EVV systems are telephonic or
68 computer-based systems that verify the date, time, and site of
69 the visit, as well as the provider of the services, thereby

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70 improving patients' quality of care and ensuring that patients'
71 payments are made only for services rendered. Many states
72 already operate EVV systems and they have seen a decrease in
73 improper payments and significant cost savings for the states.

74 This amendment makes changes to the bill reflecting
75 technical assistance and input from industry, CMS, the minority,
76 and the states. I would like to clarify that nothing in The Verify
77 Act requires states to spend money to create an EVV system. The
78 bill simply requires the use of EVV system by providers. States
79 can allow providers to rely on existing systems they already have
80 or require providers to obtain or contract for a system.

81 Although some have expressed concerns with the penalty in
82 the bill on states that are out of compliance in 2019, it is
83 important to note that CBO attributes savings to this policy not
84 because states pay the penalty but because improper utilization
85 and fraud is curbed through this policy.

86 Additionally, I do not think we should apologize for
87 expecting our states and providers to be accountable for
88 delivering needy care to vulnerable patients. Medicaid serves
89 some of the most vulnerable and I hope we can all agree that putting
90 their care first should be a high priority for us.

91 Through this easy, non-burdensome step, we can protect
92 seniors and the integrity of the Medicaid program. Moving

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93 forward, I look forward to working with my colleagues, states,
94 and stakeholders to broaden the support for this common sense
95 policy.

96 I yield back the balance of my time.

97 Mr. Pitts. The Chair thanks the gentleman. Are there
98 bipartisan amendments to the amendment?

99 Are there any other amendments? If there are no further --

100 Mr. Pallone. Mr. Chairman?

101 Mr. Pitts. The Chair recognizes Frank, a member of the full
102 committee.

103 Mr. Pallone. I would like to strike the last word.

104 I wanted to say, Mr. Chairman, that I remain very concerned
105 that H.R. 2446 is simply not ready for this stage in the
106 legislative process.

107 The HHS OIG has put forward a number of recommendations to
108 reduce fraud and ensure beneficiaries receive the services to
109 which they are entitled in the Medicaid personal care services
110 space and we had an interesting hearing on this issue and I
111 appreciate the majority's work in this area. As I have always
112 said, it is a priority for Democrats to do all that we can to ensure
113 that Medicaid dollars go towards serving Medicaid beneficiaries.

114 However, this legislation, as drafted, is not something I
115 can support. I am concerned that we do not know the full impact

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116 of this bill on states, given the complexity and differences
117 between different state Medicaid programs, home and
118 community-based services benefit structures. And given that
119 there is a penalty on states for non-compliance 3 years after
120 enactment without the assurance of funds on the front end from
121 the federal government to implement the electronic verification
122 system the bill requires, we may unintentionally end up
123 incentivizing states to stop offering this benefit entirely.

124 I am also concerned that home care workers and consumer
125 stakeholder engagement in the development and implementation of
126 these systems has not been adequately accounted for in the current
127 draft.

128 Put simply, we don't know the full impact of the bill as
129 drafted and we need further review in this area, in my opinion.
130 So, I will vote against this bill moving forward as drafted and
131 I urge my colleagues to do the same.

132 Mr. Green. Yield?

133 Mr. Pallone. I yield.

134 Mr. Green. I want to thank the gentleman for yielding to
135 me. I don't think any of us oppose some type of verification for
136 personal care services, electronic visit. The problem is the
137 bill ultimately it is up to the states to pay for this system and
138 if they don't, then they lose their reimbursement for it and,

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139 ultimately, they could lose their reimbursement for these home
140 care visits. I don't know if that is the intent of the bill but
141 I think getting there, as my colleague said from New Jersey, it
142 may end up eliminating home care visits, unless the state is
143 willing to come up with the money to fund this electronic system.

144 And that is my concern with the bill and I share the opinion
145 of our ranking member that the bill is not quite ready for us to
146 be actually voting on the day. And so like my colleague, I will
147 vote no on that.

148 And I will be glad to yield back my time.

149 Mr. Pallone. Does the gentleman yield?

150 Mr. Green. Yes, I yield to the gentleman from New Mexico.

151 Mr. Lujan. Thank you, Ranking Member Pallone.

152 Like many of my colleagues on this committee, I continue to
153 be deeply concerned about our nation's broken mental health
154 system. Too often when we discuss healthcare issues, mental
155 health issues do not get the attention they deserve. People from
156 all walks of life struggle with mental illness but there is still
157 a stigma associated with mental illness. Too many people feel
158 they must hide their mental illness and, too often, families don't
159 know where to turn for support.

160 In addition, addiction, illicit drugs such as heroin and
161 prescription drug abuse have led to an epidemic of drug overdoses

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162 that have plagued communities across New Mexico and our nation.
163 Unfortunately, accessing resources and services can often be
164 impossible to find, resulting in unmet needs and the loss of life
165 of family members, friends, and neighbors.

166 Many New Mexicans and their families have been impacted by
167 mental health issues in some way. Suicide is the third leading
168 cause of death for 15- to 24-year-olds and New Mexico ranks second
169 in the nation for youth suicide.

170 In addition, New Mexico has the second highest drug overdose
171 mortality rate in the U.S. That is why I was encouraged when this
172 committee began a began a bipartisan discussion to prepare a
173 comprehensive mental health and substance abuse bill. These two
174 issues are intrinsically tied together and to make a meaningful
175 impact, we must address them in tandem. I hope that we could build
176 on the momentum of 21st Century Cures, which was a major bipartisan
177 success for this committee. Unfortunately, these bipartisan
178 conversations have ended and today we face a partisan markup that
179 includes the Helping Families in Mental Crisis Act.

180 In October, I joined with all but a few of my democratic
181 Energy and Commerce colleagues in a letter to Chairman Upton and
182 Ranking Member Pallone outlining our substantive concerns with
183 this legislation and reaffirming our commitment to work together
184 on a solution that serves patients and families.

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185 And while I know Mr. Murphy's heart is in the right place,
186 and his bill has good pieces in it, I am concerned that there are
187 too many provisions in this bill that do more harm than good. We
188 cannot afford to get this wrong. We cannot throw our mental
189 health system into further turmoil. I believe that this effort
190 would be stronger if we truly worked together.

191 I, along with my democratic colleagues, will be offering
192 amendments that seek to address some of the most problematic parts
193 of the bill, while addressing vital provisions that are absent
194 to the current bill. We seek to create a robust mental health
195 and substance abuse system that will no longer allow our
196 constituents to fall through the cracks.

197 I am pleased that the democratic substitute addresses many
198 of these issues and fully funds the programs that our communities
199 so desperately need. In my home state of New Mexico, we have far
200 too many individuals and families in crisis and the system is
201 broken. The democratic substitute is an important step in the
202 right direction and I thank Ranking Member Green and
203 Representative Pallone for including my bill, the Improving
204 Treatment for Pregnant and Postpartum Women Act in the substitute.

205 Mr. Pitts. The gentleman's time has expired. Is there any
206 other discussion on the amendment in the nature of a substitute
207 on H.R. 2446? Anyone seeking time?

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208 If not, all those in favor of the amendment in the nature
209 of a substitute shall signify by saying aye.

210 Mr. Pallone. Mr. Chairman --

211 Mr. Pitts. All those opposed --

212 Mr. Pallone. Mr. Chairman, we wanted a recorded vote.

213 Mr. Pitts. I am sorry? I am sorry? You want a record vote,
214 a recorded vote?

215 Mr. Pallone. Yes.

216 Mr. Pitts. All right, the Clerk will record the vote.

217 The Clerk. Mr. Guthrie.

218 Mr. Guthrie. Aye.

219 The Clerk. Mr. Guthrie votes aye.

220 Mr. Barton.

221 Mr. Barton. Aye.

222 The Clerk. Mr. Barton votes aye.

223 Mr. Whitfield.

224 Mr. Whitfield. Aye.

225 The Clerk. Mr. Whitfield votes aye.

226 Mr. Shimkus.

227 Mr. Shimkus. Aye.

228 The Clerk. Mr. Shimkus votes aye.

229 Mr. Murphy.

230 Mr. Murphy. Aye.

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231 The Clerk. Mr. Murphy votes aye.

232 Mr. Burgess.

233 [No response.]

234 The Clerk. Mrs. Blackburn.

235 Mrs. Blackburn. Aye.

236 The Clerk. Mrs. Blackburn votes aye.

237 Mrs. McMorris Rodgers.

238 [No response.]

239 The Clerk. Mr. Lance.

240 Mr. Lance. Aye.

241 The Clerk. Mr. Lance votes aye.

242 Mr. Griffith.

243 Mr. Griffith. Aye.

244 The Clerk. Mr. Griffith votes aye.

245 Mr. Bilirakis.

246 Mr. Bilirakis. Aye.

247 The Clerk. Mr. Bilirakis votes aye.

248 Mr. Long.

249 Mr. Long. Aye.

250 The Clerk. Mr. Long votes aye.

251 Mrs. Elmers.

252 [No response.]

253 The Clerk. Mr. Bucshon.

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254 Mr. Bucshon. Aye.

255 The Clerk. Mr. Bucshon votes aye.

256 Mrs. Brooks.

257 Mrs. Brooks. Aye.

258 The Clerk. Mrs. Brooks votes aye.

259 Mr. Collins.

260 Mr. Collins. Aye.

261 The Clerk. Mr. Collins votes aye.

262 Chairman Upton.

263 The Chairman. Aye.

264 The Clerk. Chairman Upton votes aye.

265 Mr. Green.

266 Mr. Green. No.

267 The Clerk. Mr. Green votes no.

268 Mr. Engel.

269 [No response.]

270 The Clerk. Mrs. Capps.

271 Mrs. Capps. No.

272 The Clerk. Mrs. Capps votes no.

273 Ms. Schakowsky.

274 [No response.]

275 The Clerk. Mr. Butterfield.

276 [No response.]

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277 The Clerk. Ms. Castor.
278 Ms. Castor. No.
279 The Clerk. Ms. Castor votes no.
280 Mr. Sarbanes.
281 Mr. Sarbanes. No.
282 The Clerk. Mr. Sarbanes votes no.
283 Ms. Matsui.
284 Ms. Matsui. No.
285 The Clerk. Ms. Matsui votes no.
286 Mr. Lujan.
287 Mr. Lujan. No.
288 The Clerk. Mr. Lujan votes no.
289 Mr. Schrader.
290 Mr. Schrader. No.
291 The Clerk. Mr. Schrader votes no.
292 Mr. Kennedy.
293 Mr. Kennedy. No.
294 The Clerk. Mr. Kennedy votes no.
295 Mr. Cardenas.
296 [No response.]
297 The Clerk. Mr. Pallone.
298 Mr. Pallone. No.
299 The Clerk. Mr. Pallone votes no.

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300 Chairman Pitts.

301 Mr. Pitts. Aye.

302 The Clerk. Chairman Pitts votes aye.

303 Mr. Pitts. The Clerk will report the vote.

304 The Clerk. Mr. Chairman, on that there were 15 ayes and 9
305 nays.

306 Mr. Pitts. The ayes have it and the amendment in the nature
307 of a substitute is agreed to.

308 The question now occurs on forwarding H.R. 2446 as amended
309 to the full committee.

310 [The Text of H.R. 2446 as amended by the Subcommittee
311 follows:]

312

313 *****COMMITTEE INSERT 5*****

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314 Mr. Pitts. All those in favor, say aye.

315 Those opposed, no.

316 The ayes appear to have it. The ayes have it. The bill is
317 agreed to.

318 All right, now the Chair calls up H.R. 3716 and asks the Clerk
319 to report.

320 [The Bill H.R. 3716 follows:]

321

322 *****INSERT 6*****

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323 The Clerk. H.R. 3716. To amend Title XIX of the Social
324 Security Act to require states to provide to the Secretary of
325 Health and Human Services certain information with respect to
326 provider terminations and for other purposes.

327 Mr. Pitts. Without objection, the first reading of the bill
328 is dispensed with. The bill will be open for amendment at any
329 point.

330 The Chair recognizes Dr. Bucshon for the purpose of offering
331 an amendment in the nature of a substitute and the Clerk will
332 report the amendment.

333 [The Amendment of Mr. Bucshon follows:]

334

335 *****INSERT 7*****

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336 The Clerk. Amendment in the nature of a substitute to H.R.
337 3716 offered by Mr. Bucshon --

338 Mr. Pitts. Without objection, the reading of the amendment
339 is dispensed with. Dr. Bucshon is recognized for 5 minutes in
340 support of the amendment.

341 Mr. Bucshon. Thank you, Mr. Chairman. H.R. 3716 would
342 implement several targeted recommendations by the HHS Office of
343 Inspector General to improve Centers for Medicare and Medicaid
344 Services oversight of terminated providers, also improving
345 states' incentives to better police their programs and screen
346 providers.

347 The amendment in the nature of a substitute only makes minor
348 technical changes recommended by CMS and I urge its support.

349 I yield back.

350 Mr. Pitts. The Chair thanks the gentleman. Are there
351 bipartisan amendments to the amendment?

352 Are there any other amendments to the amendment?

353 If there is no further discussion, the vote occurs on the
354 amendment in the nature of a substitute.

355 All those in favor shall signify by saying aye.

356 All those opposed, no.

357 The ayes have it and the amendment in the nature of a
358 substitute is agreed to.

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359 The question now occurs on forwarding H.R. 3716 as amended
360 to the full committee.

361 [The Text of H.R. 3716 as amended by the Subcommittee
362 follows:]

363

364 *****INSERT 8*****

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365 Mr. Pitts. All those in favor, say aye.

366 Those opposed, no.

367 The ayes appear to have it. The ayes have it and the bill
368 is agreed to.

369 All right, this is the fifth bill. The Chair now calls up
370 H.R. 3821 and asks the Clerk to report.

371 [The Bill H.R. 3821 follows:]

372

373 *****INSERT 9*****

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374 The Clerk. H.R. 3821. To amend Title XIX to require the
375 publication of a provider directory in the cases of states
376 providing --

377 Mr. Pitts. Without objection, the first reading of the bill
378 is dispensed with. The bill will be open for amendment at any
379 point.

380 The Chair now recognizes Mr. Collins for the purpose of
381 offering an amendment and the Clerk will report the amendment.

382 [The Amendment of Mr. Collins follows:]

383

384 *****INSERT 10*****

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385 The Clerk. Amendment to H.R. 3821 offered by Mr. Collins
386 of New York.

387 Mr. Collins. Mr. Chairman, I do have an amendment. Thank
388 you for this.

389 The underlying H.R. 3821, the Medicaid Directory of
390 Caregivers Act is common sense bipartisan legislation aimed to
391 give Medicaid beneficiaries better access to information about
392 which providers in their area will accept them as patients. The
393 bill is simple. If the states operates a fee-for-service for
394 primary care case-management program for at least a portion of
395 its Medicaid population, this bill will require the state to
396 provide an online directory of doctors who accept Medicaid
397 beneficiaries.

398 The idea for the legislation came from GAO reports
399 identifying access to care as one of the key issues facing the
400 Medicaid program. Due to low provider reimbursements and
401 antiquated state delivery systems, Medicaid beneficiaries often
402 struggle to find doctors who will treat them. This leads to
403 Medicaid beneficiaries increasingly using emergency room
404 facilities for issues that would normally be resolved at a cheaper
405 primary care setting.

406 As this committee works to improve Medicaid program
407 integrity and curb waste, fraud, and abuse, I believe we also do

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408 our best to ensure our most vulnerable populations have a
409 practical way to know which doctors will provide them care. My
410 amendment today makes technical changes to the underlying bill,
411 taking into account recommendations from CMS.

412 I want to thank my fellow New Yorker, Mr. Tonko, for leading
413 his effort with me. I firmly believe that this is a good
414 government issue that members on both sides of the aisle can get
415 behind and I urge my colleagues to support this amendment and the
416 underlying bill.

417 I yield back.

418 Mr. Pitts. The Chair thanks the gentleman. Is there
419 further discussion of the amendment?

420 If there is no further discussion, the vote occurs on the
421 amendment.

422 All those in favor shall signify by saying aye.

423 Those opposed, no.

424 The ayes have it. The amendment is agreed to.

425 The question now occurs on forwarding H.R. 3821 as amended
426 to the full committee.

427 [The Text of H.R. 3821 as amended by the Subcommittee
428 follows:]

429

430 *****COMMITTEE INSERT 11*****

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431 Mr. Pitts. All those in favor, say aye.

432 Those opposed, no.

433 The ayes appear to have it. The ayes have it and the bill
434 is agreed to.

435 All right, the Chair now calls up H.R. 2017 and asks the Clerk
436 to report.

437 [The Bill H.R. 2017 follows:]

438

439 *****INSERT 12*****

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440 The Clerk. H.R. 2017. To amend the Federal Food, Drug and
441 Cosmetic Act to improve and clarify certain disclosure
442 requirements for restaurants and similar retail food
443 establishments --

444 Mr. Pitts. Without objection, the first reading of the bill
445 is dispensed with. The bill will be open for amendment at any
446 point.

447 The Chair will recognize himself for the purpose of offering
448 an amendment in the nature of a substitute. The Clerk will report
449 the amendment.

450 [The Amendment of Mr. Pitts follows:]

451

452 *****COMMITTEE INSERT 13*****

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453 The Clerk. Amendment in the nature of a substitute to H.R.
454 2017 offered by Mr. Pitts.

455 Mr. Pitts. The Chair recognizes himself for 5 minutes for
456 statement.

457 At the core, this amendment is simple. It clarifies the
458 intent of and simplifies nearly 400 pages of regulation so that
459 businesses can comply with it and so that consumers have reliable
460 access to caloric information.

461 I would like to ask unanimous consent to insert into the
462 record a letter signed by more than 200 business organizations
463 supporting this amendment and a letter signed by 11 restaurant
464 companies, including Dominos, California Pizza Kitchen, Pei Wei,
465 and the Texas Roadhouse supporting this legislation.

466 Like many other regulations, good intentions don't always
467 add up to practical policy. When the Food and Drug Administration
468 issued its final menu labeling regulations last November, it
469 became clear that they failed to address the concerns of small
470 businesses. Instead of easing their burdens, they added to them,
471 creating additional complexities. Specifically, this
472 regulation tries a one-size-fits-all approach on businesses that
473 are anything but. It treats grocers, convenience stores, and
474 pizzerias, all of which have endless combination possibilities,
475 the same as restaurants with constant simpler menu items.

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476 This September, when the FDA issued draft guidance, they
477 failed to address these concerns and, instead, reinforced the
478 rigidity of the final rule.

479 This amendment to the Common Sense Nutrition Disclosure Act
480 allows flexibility and seeks to lessen the confusion this rule
481 has created for businesses and consumers alike. Instead of
482 assuming that all restaurants serve standardized food selections,
483 this amendment allows restaurants to practically provide the
484 nutritional information to consumers based on the different ways
485 that foods are prepared and sold across various venues. This
486 amendment protects small businesses from unnecessary cost without
487 compromising FDA's objective to provide customers with
488 information they can use to make smart choices.

489 Thank you and I yield back.

490 Mr. Pallone. Mr. Chairman.

491 Mr. Pitts. Who seeks? Mr. Pallone.

492 The Chair recognizes Mr. Pallone. Strike the last words.

493 Mr. Pallone. Mr. Chairman, I wish to speak in opposition
494 to the amendment in the nature of a substitute.

495 I have long supported providing consumers with increased
496 access to nutrition information for the food that they are
497 purchasing. Recent studies have shown that access to nutrition
498 information in restaurants can help individuals make informed and

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499 lower calorie choices, which is why I supported the inclusion of
500 federal menu labeling requirements in the Affordable Care Act.

501 As so many in the United States continue to struggle with
502 obesity and diet-related disease, limiting access to nutrition
503 information that could help families make informed choices is not
504 only short-sighted but it is costly for the health of our nation.

505 I understand from the witnesses at our hearing and from
506 companies in my home state that some food establishments continue
507 to have concerns regarding the federal requirement. I believe
508 FDA has worked hard to address a number of the concerns
509 stakeholders have raised, first, by providing food establishments
510 with an additional year to comply and second, by releasing draft
511 guidance in September.

512 I believe any further concerns would better be addressed with
513 FDA as they work to finalize the guidance, rather than through
514 legislation. And I have no reason to believe that the Agency will
515 not continue to work with stakeholders, as they have done since
516 federal menu labeling requirements were signed into law to address
517 their concerns and I am committed to ensuring that they continue
518 to do so.

519 While I do believe reasonable changes have been made to the
520 underlying legislation, I still have some concerns. First, the
521 AINS would allow restaurants and retail food establishments to

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522 determine serving sizes for menu items, as long as the number of
523 servings in the menu item is also included. This broad
524 flexibility could result in similar menu items having different
525 serving sizes from restaurant to restaurant, making it difficult
526 for consumers to compare calories between menu items.

527 The AINS would also allow calorie information to only be
528 provided on one menu, a menu board in a covered restaurant or
529 retail food establishment, rather than, as FDA's final rule
530 requires, on all menu and menu boards from which a consumer could
531 order food.

532 Further, if a majority of a restaurant or retail food
533 establishments' orders are placed remotely, calorie information
534 could be provided exclusively on a remote access menu, such as
535 online. These changes would deny consumers calorie information
536 that would help them to make an informed decision when ordering
537 inside a restaurant or other food establishment.

538 And finally, the AINS would also shield covered
539 establishments from any civil law suits, except those brought by
540 a federal or state government for not complying with the menu
541 labeling requirements and would prohibit state or local
542 governments from establishing any nutritional labeling in
543 requirements that are not identical to the federal requirements.

544 So, Mr. Chairman, I still maintain that legislative action

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545 is not needed and that is why I will be voting against the
546 legislation H.R. 2017.

547 I yield back.

548 Mr. Pitts. The Chair thanks the gentleman.

549 Does anyone else seek recognition? Dr. Schrader is
550 recognized. Strike the last words.

551 Mr. Schrader. Thank you, Mr. Chairman.

552 I want to thank my colleague, first of all, from Washington,
553 Mrs. McMorris Rodgers, for her work on this legislation.

554 I believe we should make the law on menu labeling clear, make
555 it easy for businesses to understand these rules and comply. That
556 is why I, along with some of my colleagues in the committee, asked
557 the FDA to delay enforcement of the rule for a year while they
558 finalize guidance for those affected by the legislation. I am
559 glad to see that they agreed to our request and delayed enforcement
560 of the rule and, hopefully, will improve the rule, as the Ranking
561 Member discussed.

562 I believe the real thing is the FDA rule should be applied
563 fairly across the board. And while this bill has improved in
564 many, many areas, as we see in the amendment here today, I think
565 there still needs to be more work. I have two big areas still
566 concerned about the fact that we are treating retail
567 establishments differently and, frankly, somewhat arbitrarily.

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568 The bill before us would allow a different set of rules for a
569 certain group of restaurants, where 50 percent or more of the
570 orders are placed offsite. Despite the fact that most orders may,
571 indeed, be offsite, what about those folks that do come on-site
572 to order their product?

573 At our hearing earlier this year, representatives from the
574 industry said they would be able to comply with the current rule
575 and I believe we should have guidance that is actually fair across
576 the board.

577 The second issue deals with this calorie counts based on
578 common units. If any of you consumers out there can tell me what
579 the hell a common unit is, I would be glad to buy you a ticket
580 to Las Vegas. I mean we have a whole standard of products, we
581 have servings, now we have common units. I think this is
582 something well beyond what Joe Sixpacks would be able to do when
583 they walk into a restaurant or any sort of retail food
584 establishment really needs some serious work, I think, to make
585 it much more clear for the folks and for the businesses.

586 With that, Mr. Chairman, I will yield back.

587 Mr. Pitts. The Chair thanks the gentleman.

588 Does anyone else seek recognition?

589 Without objection, the reading of the amendment is dispensed
590 with and -- I am sorry.

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591 Are there any bipartisan amendments to the amendment?

592 Are there any other amendments?

593 If there is no further discussion, the vote occurs on the
594 amendment in the nature of a substitute.

595 All those in favor shall signify by saying aye.

596 All those opposed, no.

597 The ayes appear to have it. The ayes have it. The amendment
598 in the nature of a substitute is agreed to.

599 The question now occurs on forwarding H.R. 2017 as amended
600 to the full committee.

601 [The Text of H.R. 2017 as amended by the Subcommittee
602 follows:]

603

604 *****INSERT 14*****

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605 Mr. Pitts. All those in favor, say aye.

606 Those opposed, no.

607 The ayes appear to have it. The ayes have it and the bill
608 is agreed to.

609 The Chair now calls up H.R. 2646 and asks the Clerk to report.

610 [The Bill H.R. 2646 follows:]

611

612 *****INSERT 15*****

This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.

613 The Clerk. H.R. 2646. To make available needed
614 psychiatric, psychological, and supported services for
615 individuals with mental illness in families in mental health
616 crisis and for other purposes.

617 Mr. Pitts. Without objection, the first reading of the bill
618 is dispensed with. The bill will be open for amendment at any
619 point.

620 The Chair now recognizes Dr. Murphy for the purpose of
621 offering an amendment in the nature of a substitute and the Clerk
622 will report the amendment.

623 [The Amendment of Mr. Murphy follows:]

624

625 *****INSERT 16*****

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626 The Clerk. Amendment in the nature of a substitute to H.R.
627 2646 offered by Mr. Murphy of Pennsylvania.

628 Mr. Pitts. Without objection, the reading of the amendment
629 is dispensed with and Dr. Murphy is recognized for 5 minutes in
630 support of the amendment.

631 Mr. Murphy. Thank you, Mr. Chairman.

632 This amendment is one that is a culmination of dozens of
633 meetings I have had with members on both sides of the aisle and
634 traveling around the country and, literally, thousands of
635 contacts I have had with family members, providers, professional
636 organizations, consumers, to improve the Helping Families in
637 Mental Health Crisis Act.

638 This is a bill that was not written and then we had hearings
639 on. It was a bill that was the outcome of multiple hearings we
640 held, probably beginning with the tragic shootings at Sandy Hook
641 Elementary School.

642 The parents from Sandy Hook gave me the pictures of their
643 children here, Benjamin Wheeler, Daniel Barden, Dylan Hockley,
644 among some of them, which I have kept on my desk since that time
645 to keep my Sandy Hook promise to them.

646 This bill will save lives. This bill will prevent people
647 with serious mental illness from being involved in acts such as
648 Sandy Hook, or Aurora, or Tucson, or Oregon, or Virginia, or name

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649 the state and name the town where this has happened. Obviously,
650 people with severe mental illness are not the majority of those
651 in terms of violence; most are not. Most with mental illness are
652 not violent. But what our country has done, since the 1950s when
653 we closed down hundreds of thousands of hospital beds, we have
654 traded that hospital bed for the prison cell, for the subway grate
655 for the homeless person, for the emergency room, and for the
656 morgue. We will have this year more people die of mental illness,
657 in terms of the 41,000 suicide deaths, the 43,000 drug overdose
658 deaths, the 1200 to 1500 homicides by some with mental illness,
659 the thousands of mentally ill who die that slow motion death of
660 homelessness or chronic illness that many people with mental
661 illness have, more people will die this year of mental illness
662 related problems than total American combat deaths in Vietnam and
663 Korean wars. That is a huge number.

664 We also recognize that this bill addresses the right for
665 people to be well. Our country, for too long, has gone in the
666 direction of the right for people to be sick. The right somehow,
667 the perverted right we have of the person who is homeless to
668 continue to be homeless; that the person who is low-income to say
669 we are not going to provide services for you; we are going to let
670 you go to jail; of someone like a gentleman in Virginia a few weeks
671 ago, a front page story in the *Washington Post* that talked about

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672 a 24-year-old man with severe mental illness, in the midst of his
673 hallucinations and delusions, was put in a jail cell in Virginia,
674 where he remained for over 70 days, starving himself, naked,
675 living in his own filth and he finally died.

676 These are not unique stories, sadly. These are stories that
677 continue every day in America. Every couple minutes, we have some
678 more suicide attempts, ten deaths an hour, but millions of
679 Americans' families who are suffering and that is why this bill
680 entitled the Helping Families in Mental Health Crisis Act takes
681 a different takes a different direction. It is the most
682 comprehensive reform in our history to deal with mental health
683 problems. It shifts the direction away from the softness of
684 behavioral wellness to really working on mental health. It
685 shifts away programs that SAMHSA has focused on which the CBO says
686 were waste and uncoordinated and lacked transparency and
687 accountability that was funding things like a \$426,000 website
688 of sing-along songs for three-year-olds or a \$22,000 painting that
689 sits on a wall in SAMHSA of two people sitting on a rock, or a
690 website for people of New England last winter that helped them
691 with snow anxiety and they had a 1-800 number to call, or a whole
692 host of other things such as making collages, drinking fruit
693 smoothies, and other things. That is not mental health
694 treatment.

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695 Mental illness, especially severe mental illness, is a brain
696 illness. We have to work to reform this system.

697 And I know that my passion is matched by my friends on the
698 other side of the aisle. I am thankful for the conversations I
699 have had, especially recently, from my friend Doris Matsui, and
700 Joe Kennedy, and Mr. Butterfield, and others. I know we share
701 this common passion and we have to have common solutions towards
702 this.

703 And to that end, in addressing the concerns that they and
704 members of this side of the aisle have said, too, we offer this
705 motion in the nature of substitute, which has many of their
706 concerns addressed in it. And we will continue to work together.
707 My door is open, as it has been. We have to resolve this. For
708 the sake of the millions and millions of American families
709 suffering, this has to end and the time is now.

710 I yield back.

711 Mr. Pitts. Are there bipartisan amendments to the
712 amendment?

713 The Chair recognizes Mr. Lance to offer his amendment.

714 Mr. Lance. Thank you, Mr. Chairman. I offer an amendment.
715 I have two amendments and the first one I offer, I believe, is
716 amendment number 19.

717 Mr. Pallone. Mr. Chairman. Mr. Chairman.

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718 Mr. Pitts. I am sorry.

719 Mr. Pallone. But Mr. Chairman, we wanted to strike the last
720 word in opposition to Mr. Murphy's statement.

721 Mr. Pitts. All right. You will be given that opportunity.
722 The point now is we are offering bipartisan amendments.

723 Mr. Pallone. Right but Mr. Green and I would like to make
724 some statements in opposition to --

725 Mr. Pitts. All right. The Chair recognizes the Ranking
726 Member. Strike the last words.

727 Mr. Pallone. Mr. Green, did you want to go first?

728 Mr. Green. I would be glad to, Mr. Chairman.

729 Mr. Chairman, and members, and to our folks in the audience,
730 I don't think any of us don't recognize the problem with the mental
731 health treatment in our country, whether you are a Democrat or
732 a Republican. The problem I have with this piece of legislation
733 is that our Health Subcommittee has only had one hearing this year
734 on this piece of legislation.

735 We have had three hearings on opioid addiction in the
736 Oversight and Investigation Committee that Mr. Murphy is the chair
737 of but on this piece of legislation and all of us, I don't think
738 there is any member here that hasn't had experience with either
739 a loved one, a family member, or a close friend having mental
740 illness.

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741 When I practiced law, one of my jobs was to represent patients
742 in the involuntary commitments in Texas and I did that for a number
743 of years. And believe me, I learned about the state Mental Health
744 Code and we actually changed it because I was also a state senator
745 at that time. But my concern about this bill is that originally,
746 and even with the substitute and we have some amendments to fix
747 it, that we want to make sure that we were passing something that
748 is not just a number and that is not just something that says mental
749 health reform; it actually has reforms in there. And over the
750 days, this markup today, I think you will see that in the
751 amendments offered by a lot of our colleagues on both sides of
752 the aisle.

753 I have to admit we have worked to try and set up meetings
754 to work on this between the members and our staff. And over the
755 last six months, that just hasn't worked out for any number of
756 reasons. And that is why I think this bill today needs to have
757 a full markup. And we will discuss it. We will go to a full
758 committee and, ultimately, onto the floor. But all of us care
759 about mental health treatment in our country and the dismal
760 experience that we have seen with our own loved ones.

761 But with that, Mr. Chairman, I will yield back my time.

762 Mr. Pitts. Is there further discussion?

763 Mr. Pallone. Mr. Chairman, I would like to strike the last

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764 word.

765 Mr. Pitts. The Chair recognizes the Ranking Member of the
766 full committee. Strike the last words.

767 Mr. Pallone. Thank you, Mr. Chairman. I just wanted to
768 make three points.

769 First of all, the Democrats are committed to ensuring access
770 and federal resources to mental health services. In 2010,
771 Congress passed the Affordable Care Act, which included the most
772 historical coverage gains for mental health in this country,
773 Medicaid expansion. It also better enforced our mental health
774 parity laws. Expanding Medicaid, which accounts for 25 percent
775 of all mental health reimbursements is critical to any meaningful
776 mental health reforms.

777 H.R. 2646, however, does nothing to ensure that more
778 individuals have the coverage that they desperately need. It
779 also creates new programs without providing new resources, which
780 effectively cuts SAMHSA funding, including more than \$100 million
781 in costs to critical substance abuse prevention and treatment
782 programs.

783 Second, Mr. Chairman, H.R. 2646 stigmatizes mental illness
784 and threatens the rights and protections guaranteed to patients.
785 By making substantial changes to the Health Information
786 Portability and Accountability Act, HIPAA, this bill reduces

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787 existing privacy protections from patients, which would deter
788 many individuals from seeking the treatment they need if they
789 cannot be sure that their health information will not be shared.
790 The legislation treats those with mental illness differently than
791 those with physical illness and leaves those individuals who have
792 serious mental illnesses with even fewer rights and protections
793 than other patients. This legislation takes us back to outdated
794 and biased treatment of those with mental illness, using the
795 courts or law enforcement to force individuals, even those who
796 pose no imminent threat of harm to themselves or others to receive
797 treatment. And this legislation will not keep violent
798 individuals from committing isolated and tragic incidents of
799 violence.

800 H.R. 2646 is based squarely on the false connection between
801 mental illness and violence, which results in provisions that
802 infringe on patients' rights in the name of public safety.

803 Study after study has shown there is no connection between
804 those with mental illness and violence. In fact, those with
805 mental illness are 11 times more likely to be victims of violence
806 than the general public. And perpetrating the harmful stigma
807 that those with mental illness are more inclined to be violent
808 is further isolating those already suffering and keeps people from
809 seeking treatment when they need it most.

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810 And Mr. Chairman you know we have worked very hard. The
811 Committee Democrats were deeply committed to improving the
812 nation's mental health system and, therefore, we thoroughly
813 vetted and considered H.R. 2646 and met with all relevant
814 stakeholders to understand their views on this bill. Through
815 this Congress, Democratic committee staff have met with
816 stakeholders such as mental health providers, mental health
817 consumers, and advocacy organizations, to understand the mental
818 health system in this country and how H.R. 2646 would impact the
819 landscape.

820 Additionally, between mid-July and the end of September on
821 a bipartisan basis, working with Chairman Upton's staff, as well
822 as Representative Murphy's staff, we held 15 bipartisan meetings
823 and invited ten organizations and individuals to provide the
824 committee with their views on H.R. 2646. We agree with
825 Representative Murphy that the mental health system is in need
826 of reform and we are committed to a truly bipartisan process.
827 However, we have concluded there are some aspects of this bill
828 that would be detrimental to patients with mental illness, such
829 as eliminating SAMHSA, undermining patient privacy, favoring
830 coercion over voluntary evidence-based approaches to engaging the
831 mentally ill in treatment, and undermining the protection and
832 advocacy for individuals with mental illness with mental illness

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833 programs.

834 Mr. Chairman, unfortunately, the majority has been unwilling
835 to engage in meaningful negotiations on H.R. 2646, the most
836 controversial provisions, despite many potential areas of
837 collaboration and bipartisan consensus. Although
838 Representative Murphy did make some changes between the version
839 of the bill introduced last Congress and this Congress, as well
840 as in the AINS that we were provided with yesterday, Committee
841 Democrats continue to have many of the same policy concerns.
842 These changes were not made in consultation with Committee
843 Democrats through reason, discussion, and negotiation, but
844 rather, were offered unilaterally by Representative Murphy as a
845 compromise that Committee Democrats should accept. That is not
846 the way forward on truly bipartisan legislation.

847 We have tried time and again to work with Representative
848 Murphy but he has been unwilling to negotiate on the most
849 controversial provisions of his bill. Instead, he has launched
850 some personal attacks on Committee Democrats, suggesting that any
851 opposition to these provisions in the bill are due to our view
852 that the status quo of incarceration, homeless, and mortality for
853 those serious mental illness is what these patients and families
854 deserve.

855 You know I just want to say over and over again, we are at

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856 the subcommittee mark today. As Mr. Green mentioned, we are going
857 to have a substitute. We are going to have many amendments taking
858 out the things that we think are not good in this bill. But I
859 would hope that at some point between now and the full committee
860 that the concerns that Democrats have, which are very legitimate,
861 would be addressed. They have not been addressed today.

862 Thank you, Mr. Chairman.

863 Mr. Pitts. The Chair thanks the gentleman.

864 Does anyone seek recognition?

865 Mr. Griffith. Mr. Chairman.

866 Mr. Pitts. For what purpose does the gentleman seek
867 recognition?

868 Mr. Griffith. To strike the last word, Mr. Chairman.

869 Mr. Pitts. The gentleman, Mr. Griffith is recognized.
870 Strike the last words.

871 Mr. Griffith. Thank you, Mr. Chairman.

872 2646 is a major step forward. I agree with Chairman Murphy.
873 Chairman Murphy has worked very hard and tirelessly on these
874 efforts and has crafted an amendment in the nature of a substitute.
875 I do have some concerns and I would have offered some amendments
876 but we are going to continue working on that area that I have
877 concerns about.

878 But let me say this. Unfortunately, sometimes folks see the

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879 art of legislation as having pitched battles one side against the
880 other and sometimes that is the case. But the really hard work
881 of legislating is to try to resolve problems, to resolve problems
882 by fixing things that are wrong in the system now. I happen to
883 think that HIPAA needs some reforms. I don't have any problem
884 with that. But I do think that sometimes what we have to do as
885 legislators, and it is not as easy as it might look on TV, you
886 have to try to figure out do you solve problem A without creating
887 new problems.

888 And so I am going to continue to work with Dr. Murphy and
889 others to try to resolve what I think may be a new problem that
890 we create with the language that is trying to reform HIPAA where
891 we heard numerous testimony in various hearings and conversations
892 over the course of the last year or so with family members who
893 couldn't get help.

894 I draw everybody's attention to page 104 through 106, where
895 you look at the definition of caregiver in regard to HIPAA and
896 FERPA and there is some concerns there. I think the language 19
897 through 22 was actually added at a suggestion I made earlier to
898 Dr. Murphy and I appreciate that add. I think it makes it better.
899 I think it needs to be a little bit stronger. And further, I think
900 we need to make sure that we have some protections to make sure
901 that an individual who has abused, neglected, or has a long-term

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902 abandonment of another person, a family member, or even somebody
903 whom they assume primary responsibility for providing a basic need
904 of such individual needs to be clarified. And I am not sure that
905 our healthcare providers are the people who can make that
906 decision.

907 So, I think there needs to be a simple solution found where
908 the people who is seeking to get the access to the records comes
909 forward. I have got several proposals on that. We are going to
910 work together, Dr. Murphy and I, and others, to try to figure out
911 which one is the best of those solutions.

912 FERPA brings up a classic example I talk about and, like Mr.
913 Green, I practiced law for a number of years and I had a young
914 man that I knew both as a legislator and through my practice of
915 law whose parent was court ordered to pay, if you look in page
916 107 in the definition of caregiver, it will bring some
917 clarification to what I am saying, but he was court ordered to
918 pay as a part of a property settlement agreement in a divorce many,
919 many years before, to pay for the child's college education
920 post-majority. You can imagine the phone call I got when it
921 turned out that dad wanted to know what the grades were of the
922 son that he had not seen for 15 years, that he had not sent a
923 Christmas card to for 15 years, that he had not dealt with in 15
924 years and all of a sudden he wants to know what is going on because

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925 he was court ordered to pay for that college.

926 The same thing can happen in other circumstances. In regard
927 to an individual with a disability, at least in the Commonwealth
928 of Virginia, if you have a pre-majority disability that is severe,
929 you can be ordered to pay support for that individual subsequent
930 to their age of majority. A person who has abused, neglected,
931 or abandoned that person for a long time doesn't and ought not
932 have the right to get those records. So, that is what I am trying
933 to protect.

934 I don't raise these issues because I don't think that
935 Chairman Murphy is not trying to get in the right direction but
936 legislating is hard work and we have to make sure that we aren't
937 creating more problems when we solve one, create new ones. So,
938 that is what we are going to work on between now and the time this
939 bill comes to the full committee. And I appreciate the commitment
940 of Chairman Murphy and others to work on this issue.

941 And with that, Mr. Chairman, I yield back.

942 Mr. Pitts. The Chair thanks the gentleman.

943 Is there further discussion? For what purposes, the
944 gentleman from Illinois?

945 Mr. Shimkus. Strike the last words, Mr. Chairman.

946 Mr. Pitts. Mr. Shimkus is recognized. Strike the last
947 words.

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948 Mr. Shimkus. Thank you, Mr. Chairman.

949 Compassion calls us to look at the mental health system and
950 fix the problems and improve the aspects that are working.

951 And I appreciate my colleague, Congressman Murphy for his
952 effort. I am a co-sponsor of the bill. And I yield to him such
953 time as he may consume.

954 Mr. Murphy. I think the gentleman.

955 Mr. Chairman, I just want to clarify because a lot of
956 misinformation continues to be said about this bill.

957 We recognize that most people who are mentally ill are not
958 violent but a person who is seriously mentally ill is 15 times
959 more likely to be violent if they are not in treatment than if
960 they are in treatment -- 15 times.

961 A person with schizophrenia and bipolar illness who is not
962 aware of sometimes even what planet they are on, through a number
963 of brain disease issues -- this is not an attitude, it is not a
964 difference of opinion -- has serious problems. Many times and
965 the most likely area they take out their violence is upon
966 themselves. These are the struggles that families live with day
967 after day, year after year with those threats.

968 I might say in the managed amendment corrects there is not
969 a \$100 million cut from substance abuse. This bill does not
970 eliminate SAMHSA at all. In fact, it elevates it down from where

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971 it is to where it should be by elevating it from an agency to be
972 an Office of the Assistant Secretary of Mental Health and
973 Substance Abuse. It recognized that this is a huge problem and
974 a priority in America. We recognize that based upon two GAO
975 reports, General Accounting Office reports, that severely
976 criticize the fact that there is at least 112 federal agencies
977 and programs that deal with mental illness who have not even met
978 since 2009, that have grant programs that do not have
979 accountability or transparency, that don't even report results,
980 that don't follow scientific models, this elevates SAMHSA to where
981 it should be in terms of doing effective evidence-based work.

982 There is also the statement that this bill favors coercion.
983 That is not the case. It is true that for the 45 states and the
984 District of Columbia who, by their own choice, have enacted laws
985 for what is called assisted outpatient treatment, we do provide
986 some funding to help them get that started but there is nothing
987 that happens with those if a person does not cooperate with
988 treatment. No judge throws somebody in jail. No policeman
989 arrests them. That simply is not the case. It is the black robe
990 affect for those people who have a history of violence, arrests,
991 police encounters, and serious mental illness that, instead of
992 continuing that revolving door of jail and arrests, to get them
993 help. It is very effective.

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994 A Duke University and Virginia Law Center study reported that
995 the program in New York reduced incarcerations by over 80 percent,
996 reduced homelessness by over 70 percent, reduced hospitalizations
997 by over 70 percent, cut costs in half, had consumers satisfactions
998 over 80 percent. This gives people freedom. A person has no
999 rights in jail. They have no rights when they are in a five-point
1000 tie-down, sedated in an emergency room bed. What rights does a
1001 person have when they are sleeping on a dirty blanket on a subway
1002 grate? And a person certainly has no rights when they are in a
1003 cemetery. This bill provides another opportunity for jail
1004 diversion.

1005 Also in the managed amendment, the issues with protection
1006 and advocacy, we responded to the issues raised by many of my
1007 friends on the other side of the aisle, and rightly so, that we
1008 want to make sure that such organizations continue to be advocates
1009 for educational support, job support, housing support, all those
1010 things. We also want them to be advocates for treatment.

1011 And with regard to working with my friends on the other side
1012 of the aisle, I want to note we had six hearings of the Oversight
1013 and Investigation Committee, which basically were the basis of
1014 this bill. I had 37 member meetings. There was 14 staff meetings
1015 over the summertime, in which case, quite frankly, nothing was
1016 offered in terms of other wording by the other side of the aisle.

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1017 We sought information. We met with NIH, NIMH, many outside
1018 groups, professional organizations. We sought that information.
1019 And I continue to recognize that our door is open and we want to
1020 continue to work with our colleagues and I hope that will happen.

1021 But since Chairman Upton moved forward and said we are going
1022 to set the date of this committee, we finally had some wording
1023 and that was very helpful. And particularly Mr. Butterfield gave
1024 me some working and we also included Ms. Matsui's wording in the
1025 bill as well. So, we have responded when have got things and we
1026 will continue to work together on that.

1027 But I wanted to clarify these issues that I, personally, have
1028 lived for 40 years as the only practicing mental health
1029 professional in federal government. And I hope that my
1030 colleagues will continue to communicate with me on these as well.

1031 Mr. Pitts. The gentleman's time has expired.

1032 Is there further discussion? For what purpose does the
1033 gentleman from Indiana seek recognition?

1034 Mr. Bucshon. I move to strike the last word, Mr. Chairman.

1035 Mr. Pitts. The gentleman is recognize. Strike the last
1036 words.

1037 Mr. Bucshon. Thank you, Mr. Chairman.

1038 As a practicing cardiovascular and thoracic surgeon for 15
1039 years, I had a number of patients that crossed over into the mental

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1040 health space. And I want to say that Chairman Murphy and 2646
1041 goes a long way to helping correct some of the issues that we have.

1042 I want to just remind everybody what the current system is
1043 doing for people with mental health. They are ending up in jail
1044 with no treatment. They are ending up on the street with no
1045 treatment. None of us want to go back to the '40s and '50s but
1046 we also know that we need to make some changes.

1047 I also want to say that I participated in many of the
1048 bipartisan meetings with Chairman Murphy. And as he just
1049 outlined, the opportunity for our colleagues on the other side
1050 of the aisle to participate in this legislation was vast over
1051 months, if not years.

1052 So, I just want to be supportive of this legislation as a
1053 physician. We know that we are in a subcommittee markup and there
1054 will be some changes and adjustments before the final legislation
1055 comes to the full committee but I think this is a potentially
1056 transformative piece of legislation that we all need to work hard
1057 together to get across the finish line.

1058 I yield back.

1059 Mr. Pitts. The Chairman thanks the gentleman.

1060 Is there any further discussion? All right, the gentlelady
1061 from Illinois, Ms. Schakowsky. For what purpose do you seek
1062 recognition?

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1063 Ms. Schakowsky. I talked to --

1064 Mr. Pitts. For what purpose does the gentlelady --

1065 Ms. Schakowsky. Oh, to strike the last word.

1066 Mr. Pitts. The gentlelady is recognized. Strike the last
1067 words.

1068 Ms. Schakowsky. Thank you, Mr. Chairman.

1069 I talked to a number of the family members yesterday about
1070 some of the need for families to be involved but I want -- here
1071 is my problem with this legislation.

1072 The problem I see is that it does not build the infrastructure
1073 that we need for the healthcare system. Since 1986, the share
1074 of spending on mental health and substance abuse has fallen from
1075 9.7 percent of total healthcare expenditures to 6.9 percent in
1076 2014.

1077 We have 29 states that, since the recession, have cut their
1078 mental health budgets. State mental health spending declined
1079 \$3.5 billion between 2009 and 2012. That is just 3 years. And
1080 we have clearly not yet replaced funding cuts implemented during
1081 the recession. And we have 8.1 million Americans presently
1082 diagnosed with mental illness and are uninsured. So, we need to
1083 make sure that this system is there for people.

1084 Now, we had a parent that came to this committee. Creigh
1085 Deeds, who was a state legislator came to this committee and told

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1086 the terrible story of his son who stabbed him and the committed
1087 suicide. But an important part of that story is that before that
1088 incident, his son had a psychotic episode. And they called to
1089 try and find a bed for his son. He could have done that. That
1090 was an available option, except there was not a bed. And in
1091 Virginia, you can't temporarily commit someone without a bed being
1092 available. And so he was sent home, stabbed his father, and then
1093 killed himself.

1094 It is the absence of access. It is the absence of funding.
1095 And it seems to me if we do not provide funding -- and I know that
1096 some people have been told this is not an appropriations
1097 committee. It is an authorization committee. You can't do
1098 funding unless there is an authorization for the funding. That
1099 is what this committee does. And that is why we need to focus
1100 on making sure that mental health is not the stepchild of
1101 healthcare in this country, that we take it seriously enough.

1102 And this bill, I am sorry to say, goes in the opposite
1103 direction. Yes, it does. I see heads shaking but there is going
1104 to be less availability because there is less funding for
1105 important mental health services in this country. And we need
1106 to do a compromise that does both provide for the consideration
1107 of families and provides the funding and the infrastructure.

1108 And I yield back.

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1109 Mr. Pitts. The Chairman thanks the gentlelady.

1110 Is there further discussion?

1111 Mr. Butterfield. Mr. Chairman, may I be heard for a
1112 parliamentary inquiry, please, sir, down here?

1113 Mr. Pitts. The Chair will state his parliamentary inquiry.

1114 Mr. Butterfield. And I will do it respectfully, Mr.
1115 Chairman.

1116 There is not a person in this room on the dais or in the
1117 audience who does not care sincerely about mental health reform
1118 but this is the legislative process that we are engaged in today.
1119 All of us represent 700,000 people and we are trying to get the
1120 best bill possible for our constituents. And the type of response
1121 that I am beginning to see in the audience is beginning to bubble
1122 up. And I sat in the courtroom for 15 years and I know it when
1123 I see it. And I want you to, Mr. Chairman, really hold this
1124 committee in order and hold the audience in order so that we can
1125 have serious discourse on this important object.

1126 And to hold up signs, and to applaud, and to engage in all
1127 types of behavior is inappropriate in this committee room. It
1128 is appropriate outside of this committee room. But in this
1129 committee room, we engage in serious business. And I would ask
1130 the Chairman if he would concur in my remarks.

1131 Thank you.

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1132 Mr. Pitts. The Chair thanks the gentleman and I concur with
1133 the gentleman on the issue of decorum. Applause, signs,
1134 photographs, recording, videos violate the committee rules. And
1135 I know this is a very important issue to all of us but the Chair
1136 would respectfully request the guests in our audience to maintain
1137 proper decorum so that we can hear and rationally debate this very,
1138 very important issue.

1139 And with that, is there any other member seeking recognition?

1140 If not, we will go now to the bipartisan amendments. For
1141 what purpose did the gentleman seek recognition from New Jersey?

1142 Mr. Lance. I seek recognition to offer two bipartisan
1143 amendments, Mr. Chairman.

1144 Mr. Pitts. The Clerk will report. Which amendment first?

1145 Mr. Lance. I believe Amendment 19 first.

1146 [The Amendment of Mr. Lance and Ms. Matsui follows:]

1147

1148 *****INSERT 17*****

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1149 Mr. Pitts. The clerk will report.

1150 The Clerk. Amendments to the amendment in the nature of a
1151 substitute to H.R. 2646 offered by Mr. Lance of New Jersey and
1152 Ms. Matsui of California.

1153 Mr. Pitts. Without objection, the reading of the amendment
1154 is dispensed with. The gentleman is recognized, 5 minutes in
1155 support of this amendment.

1156 Mr. Lance. Thank you very much, Mr. Chairman.

1157 This morning I am offering an amendment with my friend and
1158 colleague, Congresswoman Doris Matsui of California, which would
1159 expand a demonstration program to increase access to community
1160 mental health centers. This demonstration program is based on
1161 the Excellence in Mental Health Act, legislation on which I worked
1162 with Congresswoman Matsui, as well as with Senators Blunt and
1163 Stabenow and that legislation was signed into law last year.

1164 The program puts mental health centers in communities on more
1165 equal footing with other health centers by improving the high
1166 quality standards that we all demand and expanding access. The
1167 program will give community mental health centers the opportunity
1168 to expand their services, obtain necessary designations to
1169 provide 24-hour psychiatric care and better integrate physical
1170 checkups with mental health services, while improving Medicaid
1171 reimbursement for these services.

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1172 Our amendment would expand this important demonstration
1173 program so that more states might participate. The Department
1174 of Health and Human Services recently awarded 24 states with
1175 planning grants to support states to certify community behavioral
1176 health clinics, solicit input from stakeholders, to establish
1177 perspective payment systems for demonstration of reimbursable
1178 services, and to prepare an application to participate in the
1179 demonstration program.

1180 Current statutory law provides that only eight states move
1181 on to the next phase and implement the demonstration program.
1182 More states want to participate and are taking the necessary steps
1183 to expand access to mental health care. And we should support
1184 these actions here in Washington.

1185 One thing on which we all agree today is that our nation's
1186 mental healthcare system is not working nearly as well as it
1187 should. Urgent reform is needed to fix our nation's broken system
1188 and assist people in getting the care they need. Fewer than
1189 one-third of Americans with diagnosable mental illness actually
1190 get treatment and at least 25 percent of returning troops from
1191 Iraq and Afghanistan will experience some type of mental health
1192 challenge. We must do more.

1193 This is a step in the right direction but our work must
1194 continue.

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1195 And before withdrawing the amendment to continue to work with
1196 Dr. Murphy on this important issue, I would yield to my colleague,
1197 Congresswoman Matsui.

1198 Ms. Matsui. Thank you very much, Representative Lance.
1199 This Excellence in Mental Health Demonstration Act is really truly
1200 a bipartisan act. It will provide incentives to our nation's
1201 community mental health centers to ensure that the centers cover
1202 a broad range of mental health services, including, as he said,
1203 24-hour crisis care, increase integration of physical, mental,
1204 and substance abuse treatment, and expanded support for families
1205 of people living with mental health issues. These services will
1206 help level the playing field with the rest of our nation's
1207 healthcare system, which is long overdue.

1208 This project is already providing an unprecedented \$1
1209 billion in new Medicaid funding for community behavior health.

1210 As Mr. Lance mentioned, Representative Murphy included an
1211 extension of the Excellence Demonstration Project in his bill.
1212 It has been removed and the managers marked, most likely due to
1213 the front end funding considerations but as I believe, this will
1214 save us money in the long-run. This amendment will simply add
1215 that provision back.

1216 This extension is critical as the money allocation through
1217 the Excellence of Mental Health Act will give community mental

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1218 health centers the resources they need to better serve patients
1219 and their families. Mr. Lance and I are totally committed to the
1220 continuum of care, the broad spectrum of care for the prevention,
1221 the early intervention, all the way through the treatment, so we
1222 won't have the large numbers of individuals in the crisis area.

1223 Anyway, I do support this program and will keep fighting for
1224 its success and expansion. And I do thank Representative Lance
1225 and others for joining me in this fight. And I do also agree with
1226 him, I withdraw this amendment and we will certainly continue to
1227 work with Representative Murphy as we move forward.

1228 Thank you and I yield back.

1229 Mr. Lance. Mr. Chairman.

1230 Mr. Pitts. The Chair yields back to the gentleman, Mr.
1231 Lance.

1232 Mr. Lance. Thank you. It is our intention to withdraw the
1233 amendment. We believe this is an incredibly important discussion
1234 and we wish to work with Dr. Murphy on this issue moving forward
1235 because we think that this is a part of the larger whole that is
1236 incredibly important. And to that end, I withdraw this amendment
1237 at this time.

1238 Mr. Murphy. Mr. Chairman.

1239 Mr. Pitts. Who is seeking recognition?

1240 Mr. Murphy. Over here.

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1241 Mr. Pitts. The Chair recognizes Dr. Murphy to strike the
1242 last word.

1243 Mr. Murphy. Strike the last word, yes, sir.

1244 I just want to say this is a very important issue that Mr.
1245 Lance and Ms. Matsui are offering. The reason we are holding off
1246 is that it has just started, literally just a couple weeks into
1247 the program.

1248 Senator Stabenow and Senator Blunt proposed this and this
1249 was included in the SGR package. We want to see what kind of
1250 results come from this and then review those results. It has some
1251 really good things in there to help community health centers, the
1252 24-hour assistance and other things to put in there. What we want
1253 to do is find how that is progressing.

1254 This committee needs to have strong oversight of that, watch
1255 it. I suspect it is going to have a good result. And as Ms.
1256 Matsui said, I believe as we look at these things, we will actually
1257 see we will have the data to show this helps and reduces the number
1258 of costs. Right now it scores of having a large number of costs.
1259 So, I want to put us in a stronger position as we collect that
1260 data when we monitor people closely.

1261 For example, we know that persons with mental illness, such
1262 as depression, have twice the risk for chronic illnesses and
1263 vice-versa. And when you have a combination of illnesses and

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1264 depression, healthcare costs go up.

1265 This provides us a real-life laboratory to monitor those
1266 issues for people. Otherwise, we end up with what CBO usually
1267 does is they just look at the number of how much it costs, as
1268 opposed to how much it saves.

1269 So, I applaud Ms. Matsui and Mr. Lance for continuing to push
1270 for this. I want to see it continue on here but the fact it just
1271 began 2 weeks ago, started this demonstration project, let us work
1272 forward and working together on this and monitor it closely so
1273 we can see the results.

1274 And I yield back.

1275 Mr. Pitts. The Chair thanks the gentleman.

1276 Is there further discussion on this?

1277 All right, the gentleman Mr. Lance is recognized to withdraw
1278 the amendment.

1279 Mr. Lance. Yes, Mr. Chairman. Thank you for recognizing
1280 for me.

1281 At this time, I withdraw the amendment.

1282 Mr. Pitts. All right, the amendment is withdrawn.

1283 Are there any other bipartisan amendments?

1284 Mr. Lance. Yes, Mr. Chairman.

1285 Mr. Pitts. For what purposes does the gentleman seek
1286 recognition?

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1287 Mr. Lance. To offer a bipartisan amendment as well.

1288 [The Amendment of Mr. Lance and Ms. Matsui follows:]

1289

1290 *****INSERT 18*****

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1291 Mr. Pitts. All right, the Clerk will report.

1292 The Clerk. Amendment to the amendment in the nature of a
1293 substitute to H.R. 2646 offered by Mr. Lance of New Jersey.

1294 Mr. Pitts. All right, without objection, the reading of the
1295 amendment is dispensed with. The gentleman from New Jersey is
1296 recognized for 5 minutes in support of this amendment.

1297 Mr. Lance. Thank you, Mr. Chairman.

1298 This second amendment also sponsored by Congresswoman Matsui
1299 and me would insert language from the Anna Westin Act authored
1300 by our colleagues Ileana Ros-Lehtinen and Ted Deutch of Florida.

1301 The Anna Westin Act seeks to address early identification,
1302 prevention, and treatment of eating disorders. This amendment
1303 would provide for training of health professionals and school
1304 personnel on how to identify these deadly disorders. In
1305 addition, the amendment clarifies the Paul Wellstone and Peter
1306 Domenici Mental Health Parity and Addiction Equality Act of 2008
1307 to include residential treatment for all mental illnesses,
1308 including eating disorders.

1309 Thirty million Americans experience an eating disorder
1310 during their lifetime and only one in ten of them receives
1311 treatment. The National Institute of Mental Health estimates
1312 that the prevalence of eating disorders in the United States is
1313 approximately ten percent of the population. Today, eating

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1314 disorders have the highest mortality rate of all mental illnesses,
1315 taking the lives of 20 percent of those experiencing the disorder.
1316 Unfortunately, the devastating statistics go on and we must act.

1317 When Congressman Patrick Kennedy and Jim Ramstad offered the
1318 Mental Health Parity Act in 2008, it was their intent that the
1319 law apply to all behavioral health disorders, including eating
1320 disorders and residential treatment services for these disorders.
1321 This amendment seeks to clarify the authors' intent to ensure that
1322 the law is implemented accordingly.

1323 While I believe in the great importance of this policy, I
1324 will withdraw this amendment today to ensure that colleagues on
1325 both sides of the aisle have the ability to review fully this
1326 legislation so that we can reach a bipartisan consensus on how
1327 best to move forward. And I see I have time and I would yield
1328 to Ms. Matsui of California, as well on this amendment.

1329 Ms. Matsui. Thank you very much, Representative Lance.

1330 Today we will focus on what more we can do to improve the
1331 way we treat and prevent mental illness. This amendment that I
1332 worked with, with my friend Representative Lance, is aimed at
1333 helping those Americans struggling with mental illness in the form
1334 of an eating disorder. Our amendment is drawn from the Anna
1335 Westin Act, a bipartisan standalone bill we are co-sponsoring with
1336 our colleagues, Representative Deutch and Representative

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1337 Ros-Lehtinen.

1338 As many as 30 million Americans suffer from this eating
1339 disorder at some point in their lives but very few ever receive
1340 treatment. Eating disorders can result in heart failure, organ
1341 failure, malnutrition, and suicide. The many medical
1342 complications associated with eating disorders often obscure the
1343 true cause of death. Our amendment will help by training doctors
1344 and teachers to recognize at-risk behaviors and by ensuring access
1345 to treatment.

1346 This amendment clarifies that when mental healthcare is
1347 covered at parity, it means that insurers can't pick and choose
1348 mental disorders to exclude from coverage. They can't deny young
1349 women recovering from the eating disorder, while covering
1350 another's treatment for a broken leg. This amendment will help
1351 train healthcare providers and teachers to be aware of the
1352 symptoms of eating disorders, in order to provide early diagnosis
1353 and treatment. We must prepare those who are in the best position
1354 to recognize the signs and symptoms of eating disorders, to assist
1355 in accessing life-saving help.

1356 I look forward to continuing to work to improve the treatment
1357 of eating disorders.

1358 Thank you and I yield back to Representative Lance.

1359 Mr. Lance. Thank you, Mr. Chairman.

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1360 I add, as well, that Congressman Deutch and Congresswoman
1361 Ros-Lehtinen received correspondence from Patrick Kennedy and Jim
1362 Ramstad, the authors of the 2008 Act on this very important issue.
1363 Eating disorders multiply, unfortunately, in this country. It
1364 is a significant part of the larger mental health challenge that
1365 faces the nation. We look forward to working with Dr. Murphy on
1366 this aspect of the larger whole.

1367 And with that, I withdraw our amendment.

1368 Mr. Pitts. All right.

1369 Mr. Murphy. Mr. Chairman.

1370 Mr. Pitts. Before withdrawing, is there further discussion
1371 on the amendment?

1372 Mr. Murphy. Mr. Chairman.

1373 Mr. Pitts. The Chair recognizes Dr. Murphy to strike the
1374 last words.

1375 Mr. Murphy. Thank you, Mr. Chairman.

1376 Again, I thank Mr. Lance and Ms. Masui.

1377 One of the sad things about eating disorders, and it tends
1378 to strike women much more than men but both genders have it, is
1379 oftentimes a refusal to recognize that this is a mental illness.
1380 Old ideas of the past had all sorts of strange tales of what was
1381 behind this but we know that the person that is in that spiral
1382 of an eating disorder, as they lose weight, as it impacts upon

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1383 their brain function, a large number of them refuse any treatment,
1384 again, as part of their slow-motion downfall into an illness and
1385 death.

1386 Mr. Lance cited a statistic about one in ten get treatment
1387 or so. And it is probably a significant majority that are
1388 refusing treatment along those lines. We know that patients with
1389 this life-threatening eating disorders, because they frequently
1390 refuse treatment and hospitalization, that many are helped with
1391 hospitalization. And I believe Mr. Deutch has talked about this,
1392 too, of also looking into residential treatment, far less
1393 expensive than hospitalization, as another alternative so those
1394 with eating disorders can get help.

1395 And we know that whether it is an involuntary or voluntary
1396 commitment for them, the outcome is similar. It can be very
1397 positive. But what we have become as a society is so numb to this
1398 issue, it is bizarre to think that sometimes agencies who score
1399 the costs of these actually see death as a savings because you
1400 don't have to spend any more on care. And that is just wrong.
1401 That is just immoral and unconscionable.

1402 The fact that Mr. Lance and Ms. Matsui are bringing this to
1403 our attention really highlights we have got to address this issue,
1404 too, and not allow a continuing to toss aside those who have
1405 serious mental illness to see if we can just ignore it.

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1406 And as part of dealing with parity, which Senator Domenici,
1407 Patrick Kennedy, and others worked on so hard, this is a parity
1408 issue that we have to resolve. So, I look forward to working with
1409 my friends more on this, as we move forward in this bill, and make
1410 sure that parity is truly there to save these lives.

1411 And with that, I yield back.

1412 Mr. Pitts. The Chair thanks the gentleman.

1413 Is there any further discussion on this bipartisan
1414 amendment?

1415 If not, the Chair recognizes Mr. Lance.

1416 Mr. Lance. Thank you, Mr. Chairman.

1417 I withdraw the amendment at this time and look forward to
1418 continuing to work with all of my colleagues on this very important
1419 issue.

1420 Mr. Pitts. The amendment is withdrawn.

1421 Are there other bipartisan amendments?

1422 Are there any other amendments to the --

1423 Mr. Pallone. Mr. Chairman.

1424 Mr. Pitts. For what purposes does the gentleman seek
1425 recognition?

1426 Mr. Pallone. To offer a substitute, Mr. Chairman.

1427 Mr. Pitts. Is this (d)(1)?

1428 Mr. Pallone. It looks like, yes, (d)(1).

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speaker.**

1429 [The Amendment of Mr. Pallone follows:]

1430

1431 *****INSERT 19*****

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1432 Mr. Pitts. The clerk will report the substitute in the
1433 nature of a substitute.

1434 The Clerk. The substitute for the amendment in the nature
1435 of a substitute to H.R. 2646 offered by Mr. Pallone.

1436 Mr. Pitts. All right, without objection, the reading of the
1437 amendment is dispensed with. The gentleman, Mr. Pallone, is
1438 recognized for 5 minutes in support of this amendment.

1439 Mr. Pallone. Thank you, again, Mr. Chairman.

1440 Mr. Chairman, I want to explain that this is a substitute
1441 as a comprehensive plan to reform the mental health system. And
1442 I do want to respond to some of the remarks that Mr. Murphy made
1443 before.

1444 I wish it hadn't come to this. Earlier this year, when I
1445 agreed with Representative Upton to work on a bipartisan mental
1446 health bill, I committed to work in good faith to develop a
1447 comprehensive bill that could garner robust bipartisan support.
1448 And during that process, I felt that it was imperative that we
1449 commit fully to identifying solutions that we all could support,
1450 rather than introducing a Democratic behavioral bill that could
1451 possibly derail that effort process. Unfortunately, that
1452 process never yielded true negotiations.

1453 I know that Mr. Murphy said that there have been numerous
1454 meetings. Of course there were numerous meetings, countless

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1455 meetings, hours of meetings, days of meetings. The fact of the
1456 matter is, though, that Mr. Murphy never incorporated seriously
1457 the concerns that we had, both the objections to his bill, many
1458 of which were based on civil rights and other concerns, nor what
1459 we felt was necessary to provide a comprehensive reform of the
1460 mental health system.

1461 Now, I understand Mr. Murphy will say he met and he met but
1462 there has never been an effort to actually address our concerns.
1463 Oftentimes, instead, we would see Mr. Murphy go out on the road,
1464 talk to the newspapers, do all kinds of media things but never
1465 actually address our concerns.

1466 Now, I want you to understand. I heard that comment where
1467 he talked about the person lying on a blanket at the railroad
1468 station or something of that nature. I want to use that as an
1469 example. I understand that that person needs help but this bill
1470 is not going to deal with the person on the blanket who needs help.
1471 That person was probably homeless. What are we doing to prevent
1472 homelessness so that the person doesn't get to the point where
1473 they are sleeping on a blanket at Union Station or someplace else?
1474 That is the problem here.

1475 When we go out and we talk to our mental health agencies,
1476 they see that we have to start from the beginning. We can't just
1477 look at the end. We have to provide housing. We have to provide

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1478 treatment. We have to provide food, nutrition for people at an
1479 earlier stage so they don't get to the point where they are
1480 sleeping on a blanket at Union Station.

1481 In any case, I want to talk about the substitute at this
1482 point. Our legislation would reform the entire behavioral health
1483 system, not just the mental health system, and make changes to
1484 improve the full continuum of care. We know that many individuals
1485 that have co-occurring mental illness and substance abuse
1486 disorders. We also know that like the mental health system, our
1487 substance abuse system can be improved as evidenced by the 40
1488 people a day who are dying of prescription pain killer overdoses.
1489 We also know that to consider reforms to the Substance Abuse and
1490 Mental Health Services Administration, or SAMHSA, without
1491 considering the effect on the substance abuse system is misguided.

1492 Our substitute makes clear that we care about the resources
1493 being in place to treat and respond to individuals in crisis but
1494 also makes clear that we are equally committed to ensuring we
1495 invest the resources to promote early intervention and prevention
1496 treatment services and recovery supports.

1497 And yes, I said invest the resources. True reform cannot
1498 occur by simply shifting around existing resources and
1499 authorities. To produce true change in our behavioral healthcare
1500 system, we must invest new resources to ensure that all

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1501 individuals can access the right care at the right time and that
1502 includes efforts that expand access to care, bolster the
1503 behavioral health workforce and improve communications between
1504 individuals, families, and providers.

1505 Our Democratic substitute fills in much needed gaps and
1506 federal investment in behavioral health programs, including
1507 creating a new adult trauma program, a new adult suicide
1508 prevention program, and investing resources in determining the
1509 best systems for support of individuals experiencing crisis.

1510 Our Democratic substitute also invests resources to support
1511 evidence-based practices, such as assertive community treatment
1512 and primary and behavioral healthcare integration. Our
1513 Democratic substitute also creates new programs and provides new
1514 resources to combat the opioid epidemic facing communities across
1515 the country. Those programs tackle the upstream and downstream
1516 problems spurring the opioid epidemic by focusing on prescriber
1517 education, substance abuse treatment, and recovery services.

1518 I think everyone will see that we are truly committed to
1519 improving the nation's behavioral health system and have ideas
1520 that will help us reach that goal.

1521 Now, again, I would say maybe it was a mistake on my part
1522 not to put this bill forward six months ago but I was trying very
1523 hard to work with Mr. Murphy and not put up a Democratic bill to

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1524 say okay, we have our bill, you have your bills. Instead, I said
1525 let us negotiate, let us work together but that has not happened.
1526 It never happened and I blame Mr. Murphy for that. I am sorry
1527 I have to say that. To this day, we have not had our concerns
1528 addressed.

1529 This bill that you have before us will now, as you see,
1530 everything in this bill, in some way you have seen in the past
1531 when we were trying to negotiate, so it is nothing new. But now
1532 you have it. This is our substitute and I hope, again, after this
1533 markup today, we can seriously sit down and not just talk about
1534 bipartisan negotiation, but actually achieve it.

1535 I yield back.

1536 Mr. Pitts. The Chair thanks the gentleman.

1537 Is there further discussion? The gentleman, Dr. Murphy, is
1538 recognized for 5 minutes.

1539 Mr. Murphy. Move to strike the last word.

1540 I want to thank Mr. Pallone for offering this amendment.
1541 During the times this summer when there have been staff meetings
1542 and after you and I had met also with Mr. Pitts, Mr. Green, Ms.
1543 DeGette, and Mr. Upton on this, I had thanked you at that time
1544 because at that time you had named five things you were concerned
1545 about with this bill. And I said thank you. That was the first
1546 time I had these.

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1547 And this amendment which arrived around 9:00 this morning
1548 is the first time we have got some clear documents of some of the
1549 issues. I mean it is something we had asked for for a while. So,
1550 I thank you for that. I want to read through this. I am a quick
1551 reader. I like to think that I got something from my Ph.D. but
1552 I am not fast enough to read these things and I don't know what
1553 is in here and it would take us time to digest that.

1554 But the advantage is, and I think this is the advantage of
1555 also having a markup today is it got people to start producing
1556 some things in paper. So, I want to read through these. I want
1557 to see what we can address, what has been addressed, what they
1558 mean. I want to see if it really has the reforms in that the GAO
1559 reports and others said we have to do in this system.

1560 I want to see what we can do with funding. I know a lot of
1561 the funding issues are really a state issue. I know, for example,
1562 California has a pretty sizeable tax. I think they raised
1563 something like \$15 billion for mental health services. And as
1564 I think Ms. Schakowsky said, the massive amount of money, I think
1565 20 plus states have actually cut their services. That concerns
1566 me what states have done.

1567 We can't make up for that in the federal level and states
1568 need to do some things there but all I can say is I want to address
1569 these issues. And throughout all those meetings, we haven't

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1570 gotten anything.

1571 So, I thank you for this, Mr. Pallone. This is important
1572 to me and it is important to you. And I know that we both have
1573 a common heart on this and we are going to work on this together.

1574 So, although I don't want to accept this today because I
1575 haven't had a chance to read it, I will read it. I will go over
1576 it with you. I will be glad to sit down one-on-one with you, so
1577 we can go over it with you, too, and see what we can do on this,
1578 as we work on this together.

1579 So, I thank you and I yield back.

1580 Mr. Pitts. The Chair thanks the gentleman.

1581 Is there further discussion on the Pallone amendment to the
1582 amendment in the nature of a substitute?

1583 The Chair recognizes the gentleman Ranking Member Green for
1584 5 minutes.

1585 Mr. Green. Thank you, Mr. Chairman, and I support our
1586 Ranking Member's amendment.

1587 And I share his concern and I am glad Chairman Murphy
1588 mentioned but we did have meetings between members and say we are
1589 going to go get our staff to work out the contentiousness but and
1590 Mr. Bucshon, I don't remember ever a bipartisan meeting on this
1591 bill, except saying we are going to work on it. And I have been
1592 told by the staff when there are agreements that have the staff

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1593 to work on it, we didn't have stakeholder meeting with Democrats
1594 and Republicans and that is the concern.

1595 Of course, my problem was is that up until 2 days ago, I didn't
1596 see the manager's amendment that we were looking at today. And
1597 all over the months, we would say we will take care of that but
1598 I never saw any language.

1599 I think mental health is so important, it should be written
1600 in one person's office. It ought to be written by a committee.
1601 And that is why we have this manager's amendment today or complete
1602 substitute and, hopefully, before we got to the full committee,
1603 we will sit down as we should have been doing like this committee
1604 did on the Cures, like this committee did on TOSCA, like this
1605 committee did on the SGR fix this year and really put this together
1606 as bipartisan because all of us care about mental health.

1607 And I have some concerns about the original bill because you
1608 can't cut chemical dependency to support mental health. They are
1609 both issues. In fact, chemical dependency leads to mental
1610 illness. We can't do that. And maybe the manager's amendment
1611 takes away that but I will have an amendment in a few minutes that
1612 will deal with that.

1613 But that is why I support our Democratic substitute. And,
1614 again, I recognize a majority but before we get this bill to the
1615 full committee, hopefully, we will sit down and have that

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1616 bipartisan meeting with a lot of the stakeholders, so we can
1617 actually say we are all in this together, instead of one individual
1618 member writing the bill.

1619 And I will be glad to yield my time to someone like my
1620 colleague from California.

1621 Ms. Matsui. Mr. Chairman, I really want to work with this.
1622 I think Mr. Murphy understands that and we have been working for
1623 a long time.

1624 I have this letter here that we wrote to you last year, April
1625 2014, signed by Diana DeGette, Paul Tonko, and myself, that
1626 actually goes section by section on the areas that we needed to
1627 work on.

1628 So, I just want to enter this into the record because we have
1629 been trying to work very hard on this and I don't want to have
1630 any disagreements about this and I don't want any back and forth
1631 but we do have the letter and I would like to ask unanimous consent
1632 to enter this into the record.

1633 Mr. Pitts. Without the objection --

1634 Mr. Pallone. Will the gentleman yield?

1635 Mr. Pitts. All right, who is seeking recognition? Before
1636 we enter that into the record, you want to be recognized?

1637 Mr. Pallone. Oh, I am sorry. No, you can enter it into the
1638 record. I just wanted to take the rest of his --

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1639 Mr. Pitts. Without objection, the letter is entered in the
1640 record.

1641 [The Letter offered by Ms. Matsui follows:]

1642

1643 *****COMMITTEE INSERT 20*****

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1644 Mr. Pitts. And for what purpose does the gentleman seek
1645 recognition?

1646 Mr. Pallone. I was just going to take the rest of Mr. Green's
1647 time.

1648 Mr. Green. I yield my time to Mr. Pallone.

1649 Mr. Pallone. I just wanted to say, following up on what Mr.
1650 Green said, understand, I mean you all understand but if this bill
1651 doesn't address the Democrats' concerns, it may pass the House
1652 because the Republicans have a majority, but it is never going
1653 to pass the Senate because in the Senate, they are working on a
1654 bipartisan basis and the concerns that Ms. Matsui, and Mr. Green,
1655 and Mr. Kennedy have addressed have been addressed there in what
1656 they are putting together because they are working on a bipartisan
1657 basis.

1658 So, my point here is, and I know Mr. Green was making this,
1659 and I want to add to it, there is no point, really, in having a
1660 partisan bill, just a GOP bill come out of this committee. If
1661 you don't work with us, it is not going to pass the senate, which
1662 is where they are working on a bipartisan basis. They have
1663 addressed most of the concerns in Ms. Matsui's letter already,
1664 from my understanding.

1665 And then, of course, the same with the Administration. The
1666 Administration is not going to support a bill this totally

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1667 partisan as well. They haven't really been brought into this in
1668 an effective way either.

1669 So, all we are saying as Democrats is if our concerns are
1670 not addressed, which I think are legitimate, then this is an
1671 exercise in futility. We want to work together so we can have
1672 a bipartisan bill in the House, matches the bipartisan bill in
1673 the Senate, and has the support of the Administration.
1674 Otherwise, we are just wasting our time. No one here wants to
1675 waste time. We want a bill but we have to have the concerns that
1676 we have expressed addressed in a meaningful way and they haven't
1677 been.

1678 Thank you. I yield back to Mr. Green.

1679 Mr. Pitts. The gentleman's time has expired.

1680 Mr. Barton. Mr. Chairman.

1681 Mr. Pitts. The Chair thanks the gentleman.

1682 For what purpose does the gentleman from Texas seek
1683 recognition?

1684 Mr. Barton. To strike the requisite number of words.

1685 Mr. Pitts. The gentleman, Mr. Barton, is recognized for 5
1686 minutes.

1687 Mr. Barton. Thank you, Mr. Chairman. I am not a direct
1688 participant in these negotiations. I am on the subcommittee but
1689 both the Oversight Subcommittee and the Health Subcommittee but

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1690 I have not been active. But it is troubling to me to listen to
1691 this so-called debate on an issue that there ought to be absolute
1692 unanimous support to improve the programs available for people
1693 in our country that have mental health issues.

1694 We have a full Committee Chairman who has repeatedly gone
1695 out of his way to try to be bipartisan. We have an Oversight
1696 Subcommittee Chairman who has made this his top priority and we
1697 have a Health Subcommittee Chairman who has been extremely
1698 encouraging to try to be bipartisan. The majority staff tells
1699 me that they have offered to meet and perhaps have met 14 times
1700 -- 14 times with various members of the minority.

1701 I want to ask the Ranking Member, were you aware of that?
1702 Did you participate in any of those meetings?

1703 Mr. Pallone. Mr. Barton, look, I am trying not to be
1704 personal here. I am not suggesting that the meetings haven't
1705 taken place. So many meetings have taken place, it is ridiculous.

1706 Mr. Barton. Okay.

1707 Mr. Pallone. I mean too many meetings have taken place.
1708 The point is that they don't result in any negotiation and they
1709 don't result in addressing the concerns--

1710 Mr. Barton. All right, so you do admit that there have been
1711 meetings that you --

1712 Mr. Pallone. There have been so many meetings, believe me,

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1713 you would be asleep by the time you went through all the meetings.

1714 Mr. Barton. At least we have established that the majority
1715 has offered and has, at some level, met.

1716 Mr. Pallone. Mr. Barton, there have been more meetings on
1717 this than any other bill this session.

1718 Mr. Barton. All right. Now, my second question to the
1719 Ranking Member. At what point in any of those 14 meetings did
1720 any of this document be presented to the majority?

1721 Mr. Pallone. It has been presented for at least a year or
1722 2.

1723 Mr. Barton. A year or 2?

1724 Mr. Pallone. Oh, easily. There was a bill that --

1725 Mr. Barton. I am told that we have never seen it until it
1726 was presented --

1727 Mr. Pallone. You may not have seen it. Look, I tried to
1728 explain and I will explain very briefly again.

1729 In January, there was the bill that was presented in the last
1730 session by the gentleman from Arizona, Mr. Barber, Ron Barber.
1731 Okay? We made a decision, based on discussions that we had with
1732 the majority that we were not going to introduce a Democratic
1733 alternative because there felt there was a lot of friction in the
1734 last session of Congress between Mr. Barber --

1735 Mr. Barton. Well, reclaiming --

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1736 Mr. Pallone. A lot of what is in here was what was in Mr.
1737 Barber's bill.

1738 Mr. Barton. All right.

1739 Mr. Pallone. A lot of it is what --

1740 Mr. Barton. Reclaiming. It is my time. I want there to
1741 be a dialogue but suffice it to say that Mr. Upton and Mr. Pitts
1742 and Mr. Murphy, in this case, have tried to be bipartisan. The
1743 21st Century Cures Bill, that is now stalled in the Senate, is
1744 a prime example --

1745 Mr. Pallone. That would be a perfect example of how to
1746 proceed. I would --

1747 Mr. Barton. And if you really want to do a bill, then start
1748 working with the people on the majority side that want to.

1749 Mr. Pallone. We have done that repeatedly. That is not --

1750 Mr. Barton. That is all I am saying.

1751 Mr. Pallone. Look, I have got to be honest with you. I am
1752 trying not to get personal. I agree with you. Mr. Upton and I
1753 have worked hard. We have had many meetings. There have been
1754 bills out there, starting with Ron Barber's bill, the letter that
1755 Ms. Matsui mentioned goes back to 2014. We have tried. We have
1756 met.

1757 Mr. Barton. This does not --

1758 Mr. Pallone. But nothing happens, Mr. Barton. Nothing

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1759 happens.

1760 Mr. Barton. This doesn't have to be partisan if the minority
1761 wants it to be bipartisan.

1762 And I am going to yield to Mr. Murphy.

1763 Mr. Pallone. Every effort has been made but nothing
1764 happens.

1765 Mr. Barton. I am going to yield to Mr. Murphy.

1766 Mr. Murphy. Thank you. I will go back to the point that
1767 I said I am thankful that we finally got something in writing.
1768 We have not gotten it. It is true that we asked many times for
1769 thing and I am glad we got that.

1770 I know when others on the other side have given us some
1771 things, including Mr. Butterfield, we responded to them right
1772 away. We did take care of those things and I want to continue
1773 that.

1774 But the thing about this is, with America watching and so
1775 many people watching for us to be talking about how many meetings
1776 we had, what took place there, this doesn't soothe their hearts.

1777 You want to know meetings that I have had with hours? Mr.
1778 Anthony Hernandez who has scars on his face because his son tried
1779 to killed him, holding a knife to his head and said just die, Dad,
1780 it will be much easier. That is who I have been meeting with,
1781 when he couldn't get his son help because the policeman said unless

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1782 he tries to kill you, we can't help him.

1783 Or Paul Gionfriddo, whose son is homeless. That is who I
1784 have been meeting with, to try and help him to try and help him
1785 or the thousands of other families.

1786 That is who we have been meeting with and addressing this
1787 bill to them. That is what America wants to see us talk about.

1788 So, I would suggest let us all take a deep breath. Let us
1789 remember why we are here and to try and address these issues and
1790 be collegial and get back to the matter at hand. We are trying
1791 to save lives in this process.

1792 I yield back.

1793 Mr. Pitts. The Chairman yields back. Is there further
1794 discussion on the Pallone amendment to the amendment in the nature
1795 of a substitute?

1796 For what purpose does the gentleman Mr. Cardenas --

1797 Mr. Cardenas. Move to strike the last word.

1798 Mr. Pitts. The gentleman is recognized for 5 minutes. I
1799 am sorry, I didn't see you there.

1800 Mr. Cardenas. Thank you very much. I am going to try to
1801 be brief.

1802 I have been elected now for close to 20 years and the
1803 discussion that you are witnessing right now has more to do with
1804 tactics behind the scenes, than has to do with trying to get the

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1805 rule worked on. And I want to express my appreciation for Ranking
1806 Member Pallone for trying to bite his tongue and be as respectful
1807 as possible in his description of what has been going on and not
1808 been going on behind the scenes.

1809 And the tactic of actually having meetings ad nauseam, but
1810 at the same time not appreciating the dialogue and the compromise
1811 that, hopefully, should come out of those meetings is, in and of
1812 itself a tactic, so that people can say publicly we have met. We
1813 have done our part. We have reached across the aisle, et cetera.
1814 That is a tactic that is no good to any process of good legislation,
1815 if, in fact, that dialogue is not appreciated and respected to
1816 the point where compromise can come about and we can actually have
1817 a bill where people can say that many, many interested individuals
1818 and parties have had their say and it is infused in the bill to
1819 make it a good bill.

1820 I think that is what Mr. Pallone is expressing is that he
1821 is frustrated, as many of us are frustrated, that we would like
1822 to support a bill, a good bill on mental health, a comprehensive
1823 bill on mental health because people, yes, they are dying. If
1824 they are not dying physically, they are dying emotionally because
1825 they witness their loved ones, their family members not have a
1826 life. They are breathing but they are not living. And tragedy
1827 does occur 15 times more often with somebody who actually has a

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1828 mental condition than with somebody who doesn't. And that pain
1829 has to stop.

1830 So, for those of you who are watching this in person or on
1831 television and you think that there is a person on this dais who
1832 takes this lightly, I am sorry, you are wrong. I don't think there
1833 is a Republican who takes this lightly. I don't think there is
1834 a Democrat who takes this lightly. But I am telling you this;
1835 don't fall for the idea that anyone on this dais should be able
1836 to get away with saying we have done countless meetings,
1837 therefore, we have done our part. That is not legislating.

1838 Legislating is when we open up our minds and I dare say open
1839 up our hearts to the truth and then decide that we are going to
1840 work together. That is why there are 435 members of Congress,
1841 because it is not up to one individual to decide I am going to
1842 dictate the outcome of what is going to happen legislatively.
1843 That is why we have committees with sometimes 5, and 10, and 20,
1844 and 30, and 40 members because it should take a collective of
1845 individuals to listen to each other, to work together, to
1846 compromise, to come to good solutions. And that has not happened
1847 on the bill that is before us. That is the problem.

1848 Yes, hundreds of hours, maybe thousands of hours of men and
1849 women's time have been poured into this but not in a way where
1850 we have actually worked together. And that is a waste of the

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1851 taxpayers' money and more atrocious, that is a waste of our
1852 democracy. It is an atrocity when we allow that to happen.

1853 I yield back.

1854 Mr. Pitts. The Chair thanks the gentleman.

1855 Is there anyone seeking time?

1856 Mr. Bucshon. Mr. Chairman.

1857 Mr. Pitts. For what purpose does the gentleman seek
1858 recognition?

1859 Mr. Bucshon. Thank you, Mr. Chairman, to strike the last
1860 word.

1861 Mr. Pitts. The gentleman, Dr. Bucshon, is recognized for
1862 5 minutes.

1863 Mr. Bucshon. Mr. Chairman, I think we need to refocus what
1864 this hearing is about. This hearing is about people. It is about
1865 real people and about everyone up here on the dais trying to solve
1866 a problem for real people.

1867 Again, as a physician, I took care of thousands of people
1868 and from my perspective, that is what this is all about. And I
1869 think to a certain extent, we are starting to get off course here
1870 talking about process.

1871 And I think some of my colleagues, with all due respect, on
1872 the other side, don't remember meetings because they didn't
1873 attend. It wasn't that they weren't invited. And I think

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1874 Congressman Murphy has made a concerted effort to negotiate and
1875 change and work with the minority on many of the issues that are
1876 concerns to them and I participated in some of those
1877 conversations.

1878 So, with that, I would like to yield to Chairman Murphy the
1879 rest of my time.

1880 Mr. Murphy. I do want people to know that, as of today, there
1881 is 43 Democrats that co-sponsored this bill and at least 120
1882 Republicans. It does have bipartisan support. Forty-five
1883 newspapers from coast to coast, from California to Florida, from
1884 New York to New Mexico, have written about this bill. And 23
1885 professional organizations have also sent letters to this
1886 committee indicating their support for it.

1887 It does have a lot of support. It is a good bill. It has
1888 a lot of very important principles.

1889 I remember once I was in interview about this and someone
1890 said when did you first understand there was problems in the mental
1891 health system. And I said it was in 1976, when I started
1892 practicing. And I realized back then that there were problems
1893 because I thought how is it that we can't provide people what they
1894 need.

1895 And as we all know, what happens in the mental health field,
1896 is oftentimes it is the bottom of the barrel in terms of getting

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1897 funding for it. We have got to resolve that problem. And I know
1898 that CBO scores and other things will keep us and this House from
1899 moving forward on some of those things. We have to resolve it.

1900 But it is clear and I want to make sure we say again that
1901 when we have gotten things in writing from our colleagues, we
1902 addressed some of this bill. We sent it back to them. We let
1903 them know that.

1904 I would welcome, if we have more discussions on this, sound
1905 discussions. I welcome that and I really believe that between
1906 this markup and the full committee markup, I commit I will do that
1907 on these issues. And I will say it again. I am thankful we have
1908 something in writing now we can work with. I want members to work
1909 on these things together.

1910 But finally to get back to the point that I opened with, it
1911 is hard for me to explain to Benjamin Wheeler's dad what we are
1912 talking about. It is hard for me to explain to Daniel Barden's
1913 dad what we are talking about now. It is impossible for me to
1914 explain to Dylan Hockley's parents, who wrote on their card, when
1915 they handed it to me, the time is now, that we are talking about
1916 process when we should be talking about people.

1917 Let us get back to this. Let us make sure our hearts and
1918 our minds stay focused. We are good people in this room. I know
1919 it. I know it. I know we all want to resolve this. So, let us

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1920 calmly get back to work and say what do we need to do to help the
1921 people in this country, so we don't have more people like Joshua
1922 Francisco, who had schizoaffective disorder. He didn't meet the
1923 strict commitment criteria to get treatment. His resultant
1924 behavior landed him in prison in solitary confinement for four
1925 months, where, finally, he hung himself on the light fixture.

1926 Or Dario Naro (ph) who was diagnosed with schizoaffective
1927 disorder. Commitment criteria in HIPAA laws and the absence of
1928 AOT and shortage of beds have prevented his parents from getting
1929 him treated. He spent at least 10 years homeless in deteriorating
1930 condition from California.

1931 Or how about Caleb Blaker, schizoaffective disorder,
1932 continues to deteriorate and has been in psychosis without break
1933 for 2 years because of strict commitment criteria, despite
1934 homicidal ideation and a danger to himself. When he does get
1935 hospitalized, it lasts no more than 7 days, due to a shortage of
1936 beds.

1937 Or how about Tristan Pulley, age 32, diagnosed with
1938 schizophrenia? The cycle of short-term hospitalization and
1939 HIPAA laws that led him to disabling medication side effects
1940 because doctors would not consult with the family, have left him
1941 psychotic and deteriorating without effective medication, from
1942 Chesapeake Beach, Maryland.

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1943 How about Thomas Murphy? Schizophrenic disorder, denied
1944 treatment because his high level of homicidal and suicidal
1945 ideation because he wasn't in imminent danger; resulted in attack
1946 on two women and 15 felony charges. He was found guilty except
1947 for insanity and institutionalized for the next 30 years.

1948 Let us get back to talking about those. Our heart is in the
1949 right place. Let us continue that work. I know my friends on
1950 the other side aisle want to do this. Let us not do personal
1951 attacks. Let us work on this together.

1952 I yield back.

1953 Mr. Bucshon. I yield back my time, Mr. Chairman.

1954 Mr. Pitts. The Chair thanks the gentlemen.

1955 And for what purpose does the gentlelady from California seek
1956 recognition?

1957 Mrs. Capps. Thank you, Mr. Chairman, I wish to --

1958 Mr. Pitts. For what purpose does the gentlelady seek
1959 recognition?

1960 Mrs. Capps. I wish to speak in favor of Democratic
1961 substitute and strike the last word.

1962 Mr. Pitts. I apologize. I did not see the lady's hand.
1963 The gentlelady is recognized for 5 minutes.

1964 Mrs. Capps. All right. Mr. Chairman, we all know that time
1965 and time again we have seen these tragedies across the nation --

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1966 we have seen them in our communities, too often, in our own
1967 families and in our own lives -- that are connected to behavioral
1968 health issues. It is a topic that I would dare say touched each
1969 of us. And that is why the passions are running so deep and strong
1970 here today.

1971 Unfortunately, I believe, the Murphy Bill, despite the
1972 productive changes that have been made over the years, and I don't
1973 diminish the effect that are coming together around this topic
1974 has created, but it does not adequately address the larger
1975 picture, the concrete needs of individuals and families affected
1976 by mental health and substance abuse troubles.

1977 And I want to speak to the expansion, which the author of
1978 the bill has in mind, expanding the crisis response, but it is
1979 not just the step immediately before the crisis that I believe
1980 this bill and the substitute to the bill contains. The
1981 culmination of hours of meeting with a range or stakeholders to
1982 address not only those who have reached the highest levels of
1983 crisis, but the many levels of intervention and treatment to help
1984 a family, an individual, before that crisis mode. And these are
1985 not competing values. Addressing the needs of early intervention
1986 and prevention to crisis intervention, to supporting treatment
1987 in recovery, that is what this amendment focuses on and the full
1988 continuum of care.

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1989 I harken back to my days of being in a public school system
1990 as a school nurse and knowing the red flags that began to emerge
1991 in many young children and there was no response. And so what
1992 could have been identified and intervened with early on went on
1993 to full-blown crisis and that is too much of what this underlying
1994 bill addresses.

1995 Our current system is stuck in crisis mode. It does lack
1996 the support services that individuals with mental illness need
1997 to recover in order to be identified early. The substitute
1998 amendment will improve the entire system by ensuring that
1999 individuals with mental illness, including serious mental
2000 illness, substance abuse disorders, co-occurring conditions
2001 early on and throughout get the services and support they need
2002 to recover.

2003 For example, it fills in much needed gaps in the federal
2004 investment and behavioral health programs, including creating an
2005 adult suicide prevention program and an adult trauma program
2006 because trauma, and we will deal with that in a later amendment
2007 often points to an underlying mental health issue. It will also
2008 strengthen access to care by improving parity enforcement,
2009 investing in primary and behavioral care integration by investing
2010 in assertive community treatment programs for individuals with
2011 serious mental illness.

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2012 In addition, this amendment will pave the way for the future
2013 behavioral health workforce by making long-term investments in
2014 education so that we have the workforce that is adequately
2015 prepared to respond.

2016 On a personal note, the long history of our nation trying
2017 to deal with behavioral health has been one marked by many swings
2018 in the pendulum. I have participated myself. I will confess to
2019 going back to part of my training occurring in the very hospital
2020 where the film *One Flew Over the Cuckoo's Nest* was filmed.

2021 So, we need to tread carefully. Another bad system layered
2022 on bad systems before it is not going to do the trick. The
2023 substitute amendment is the best product I have seen to carefully
2024 strengthen our existing mental health behavioral system and
2025 improve it for all who may need it.

2026 This amendment builds on the Murphy Bill. It doesn't
2027 destroy it but is a carefully crafted and a vetted step forward
2028 and I believe it strongly deserves our support.

2029 And I yield back.

2030 Mr. Pitts. The Chair thanks the gentlelady.

2031 Is there further discussion on the Pallone amendment?

2032 Mrs. Brooks. Mr. Chairman, if I could strike the last word.

2033 Mr. Pitts. Who is speaking?

2034 Mrs. Brooks. Mr. Chairman.

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2035 Mr. Pitts. Okay, I think we need to go to this side. Did
2036 anyone here -- all right. The gentlelady from Indiana is
2037 recognized to strike the last word.

2038 Mrs. Brooks. Thank you, Mr. Chairman.

2039 And just with respect to the comments made by my friend and
2040 the gentlelady from California, I just want to comment that the
2041 amendment in the nature of the substitute offered by Congressman
2042 Murphy does have, and I certainly appreciate her strong background
2043 with respect to early intervention in childhood issue but the
2044 bill, under Section 202 and Section 204, does deal with early
2045 childhood intervention in treatment and innovation grants.

2046 With that, I yield back.

2047 Mr. Pitts. The Chairman thanks the gentlelady.

2048 Is there further discussion? For what purpose does the
2049 gentlelady from California seek to be recognized?

2050 Ms. Matsui. I move to strike the last word.

2051 Mr. Pitts. The Chair recognizes the gentlelady from
2052 California for 5 minutes.

2053 Ms. Matsui. And I would like to yield to Representative
2054 Green.

2055 Mr. Green. I think my colleague from California.

2056 Mr. Chairman, members, I don't think our discussion today,
2057 now that we actually have two substitutes, the Murphy substitute

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2058 for the majority and we have a minority substitute, and I know
2059 you and I talked, that our plans are to go until 1:30 because we
2060 are going to have votes on the House floor, but if during that
2061 recess, if there is a possibility we could actually work on the
2062 two substitutes and merge them together like we have done in
2063 previous legislation during this Congress and I think we would
2064 not have the he said/she said discussions that are really getting
2065 us nowhere. And I would just make that suggestion.

2066 And I know you want to move on to dealing with the amendments
2067 but if that is a suggestion, I would like for the full Committee
2068 Chair and our Ranking Member to, during that break, see how we
2069 can organize that.

2070 I would be glad to yield to Dr. Murphy.

2071 Mr. Murphy. Is the gentleman asking that we have an
2072 indefinite break here to -- because the way I look at this --

2073 Mr. Green. Well, I am glad we are actually dealing with the
2074 mental health bill. I just wish we would have better prepared
2075 you for our substitute and also your manager's amendment that I
2076 saw yesterday. I think it could be more conducive listening to
2077 all our members. And I think we share the same goals and we could
2078 actually maybe merge those two and come back, similar to what we
2079 have done this session on other issues.

2080 Again, you are in the majority. You can set the tone. I

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2081 mean you could run over us but, again, we really need to see if
2082 we can do something like that.

2083 Mr. Murphy. Would the gentleman yield on that?

2084 Mr. Green. I would be glad to yield.

2085 Mr. Murphy. I measure time in lives. Ten people an hour
2086 die from mental illness, 240 a day.

2087 Mr. Green. Well, okay, I will take back my time.

2088 Mr. Murphy. But I want to say in terms of time --

2089 Mr. Green. All of us can come up with tragedies that we know
2090 and I appreciate your public relations effort but I am trying to
2091 -- I think we ought to get some effort to actually put together
2092 a bill that can pass a House on a bipartisan basis.

2093 And again, Mr. Chairman, I would just make that suggestion
2094 we can work through the amendments. And if you want to wait until
2095 we have the break for the votes, that fine but I think that is
2096 a suggestion maybe our Chair and our Ranking Member of both the
2097 subcommittee and the full committee ought to be able to put that
2098 together.

2099 I will be glad to yield to my colleague from Florida.

2100 Ms. Castor. Well, thank you, Mr. Green. I think that is
2101 a very constructive recommendation because the Democratic
2102 substitute, Mr. Pallone's substitute, was drawn on Mr. Murphy's
2103 bill. So, there is a lot that is in the Murphy Bill, originally,

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2104 that remains in the Democratic substitute. And I recommend that
2105 we maybe proceed with amendments but use some of the staff time,
2106 because we are going to have a long debate on a long list of
2107 amendments today, but use the time to go through the Democratic
2108 substitute and see what can be agreed to.

2109 The primary difference, really, is the Democratic
2110 recommendations expand the bill to look at the entire continuum
2111 of care because we all know that we need a robust reform but it
2112 has to include significant treatment opportunities. Because for
2113 every case of very serious mental illness, there is a case of
2114 emerging diagnosis.

2115 I have two teenaged daughters and, on fairly regular basis,
2116 I talk with parents of other young people where their diagnosis
2117 is just emerging and there is nowhere to turn. There is nowhere
2118 to go. So, we want to, on our side, we would like to investigate
2119 what else can we do to help those families for those emerging
2120 diagnosis and treatment.

2121 Also, one of the other differences is that we think we need
2122 to maintain a significant investment in substance abuse
2123 treatment. And I know there is some sentiment on the other side
2124 of the aisle to do that as well. There is a report just today,
2125 another one, on the opioid epidemic and what it is doing to
2126 families across this country.

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2127 So, this is the first stop in this legislative effort and
2128 we can use it constructively. There is going to be another full
2129 committee meeting but what we can sort out today I think would
2130 be very positive if we can work through amendments and have you
2131 all look at the substitute and give us feedback on what in the
2132 Democratic substitute could be contained in the bill and maybe
2133 we have a good bipartisan bill that emerges late today.

2134 I yield back my time to Mr. Green.

2135 Mr. Pitts. The gentlelady, Ms. Matsui had time. Yield
2136 back.

2137 The Chair now recognizes the Chairman of the full committee,
2138 Mr. Upton.

2139 The Chairman. Let me just strike the last word for a moment
2140 here.

2141 Mr. Pitts. The Chair is recognized.

2142 The Chairman. I recognize that we have had plenty of
2143 meetings, we have, on both sides. And I commend both sides. This
2144 is a very important issue for all of us. We all have the personal
2145 stories. We have had plenty of meetings.

2146 I commend Dr. Murphy for what he has done. I commend
2147 Republicans and Democrats for their very hard work. There has
2148 never been a time that people haven't been thoughtful.

2149 This is a very important issue and we want the process to

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2150 move forward. It has been years and there are a lot of very good
2151 constructive recommendations in everyone's bills and ideas but
2152 we want them processed to move forward and we are not willing to
2153 put up with more delay.

2154 You know as I look at the amendments that are on the desk,
2155 and I don't know if they are all going to be filed, but I will
2156 tell you I don't want to challenge anyone's motives but I am
2157 troubled by one that was just filed because I don't think it takes
2158 us where anybody wants to go. And that is offered by--no name
2159 is on this amendment but it says a sense of Congress that
2160 Republicans' failure to fund existing behavioral health programs
2161 negatively impacts access to care for individuals with mental
2162 illness and substance abuse. I mean that doesn't help us move
2163 the ball forward, an amendment like that. We can do better and
2164 we are going to do better.

2165 And I think that is important that we move the process forward
2166 today with an approval by this subcommittee of the bill, knowing
2167 full well that we will spend a lot of time between now and when
2168 the full committee markup takes place, which has not been noticed,
2169 to accommodate concerns that were raised already earlier by or
2170 have been by Morgan Griffith and a number of Republicans on this
2171 side. Susan Brooks, I know, has an amendment that is important,
2172 amendments on that side as well.

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2173 The discussions will forward, try to accommodate where we
2174 are, understand where we are as a full committee, let alone this
2175 subcommittee mark. And I think that it can be a coming together
2176 on a bipartisan basis as we approach that full committee markup
2177 date, which, again, has not been set. But I think it is important
2178 to show that in fact we were moving forward, which is why this
2179 subcommittee markup date was set, to begin to see amendments and
2180 whether they be in substitutes or individual amendments.

2181 But you know amendments like this one, that just came across
2182 the transom, they are not helpful. They really aren't. And you
2183 know I don't know whether it would have been offered or not but
2184 I think that it is important that we move forward in a thoughtful
2185 way, knowing that the door is going to be open, certainly in my
2186 office, but I also know in Dr. Murphy's office as well because
2187 he cares about this.

2188 Mr. Pallone. Will the Chairman yield?

2189 The Chairman. I will be glad to yield to my friend.

2190 Mr. Pallone. Mr. Chairman, I, as you know, have the utmost
2191 respect for you but I think that the point that Ms. Castor is trying
2192 to make is that you have the underlying Murphy Bill. Even though
2193 this is a substitute, it clearly references the underlying Murphy
2194 Bill.

2195 And I would just hope, whether it is today, as Mr. Gene

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2196 suggested, or it is tomorrow, leading up to a full committee mark,
2197 that we not just sit down but that we actually look and say look,
2198 this is what changes we are suggesting. And you either say we
2199 are going to take this change, change one, change two or three,
2200 or we are going to do something else but that these issues are
2201 addressed. The problem is that that has not been the case.
2202 Hours, days of meetings but at no point has Mr. Murphy, as the
2203 sponsor, said okay, I will take this amendment or I will not take
2204 this amendment. I will make this change or I will not make this
2205 change.

2206 We have got to have a process where we are actually looking
2207 at the changes that the Democrats are suggesting and saying we
2208 are going to do this or we are not. And we just don't get that.
2209 What we get is meetings, after meetings but no actual saying sure,
2210 Mr. Murphy says we would like to accommodate you, sure we would
2211 like to negotiate you, but no actual discussion of the specifics
2212 that we have raised.

2213 And that is what I am asking that has to be done. If it could
2214 be done today, fine. If it is going to be done tomorrow, fine.
2215 But it has got to be done and it hasn't been done. That is the
2216 problem.

2217 The Chairman. Well, let me reclaim my time, if I may. That
2218 is why it is important that we did see the amendment in the nature

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2219 of a substitute offered by Dr. Murphy. It has fleshed out some
2220 amendments on both sides, again, as I referenced to my colleague
2221 over here that have important issues that they feel that need to
2222 be addressed before the bill goes beyond today's vote in the
2223 subcommittee.

2224 And you know last night, we received a letter from the CBO
2225 in terms of the cost. And, again, that is something that,
2226 particularly with our new Speaker, we are going to be needing to
2227 sit down with him and see precisely where we are. It is mandatory
2228 spending for, at least the way I view it, and so discussions have
2229 to take place.

2230 So, you know we all want to get to home plate. I am sorry
2231 I didn't wear my Mets hat today, as I lost the bet, but that will
2232 happen. That will happen. Don't worry. But we all want to get
2233 to home plate and this is only getting us subcommittee, full
2234 committee, a lot of discussions has to happen. And my pledge is
2235 and I think I can speak for Dr. Murphy that he is willing to listen
2236 and see what views can be accommodated, knowing that at the end
2237 of the day, it is not about us. It really isn't. It is about
2238 folks we want to help. That is where we want to go.

2239 Mr. Pallone. Would the distinguished Chairman --

2240 The Chairman. Yes, I might just ask for a couple more extra
2241 minutes on the clock.

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2242 Mr. Pitts. All right, gentlemen.

2243 The Chairman. I would ask for unanimous consent that the
2244 Chairman have an additional 5 minutes.

2245 Mr. Pitts. All right.

2246 The Chairman. And with that, I yield to my friend, Mr.
2247 Barton.

2248 Mr. Barton. If I may, I would like to offer a compromise
2249 on the Green compromise. I would suggest that the distinguished
2250 Ranking Member withdraw his substitute and that while we go to
2251 vote and have the break, the committee staffs meet and come up
2252 with a list of amendments that could be debated and then bring
2253 us back and debate those amendments and pass or reject them and
2254 then offer to work in full committee --

2255 The Chairman. Reclaiming my time, I don't like where the
2256 gentleman is headed.

2257 Mr. Barton. Okay, I was just trying to -- it is not the first
2258 time you didn't like what I had to say.

2259 The Chairman. I just think that it is important we vet some
2260 of the amendments that are there.

2261 Mr. Barton. I want you to but not 30 of them.

2262 The Chairman. But I think that it is important that end of
2263 today we do have a series of votes on the floor that are going
2264 to be occurring soon. There is also going to be a Steering

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2265 Committee meeting that will cause us to adjourn for a little while,
2266 as a number of members on this subcommittee are on that, as we
2267 pick the new Chairman of the Ways and Means Committee.

2268 So, I think that is important that we get through the
2269 amendment votes and actually come to a conclusion within the
2270 subcommittee itself for a vote, knowing that the next step is going
2271 to be the full committee day markup, which again, has not been
2272 set to allow us time to work between now and then in a constructive
2273 process to, hopefully, at the end, have a strong bipartisan vote
2274 to get it done. And that is my idea.

2275 So, the idea that we should adjourn now and come back, it
2276 doesn't work.

2277 Mr. Barton. I wasn't saying you should adjourn. I think
2278 we are going to have go vote anyway.

2279 The Chairman. We are not having votes on the floor until
2280 1:30.

2281 Mr. Barton. Oh.

2282 The Chairman. That was just a buzzer for the one at noon.

2283 Mr. Barton. I was only trying to get a meeting of the--

2284 The Chairman. I knew you had a reason.

2285 I yield back my time.

2286 Mr. Pitts. The Chair yields back. Is there further
2287 discussion on the Pallone amendment to the amendment in the nature

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2288 of a substitute?

2289 All right, if there is no further discussion, the vote
2290 occurs.

2291 Mr. Pallone. Mr. Chairman, I would ask for a recorded vote.

2292 Mr. Pitts. All right, the vote occurs on the Pallone
2293 amendment to the amendment in the nature of a substitute. The
2294 Clerk will call the roll.

2295 The Clerk. Mr. Guthrie.

2296 [No response.]

2297 The Clerk. Mr. Barton.

2298 Mr. Barton. No.

2299 The Clerk. Mr. Barton votes no.

2300 Mr. Whitfield.

2301 [No response.]

2302 The Clerk. Mr. Shimkus.

2303 [No response.]

2304 The Clerk. Mr. Murphy.

2305 Mr. Murphy. No.

2306 The Clerk. Mr. Murphy votes no.

2307 Mr. Burgess.

2308 Mr. Burgess. No.

2309 The Clerk. Mr. Burgess votes no.

2310 Mrs. Blackburn.

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2311 Mrs. Blackburn. No.

2312 The Clerk. Mrs. Blackburn votes no.

2313 Mrs. McMorris Rodgers.

2314 Mrs. McMorris Rodgers. No.

2315 The Clerk. Mrs. McMorris Rodgers votes no.

2316 Mr. Lance.

2317 Mr. Lance. No.

2318 The Clerk. Mr. Lance votes no.

2319 Mr. Griffith.

2320 Mr. Griffith. No.

2321 The Clerk. Mr. Griffith votes no.

2322 Mr. Bilirakis.

2323 Mr. Bilirakis. No.

2324 The Clerk. Mr. Bilirakis votes no.

2325 Mr. Long.

2326 Mr. Long. No.

2327 The Clerk. Mr. Long votes no.

2328 Mrs. Elmers.

2329 [No response.]

2330 The Clerk. Mr. Bucshon.

2331 Mr. Bucshon. No.

2332 The Clerk. Mr. Bucshon votes no.

2333 Mrs. Brooks.

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2334 Mrs. Brooks. No.

2335 The Clerk. Mrs. Brooks votes no.

2336 Mr. Collins.

2337 Mr. Collins. No.

2338 The Clerk. Mr. Collins votes no.

2339 Chairman Upton.

2340 The Chairman. I vote no.

2341 The Clerk. Chairman Upton votes no.

2342 Mr. Green.

2343 Mr. Green. Yes.

2344 The Clerk. Mr. Green votes aye.

2345 Mr. Engel.

2346 [No response.]

2347 The Clerk. Mrs. Capps.

2348 Mrs. Capps. Aye.

2349 The Clerk. Mrs. Capps votes aye.

2350 Ms. Schakowsky.

2351 Ms. Schakowsky. Aye.

2352 The Clerk. Ms. Schakowsky votes aye.

2353 Mr. Butterfield.

2354 Mr. Butterfield. Aye.

2355 The Clerk. Mr. Butterfield votes aye.

2356 Ms. Castor.

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2357 Ms. Castor. Aye.

2358 The Clerk. Ms. Castor votes aye.

2359 Mr. Sarbanes.

2360 Mr. Sarbanes. Aye.

2361 The Clerk. Mr. Sarbanes votes aye.

2362 Ms. Matsui.

2363 Ms. Matsui. Aye.

2364 The Clerk. Ms. Matsui votes aye.

2365 Mr. Lujan.

2366 Mr. Lujan. Aye.

2367 The Clerk. Mr. Lujan votes aye.

2368 Mr. Schrader.

2369 Mr. Schrader. Aye.

2370 The Clerk. Mr. Schrader votes aye.

2371 Mr. Kennedy.

2372 Mr. Kennedy. Aye.

2373 The Clerk. Mr. Kennedy votes aye.

2374 Mr. Cardenas.

2375 Mr. Cardenas. Aye.

2376 The Clerk. Mr. Cardenas votes aye.

2377 Mr. Pallone.

2378 Mr. Pallone. Aye.

2379 The Clerk. Mr. Pallone votes aye.

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2380 Chairman Pitts.

2381 Mr. Pitts. No.

2382 The Clerk. Chairman Pitts votes no.

2383 Mr. Pitts. Any members seek to vote?

2384 Mr. Guthrie. Am I recorded?

2385 The Clerk. Mr. Guthrie is not recorded.

2386 Mr. Guthrie. I vote no.

2387 The Clerk. Mr. Guthrie votes no.

2388 Mr. Shimkus. Mr. Chairman.

2389 Mr. Pitts. Mr. Shimkus.

2390 Mr. Shimkus. I vote no.

2391 The Clerk. Mr. Shimkus votes no.

2392 Mr. Pitts. Anyone else seeking recognition to vote?

2393 All right, the Clerk will report the vote.

2394 The Clerk. Mr. Chairman, on that vote, there were 12 ayes
2395 and 16 nays.

2396 Mr. Pitts. The nays carry. So, the amendment is not agreed
2397 to.

2398 Are there other amendments to the amendment in the nature
2399 of a substitute?

2400 For what purposes does the gentleman seek recognition?

2401 Mr. Green. Mr. Chairman, I have an amendment at the desk,
2402 amendment number nine, Green number nine.

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2403 [The Amendment of Mr. Green follows:]

2404

2405 *****INSERT 21*****

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2406 Mr. Pitts. The Clerk will report the amendment.

2407 The Clerk. Amendment to the amendment in the nature of a
2408 substitute to H.R. 2646 offered by Mr. Green.

2409 Mr. Pitts. Without objection, the reading of the amendment
2410 is dispensed with. The gentleman, Mr. Green, is recognized for
2411 5 minutes in support of this amendment.

2412 Mr. Green. Thank you, Mr. Chairman.

2413 This amendment would solve one of the problems I had
2414 originally with the bill and I offer this amendment which would
2415 establish an Assistant Secretary of Mental Health and Substance
2416 Abuse and make key reforms and investments in the Substance Abuse
2417 and Mental Health Services Administration, SAMHSA.

2418 For too long, mental health has been neglected within the
2419 broader conversation of our healthcare system. SAMHSA is charged
2420 with leading public health efforts to advance the behavioral
2421 health of our nation. The agency can work better.

2422 This amendment would reform and invest in SAMHSA, rather than
2423 eliminate it. Reforming SAMHSA would better our efforts to serve
2424 those suffering from mental illness and substance abuse
2425 disorders. It would strengthen and improve access to mental
2426 health and substance abuse treatment prevention and services.

2427 The Assistant Secretary would serve as a primary advocate
2428 for individuals with mental health and substance use disorders

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2429 within the Department of Health and Human Services and with other
2430 government agencies. They will coordinate both with the
2431 Department and with other agencies for all programs and functions
2432 related to the treatment and prevention of mental illness and
2433 substance abuse.

2434 The Assistant Secretary would also work with Interagency
2435 Serious Mental Illness Coordinating Committee to review programs
2436 and activities related to mental illness and substance abuse and
2437 make recommendations for improvement.

2438 The mental health and substance abuse long-neglected and
2439 siloed in the broader health system could be elevated to improve
2440 coordination and integration in care and be a top priority of
2441 healthcare officials.

2442 So often with HHS and a lot of our other, they get their own
2443 little silo they work in but they don't share it. And this
2444 amendment would help change that. For decades, mental health has
2445 been left in the shadows. The only way we can fight the stigma
2446 and improve access to services and treatments and bring better
2447 healthcare up to parity with physical health is to start treating
2448 the brain as part of the body. And our policies and systems need
2449 to reflect the fact that mental illness is a disease and that if
2450 the right services, supports, and treatments are available,
2451 people can and do recover.

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2452 This amendment can help us do this and I urge my colleagues
2453 to support it. And before I finish, when I was practicing law,
2454 Mr. Chairman, I would represent a number of clients who had just
2455 a revolving door in our mental health system in Harris County in
2456 Houston, Texas.

2457 And the issue was, once they were treated, they would take
2458 medication that would deal with their mental illness. After they
2459 started feeling good, they decided they didn't need the
2460 medication. And I would see these repeat patients and I asked
2461 them one day, I said does anybody in your family take heart
2462 medication. Oh, yes. I said do you know what would happen if
2463 they didn't take their heart medication? They would probably
2464 die. And you are refusing to take your medication that made you
2465 feel better.

2466 Now, granted, side effects are a problem but today we have
2467 better medications than we did when I was practicing in the '80s.
2468 But that is what we need to do. We need to have somebody that
2469 recognizes that that is the revolving door is what is the problem.

2470 And again, Mr. Chairman, I hope the creation of this agency
2471 would be the one that would do that, Assistant Secretary in charge
2472 of both substance abuse and mental services.

2473 And I yield back my time, unless somebody else wants to ask
2474 for it.

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2475 Mr. Pitts. The Chair thanks the gentleman. The gentleman
2476 yields back.

2477 Is there any discussion on the Green Amendment? The Chair
2478 recognizes Dr. Murphy for 5 minutes.

2479 Mr. Murphy. Thank you. Mr. Chairman, I oppose this
2480 amendment.

2481 I just received this within the last hour, not even an hour.
2482 But in that, I am encouraged by the recognition of some of the
2483 areas that are listed here. To elevate this to the level of
2484 Assistant Secretary in the office, so we have someone with the
2485 real muscle behind their title to get organizations to work
2486 together of the 112 federal agencies and programs that haven't
2487 been talking together for years, we need to elevate that.

2488 As it goes through, there are some things about an
2489 independent audit. All I have been looking at is the general
2490 titles here. I would say this is one of those points that we have
2491 to look at here in provisions as we move forward between
2492 subcommittee and committee. And if there are some good things
2493 in here, and there very well may be, I would like to review them
2494 and have a chance to look what we can accept.

2495 But today I would oppose it moving forward. Thank you.

2496 Mr. Pitts. The gentleman yields back.

2497 Is there further discussion on the Green Amendment? The

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2498 Chair recognizes Mr. Pallone for 5 minutes to strike the last
2499 words.

2500 Mr. Pallone. Thank you, Mr. Chairman.

2501 I support the Green Amendment to cut Sections 101, 102, and
2502 201 of the AINS and replace it with a package of common sense
2503 reforms to strengthen SAMHSA.

2504 I strongly support maintaining SAMHSA as an agency or
2505 independent operating division within the Department of Health
2506 and Human Services. And while I agree that the Agency can be
2507 strengthened, including through providing it with more funding,
2508 I do not believe such an elimination is necessary.

2509 SAMHSA is leading vital public health efforts to reduce the
2510 impact of mental illness and substance use disorders in
2511 communities across this nation. Recent efforts include
2512 expanding access to medication-assisted treatment; operating the
2513 Disaster Distress Helpline to provide immediate crisis counseling
2514 to individuals affected by disasters, including in the aftermath
2515 of Hurricane Sandy which hit New Jersey; supporting and promoting
2516 the employment of people with serious mental illness with the
2517 Transforming Lives through Supported Employment Program; and
2518 administering the Projects for Assistance in Transition from
2519 Homelessness program, which provides treatment and supports
2520 services for individuals with serious mental illness who are

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2521 experiencing homelessness or at risk of homelessness.

2522 SAMHSA's programs also include the Community Mental Health
2523 Service Block Grant, the demonstration program to establish
2524 certified community behavioral health clinics in which SAMHSA
2525 worked closely with the Centers for Medicare and Medicaid Services
2526 and the Assistant Secretary of Planning and Evaluation.

2527 In addition to continuing to support such work, I think it
2528 is important to continue to support a strong SAMHSA. I know that
2529 supporters eliminating SAMHSA through the creation of an
2530 Assistant Secretary argue that such a move is an elevation.
2531 However, I simply cannot support such a view. I don't believe
2532 anyone here today believes that eliminating the National
2533 Institutes of Health and creating a new role of the Assistant
2534 Secretary of Research would, in any way, elevate the NIH. And
2535 the same is true of changing the administrator for the Centers
2536 of Medicare and Medicaid services into the Assistant Secretary
2537 of Treatment, or the Director of the Centers for Disease Control.
2538 If it is not true for these other independent operating units of
2539 HHS, it does not ring true for SAMHSA either.

2540 I have also heard proponents to argue that the title
2541 Assistant Secretary would have more influence in working with
2542 other agencies to promote the coordination of programs for serious
2543 mental illness. While I am doubtful that a simple title change

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2544 could achieve that goal, I am willing to support an effort that
2545 would achieve that goal and this amendment would adopt the model
2546 of the administration of community living and the administration
2547 of children and families within HHS. These agencies are headed
2548 by directors who also serve in the dual role of Assistant
2549 Secretary.

2550 Our amendment or the Green Amendment would adopt such a
2551 change for SAMHSA in which the Administrator of SAMHSA would also
2552 serve as the Assistant Secretary of Mental Health and Substance
2553 Abuse. The Assistant Secretary of Mental Health and Substance
2554 Abuse would be largely charged with coordinating efforts to
2555 support mental health and substance abuse within the Department
2556 of HHS and the federal government but I believe such a change is
2557 not needed. I believe this reasonable approach would meet the
2558 goals of proponents of the strong SAMHSA, as well as proponents
2559 of creating Assistant Secretary.

2560 This amendment, the Green Amendment, would also create the
2561 office of the Chief Medical Office to be led by a psychiatrist
2562 and staffed by a team of mental health and behavioral
2563 professionals. It would also eliminate the national mental
2564 health policy lab, which would be duplicitous of responsibilities
2565 of existing divisions within SAMHSA.

2566 I believe that we strengthen SAMHSA bolstering those

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2567 existing divisions and provide explicit directions for such in
2568 the statute. And that is why I support authorizing the Center
2569 for Behavioral Health Statistics and Quality in the statute and
2570 require that it be led by an individual with extensive experience
2571 in academic qualifications in research analysis in behavioral
2572 health.

2573 Finally, this amendment requires the Secretary to enter into
2574 an agreement for an independent audit of SAMHSA. While, I don't
2575 believe SAMHSA is broken and I have not heard evidence of
2576 systematic failures, I believe such a top to bottom audit would
2577 be helpful in everyone gaining a better understanding of SAMHSA.
2578 I believe an independent audit of SAMHSA would provide the
2579 evidence that we need to make any changes needed to SAMHSA to help
2580 bolster its role. It will ensure that we are basing our decisions
2581 on a complete picture of SAMHSA, instead of relying on studies
2582 that just look at a particular responsibility of SAMHSA in
2583 isolation.

2584 I think Mr. Green's amendment is a common sense approach to
2585 strengthening SAMHSA and not eliminating and I urge my colleagues
2586 to support this amendment.

2587 And I would also point out again I am trying not to be personal
2588 but I know that Mr. Murphy says that he has worked with a lot of
2589 people but he hasn't worked with SAMHSA and the HHS. We tried

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2590 many times to have meetings with them to get their input and that
2591 just didn't happen. He may say he had a meeting. I don't know
2592 if he did or not but he effectively, in the same way has not been
2593 willing to work with us and he has not been willing to work with
2594 SAMHSA or HHS. They have told us numerous times.

2595 And again, this bill is going nowhere unless there is some
2596 involvement with the Administration. If the Administration
2597 doesn't agree with the bill, the President won't sign it. So,
2598 there is no point in moving forward unless we have input from
2599 SAMHSA and HHS and the Administration, which we have not had
2600 because those meetings have been fruitless, if they have even
2601 taken place.

2602 Mr. Pitts. The gentleman yields back.

2603 The Chair recognizes the gentleman from Illinois, Mr.
2604 Shimkus for 5 minutes to strike the last words.

2605 Mr. Shimkus. Thank you, Mr. Chairman.

2606 Obviously, it is a little disappointing. We have an
2607 opportunity to really make some strides in mental health issues
2608 in this country.

2609 I think what I am observing now is that we are now starting
2610 to see language. I am not a lawyer and I don't even try to be
2611 one but when you get language that says strike section here, add
2612 this, it takes time to go through that because you have to go to

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2613 the original Federal Code and you have to find the language there.
2614 Then, you strike that out and then you add this other stuff. So,
2615 to receive this an hour before offering, when really it is
2616 traditional that you would have at least 2 hours before the hearing
2617 would begin is problematic.

2618 Now, to the benefit of the author, who is a friend, many times
2619 we have to see language. That is how you start debating the
2620 legislative process. And real legislative language helps
2621 identify where both sides are.

2622 I would agree with my colleague that seeing language is
2623 helpful. I think Mr. Murphy has stated that there is probably
2624 some things that could be accepted in here. But in legislative
2625 language, it is always trust but verify. If you don't have time
2626 to go over the entire language of the law, you really don't know
2627 the impact on that.

2628 So, I know it is frustrating for those of us who are spending
2629 a lot of time here and folks who are observing us because sometimes
2630 this is more of a delay tactic than really trying to address some
2631 of the concerns that are trying to be addressed today.

2632 Mr. Pallone. Would the gentleman yield?

2633 Mr. Shimkus. In a minute. In a minute.

2634 You know like one of the provisions is the Assistant
2635 Secretary we think should be a doctor. And I think there is an

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2636 issue that would not be the case, just like you would hope a Supreme
2637 Court justice would be a lawyer or a military commander would be
2638 a general, you want someone being trained in those areas, at least
2639 have some medical background.

2640 So, we are better than this. We know our committee is better
2641 than this. I just hope we can get there.

2642 And I would yield to my friend from New Jersey.

2643 Mr. Pallone. You know I just want to say once again the
2644 essence of this amendment has been given to the -- well, first
2645 of all, a lot of it was in the Barber Bill, which goes back a couple
2646 years. It was presented at various meetings.

2647 Mr. Shimkus. Just reclaiming my time but you would agree
2648 that you just gave this to us an hour ago, wouldn't you?

2649 Mr. Pallone. Well, I just got the substitute last night at
2650 10:00.

2651 Mr. Shimkus. I mean you would agree that you just gave this
2652 to us.

2653 Mr. Pallone. Look, I don't even know why I am arguing
2654 because you know I love you. I don't know even why I am making
2655 this argument.

2656 But the bottom line is that yesterday you gave us the
2657 substitute. Today, you got this. I mean but none of this is new.
2658 It is all stuff that was in Barber that we discussed 6 months ago

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2659 in this Session of Congress. There is nothing new here. I yield
2660 back.

2661 Mrs. Brooks. Would the gentleman yield?

2662 Mr. Shimkus. Just reclaiming my time and just again saying
2663 that sharing language is good. And unfortunately, during it
2664 right during the markup, a little more time could be helpful. And
2665 I think we can build on this.

2666 And I would yield to my colleague from Indiana.

2667 Mrs. Brooks. And very briefly, I would just like to point
2668 out that with respect to the qualifications offered by Dr. Murphy,
2669 the request for this position is that it be led by a psychiatrist
2670 or a psychologist.

2671 And just speaking from experience in the State of Indiana,
2672 we now, for the first time in the State of Indiana, have someone
2673 leading our Health and Human Services agency who is a
2674 psychiatrist. And it is so important that when we are dealing
2675 with mental health and substance abuse issues that we don't just
2676 have individuals who have appropriate education experience but
2677 I would like to point out that very specifically that I think that
2678 we ought to certainly adopt the language that requires this
2679 position be a psychiatrist or a psychologist.

2680 And I yield back.

2681 Mr. Shimkus. I am reclaiming my time.

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2682 So, the amendment is 16 pages with all of insertions and
2683 deletions and I think it is not ready for prime time but it is
2684 good to see the language.

2685 And with that, Mr. Chairman, I yield back my time.

2686 Mr. Pitts. The gentleman yields back his time.

2687 Any other discussion on the amendment?

2688 The question now occurs on the Green Amendment to an
2689 amendment in the nature of a substitute.

2690 All those in favor say aye.

2691 Mr. Pallone. We would like to have a roll call.

2692 Mr. Pitts. Roll call vote. The Clerk will call the roll.

2693 The Clerk. Mr. Guthrie.

2694 Mr. Guthrie. No.

2695 The Clerk. Mr. Guthrie votes no.

2696 Mr. Barton.

2697 [No response.]

2698 The Clerk. Mr. Whitfield.

2699 [No response.]

2700 The Clerk. Mr. Shimkus.

2701 Mr. Shimkus. No.

2702 The Clerk. Mr. Shimkus votes no.

2703 Mr. Murphy.

2704 Mr. Murphy. No.

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2705 The Clerk. Mr. Murphy votes no.
2706 Mr. Burgess.
2707 [No response.]
2708 The Clerk. Mrs. Blackburn.
2709 Mrs. Blackburn. No.
2710 The Clerk. Mrs. Blackburn votes no.
2711 Mrs. McMorris Rodgers.
2712 [No response.]
2713 The Clerk. Mr. Lance.
2714 Mr. Lance. No.
2715 The Clerk. Mr. Lance votes no.
2716 Mr. Griffith.
2717 Mr. Griffith. No.
2718 The Clerk. Mr. Griffith votes no.
2719 Mr. Bilirakis.
2720 Mr. Bilirakis. No.
2721 The Clerk. Mr. Bilirakis votes no.
2722 Mr. Long.
2723 Mr. Long. No.
2724 The Clerk. Mr. Long votes no.
2725 Mrs. Elmers.
2726 [No response.]
2727 The Clerk. Mr. Bucshon.

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2728 Mr. Bucshon. No.

2729 The Clerk. Mr. Bucshon votes no.

2730 Mrs. Brooks.

2731 Mrs. Brooks. No.

2732 The Clerk. Mrs. Brooks votes no.

2733 Mr. Collins.

2734 Mr. Collins. No.

2735 The Clerk. Mr. Collins votes no.

2736 Chairman Upton.

2737 The Chairman. I vote no.

2738 The Clerk. Chairman Upton votes no.

2739 Mr. Green.

2740 Mr. Green. Yes.

2741 The Clerk. Mr. Green votes aye.

2742 Mr. Engel.

2743 [No response.]

2744 The Clerk. Mrs. Capps.

2745 Mrs. Capps. Aye.

2746 The Clerk. Mrs. Capps votes aye.

2747 Ms. Schakowsky.

2748 Ms. Schakowsky. Aye.

2749 The Clerk. Ms. Schakowsky votes aye.

2750 Mr. Butterfield.

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2751 Mr. Butterfield. Aye.

2752 The Clerk. Mr. Butterfield votes aye.

2753 Ms. Castor.

2754 Ms. Castor. Aye.

2755 The Clerk. Ms. Castor votes aye.

2756 Mr. Sarbanes.

2757 Mr. Sarbanes. Aye.

2758 The Clerk. Mr. Sarbanes votes aye.

2759 Ms. Matsui.

2760 Ms. Matsui. Aye.

2761 The Clerk. Ms. Matsui votes aye.

2762 Mr. Lujan.

2763 Mr. Lujan. Aye.

2764 The Clerk. Mr. Lujan votes aye.

2765 Mr. Schrader.

2766 Mr. Schrader. Aye.

2767 The Clerk. Mr. Schrader votes aye.

2768 Mr. Kennedy.

2769 Mr. Kennedy. Aye.

2770 The Clerk. Mr. Kennedy votes aye.

2771 Mr. Cardenas.

2772 Mr. Cardenas. Aye.

2773 The Clerk. Mr. Cardenas votes aye.

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2774 Mr. Pallone.

2775 Mr. Pallone. Aye.

2776 The Clerk. Mr. Pallone votes aye.

2777 Chairman Pitts.

2778 Mr. Pitts. No.

2779 The Clerk. Chairman Pitts votes no.

2780 Mr. Pitts. Are there other members seeking to be
2781 recognized? Mr. Burgess.

2782 Mr. Burgess. I vote no.

2783 The Clerk. Mr. Burgess votes not.

2784 Mr. Pitts. Any others not recorded?

2785 The Clerk will report the vote.

2786 Does Mr. Barton wish to be recorded?

2787 Mr. Barton. Yes, I wish to be recorded as a no.

2788 The Clerk. Mr. Barton votes no.

2789 Mr. Pitts. Anyone else seeking to be recognized to be
2790 recorded?

2791 The Clerk shall report.

2792 The Clerk. Mr. Chairman, on that vote, there were 12 ayes
2793 and 15 nays.

2794 Mr. Pitts. With 12 ayes and 15 nays, the amendment is not
2795 agreed to.

2796 Are there other amendments to the amendment in the nature

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2797 of a substitute? Mr. Kennedy is recognized.

2798 Mr. Kennedy. Thank you, Mr. Chairman. I have got an

2799 amendment at the desk. It should be numbered 13.

2800 [The Amendment of Mr. Kennedy follows:]

2801

2802 *****INSERT 22*****

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2803 Mr. Pitts. The Clerk will report.

2804 The Clerk. Amendment to the amendment in the nature of a
2805 substitute to H.R. 2646 offered by Mr. Kennedy.

2806 Mr. Pitts. Without objection, the reading of the amendment
2807 is dispensed with and the gentleman from Massachusetts is
2808 recognized for 5 minutes in support of the amendment.

2809 Mr. Kennedy. Thank you, Mr. Chairman.

2810 Mr. Chairman, there are many strong opinions about the role
2811 of AOT, Assisted Outpatient Treatment programs that they should
2812 and can play in mental health reform. The approach outlined in
2813 this bill, however, is opposed by many disability rights groups,
2814 individuals with mental illness, and civil rights advocates
2815 alike.

2816 By overemphasizing and incentivizing AOT, this legislation
2817 focuses state and federal policy efforts on late-stage, last
2818 resort interventions, rather than the comprehensive wraparound
2819 services mental illness truly requires. And without robust
2820 services across the whole continuum of care, AOT simply doesn't
2821 do all it needs to.

2822 I have a report from Massachusetts that states, quote several
2823 studies have demonstrated that IOC, the Involuntary Outpatient
2824 Commitment, is ineffective and unnecessary, particularly without
2825 a broad array of intensive community mental health services. The

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2826 Bellevue Study, which compared a group of individuals under IOC
2827 to a control group, found that court orders did not lead to lower
2828 rates of crime, hospitalization, or compliance with treatment,
2829 end quote.

2830 Massachusetts does not have an AOT law on its books. What
2831 we have, instead, is a strong track record of Assertive Community
2832 Treatment programs, also known as ACT, for individuals with
2833 serious mental health illness. That is why I am offering this
2834 amendment, which would replace the bill's current AOT language
2835 with a new grant program at SAMHSA for the development of ACT
2836 programs. These ACT programs are evidence-based and have a
2837 record of improving outcomes for people who are at most at risk
2838 for homelessness, hospitalization, and cycling in and out of our
2839 healthcare system.

2840 According to NAMI, quote studies have shown that ACT is more
2841 effective than traditional treatment for people experiencing
2842 mental illness such as schizophrenia, schizoaffective disorder,
2843 and can reduce hospitalizations by 20 percent, end quote.

2844 What is more, people receiving these services are less likely
2845 to use high-cost services, like emergency department visits and
2846 they have higher rates of independent living and treatment
2847 retention.

2848 I ask my colleagues to support this amendment and I will yield

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2849 to anybody that wants to be recognized from our side. The
2850 gentlelady from California, Ms. Matsui.

2851 Ms. Matsui. I support your amendment. ACT is
2852 evidence-based practice that improves outcome for people with
2853 severe mental illness, who are most at-risk of homelessness,
2854 psychiatric hospitalization, and institutional recidivism.

2855 This program has had great success in our communities and
2856 helps meet people where they are, to ensure that they have access
2857 to care, even when they face many other barriers like
2858 homelessness.

2859 I do support this measure and I yield back to the gentleman.
2860 Mr. Kennedy. Anybody else? Ranking Member.

2861 Mr. Green. Thank you. Thank you for yielding to me.

2862 I think this amendment addresses one of the concerns we had
2863 originally. In fact, your amendment strikes a counter bill AOT,
2864 which only affects about four states country. The
2865 rest of the states in that seem like it would be a state issue.
2866 If Texas wants to do something, then Texas can do it or other
2867 states.

2868 But I appreciate you introducing this amendment. I think
2869 it addresses one of the problems we had with the Murphy substitute.

2870 And I will yield back.

2871 Mr. Kennedy. Thank you. Anybody else?

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2872 I yield back.

2873 Mr. Pitts. The Chair thanks the gentleman.

2874 Is there any discussion of the Kennedy Amendment?

2875 For what purpose does the gentleman from Pennsylvania wish
2876 to be recognized?

2877 Mr. Murphy. To strike the last word.

2878 Mr. Pitts. The gentleman, Dr. Murphy, is recognized for 5
2879 minutes.

2880 Mr. Murphy. Thank you.

2881 I appreciate what Mr. Kennedy is trying to do and, indeed,
2882 Assertive Community Treatment is a good program, where workers
2883 are sent out into the community to work with people to coax them
2884 into treatment, oftentimes directed to ones where people are
2885 living alone or struggling, or homeless. It is a good program.
2886 However, the amendment actually cuts Assisted Outpatient
2887 Treatment and replaces it with that.

2888 Research has shown it is best to have both in communities
2889 at the same time. I know for example, Massachusetts does not have
2890 an AOT program but I believe it has ACT programs. Forty-five
2891 states plus the District of Columbia have already passed laws to
2892 have AOT. And along those lines, the Duke University study on
2893 this in the State of New York and the Virginia Law Center combined
2894 together, 90 percent of the people said AOT made them more likely

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2895 to keep appointments and take medication; 88 percent said they
2896 and their case managers agreed on what is important for them to
2897 work; 87 percent of them said they were confident in their case
2898 manager's ability to help them; 87 percent fewer experienced
2899 incarceration; 83 percent fewer experienced arrest; 81 percent
2900 said AOT helped them get well and stay well; 77 percent fewer
2901 experienced psychiatric hospitalizations; 75 percent reported
2902 that AOT helped them gain control over their lives; 74 percent
2903 fewer participants experienced homelessness; 55 percent fewer
2904 engaged in suicide attempts or physical harm to themselves; 49
2905 percent fewer abused drugs; 48 percent fewer abused alcohol; 47
2906 percent fewer physically harmed others; 46 percent fewer damaged
2907 or destroyed property; 43 percent fewer threatened physical harm
2908 to others and the list goes on.

2909 And I say this that we have to understand it is important
2910 to have both. Assisted Outpatient Treatment is not a criminal
2911 process. It is a civil process, whereby a judge, working with
2912 someone who is not taking care of themselves and is declining
2913 substantially and note they are engaged in that revolving door
2914 of jail, violence, incarcerations, arrests, and perhaps hospital
2915 admissions, emergency room visits, et cetera, this is where the
2916 judge works with someone to talk them into treatment. It doesn't
2917 coerce them. It doesn't threaten them but it gets them to

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2918 treatment.

2919 AOT is an effective tool to use to address those individuals
2920 with serious mental illness, where they haven't had success in
2921 traditional care settings. It can reduce all those rates.

2922 The cost of this amendment, I believe, would be about \$100
2923 million over 5 years. It is a good idea and, Mr. Kennedy, we do
2924 offer great friendship over this bill and I would like to work
2925 with you in the future of seeing how we can incorporate this kind
2926 of program.

2927 I would ask that it not be accepted right now as an amendment
2928 because it cuts out AOT but it creates one of those things of an
2929 important dialogue between the federal and state government to
2930 do something that can be valuable. So, I would like to continue
2931 to work on that. But until then, I oppose the amendment.

2932 With that, I yield back.

2933 Mr. Kennedy. Will the gentleman yield?

2934 Mr. Pitts. The Chair thanks -- Mr. Murphy. I will
2935 yield to my friend, Mr. Kennedy, yes.

2936 Mr. Kennedy. Mr. Murphy, thank you. I believe in an
2937 earlier version of the bill, and I tried to scan through the
2938 substitute this morning, also perhaps put in place what could be
2939 under one interpretation, a penalty for states that did not have
2940 AOT already in place. And so, if there is a possibility of working

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2941 forward to ensuring that states that do not have AOT are not going
2942 to be penalized if they happen to go through ACT or another due
2943 course of treatment, I would just ask you to keep that in mind
2944 and keep that as a consideration as the conversations go forward.

2945 Mr. Murphy. Good point. Reclaiming my time.

2946 Yes, the bill last year did have something different in
2947 there. You are correct. We have corrected that, based upon your
2948 comments and the comments of many of our colleagues in this
2949 committee and we understand that. We want to make sure that is
2950 addressed. But I think we can come to some resolution on this
2951 and I pledge to work that out.

2952 Mr. Kennedy. Thank you.

2953 Mr. Murphy. Thank you. I yield back.

2954 Mr. Pitts. The Chair thanks the gentlemen.

2955 Any further discussion on the Kennedy Amendment?

2956 Mr. Pallone. Mr. Chairman.

2957 Mr. Pitts. The Chair recognizes the gentleman, Mr. Pallone,
2958 5 minutes for striking the last words.

2959 Mr. Pallone. Mr. Chairman, supporters of the bill before
2960 us today have alleged that involuntary outpatient commitment is
2961 a vital tool in the treatment of serious mental illness. And
2962 supporters of that approach maintain that this strategy is an
2963 evidence-based approach, despite the fact that the two largest

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2964 randomized controlled trials found no benefit in terms of
2965 readmissions, patient quality of life, or treatment compliance.
2966 And I mention this but do not wish to dwell on research that is
2967 better debated by psychiatrists or psychologists.

2968 However, I will note that even the staunchest proponents of
2969 Involuntary Outpatient Commitment admit that the strategy can
2970 only maintain hope of success if it is implemented in an already
2971 well-funded, properly functioning community mental health
2972 system. To quote a RAND study on the topic, there was quote, no
2973 direct evidence to suggest that simply amending the statutory
2974 language is likely to produce the desired results. In light of
2975 this, I support the amendment to expand or the Kennedy Amendment
2976 to expand upon the use of Assertive Community Treatment for
2977 individuals with serious mental illness. Assertive Community
2978 Treatment, or ACT, is a patient-centered approach for the
2979 seriously mentally ill, where a dedicated team of health
2980 professionals is available to the patient to offer comprehensive
2981 wrap-up service or wraparound services.

2982 And to put it simply, ACT delivers the right intervention
2983 for the right patient at the right time. These services directly
2984 address a patient's immediate and long-term needs and offer
2985 assistance with tasks as varied as housing, work opportunities,
2986 transportation, and assistance with insurance or other services

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2987 that will benefit the patient living a safe and healthy community
2988 life.

2989 The research on ACT has been clear. It decreases rates of
2990 psychiatric hospitalization, lower substance abuse rates,
2991 decreases rates of homelessness, and is more satisfying to both
2992 patients and their families. It is a strategy that works.

2993 If supporters of this bill truly believe in AOT, then they
2994 must face the fact their own experts admit it doesn't work without
2995 the foundation of community mental health treatment. Any
2996 expansion of AOT without the development of a comprehensive
2997 community solution would be an overly simplistic and
2998 irresponsible approach to a complex problem. ACT is the major
2999 step in building a foundation for comprehensive community mental
3000 health supported by various stakeholders. Even Dr. Welner, who
3001 presented on multiple occasions during the O&I Committee agrees.
3002 In his publication that he provided the committee to inform that
3003 investigation, *The End of Mass Murder: A Forensic Psychiatrist's*
3004 *Prescription*, the models of ACT hold particular promise for those
3005 at risk. That is a quote.

3006 I also believe that we should be incentivizing outcomes,
3007 rather than supporting whether or not a state has a particular
3008 state law on the books. We want individuals with serious mental
3009 illness or serious emotional disturbance to have the treatment

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3010 and support they need to lead productive lives in the least
3011 restrictive environment as possible. And that is I support
3012 striking the two percent bump up for states that have AOT laws
3013 and replacing it with a program and incentivizes states to reach
3014 certain outcomes, rather than to have a certain process in place.

3015 This amendment, or the Kennedy Amendment, would provide \$25
3016 million to reward states for meeting certain outcomes for those
3017 served by the Community Mental Health Service Block Grant. I
3018 think this is a better policy and it achieves a goal that we can
3019 all support, improving the outcomes for those with serious mental
3020 illness or serious emotion disturbance. And I urge the community
3021 to pass this amendment to establish a grant program to expand ACT,
3022 as well as a program that rewards outcome.

3023 I think the gentleman, Mr. Kennedy, really is on the track
3024 here and this is a really important amendment in terms of achieving
3025 our goals of reform.

3026 I yield back.

3027 Mr. Shimkus. Will the gentleman yield for --

3028 Mr. Pallone. Yes, certainly.

3029 Mr. Shimkus. Just a point for clarification. We believe,
3030 I am being told, that AOT is in SAMHSA's national registry and
3031 is listed as an evidence-based program and practices. So, just
3032 for clarification I wanted to put that on the record.

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3033 Mr. Pallone. Thank you. Yes.

3034 Mr. Green. Thank you for yielding to me. I guess I am
3035 frustrated because there are only four states that don't use AOT.
3036 And you know if that is such a good program, maybe the states ought
3037 to do it. But again, I don't think it is fair to take their tax
3038 money and say you all have a different program.

3039 Like I said, in my experience in Texas, we have always had
3040 that commitment capability and the other states didn't. And I
3041 don't know, maybe we need to have a hearing where we could actually
3042 hear from some of those states and say why without it is good.
3043 But this bill actually punishes those states for what they want
3044 to do. It may not be as best but, again, for the federal
3045 government to tell these four states that this is what you need
3046 to do, I think we may want to discuss that.

3047 And I thank my colleague for yielding to me.

3048 Mr. Pitts. Does the gentleman yield back? Mr. Kennedy?
3049 All right, the gentleman yields back.

3050 Is there further discussion on the Kennedy Amendment?

3051 The gentlelady from Florida is recognized for 5 minutes to
3052 strike the last words.

3053 Ms. Castor. Thank you.

3054 I circulated the Murphy Bill to all sorts researchers and
3055 families back home and I am fortunate in Tampa, it is home to the

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3056 Florida Mental Health Institute. It is the premiere mental
3057 health research institute in the southeast and one of the best
3058 in the country.

3059 And what I think we need to have clarified, and I wonder if
3060 the Counsel could address this because this terminology
3061 oftentimes goes over people's heads and maybe the sponsor wants
3062 to talk about it as well. Just for legislative intent purposes,
3063 the bill uses terminology that the State Assisted Outpatient
3064 Treatment Programs and the shorthand is AOT. And I think if
3065 someone heard State Assisted Outpatient Treatment Programs, they
3066 would assume well that person is going to be treated in some
3067 outpatient setting. But what the researchers have pointed out
3068 to me that AOT really is the involuntary commitment under whatever
3069 a state's legal framework is.

3070 Could the Counsel expand upon that and how it is, what that
3071 definition of AOT in this bill entails?

3072 Mr. Pitts. Counsel will respond.

3073 The Counsel. Well, in certain AOT laws, I believe AOT, that
3074 is the name in certain states. I think it really does vary by
3075 state, in terms of what specifically it is called.

3076 Ms. Castor. So, does the bill define it?

3077 The Counsel. The bill, if you look at page 58, at the top.

3078 Ms. Castor. Is that in the Murphy Manager's Amendment?

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3079 The Counsel. Yes, in the majority AINS it defines under
3080 subsection (e) what states assisted outpatient treatment must
3081 look like in order to qualify for the funding increase under
3082 Section 19 --

3083 Mr. Murphy. Will the gentleman yield? I may be able to help
3084 clear that up.

3085 Mr. Pitts. The Chair recognizes Dr. Murphy.

3086 Mr. Murphy. I would ask her for the yield. Would that be
3087 okay?

3088 Ms. Castor. Yes, that is fine.

3089 Mr. Murphy. You bring up a good question. What Mr. Kennedy
3090 is talking about and what Assisted Outpatient Treatment are a
3091 little bit different.

3092 Assisted Outpatient Treatment is one where it is involuntary
3093 care for the person who continues to deteriorate but, instead of
3094 hospitalizing them, instead of incarcerating them or something,
3095 it is saying we are going to keep you in treatment. We are going
3096 to help you with treatment. That is why it has been so
3097 tremendously successful.

3098 What Mr. Kennedy is talking about is a very good community
3099 outreach program, people going out and trying to work with people.
3100 And I always believe that is what you do first. You go out there
3101 and try and work with someone whose life is deteriorating, when

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3102 they continue to go downhill.

3103 The difference with AOT is now you have a person with some
3104 criminal problems and that is the difference with that.

3105 Ms. Castor. Thank you very much.

3106 For Counsel, in the definition of Assisted Outpatient
3107 Treatment, does it require states to actually provide treatment
3108 beyond the involuntary commitment?

3109 Mr. Pitts. Counsel will respond, please.

3110 The Counsel. The majority AINS only sets out on page 58,
3111 well beginning at the bottom of 57, top of page 58, a set of
3112 criteria by which individual State Assisted Outpatient Treatment,
3113 patient civil commitment laws will be judged.

3114 Ms. Castor. Okay, so it does. The definition in this bill,
3115 I think based upon what the researchers back home have said that
3116 this terminology is a little bit problematic, Mr. Murphy because
3117 it really should be involuntary outpatient commitment. It means
3118 that a person is being committed to get treatment. Then this
3119 still needs to be clear about what is being referred to. Ideally,
3120 the term Involuntary Outpatient Commitment will be used but not
3121 Assisted Outpatient Treatment. That is kind of a term that is
3122 used frequently but is not as precise as it should be. There needs
3123 to be a clear explanation of what is involved. It is not
3124 voluntary. People don't decide to participate. They are

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3125 ordered to do so. But if we are going to say this is Assisted
3126 Outpatient Treatment, then there at least needs to a recognition
3127 that treatment is required, not just implied.

3128 So, if this is something we could work on further in the bill
3129 to clarify and, at the same time, I would hope we could address
3130 Congressman Murphy's concerns as well.

3131 Mr. Pitts. The gentlelady's time has expired.

3132 Does the gentleman, Dr. Murphy or anyone --

3133 Mr. Barton. Mr. Chairman.

3134 Mr. Pitts. For what purpose does the gentleman seek
3135 recognition?

3136 Mr. Barton. Strike the requisite number of words.

3137 Mr. Pitts. The gentleman is recognized.

3138 Mr. Barton. I yield to Dr. Murphy.

3139 Mr. Murphy. I thank the gentleman.

3140 I thank the gentlelady from Florida. You bring up an
3141 excellent point and something I would like to work with you on
3142 wording here because after all, it does make sense if we are going
3143 to say someone has got to get treatment, treatment has to be
3144 provided.

3145 You brought up an excellent point in a series of articles
3146 yesterday in the newspapers in Florida about the cuts there. We
3147 see problems in California, where they have a tax there and

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3148 billions of dollars have been raised but the question is, are they
3149 getting the treatment.

3150 I like your idea. Let us work together and make sure that
3151 whether it is the part that Mr. Kennedy is talking about or what
3152 I am talking about is they can't just say they are doing something.
3153 They have to actually be able to do it.

3154 So, I pledge. That is a great idea. Let us work that out.
3155 Thank you.

3156 I yield back.

3157 Mr. Barton. I yield back.

3158 Mr. Pitts. The gentleman yields back. Any further
3159 discussion on the Kennedy Amendment?

3160 If there is no further discussion, the vote occurs on the
3161 amendment. Do you want a roll call?

3162 The Clerk will call the roll.

3163 The Clerk. Mr. Guthrie.

3164 Mr. Guthrie. No.

3165 The Clerk. Mr. Guthrie votes no.

3166 Mr. Barton.

3167 Mr. Barton. No.

3168 The Clerk. Mr. Barton votes no.

3169 Mr. Whitfield.

3170 Mr. Whitfield. No.

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3171 The Clerk. Mr. Whitfield votes no.

3172 Mr. Shimkus.

3173 Mr. Shimkus. No.

3174 The Clerk. Mr. Shimkus votes no.

3175 Mr. Murphy.

3176 Mr. Murphy. No.

3177 The Clerk. Mr. Murphy votes no.

3178 Mr. Burgess.

3179 [No response.]

3180 The Clerk. Mrs. Blackburn.

3181 Mrs. Blackburn. No.

3182 The Clerk. Mrs. Blackburn votes no.

3183 Mrs. McMorris Rodgers.

3184 [No response.]

3185 The Clerk. Mr. Lance.

3186 Mr. Lance. No.

3187 The Clerk. Mr. Lance votes no.

3188 Mr. Griffith.

3189 Mr. Griffith. No.

3190 The Clerk. Mr. Griffith votes no.

3191 Mr. Bilirakis.

3192 Mr. Bilirakis. No.

3193 The Clerk. Mr. Bilirakis votes no.

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3194 Mr. Long.
3195 Mr. Long. No.
3196 The Clerk. Mr. Long votes no.
3197 Mrs. Elmers.
3198 [No response.]
3199 The Clerk. Mr. Bucshon.
3200 Mr. Bucshon. No.
3201 The Clerk. Mr. Bucshon votes no.
3202 Mrs. Brooks.
3203 Mrs. Brooks. No.
3204 The Clerk. Mrs. Brooks votes no.
3205 Mr. Collins.
3206 Mr. Collins. No.
3207 The Clerk. Mr. Collins votes no.
3208 Chairman Upton.
3209 The Chairman. No.
3210 The Clerk. Chairman Upton votes no.
3211 Mr. Green.
3212 Mr. Green. Yes.
3213 The Clerk. Mr. Green votes aye.
3214 Mr. Engel.
3215 [No response.]
3216 The Clerk. Mrs. Capps.

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3217 Mrs. Capps. Aye.
3218 The Clerk. Mrs. Capps votes aye.
3219 Ms. Schakowsky.
3220 Ms. Schakowsky. Aye.
3221 The Clerk. Ms. Schakowsky votes aye.
3222 Mr. Butterfield.
3223 Mr. Butterfield. Aye.
3224 The Clerk. Mr. Butterfield votes aye.
3225 Ms. Castor.
3226 Ms. Castor. Aye.
3227 The Clerk. Ms. Castor votes aye.
3228 Mr. Sarbanes.
3229 Mr. Sarbanes. Aye.
3230 The Clerk. Mr. Sarbanes votes aye.
3231 Ms. Matsui.
3232 Ms. Matsui. Aye.
3233 The Clerk. Ms. Matsui votes aye.
3234 Mr. Lujan.
3235 Mr. Lujan. Aye.
3236 The Clerk. Mr. Lujan votes aye.
3237 Mr. Schrader.
3238 Mr. Schrader. No.
3239 The Clerk. Mr. Schrader votes no.

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3240 Mr. Kennedy.

3241 Mr. Kennedy. Aye.

3242 The Clerk. Mr. Kennedy votes aye.

3243 Mr. Cardenas.

3244 Mr. Cardenas. Aye.

3245 The Clerk. Mr. Cardenas votes aye.

3246 Mr. Pallone.

3247 Mr. Pallone. Aye.

3248 The Clerk. Mr. Pallone votes aye.

3249 Chairman Pitts.

3250 Mr. Pitts. No.

3251 The Clerk. Chairman Pitts votes no.

3252 Mr. Pitts. The Clerk will report the vote.

3253 Dr. Burgess.

3254 Mr. Burgess. Aye.

3255 The Clerk. Mr. Burgess votes aye.

3256 Mr. Pitts. Any others seeking to vote?

3257 Did you mean to vote yes or no?

3258 Mr. Burgess. Yes on Kennedy.

3259 Mr. Pitts. Yes, on Kennedy. All right.

3260 The Clerk will report the vote.

3261 The Clerk. Mr. Chairman, on that vote, there were 12 ayes

3262 and 16 nays.

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3263 Mr. Pitts. The nays have it. The amendment is not agreed
3264 to. Are there further amendments to the amendment in the nature
3265 of a substitute?

3266 Mr. Bucshon. Mr. Chairman, I have an amendment.

3267 Mr. Pitts. For what purpose does the gentlelady from
3268 Indiana seek recognition?

3269 Mrs. Brooks. Mr. Chairman, I have an amendment at the desk.

3270 [The Amendment of Mrs. Brooks follows:]

3271

3272 *****INSERT 23*****

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3273 Mr. Pitts. The Clerk will report the amendment.

3274 The Clerk. Amendment to the amendment in the nature of a
3275 substitute to H.R. 2646 offered by Mrs. Brooks.

3276 Mr. Pitts. Without objection, the reading of the amendment
3277 is dispensed with. The gentlelady is recognized for 5 minutes
3278 in support of her amendment.

3279 Mrs. Brooks. Mr. Chairman, I am very supportive of moving
3280 meaningful mental health reforms through the house and the
3281 legislation and, hopefully, changes to the legislation will, I
3282 think, greatly improve and are important steps toward enacting
3283 meaningful reforms to a very challenging system.

3284 However, in the manager's amendment, it was brought to not
3285 only my attention but to the attention of the Chairman and the
3286 Ranking Member by the Community Anti-Drug Coalitions of America
3287 that there is a provision in the bill which, unfortunately, in
3288 their words, in many ways robs Peter to Paul by allowing
3289 flexibility in the Substance Abuse Grant programs that block grant
3290 to be used by states for mental health block grants and allows
3291 for some flexibility. And I understand the intent of this
3292 provision is to address this increasing problem of dual diagnosed
3293 patients, those with both substance abuse issues as well as mental
3294 health issues.

3295 But substance abuse, as we participated in many hearings is

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3296 at a national crisis with respect to substance abuse issues. We
3297 know that 46 people a day are dying from overdose addictions in
3298 our country and we also know that, unfortunately about 50 percent
3299 of individuals with severe mental disorders are affected by
3300 substance abuse. So, I understand the intent. However, I am
3301 afraid that with right now the manner in which the provision is
3302 written it possibly could raid the Substance Abuse Block Grant
3303 program. And I don't believe that was the intent.

3304 For many states, this Substance Abuse Prevention and
3305 Treatment Block Grant is set aside. It is the single most
3306 important substance abuse prevention funding that our states
3307 receive.

3308 Grants, as has been noticed, were cut by \$50 million in fiscal
3309 year 2015 and there is an additional \$125 million cut in the fiscal
3310 year 2016 Senate Appropriations. I don't believe that right now,
3311 when our country is going through a substance abuse crisis that
3312 we should be offering the option of states to possibly raid the
3313 Substance Abuse Grant programs for the mental health concerns that
3314 I know we need to address as well.

3315 So, I am asking that that part of the block grant provision
3316 be stricken and look forward to working -- and I actually would
3317 like to enter into the record this very important letter from 15
3318 different substance abuse organizations that submitted a letter

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3319 to the Chairman and Ranking Member last night. And it was because
3320 of them that we realized what this language, how it would affect
3321 substance abuse block grants and now is not the time.

3322 Mr. Pitts. Without objection, so ordered.

3323 [The Letter offered by Mrs. Brooks follows:]

3324

3325 *****COMMITTEE INSERT 24*****

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3326 Mr. Pitts. The gentlelady yields back.

3327 Mr. Murphy. Would someone yield to me for a moment?

3328 Mrs. Brooks. I would yield.

3329 Mr. Murphy. I thank you for pointing that out. I know that
3330 that section of the bill was meant to remedy unintended
3331 consequences of the block grants, which were set out to deal with
3332 the, unfortunately, escalating problem of substance abuse and
3333 another block grant that deals with mental illness. There is a
3334 substantial proportion of those with mental illness who also abuse
3335 drugs and there is a huge proportion of those with mental illness
3336 who also have substance abuse -- well, both ways.

3337 What has happened here is states have walled those off so
3338 it has actually become very impractical for the person who has
3339 mental illness. They have to go a separate clinic with separate
3340 staff to get treatment for substance abuse and vice-versa. That
3341 is not working for many of the patients and our goal was to help
3342 states merge those services, braid them together so they could
3343 treat both at the same time.

3344 So, let us work out some wording that makes sure we are not
3345 taking money away from prevention that is so critically important
3346 here. And unfortunately, whatever has been going on now in the
3347 area of substance abuse is escalating. The current techniques
3348 are not working. As you know, more and more people are dying,

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3349 more and more people are getting addicted, et cetera.

3350 So, I appreciate you offering that amendment, bringing that
3351 to our attention. We will clarify the language with you. Thank
3352 you.

3353 Mr. Pallone. Mr. Chairman.

3354 Mr. Pitts. For what purpose does the gentleman seek
3355 recognition?

3356 Mr. Pallone. I would like to speak in favor of the
3357 gentlelady's amendment.

3358 Mr. Pitts. All right.

3359 Mrs. Brooks. I would yield time in speaking in favor.
3360 However, I do plan to withdraw the amendment because I have an
3361 assurance that we will be working through appropriate language
3362 and remedying this process, which I think is a process issue more
3363 than a substance issue -- not substance abuse but substance of
3364 the intent.

3365 Mr. Pallone. Well, I can't prevent you from withdrawing it
3366 but I do want to say that I think that it is a good amendment.
3367 I was going to offer it myself, to be perfectly honest.

3368 And I would hope that the commitment from Mr. Murphy is to
3369 adopt either this or something very like it. But since you are
3370 now withdrawing it, you know I am always concerned that if we have
3371 the opportunity now to pass it, that we should. But if Mr. Murphy

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3372 says that he is going to adopt it or adopt something very similar,
3373 I would support your effort. Thanks.

3374 Mr. Pitts. The gentlelady Mrs. Brooks is recognized.

3375 Mrs. Brooks. And I think just to acknowledge, it came to
3376 our attention that in fact that this issue of dual diagnosis is
3377 a significant problem that, in fact, there were grants set up 15
3378 years ago that have been funded to deal with the dual diagnosis
3379 problem.

3380 And so, I do appreciate what the Chairman's intent was was
3381 to make sure that we deal this dual diagnosis and that we don't
3382 let the process of block grants getting in the way of helping these
3383 people. And so I would like to and I appreciate --

3384 Mr. Pallone. Would the gentlewoman yield? Again, I am
3385 trying not to get personal here, today, but I have heard many times
3386 that we are going to adopt things that we like. So, hopefully,
3387 that happens. And I am certainly going to be cognizant as we move
3388 forward that you have suggested this and that we support it and
3389 I would like to see it happen.

3390 Thank you. I yield back.

3391 Mrs. Brooks. I look forward to the cooperation in making
3392 sure this takes place. Thank you.

3393 Mr. Pitts. Does the gentlelady withdraw?

3394 Mrs. Brooks. I do withdraw, at this time.

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3395 Mr. Pitts. The gentlelady withdraws the amendment.

3396 Are there other amendments to the amendment in the nature
3397 of a substitute?

3398 Ms. Schakowsky. Mr. Chairman, I am wondering if I could just
3399 comment on this. Strike the last word.

3400 Mr. Pitts. The gentlelady may strike the last word.

3401 Ms. Schakowsky. On the gentlelady's amendment, and I am
3402 glad that you put this letter into the record because they were
3403 saying that the language that is in it, these 15 groups.

3404 And let me just mention some of them. We are talking about
3405 Young People in Recovery, the Community Anti-drug Coalitions of
3406 America, Faces and Voices of Recovery, International
3407 Certification and Reciprocity Consortium, Harm Reduction
3408 Coalition, et cetera, et cetera. I mean the groups that are
3409 prominent, the most prominent in working substance abuse.

3410 But I am just wondering if I could ask and yield to Mr. Murphy,
3411 if there is bipartisan support here and so far we have withdrawn
3412 or the sponsors have withdrawn all the bipartisan amendments,
3413 given a commitment that we will work between now and full
3414 committee, I am wondering if there isn't a way that we could adopt
3415 this amendment.

3416 Mr. Murphy. Would the gentlelady yield?

3417 Ms. Schakowsky. Yes.

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3418 Mr. Murphy. What I have talked about with Mrs. Brooks and
3419 what I want to see here is the issue, as I said before, is the
3420 unintended consequences of the current law that states have a very
3421 separate -- they literally have barriers where they don't work
3422 together and that has gotten in the way of the care of those in
3423 recovery.

3424 What I want to do is not only have that, so make sure we are
3425 continuing the prevention dollars, but give a mechanism whereby
3426 we can still put something in the wording that helps those with
3427 a dual diagnosis so, both funding streams can work together.
3428 Because otherwise, it ends up states have parallel programs that
3429 cost them more. And so that is the wording we are looking for.

3430 So, it isn't just taking this language. It is actually
3431 adding a little more to it that allows the funding to go for the
3432 dual diagnosis patient. And that is where we want to talk with
3433 these groups and with states and say what exactly is that word.
3434 And we got it from states but apparently, these states are bringing
3435 up an additional issue. So, that is why I think it needs a little
3436 more wording.

3437 Ms. Schakowsky. Reclaiming my time, it just seems to me that
3438 this would be a placeholder for that conversation to happen.
3439 There is support on both sides of the aisle for this. And I just
3440 wanted to encourage.

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3441 You know we have heard, and I take you at your word, that
3442 the bipartisan amendments will be considered. But so far, all
3443 have been withdrawn. And so it was just my suggestion that we
3444 would -- and especially since there is a parallel amendment that
3445 was going to be offered by the Ranking Member of the Committee,
3446 with the understanding that there is going to be work done between
3447 now and full committee, that we pass it.

3448 That is just my suggestion. I yield back.

3449 Mr. Murphy. I gave you something more important. I gave
3450 you my word.

3451 Mr. Pitts. All right, the gentlelady yields back.

3452 Are there other amendments to the amendment in the nature
3453 of a substitute?

3454 Mr. Pallone. I have an amendment.

3455 Mr. Pitts. The Chair recognizes the gentleman Mr. Pallone
3456 to offer an amendment.

3457 Mr. Pallone. It is number 11, I guess.

3458 [The Amendment of Mr. Pallone follows:]

3459

3460 *****INSERT 25*****

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3461 The Clerk. Amendment to the amendment in the nature of a
3462 substitute to H.R. 2646 offered by Mr. Pallone.

3463 Mr. Pitts. Without objection, the reading of the amendment
3464 is dispensed with and the gentleman is recognized for 5 minutes
3465 in support of his amendment.

3466 Mr. Pallone. Thank you, Mr. Chairman.

3467 As we spend this year celebrating the 25th anniversary of
3468 the Americans with Disabilities Act, I am deeply disturbed that
3469 we are considering a bill that includes provisions that could turn
3470 back the clock on efforts to empower individuals with
3471 disabilities, including psychiatric disabilities and allow
3472 individuals with disabilities to integrate into our communities.

3473 I cannot support any effort by Congress to force or
3474 incentivize states to reduce their inpatient commitment standards
3475 and, therefore, make it easier to commit people. We have been
3476 there before and it did not work. We shut down the asylums for
3477 a reason and there is no reason to take steps backwards towards
3478 an undisputable failure in our history's treatment of individuals
3479 with mental illness. That is why this amendment, or my amendment,
3480 Mr. Chairman, would strike Section 206(f), which provide states
3481 with a two percent bump up on the Community Mental Health Block
3482 Grant for having a reduced inpatient treatment standard.
3483 Incentivizing states to weaken their standards could turn back

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3484 the clock at a time when people, who could have lived fulfilling
3485 lives in their communities, were forced to spend extended time
3486 or needlessly live out their days in an institution. We should
3487 continue to support the full integration of individuals with
3488 disabilities, including psychiatric disabilities into our
3489 communities.

3490 And I want to be clear, Mr. Chairman. I agree that inpatient
3491 commitment is the appropriate treatment for certain individuals
3492 but I also understand that it is not appropriate for many others.
3493 While we universally agree that an individual who is a serious
3494 or imminent threat to self or others should be committed,
3495 encouraging states to weaken that standard would undoubtedly lead
3496 to more people being institutionalized, undoubtedly, including
3497 many, who could undoubtedly live and obtain treatment services
3498 in their community. And I don't think we should allow this.

3499 That is why oppose Section 206(f) of this bill and I urge
3500 my colleagues to support my amendment. I would yield back.

3501 Mr. Pitts. The Chair thanks the gentleman.

3502 Is there discussion on the Pallone amendment? The Chair
3503 recognizes Dr. Murphy.

3504 Mr. Murphy. Thank you. And again, I thank Mr. Pallone for
3505 bringing this to our attention. It is something I would like to
3506 talk about more.

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3507 I know 28 states do this right now and we have talked to those
3508 stakeholders in those states regarding this because it does
3509 provide them another mechanism. The current mechanism right now
3510 for involuntary commitment is imminent danger of harming
3511 themselves or someone else. In many cases, that is literally
3512 someone says if they don't have a knife to their throat or they
3513 haven't taken an overdose of pills, or they haven't grabbed
3514 someone or been caught in an act of violence, then they cannot
3515 be given an involuntary commitment.

3516 And again, I point to Mr. Hernandez in the audience, who had
3517 that very issue with his son when he pleaded with folks in
3518 California to help his son and they said we can't do it until he
3519 has going to kill somebody. Unfortunately, it came afterwards
3520 and now I believe he has been in prison for a long time and going
3521 to be in an inpatient setting for tens of years.

3522 So, this allows a mechanism to help people before it gets
3523 to that level. Again, 28 states have it and recognizing there
3524 is an additional cost for it. That is why there were some
3525 additional money in that.

3526 But like anything else, you had mentioned you had talked with
3527 a number of organizations. I would love to get that data from
3528 you and review that other information with you with regard to some
3529 of those outcome measures. Let's look that over. I like to look

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3530 at that kind of data from organizations that may review these
3531 things and I would also say let's talk to the families and let's
3532 get information from states and look at that in the future for
3533 a part of discussions.

3534 Mr. Pallone. Would the gentleman yield?

3535 Mr. Murphy. Sure, yes.

3536 Mr. Pallone. Just to point out, and I don't want to get into
3537 all the specifics, but I think it is necessary to some extent.
3538 You know I am looking at the legislation, maybe this is the AINS
3539 now or the underlying bill, and rather than use this dangerousness
3540 standard, it certainly seems to suggest that a state court could
3541 order the individual committed by a much less standard. And I
3542 am just reading this language that says if a state court finds
3543 by convincing evidence that an individual, as a result of mental
3544 illness, is a danger to himself or to others but then it also says
3545 is persistently or acutely disabled or is gravely disabled.

3546 So, this is the type of thing that I am concerned about. I
3547 mean I think it is quite clear that it is not necessarily the
3548 dangerousness standard but it is a much lesser standard. And that
3549 is the language that I worry about to understand.

3550 Mr. Murphy. Thank you. I thank the gentleman and I am
3551 reclaiming my time here.

3552 If we look at some of the situations where someone has

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3553 committed suicide, attempted suicide, or if you look at the list
3554 at the people involved in these mass attacks or individual
3555 homicides, they would have met a standard for dangerous but not
3556 necessarily a standard for imminent danger of harming themselves
3557 or someone else.

3558 So, I think it is worthy of our further discussion here and
3559 to review how states have enacted that and what happens so it is
3560 not just you and me discussing in terms of what we are reading
3561 right now. But let's look at this deeper. I think this requires
3562 a deeper look to review how states are doing this and then,
3563 specifically, to see is this, indeed, saving lives of those where
3564 they are harming themselves or harming someone else. But I know
3565 the current standard in many states, the reason they have adopted
3566 that, is they felt that the bar was so high, actually it was set
3567 probably back during the Victorian Age of the imminent harm, at
3568 a time when we didn't even understand what mental illness was.

3569 Just in this last year we have understood more with serious
3570 mental illness. Just in the last year, we have found 108 genetic
3571 markers of schizophrenia and bipolar, identifying more of the
3572 genetic components of autism, understanding more of which parts
3573 of the brain are associated with severe depression the person
3574 won't recover. We will find out more of that in the future but
3575 I --

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3576 Mr. Pallone. If the gentleman would just yield.

3577 Mr. Murphy. Yes.

3578 Mr. Pallone. And again, I don't want to spend a lot of time
3579 now talking about these changing definitions but I do think it
3580 is important.

3581 I want to get away from this idea that -- I know we have had
3582 mass murders. I know we have had a lot of situations that we have
3583 had to watch, unfortunately, but I don't want the standard to be
3584 caught up in the fact that we have had a lot of these mass murders
3585 that have received all this media attention. I think that
3586 changing the standard away from dangerous is a major change. And
3587 let us not get it all caught up in the media focus on the mass
3588 murders.

3589 Mr. Murphy. Reclaiming my time, the last few seconds. That
3590 is precisely one of the issues we have to deal with, the high level
3591 of suicides, the incarcerations. Keep in mind what we tend to
3592 do with the mentally ill now is we throw them in prison, where
3593 we ignore them and leave them homeless.

3594 The issues that the gentleman and others on your side and
3595 others on our side have talked about to somehow compel the states
3596 to do more of the actual treatment and not just ignore people is
3597 huge. Particularly what the gentlelady from Florida has talked
3598 about is almost the abandonment of people in that state, as well

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3599 as other states, too.

3600 But I think it is worthy of further discussion. I would say
3601 let us not strike it right now but I would be glad to talk more
3602 about it. Thank you.

3603 I yield back.

3604 Mr. Pitts. All right, the gentleman is out of time.

3605 Further discussion on the Pallone amendment?

3606 Mr. Green. Chairman, I would like to strike the last word.

3607 Mr. Pitts. The Chair recognizes the Ranking Member.

3608 Strike the last words.

3609 Mr. Green. Mr. Chairman, I just want the committee to
3610 understand when we are talking about the AOT states, there are
3611 five them, Massachusetts, Maryland, Connecticut, and Tennessee,
3612 and New Mexico. So, we are not talking about just four or five
3613 states in abstract, those are the five states that the AOT
3614 provisions are cutting block grants would be.

3615 And I yield back my time.

3616 Mr. Pitts. Any further discussion on the Pallone Amendment?

3617 Mr. Pallone. If there is no further discussion, I would ask
3618 for a roll call, Mr. Chairman.

3619 Mr. Pitts. All right, if there is no further discussion,
3620 the vote occurs on the amendment. And the Clerk will call the
3621 roll.

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3622 The Clerk. Mr. Guthrie.
3623 Mr. Guthrie. No.
3624 The Clerk. Mr. Guthrie votes no.
3625 Mr. Barton.
3626 Mr. Barton. No.
3627 The Clerk. Mr. Barton votes no.
3628 Mr. Whitfield.
3629 Mr. Whitfield. No.
3630 The Clerk. Mr. Whitfield votes no.
3631 Mr. Shimkus.
3632 [No response.]
3633 The Clerk. Mr. Murphy.
3634 Mr. Murphy. No.
3635 The Clerk. Mr. Murphy votes no.
3636 Mr. Burgess.
3637 [No response.]
3638 The Clerk. Mrs. Blackburn.
3639 Mrs. Blackburn. No.
3640 The Clerk. Mrs. Blackburn votes no.
3641 Mrs. McMorris Rodgers.
3642 [No response.]
3643 The Clerk. Mr. Lance.
3644 [No response.]

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3645 The Clerk. Mr. Griffith.
3646 Mr. Griffith. No.
3647 The Clerk. Mr. Griffith votes no.
3648 Mr. Bilirakis.
3649 Mr. Bilirakis. No.
3650 The Clerk. Mr. Bilirakis votes no.
3651 Mr. Long.
3652 Mr. Long. No.
3653 The Clerk. Mr. Long votes no.
3654 Mrs. Elmers.
3655 [No response.]
3656 The Clerk. Mr. Bucshon.
3657 Mr. Bucshon. No.
3658 The Clerk. Mr. Bucshon votes no.
3659 Mrs. Brooks.
3660 Mrs. Brooks. No.
3661 The Clerk. Mrs. Brooks votes no.
3662 Mr. Collins.
3663 Mr. Collins. No.
3664 The Clerk. Mr. Collins votes no.
3665 Chairman Upton.
3666 The Chairman. I vote no.
3667 The Clerk. Chairman Upton votes no.

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3668 Mr. Green.
3669 Mr. Green. Yes.
3670 The Clerk. Mr. Green votes aye.
3671 Mr. Engel.
3672 Mr. Engel. Aye.
3673 The Clerk. Mr. Engel votes aye.
3674 Mrs. Capps.
3675 Mrs. Capps. Aye.
3676 The Clerk. Mrs. Capps votes aye.
3677 Ms. Schakowsky.
3678 Ms. Schakowsky. Aye.
3679 The Clerk. Ms. Schakowsky votes aye.
3680 Mr. Butterfield.
3681 Mr. Butterfield. Aye.
3682 The Clerk. Mr. Butterfield votes aye.
3683 Ms. Castor.
3684 Ms. Castor. Aye.
3685 The Clerk. Ms. Castor votes aye.
3686 Mr. Sarbanes.
3687 Mr. Sarbanes. Aye.
3688 The Clerk. Mr. Sarbanes votes aye.
3689 Ms. Matsui.
3690 Ms. Matsui. Aye.

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3691 The Clerk. Ms. Matsui votes aye.
3692 Mr. Lujan.
3693 Mr. Lujan. Aye.
3694 The Clerk. Mr. Lujan votes aye.
3695 Mr. Schrader.
3696 Mr. Schrader. Aye.
3697 The Clerk. Mr. Schrader votes aye.
3698 Mr. Kennedy.
3699 Mr. Kennedy. Aye.
3700 The Clerk. Mr. Kennedy votes aye.
3701 Mr. Cardenas.
3702 Mr. Cardenas. Aye.
3703 The Clerk. Mr. Cardenas votes aye.
3704 Mr. Pallone.
3705 Mr. Pallone. Aye.
3706 The Clerk. Mr. Pallone votes aye.
3707 Chairman Pitts.
3708 Mr. Pitts. No.
3709 The Clerk. Chairman Pitts votes no.
3710 Mr. Pitts. Anyone seeking to vote? Mr. Lance.
3711 Mr. Lance. No.
3712 The Clerk. Mr. Lance votes no.
3713 Mr. Pitts. Mr. Shimkus?

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3714 Mr. Shimkus. No.

3715 The Clerk. Mr. Shimkus votes no.

3716 Mr. Pitts. The Clerk will report the vote.

3717 The Clerk. Mr. Chairman, on that vote there were 13 ayes
3718 and 15 nays.

3719 Mr. Pitts. The amendment is not agreed to.

3720 Are there any other amendments to the amendment in the nature
3721 of a substitute?

3722 Mr. Butterfield. Mr. Chairman.

3723 Mr. Pitts. For what purpose does the gentleman, Mr.
3724 Butterfield seek recognition?

3725 Mr. Butterfield. Mr. Chairman, I have an amendment at the
3726 desk. I believe it labeled 01.

3727 [The Amendment of Mr. Butterfield follows:]

3728

3729 *****INSERT 26*****

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3730 Mr. Pitts. The clerk will read.

3731 The Clerk. Amendment to the amendment in the nature of a
3732 substitute to H.R. 2646 offered by Mr. Butterfield.

3733 Mr. Pitts. Without objection, the reading of the amendment
3734 is dispensed with. The gentleman is recognize for 5 minutes in
3735 support of his amendment.

3736 Mr. Butterfield. Thank you so very much, Mr. Chairman.

3737 Mr. Chairman, my amendment would express a sense of Congress
3738 on the importance, the absolute importance of expanding the
3739 Medicaid program to pay for mental health care for people at risk.
3740 As you know, Mr. Chairman, and all of my colleagues certainly know,
3741 we have 20 states in this country that have refused to expand their
3742 Medicaid program. Back in 2009, this committee asked the states
3743 to expand their Medicaid programs. Some have and 20 have not.
3744 I am very encouraged that just this week, on Monday, the State
3745 of Montana has agreed to expand its Medicaid program. But I would
3746 like to encourage the 20 states that have not done so to do so
3747 because it profoundly affects the issue that we are talking about
3748 today.

3749 Earlier this year, we recognized the 50th anniversary of
3750 Medicaid. The benefits, Mr. Chairman, of Medicaid cannot be
3751 overstated. Seventy-two million Americans rely on this program.
3752 Seventy-five percent of children who live in poverty in this

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3753 country depend on Medicaid. I represent one of the poorest
3754 districts in the country. More than one out of every four people
3755 in North Carolina's First District live in poverty and we all know
3756 that incidence of mental illness and substance abuse is high here
3757 among low-income populations.

3758 Medicaid is absolutely critical to my constituents but 20
3759 states, including North Carolina, have yet to provide this
3760 critically important coverage to Americans in need.

3761 On this committee, we have several members on this committee
3762 who have been elected by states that have refused to expand the
3763 Medicaid program, the State of Texas, Tennessee, Virginia,
3764 Florida, Missouri, and yes, my state of North Carolina. So, I
3765 would encourage all of my colleagues on this committee to go home,
3766 if you really care about helping those who are mentally ill and
3767 substance abuse, that we go back home and encourage our governors
3768 and our state legislators to expand the program.

3769 In my state, 189,000 people with mental illness would be
3770 eligible for Medicaid, if our government, my state government,
3771 would accept the expansion. That is 189,000 people who are
3772 mentally ill or who would have a need for the service. It is
3773 clear, Mr. Chairman, that the single best way to expand access
3774 to mental health services and addiction treatment and behavioral
3775 healthcare is by expanding Medicaid. Let us do it. Let us expand

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3776 Medicaid to include this population, if we really care about
3777 treating those who are chronically mentally ill. I cannot think
3778 of a better way to approach this crisis than to expand the Medicaid
3779 program in these states. I urge my colleagues to support this
3780 amendment.

3781 Mr. Green. Does the gentleman yield?

3782 Mr. Butterfield. I do yield, Mr. Green.

3783 Mr. Green. Thank you for yielding to me.

3784 The biggest problem that we have in the State of Texas,
3785 similar to North Carolina, I have 55,000 of my constituents in
3786 a very urban district who fall under that gap that if Medicaid
3787 was expanded. In the State of Texas, it is over a million people,
3788 if we expanded Medicaid. In fact, I have been told that the
3789 biggest provider of mental health services is the Medicaid
3790 program. And yet, why would we not expand it? Frankly, I would
3791 like to expand it for the physical health, too.

3792 But that is why I appreciate you introducing your amendment
3793 to sense of Congress. Hopefully, some of our states, your state
3794 and my state, will listen to it. I am proud to be a Texan but,
3795 in this case, I am not proud of what we are doing not to put more
3796 people on the Medicaid rolls and I thank you for --

3797 Mr. Butterfield. Thank you, Mr. Green and reclaiming my
3798 time.

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3799 Mr. Green, I want to thank you for that because it is
3800 absolutely true. I have a statistic in front of me that I will
3801 simply recite. I think Ms. Schakowsky may have mentioned it
3802 earlier.

3803 In addition to the failure to expand the Medicaid program,
3804 when we had the economic downturn several years ago, 25 states
3805 closed 2200 psychiatric beds in state hospitals. And so we need
3806 to become advocates on this committee, if we really care about
3807 mental health treatment, we really need to become more than
3808 legislators. We need to go back home and advocate to our state
3809 leaders the importance of mental health reform at the state level
3810 and at the federal level.

3811 And so I thank you, Mr. Green, for those comments and I will
3812 yield back.

3813 Mr. Pitts. The Chair thanks the gentleman.

3814 Is there further discussion on the Butterfield Amendment?

3815 Mr. Butterfield. I would just like to --

3816 Mr. Pitts. The gentleman from --

3817 Mr. Butterfield. Let me go ahead now and request a recorded
3818 vote.

3819 Mr. Pitts. We are going to have discussion here.

3820 Mr. Butterfield. Yes, all right.

3821 Mr. Pitts. The gentleman from Kentucky is recognized for

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3822 5 minutes to strike the last words.

3823 Mr. Whitfield. Mr. Chairman, thank you very much. And I
3824 certainly want to thank Mr. Butterfield for offering this
3825 amendment, which is certainly very important. And basically, it
3826 is simply expressing the sense of Congress that the expansion of
3827 Medicaid is a very important vehicle to expand mental health and
3828 addiction treatment services, which I think we all agree with.

3829 We also understand that the Medicaid programs are primarily
3830 state programs. I mean each state determine the eligibility and
3831 the access and the care that is provided. And we know that the
3832 states primarily make those determinations. We also understand
3833 that 2016, because of the expansion of Obamacare, which expanded
3834 Medicaid in some states where the governors decided to do it, that
3835 the federal government picked up most of that cost but, in 2016,
3836 the federal government is going to be backing away from that.

3837 So, even though this amendment really doesn't do a lot except
3838 express a sense of Congress --

3839 Mr. Butterfield. Would the gentleman yield for just a
3840 second?

3841 Mr. Whitfield. Sure.

3842 Mr. Butterfield. Would you quantify the amount that the
3843 federal government will pay after 2016?

3844 Mr. Whitfield. Well, I don't have that figure.

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3845 Mr. Butterfield. As I recall --

3846 Mr. Whitfield. It was so high, that I can't remember it.

3847 Mr. Butterfield. Ninety percent. I understand that the
3848 federal government would pay 90 percent of the cost after 2016.

3849 Mr. Whitfield. Right and that is the objection that we had
3850 to Obamacare in the beginning. The federal government already
3851 has an \$18 trillion federal debt and they are just picking up and
3852 spending money that it didn't have.

3853 But in spite of that, though, I am just saying that the
3854 Medicaid program is determined, the access is determined, the
3855 delivery system is really determined at the state level. And so
3856 with that, I would just respectfully disagree with this amendment
3857 and ask the members to not support the amendment.

3858 And I yield back the balance of my time.

3859 Mr. Pitts. The Chair thanks the gentleman.

3860 Is there further discussion of the Butterfield Amendment?
3861 The gentlelady from Florida, Ms. Castor, is recognized to strike
3862 the last words.

3863 Ms. Castor. Well, thank you, Mr. Chairman.

3864 I want to state my strong support for the Butterfield
3865 Amendment. I am grateful to you, Mr. Butterfield, that you are
3866 raising this issue.

3867 I represent a state ranked 49th in the amount of funding it

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3868 puts into mental health services, while it is the third largest
3869 state in the country. That is abysmal.

3870 But one of the ways we can help our families and neighbors
3871 with mental illness is to ensure they have some basic level of
3872 health services and that is what was intended behind the
3873 Affordable Care Act and the Medicaid expansion. Some states have
3874 done it. Some have not.

3875 So, in Florida, we have a double whammy. We don't take care
3876 of our families and loved ones with mental illness and then we
3877 have not expanded Medicaid. And if we were to expand Medicaid,
3878 about 850,000 to 900,000 Floridians would have access to that very
3879 basic healthcare package because Medicaid, remember, what it
3880 provides is it provides health services mostly to the elderly.
3881 That is where most of the expense goes. It also takes care of
3882 children. Most births in the country are covered by Medicaid.
3883 And this is smart policy because you want children to be healthy
3884 and well and ready to learn in school and be productive adults.

3885 What all the research has shown is that if an adult who is
3886 oftentimes working or is a part-time student can get that basic
3887 health services package, they are also going to be more
3888 productive. That is the intent behind expanding Medicaid because
3889 this is America and everyone should have basic healthcare. If
3890 they don't have basic healthcare, that means they don't have basic

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3891 mental healthcare either. They don't have the ability to get the
3892 early intervention prevention services they need. And if the
3893 diagnosis is more severe, there is no doorway. There is no real
3894 access in.

3895 So, what has happened in America? Our criminal justice
3896 system, our jails and prisons have become clogged because there
3897 is nowhere else to go. There is no other treatment.

3898 So, Mr. Butterfield, the Medicaid expansion piece would be
3899 smart. It would be cost-effective for states that have done it.
3900 They are going to see better outcomes. And I can only hope that
3901 North Carolina, Florida, Texas, and the handful of other states
3902 that haven't done this yet begin to move that way. This is a
3903 significant mental healthcare issue, in addition to being an
3904 economic issues for our communities back home and a basic
3905 healthcare issue.

3906 So, thank you and please support the Butterfield Amendment.

3907 And I will yield my time to Mr. Kennedy.

3908 Mr. Kennedy. Thank you. I thank the gentlelady for
3909 yielding. I want to speak in support of the Butterfield Amendment
3910 as well.

3911 Fifty-five percent of counties in this country do not have
3912 a single practicing psychiatrist, psychologist or social worker.
3913 The 2012 report from HRSA reported that there were exactly 3,669

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3914 mental health professional shortage areas in this country,
3915 containing 91 million people, more than a quarter of our
3916 population. We are debating today a piece of legislation to try
3917 to expand access to mental health services across the country.
3918 The idea that we are going to be able to do that without providing
3919 additional resources or without expanding Medicaid and services
3920 through Medicaid, I would love to understand how we will do that.
3921 I hesitate to come up with an idea that doesn't leverage the
3922 infrastructure that we have in Medicaid and expand it.

3923 And so, Mr. Butterfield, I commend you for your amendment.
3924 I would hope that everybody here would decide to support it. I
3925 yield back.

3926 Mr. Pitts. Does the gentlelady yield time back?

3927 Any further discussion on the Butterfield Amendment?

3928 Mr. Pallone. Mr. Chairman.

3929 Mr. Pitts. The Chair recognizes the Ranking Member, Mr.
3930 Pallone to strike the last words.

3931 Mr. Pallone. Thank you. I will be brief. I just want to
3932 thank Mr. Butterfield for offering this important amendment. I
3933 don't think there was any question that when we drafted the
3934 Affordable Care Act, we intended for all states to expand their
3935 Medicaid programs and yet, we have 20 states that have still not
3936 chosen to do so.

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3937 And Medicaid is the single largest payer of behavioral health
3938 services. Research shows that low-income individuals are
3939 disproportionately affected by behavioral health conditions.
3940 Mental illness is more than twice as prevalent among individuals
3941 in the Medicaid program as in the general population.

3942 So, states that have expanded Medicaid have improved their
3943 uninsured rates far greater than those states that chose not to
3944 expand Medicaid and states that have expanded Medicaid have
3945 documented significant budget savings.

3946 I think the figure right now is 100 percent. In other words,
3947 if any of those 20 states expanded their Medicaid program, they
3948 would be funded 100 percent by the federal government.
3949 Eventually it goes down and then, I think in the year 2020, it
3950 stops at 90 percent. So, it is 100 percent now. At the most,
3951 eventually, it is only 90 percent still federally funded. So,
3952 they have huge savings from Medicaid expansion.

3953 The states' failure to expand Medicaid just basically is
3954 preventing low-income people from getting behavioral healthcare
3955 and it leads to individuals who are unable to get care until their
3956 mental health or their substance abuse disorder has significantly
3957 deteriorated. So, there is absolutely no reason not to do it and
3958 it would have significant benefits to those who have behavioral
3959 health problems.

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3960 I yield back, unless somebody wants my time. I yield back,
3961 Mr. Chairman.

3962 Mr. Pitts. The Chair thanks the gentleman.

3963 Any further discussion on the Butterfield amendment? If
3964 not, a vote occurs on the amendment. We will have a roll call
3965 vote. The Clerk will call the roll.

3966 The Clerk. Mr. Guthrie.

3967 Mr. Guthrie. No.

3968 The Clerk. Mr. Guthrie votes no.

3969 Mr. Barton.

3970 [No response.]

3971 The Clerk. Mr. Whitfield.

3972 Mr. Whitfield. No.

3973 The Clerk. Mr. Whitfield votes no.

3974 Mr. Shimkus.

3975 Mr. Shimkus. No.

3976 The Clerk. Mr. Shimkus votes no.

3977 Mr. Murphy.

3978 Mr. Murphy. No.

3979 The Clerk. Mr. Murphy votes no.

3980 Mr. Burgess.

3981 Mr. Burgess. No.

3982 The Clerk. Mr. Burgess votes no.

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3983 Mrs. Blackburn.

3984 Mrs. Blackburn. No.

3985 The Clerk. Mrs. Blackburn votes no.

3986 Mrs. McMorris Rodgers.

3987 [No response.]

3988 The Clerk. Mr. Lance.

3989 Mr. Lance. No.

3990 The Clerk. Mr. Lance votes no.

3991 Mr. Griffith.

3992 Mr. Griffith. No.

3993 The Clerk. Mr. Griffith votes no.

3994 Mr. Bilirakis.

3995 Mr. Bilirakis. No.

3996 The Clerk. Mr. Bilirakis votes no.

3997 Mr. Long.

3998 Mr. Long. No.

3999 The Clerk. Mr. Long votes no.

4000 Mrs. Elmers.

4001 [No response.]

4002 The Clerk. Mr. Bucshon.

4003 Mr. Bucshon. No.

4004 The Clerk. Mr. Bucshon votes no.

4005 Mrs. Brooks.

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4006 Mrs. Brooks. No.
4007 The Clerk. Mrs. Brooks votes no.
4008 Mr. Collins.
4009 Mr. Collins. No.
4010 The Clerk. Mr. Collins votes no.
4011 Chairman Upton.
4012 The Chairman. Votes no.
4013 The Clerk. Chairman Upton votes no.
4014 Mr. Green.
4015 Mr. Green. Aye.
4016 The Clerk. Mr. Green votes aye.
4017 Mr. Engel.
4018 Mr. Engel. Aye.
4019 The Clerk. Mr. Engel votes aye.
4020 Mrs. Capps.
4021 Mrs. Capps. Aye.
4022 The Clerk. Mrs. Capps votes aye.
4023 Ms. Schakowsky.
4024 Ms. Schakowsky. Aye.
4025 The Clerk. Ms. Schakowsky votes aye.
4026 Mr. Butterfield.
4027 Mr. Butterfield. Aye.
4028 The Clerk. Mr. Butterfield votes aye.

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4029 Ms. Castor.
4030 Ms. Castor. Aye.
4031 The Clerk. Ms. Castor votes aye.
4032 Mr. Sarbanes.
4033 Mr. Sarbanes. Aye.
4034 The Clerk. Mr. Sarbanes votes aye.
4035 Ms. Matsui.
4036 Ms. Matsui. Aye.
4037 The Clerk. Ms. Matsui votes aye.
4038 Mr. Lujan.
4039 Mr. Lujan. Aye.
4040 The Clerk. Mr. Lujan votes aye.
4041 Mr. Schrader.
4042 Mr. Schrader. Aye.
4043 The Clerk. Mr. Schrader votes aye.
4044 Mr. Kennedy.
4045 Mr. Kennedy. Aye.
4046 The Clerk. Mr. Kennedy votes aye.
4047 Mr. Cardenas.
4048 Mr. Cardenas. Aye.
4049 The Clerk. Mr. Cardenas votes aye.
4050 Mr. Pallone.
4051 Mr. Pallone. Aye.

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4052 The Clerk. Mr. Pallone votes aye.

4053 Chairman Pitts.

4054 Mr. Pitts. No.

4055 The Clerk. Chairman Pitts votes no.

4056 Mr. Pitts. Are there any other members seeking to vote?

4057 The Clerk will report the vote.

4058 The Clerk. Mr. Chairman, on that vote, there were 13 ayes
4059 and 15 nays.

4060 Mr. Pitts. The amendment is not agreed to.

4061 Are there any other amendments to the amendment in the nature
4062 of a substitute?

4063 Mr. Pallone. Mr. Chairman, I have an amendment.

4064 Mr. Pitts. The clerk will report the Pallone Amendment.

4065 Give us the number, please. What number?

4066 Mr. Pallone. Number 2, I believe, Mr. Chairman.

4067 [The Amendment of Mr. Pallone follows:]

4068

4069 *****INSERT 27*****

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4070 Mr. Pitts. Clerk.

4071 The Clerk. Amendment to the amendment in the nature of a
4072 substitute to H.R. 2646 offered by Mr. Pallone.

4073 Mr. Pitts. Without objection, the reading of the amendment
4074 is dispensed with and the gentleman, Mr. Pallone, is recognized
4075 for 5 minutes in support of his amendment.

4076 Mr. Pallone. Thank you, Mr. Chairman.

4077 My purpose in this amendment is to encourage more
4078 psychiatrists to accept health insurance and this amendment
4079 brings attention to an incredibly important issue in our health
4080 care system today.

4081 There is a shortage of mental health providers in the United
4082 States. If we truly want to tackle the issue of mental health,
4083 it is imperative that every American who needs a mental health
4084 provider has access to a mental health provider.

4085 The Affordable Care Act made great strides in increasing
4086 access to healthcare, including mental healthcare. Nearly 17
4087 million uninsured Americans are now insured thanks to the ACA and
4088 every American now can access affordable quality health
4089 insurance. The majority of Americans rely on health insurance
4090 to get healthcare. However, a January 2015 study from the Journal
4091 of American Medical Associations --

4092 Mr. Pitts. If the gentleman will yield, we will accept this

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4093 amendment.

4094 Mr. Pallone. You will? All right. I guess then I don't have
4095 to proceed with my statement any further. Thank you very much.

4096 Mr. Pitts. All right, all those in favor of the amendment,
4097 say aye.

4098 Those opposed, no.

4099 The ayes have it and it is adopted.

4100 Are there other amendments to the amendment in the nature
4101 of a substitute? The gentlelady from California, Ms. Matsui is
4102 recognized to offer an amendment. What number is it?

4103 Ms. Matsui. It is number 12.

4104 [The Amendment of Ms. Matsui follows:]

4105

4106 *****COMMITTEE INSERT 28*****

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4107 Mr. Pitts. The Clerk will report the amendment.

4108 The Clerk. Amendment to the amendment in the nature of a
4109 substitute to H.R. 2646 offered by Ms. Matsui.

4110 Mr. Pitts. Without objection, the reading of the amendment
4111 is dispensed with and the gentlelady is recognized for 5 minutes
4112 in support her amendment.

4113 Ms. Matsui. Thank you, Mr. Chairman. I have this amendment
4114 at the desk that I would like to offer and withdraw.

4115 I appreciate the opportunity to work with Representative
4116 Murphy on this legislation, especially this past week or so. Mr.
4117 Murphy, thank you for adding the language from my Bill H.R. 2690
4118 to your amendment in the nature of a substitute.

4119 We are all hearing stories. We are all hearing from
4120 families, when their loved one is sick, they are constantly told
4121 no. When you adult son ends up in a hospital during a crisis,
4122 you are told no, I can't tell you if he is here. When you want
4123 to be involved in your husband's or your wife's care, you are told
4124 no, I can't tell you his or her diagnosis or medication. That
4125 is not right. Caring family members should have a place in their
4126 loved one's care.

4127 Because of the long history of stigma and mistreatment of
4128 those with mental illness, this will truly require a culture
4129 change. I also hear well-meaning providers who come to me saying,

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4130 I want to tell this patient's mother that she is sick and not taking
4131 medications but I wasn't able to.

4132 We agree there is a problem. However, language of the HIPAA
4133 law does not prevent information sharing in 99 percent of the
4134 stories I hear. Rather, it is a vast misunderstanding,
4135 misinterpretation and overly cautious application of the HIPAA
4136 law. It is the culture around HIPAA.

4137 The Including Families in Mental Health Recovery Bill that
4138 I introduced would do two things. First, formalize HHS Office
4139 of Civil Rights Guidance, which clearly outlines how providers
4140 can strike the right balance between sharing information with
4141 caregivers and protecting patients privacy.

4142 Second, it required the development and dissemination of a
4143 model training program to educate and train providers,
4144 administrators, and lawyers and patients and families on what can
4145 and can't be shared under the law. This legislation has garnered
4146 support from a broad range of mental health stakeholders,
4147 including both those who err on the side of sharing information
4148 with families and those who believe in always protecting patients'
4149 rights to privacy. I believe this is a balanced real way to solve
4150 this problem and I believe that if we work together, we can make
4151 a real difference here.

4152 I appreciate that Representative Murphy has recognized that

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4153 and has included my provision in his manager's mark. However,
4154 Section 401 of his bill does still amend HIPAA, which I remain
4155 concerned about. Therefore, I am offering this amendment to
4156 strike that section of the bill.

4157 Additionally, I believe that to really have culture change,
4158 we need to build upon evidence-based models of care that encourage
4159 the inclusion of family members in recovery. To that end, I have
4160 also added a provision that would create an improving
4161 communications grant program, which focused on treatments such
4162 as open dialogues that I think will go a long way towards the goal
4163 of including families and improving communications.

4164 I withdraw this amendment but I do look forward to continuing
4165 to work with my colleagues on this issue. Thank you and I yield
4166 back.

4167 Mr. Pitts. The Chair thanks the gentlelady.

4168 Does anyone else seek recognition on this? The amendment
4169 is withdrawn.

4170 We expect votes on the floor shortly. I am told there are
4171 going to be seven votes. We also have a Steering Committee
4172 meeting which some of our members are attending. So, at this
4173 point, we will recess the subcommittee subject to the call of the
4174 Chair. And we will probably reconvene around 4:00. It looks
4175 like that is about the time.

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4176 So, without objection, the subcommittee stands in recess.

4177 [Whereupon, at 1:37 p.m., the subcommittee recessed subject
4178 to the call of the chair.]

4179 Mr. Pitts. We are now on the amendment in the nature of a
4180 substitute. Are there any other amendments? For what purpose
4181 does the gentleman from Massachusetts seek recognition?

4182 Mr. Kennedy. Thank you, Mr. Chairman. I have an amendment
4183 at the desk.

4184 Mr. Pitts. Do you have the number? What number?

4185 Mr. Kennedy. Oh, excuse me. I am sorry. I believe it is
4186 Number 37.

4187 Mr. Pitts. The Clerk will report the amendment.

4188 The Clerk. Amendment to the amendment in the nature of a
4189 substitute to H.R. 2646, offered by Mr. Kennedy.

4190 [The Amendment of Mr. Kennedy follows:]

4191

4192 *****INSERT 29*****

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4193 Mr. Pitts. Without objection, the reading of the amendment
4194 is dispensed with, and the gentleman is recognized for 5 minutes
4195 in support of his amendment.

4196 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman, this
4197 amendment would simply highlight the fact that low reimbursement
4198 rates to doctors have an impact on the number of Medicaid patients
4199 that they are willing to accept, and, thus, on the access to mental
4200 health care that they are able and willing to provide. It is a
4201 no cost, common sense amendment. It would say that enhancing the
4202 FMAP has historically helped states strengthen their systems and
4203 pay for upgrades.

4204 Medicaid is the largest single payer for mental health
4205 services in our country, not because it is the most generous, but
4206 because it serves such a high population of Americans with mental
4207 illness. In fact, in Massachusetts, Medicare reimburses doctors
4208 -- Medicare -- for about \$116 for the evaluation and management
4209 of a new patient who presents with moderate severity, which takes
4210 about 30 minutes, but Medicaid payments may be limited to \$62 to
4211 \$83. Meanwhile, commercial reimbursement rates can pay up to
4212 \$133 for the exact same service.

4213 If you are serious about addressing the mental health problem
4214 in the United States, we have to be serious about the way we pay
4215 for Medicaid.

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4216 I ask my colleagues to join me in supporting this amendment,
4217 and I will yield to anybody that wants to chat about it. And,
4218 if not, I will yield back.

4219 Mr. Pitts. The Chair thanks the gentleman. Is there
4220 discussion the Kennedy amendment? The Chair recognizes the Vice
4221 Chair, Mr. Guthrie, for 5 minutes to strike the last word.

4222 Mr. Guthrie. Thank you, Mr. Chairman. I appreciate and I
4223 understand what my friend from Massachusetts is talking about,
4224 but the reason I oppose the amendment, you know, Medicaid already
4225 pays for 25 percent of behavioral health services. This
4226 amendment could cost federal taxpayers billions of dollars, and
4227 there is no CBO score, and we don't know its impact.

4228 This policy just changes who pays for behavioral health
4229 service. It does not reform the mental health system. And
4230 Medicaid has been, since the creation 50 years ago, a joint federal
4231 and state program, and this shifts a lot of responsibility -- much
4232 of the responsibility to the Federal Government, rather than
4233 empowering and enabling states.

4234 And today should be about improving policies and programs,
4235 not just cost-shifting program dollars. And I yield back.

4236 Mr. Kennedy. Would the gentleman yield just --

4237 Mr. Guthrie. Yes. I will yield. Absolutely.

4238 Mr. Kennedy. As much as I might wish that the amendment

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4239 actually did fund Medicaid for the reimbursement rates that I
4240 would like, all this proclaims to do is a sense of Congress that
4241 Medicaid in fact doesn't reimburse at commercially viable rates
4242 and just mentions that. So I don't believe there is in fact any
4243 cost to --

4244 Mr. Guthrie. You understand that is the sense.

4245 Mr. Kennedy. Yes.

4246 Mr. Guthrie. It is the sense of Congress. But it shows the
4247 intent, as I was referring to.

4248 Mr. Kennedy. Thank you.

4249 Mr. Guthrie. I appreciate my friend from Massachusetts.
4250 Thank you.

4251 Mr. Pitts. Is there further discussion on the Kennedy
4252 amendment? If not, the vote occurs on the amendment. Do you want
4253 a roll call?

4254 Mr. Kennedy. Yes, please, Mr. Chairman.

4255 Mr. Pitts. All right. I am told we are going to roll this
4256 vote until 5:00, so members -- all the other members can arrive.
4257 All right? So --

4258 Mr. Pallone. Mr. Chairman?

4259 Mr. Pitts. -- are there further amendments to the --

4260 Mr. Pallone. Mr. Chairman?

4261 Mr. Pitts. Yes.

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4262 Mr. Pallone. My understanding is that we weren't going to
4263 take any roll calls until 5:00, like another 5 minutes.

4264 Mr. Pitts. That is just what I said.

4265 Mr. Pallone. I am sorry. I am just preoccupied here. I
4266 apologize.

4267 Mr. Pitts. So after 5:00, we will --

4268 Mr. Pallone. We will start.

4269 Mr. Pitts. -- record this vote.

4270 Mr. Pallone. Thank you.

4271 Mr. Pitts. Yes. All right. Are there any other
4272 amendments to the amendment in the nature of a substitute?

4273 Mr. Lujan. Strike the last word.

4274 Mr. Pitts. All right. The gentleman is recognized for 5
4275 minutes to strike the last words.

4276 Mr. Lujan. Mr. Chairman, I want to voice my support for the
4277 amendment that my friend, Congressman Kennedy, introduced that
4278 states that it is the sense of Congress that providing an enhanced
4279 FMAP for states to strengthen their behavioral health systems and
4280 foster integration would beneficially improve behavioral health
4281 services and access in this country.

4282 I will be offering an amendment that builds on this provision
4283 during the markup as well. If we want states to invest in
4284 behavioral health infrastructure in their states, we need to

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4285 provide an enhanced federal matching rate to prioritize these
4286 investments. I encourage my colleagues to support this amendment
4287 that would provide funds for states to strengthen their behavioral
4288 health systems.

4289 With that, Mr. Chairman, I --

4290 Mr. Pitts. If there is no other time --

4291 Mr. Lujan. -- I yield back.

4292 Mr. Pitts. The gentleman yields back. Any further
4293 discussion on the amendment? If not, we will roll this vote, as
4294 I said, at 5:00. But let's proceed to the next amendment. Does
4295 anyone else have an amendment to the amendment in the nature of
4296 a substitute? Anyone seek recognition? The gentleman, Mr.
4297 Pallone, is recognized to offer an amendment.

4298 Mr. Pallone. My amendment is Number 17. It deals with the
4299 IMD short-term stays in managed care Medicaid.

4300 Mr. Pitts. The Clerk will report the amendment.

4301 The Clerk. Amendment to the amendment in the nature of a
4302 substitute to H.R. 2646, offered by Mr. Pallone.

4303 [The Amendment of Mr. Pallone follows:]

4304

4305 *****INSERT 30*****

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4306 Mr. Pitts. Without objection, the reading of the amendment
4307 is dispensed with, and the gentleman, Mr. Pallone, is recognized
4308 for 5 minutes in support of his amendment.

4309 Mr. Pallone. I will be brief, Mr. Chairman. This amendment
4310 relates to the so-called Medicaid IMD exclusion. Something that
4311 is often forgotten is that the majority of Medicaid beneficiaries
4312 are in managed care, particularly for their mental health
4313 benefits.

4314 And this means that for Medicaid beneficiaries in my home
4315 State of New Jersey, for example, a private plan is paid a per
4316 member, per month capitated payment from the state to manage all
4317 benefits. In July, CMS proposed a rule that would allow for an
4318 up to 15-day IMD stay for Medicaid beneficiaries of managed care.

4319 This is a common sense, appropriately nuanced policy that
4320 ensures the pendulum doesn't swing back towards incentivizing
4321 institutionalization, but the services are available to Medicaid
4322 beneficiaries if they need them.

4323 And we can make this policy permanent right now. Unlike
4324 broad-scale IMD repeal, the costs with this amendment are
4325 fundamentally controlled because of the very nature of managed
4326 care as a capitated payment, and beneficiaries will receive the
4327 need.

4328 And so I would urge my colleagues to support this amendment

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4329 and yield back.

4330 Mr. Pitts. The Chair thanks the gentleman. Is there
4331 further discussion on the Pallone amendment?

4332 Mr. Murphy. Yes.

4333 Mr. Pitts. The gentleman, Dr. Murphy, is recognized.

4334 Mr. Murphy. Mr. Pallone, I like your amendment, and I
4335 actually hope that we will accept it. This policy implements a
4336 lot of provisions of the Medicaid managed care regulations as has
4337 been proposed by the Center for Medicare and Medicaid Services.

4338 And under this policy, Medicaid managed care plans cover up
4339 to 15 days of service for the beneficiary, which you have said.
4340 That is a good idea. And, actually, the 15 days takes care of
4341 a large percentage of those with severe mental illness who need
4342 in-patient care, because it usually takes a couple of weeks to
4343 stabilize or -- stabilize medication, et cetera.

4344 We have gotten a lot of positive support for this. It is
4345 one of the reasons why we want to take care of the IMD exclusion
4346 overall, even though that cost may be very high. But today more
4347 than half of all Medicaid beneficiaries receive their Medicaid
4348 benefits through a fully capitated managed care plan, which we
4349 think could watch this carefully, but they need to have that
4350 flexibility which you raise.

4351 And as more and more states turn to managed care plans to

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4352 help reduce their financial and administrative challenges of
4353 operating their Medicaid program, this policy which you talk about
4354 is a very useful tool. I agree with you. I support this
4355 amendment. I think we should adopt this amendment as we move
4356 forward to full Committee.

4357 So, Mr. Chairman, I hope we can adopt it. I yield back.

4358 Mr. Pitts. All right.

4359 Mr. Pallone. Sounds good to me.

4360 [Laughter.]

4361 Mr. Pitts. The gentleman accepts the amendment. Is there
4362 any further discussion?

4363 Mr. Pallone. You don't want to vote on that, right? We just
4364 --

4365 Mr. Pitts. We can voice vote, if that is okay.

4366 Mr. Pallone. Sure.

4367 Mr. Pitts. All right. All those in favor shall signify by
4368 saying aye.

4369 Those opposed, nay.

4370 The ayes have it, and the amendment is agreed to.

4371 All right. We are at 5:00, so we are going to do the roll
4372 call vote on the Kennedy amendment. The Clerk will call the roll.

4373 The Clerk. Mr. Guthrie?

4374 Mr. Guthrie. No.

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4375 The Clerk. Mr. Guthrie votes no.
4376 Mr. Barton?
4377 Mr. Barton. No.
4378 The Clerk. Mr. Barton votes no.
4379 Mr. Whitfield?
4380 [No response.]
4381 Mr. Shimkus?
4382 [No response.]
4383 Mr. Murphy?
4384 Mr. Murphy. No.
4385 The Clerk. Mr. Murphy votes no.
4386 Mr. Burgess?
4387 [No response.]
4388 Mrs. Blackburn?
4389 Mrs. Blackburn. No.
4390 The Clerk. Mrs. Blackburn votes no.
4391 Mrs. McMorris Rodgers?
4392 [No response.]
4393 Mr. Lance?
4394 Mr. Lance. No.
4395 The Clerk. Mr. Lance votes no.
4396 Mr. Griffith?
4397 [No response.]

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4398 Mr. Bilirakis?
4399 [No response.]
4400 Mr. Long?
4401 Mr. Long. No.
4402 The Clerk. Mr. Long votes no.
4403 Mrs. Ellmers?
4404 [No response.]
4405 Mr. Bucshon?
4406 Mr. Bucshon. No.
4407 The Clerk. Mr. Bucshon votes no.
4408 Mrs. Brooks?
4409 Mrs. Brooks. No.
4410 The Clerk. Mrs. Brooks votes no.
4411 Mr. Collins?
4412 Mr. Collins. No.
4413 The Clerk. Mr. Collins votes no.
4414 Chairman Upton?
4415 [No response.]
4416 Mr. Green?
4417 Mr. Green. Yes.
4418 The Clerk. Mr. Green votes aye.
4419 Mr. Engel?
4420 [No response.]

This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.

4421 Ms. Capps?

4422 Ms. Capps. Aye.

4423 The Clerk. Ms. Capps votes aye.

4424 Ms. Schakowsky?

4425 [No response.]

4426 Mr. Butterfield?

4427 [No response.]

4428 Ms. Castor?

4429 Ms. Castor. Aye.

4430 The Clerk. Ms. Castor votes aye.

4431 Mr. Sarbanes?

4432 [No response.]

4433 Ms. Matsui?

4434 Ms. Matsui. Aye.

4435 The Clerk. Ms. Matsui votes aye.

4436 Mr. Lujan?

4437 Mr. Lujan. Aye.

4438 The Clerk. Mr. Lujan votes aye.

4439 Mr. Schrader?

4440 Mr. Schrader. Aye.

4441 The Clerk. Mr. Schrader votes aye.

4442 Mr. Kennedy?

4443 Mr. Kennedy. Aye.

This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.

4444 The Clerk. Mr. Kennedy votes aye.

4445 Mr. Cardenas?

4446 [No response.]

4447 Mr. Pallone?

4448 Mr. Pallone. Aye.

4449 The Clerk. Mr. Pallone votes aye.

4450 Chairman Pitts?

4451 Mr. Pitts. No.

4452 The Clerk. Chairman Pitts votes no.

4453 Mr. Pitts. Are there others wishing to vote? The gentleman

4454 from Kentucky?

4455 Mr. Whitfield. No.

4456 The Clerk. Mr. Whitfield votes no.

4457 Mr. Pitts. The gentleman from Florida?

4458 Mr. Bilirakis. No.

4459 The Clerk. Mr. Bilirakis votes no.

4460 Mr. Pitts. Judge?

4461 Mr. Butterfield. Butterfield, aye.

4462 The Clerk. Mr. Butterfield votes aye.

4463 Ms. Schakowsky. Schakowsky votes aye.

4464 The Clerk. Ms. Schakowsky votes aye.

4465 Mr. Pitts. Dr. Burgess.

4466 Mr. Burgess. No.

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4467 Mr. Pitts. Votes no.

4468 The Clerk. Dr. Burgess votes no.

4469 Mr. Pitts. Anyone else seeking to vote? If not, the Clerk
4470 will record the vote, or report the vote.

4471 The Clerk. Mr. Chairman, on that vote, there were 10 ayes
4472 and 13 nays.

4473 Mr. Pitts. All right. So the nays have it, so the amendment
4474 is not agreed to.

4475 Are there any other amendments to the amendment in the nature
4476 of a substitute? The gentleman from Massachusetts is recognized
4477 to offer an amendment. What is the number?

4478 Mr. Kennedy. Thank you, Mr. Chairman. Move to strike the
4479 last -- or I have an amendment at the desk. It is -- should be
4480 Number 18.

4481 Mr. Pitts. 18?

4482 Mr. Kennedy. Expanding Medicaid access.

4483 Mr. Pitts. The Clerk will report the amendment.

4484 The Clerk. Amendment to the amendment in the nature of a
4485 substitute to H.R. 2646, offered by Mr. Kennedy.

4486 [The Amendment of Mr. Kennedy follows:]

4487

4488 *****INSERT 31*****

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4489 Mr. Pitts. Without objection, the reading of the amendment
4490 is dispensed with. The gentleman from Massachusetts is
4491 recognized for 5 minutes in support of the amendment.

4492 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman, this
4493 amendment would expand access to care for children under the age
4494 of 21 by correcting a quirk in the law that says that kids on
4495 Medicaid can't get both mental health care and physical health
4496 care when they are patients at certain facilities known as IMDs,
4497 institution for mental diseases.

4498 This amendment would lift the current restriction that
4499 prohibits children in IMDs from accessing Medicaid's early and
4500 periodic screening, diagnosis, and treatment services, which
4501 includes immunizations, dental care, and physicals. Right now,
4502 Medicaid can pay for services the IMD provides, like counseling,
4503 for example, but cannot simultaneously pay for a child to get a
4504 cavity filled or a flu shot.

4505 Regardless of how members of the Subcommittee feel about
4506 IMDs, we can all agree that forcing children to choose between
4507 mental health care and physical health care is bad policy. The
4508 current discrepancy is discriminatory, is bad for kids, and can
4509 be a deterrent to crucial medical health care treatment.

4510 I ask my colleagues to join me in supporting the amendment,
4511 and I will yield to anybody here that wants to speak or --

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4512 Mr. Pitts. The gentleman yields back?

4513 Mr. Kennedy. Yes, sir.

4514 Mr. Pitts. Is there further discussion on the amendment?

4515 Dr. Murphy, you are recognized for 5 minutes.

4516 Mr. Murphy. Thank you, Mr. Chairman, and my friend, Mr.
4517 Kennedy. This is one of these things that is very important and
4518 we have to work on. And I would ask, Mr. Chairman, in the context
4519 of the Health Subcommittee that this is something you will hold
4520 a hearing on, because the early screening of children actually
4521 throughout early childhood and beyond is something that we are
4522 beginning to understand more and more, like in early science we
4523 are talking about autism, learning disorders, et cetera.

4524 I know that we are already concerned about CBO scores,
4525 because of the IMD exclusion with bed space. We should delve
4526 further into this, and I hope, Mr. Chairman, this is something
4527 that the full Health Subcommittee can dig into. We would not
4528 accept today's amendment, but get the kind of information which
4529 we all need on this, because we want this early identification
4530 of children. And, quite frankly, I think we are going to need
4531 a deeper dive in this and more breadth in this as well.

4532 So I yield back my time.

4533 Mr. Pitts. The Chair thanks the gentleman. Is there
4534 further discussion on the Kennedy amendment?

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4535 Mr. Pallone. Mr. Chairman?

4536 Mr. Pitts. The Chair recognizes the Ranking Member, Mr.
4537 Pallone, to strike the last words.

4538 Mr. Pallone. I am speaking in support of the Kennedy
4539 amendment. There is something we could do here today for very
4540 little cost that would end discriminatory treatment of seriously
4541 mentally ill children in Medicaid. When the Medicaid program was
4542 established in 1965, it included an exclusion on federal
4543 reimbursement for so-called "institutions of mental disease."

4544 At the time, mass institutionalization of the mentally ill
4545 in this country was a serious problem. And I want to clarify my
4546 view that today even it is still very important that we carefully
4547 maintain the balance between community services and
4548 institutionalization. The important thing, though, is to ensure
4549 that Medicaid beneficiaries have access to the right services for
4550 them, delivered in the right place at the right time.

4551 In 1972, Congress changed the Medicaid statute to establish
4552 an exception to the IMD exclusion for individuals under age 21.
4553 The psych under-21 benefit allows Medicaid kids to receive
4554 in-patient psychiatric hospital services if that is what they
4555 need.

4556 Unfortunately, because of the way that the benefit is
4557 structured in the statute, which looks very different from

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4558 children's health coverage today, the Federal Government will
4559 only reimburse states for the in-patient psychiatric hospital
4560 services provided in Medicaid-enrolled children and youth in
4561 these facilities, not for any other services a child receives
4562 until unconditionally discharged from the IMD.

4563 And a temporary discharge to treat emergency medical needs
4564 is not an unconditional discharge. Congress has since ensured
4565 that our most vulnerable children have access to the services they
4566 need. Under the early and periodic screening diagnosis and
4567 treatment mandate, states must provide all medically necessarily
4568 Medicaid services to kids.

4569 Unfortunately, for our most seriously mentally ill children,
4570 that same care, access to Medicaid benefits, does not apply and
4571 this is discriminatory to our most seriously mentally ill
4572 children, disincentivizes families that seek this type of
4573 treatment, and disrupts the regular continuity of care that no
4574 one -- you know, we are trying to keep children healthy. But,
4575 also, this ensures that a child is tracked by a physician regularly
4576 who can catch any future relapses, whether they be for mental or
4577 physical health reasons.

4578 The policy costs the equivalent of peanuts given the numbers
4579 we often throw around -- \$350 million to fix discriminatory
4580 treatment of children and IMDs -- that is it. And so I think this

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4581 amendment is common sense. No child, regardless of their mental
4582 state, should be denied the care they need.

4583 And I appreciate the fact that Mr. Kennedy is putting this
4584 forward. I would urge my colleagues to support it.

4585 Mr. Green. Does the gentleman yield?

4586 Mr. Pallone. Yes.

4587 Mr. Green. Thank you for yielding to me. I think this is
4588 one of the most important amendments. If we are really going to
4589 look at getting on the front end of mental illness, particularly
4590 for children, I know the cost is in there, but I am looking at
4591 language that says, "However, Section 501 would not take effect,
4592 only if the chief actuary of CMS certified that providing assets
4593 would not increase program spending."

4594 But this is something if we are really going to refer mental
4595 health treatment in our country, to go where the children are,
4596 so we can see what is developing there. And I want to thank
4597 Congressman Kennedy for introducing this amendment. And I do
4598 think we throw around large numbers oftentimes here, but I think
4599 this would be worthwhile for the long term. It would be actually
4600 long-term savings, I think.

4601 But thank you for yielding to me. I yield back.

4602 Mr. Pitts. The Chair thanks the gentleman. Is there
4603 further discussion on the Kennedy amendment? Since there is no

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4604 further discussion, the vote occurs on the amendment. Do you wish
4605 a recorded vote?

4606 Mr. Green. Recorded vote.

4607 Mr. Pitts. The Clerk will record the vote.

4608 The Clerk. Mr. Guthrie?

4609 Mr. Guthrie. No.

4610 The Clerk. Mr. Guthrie votes no.

4611 Mr. Barton?

4612 Mr. Barton. No.

4613 The Clerk. Mr. Barton votes no.

4614 Mr. Whitfield?

4615 Mr. Whitfield. No.

4616 The Clerk. Mr. Whitfield votes no.

4617 Mr. Shimkus?

4618 [No response.]

4619 Mr. Murphy?

4620 Mr. Murphy. No.

4621 The Clerk. Mr. Murphy votes no.

4622 Mr. Burgess?

4623 [No response.]

4624 Mrs. Blackburn?

4625 Mrs. Blackburn. No.

4626 The Clerk. Mrs. Blackburn votes no.

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4627 Mrs. McMorris Rodgers?
4628 [No response.]
4629 Mr. Lance?
4630 Mr. Lance. No.
4631 The Clerk. Mr. Lance votes no.
4632 Mr. Griffith?
4633 [No response.]
4634 Mr. Bilirakis?
4635 Mr. Bilirakis. No.
4636 The Clerk. Mr. Bilirakis votes no.
4637 Mr. Long?
4638 Mr. Long. No.
4639 The Clerk. Mr. Long votes no.
4640 Mrs. Ellmers?
4641 [No response.]
4642 Mr. Bucshon?
4643 Mr. Bucshon. No.
4644 The Clerk. Mr. Bucshon votes no.
4645 Mrs. Brooks?
4646 Mrs. Brooks. Yes.
4647 The Clerk. Mrs. Brooks votes aye.
4648 Mr. Collins?
4649 Mr. Collins. No.

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4650 The Clerk. Mr. Collins votes no.
4651 Chairman Upton?
4652 The Chairman. Votes no.
4653 The Clerk. Chairman Upton votes no.
4654 Mr. Green?
4655 Mr. Green. Aye.
4656 The Clerk. Mr. Green votes aye.
4657 Mr. Engel?
4658 Mr. Engel. Aye.
4659 The Clerk. Mr. Engel votes aye.
4660 Ms. Capps?
4661 Ms. Capps. Aye.
4662 The Clerk. Ms. Capps votes aye.
4663 Ms. Schakowsky?
4664 Ms. Schakowsky. Aye.
4665 The Clerk. Ms. Schakowsky votes aye.
4666 Mr. Butterfield?
4667 [No response.]
4668 Ms. Castor?
4669 Ms. Castor. Aye.
4670 The Clerk. Ms. Castor votes aye.
4671 Mr. Sarbanes?
4672 Mr. Sarbanes. Aye.

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4673 The Clerk. Mr. Sarbanes votes aye.

4674 Ms. Matsui?

4675 Ms. Matsui. Aye.

4676 The Clerk. Ms. Matsui votes aye.

4677 Mr. Lujan?

4678 Mr. Lujan. Aye.

4679 The Clerk. Mr. Lujan votes aye.

4680 Mr. Schrader?

4681 Mr. Schrader. Aye.

4682 The Clerk. Mr. Schrader votes aye.

4683 Mr. Kennedy?

4684 Mr. Kennedy. Aye.

4685 The Clerk. Mr. Kennedy votes aye.

4686 Mr. Cardenas?

4687 [No response.]

4688 Mr. Pallone?

4689 Mr. Pallone. Aye.

4690 The Clerk. Mr. Pallone votes aye.

4691 Chairman Pitts?

4692 Mr. Pitts. No.

4693 The Clerk. Chairman Pitts votes no.

4694 Mr. Pitts. Are there other members wishing to vote? Dr.

4695 Burgess?

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4696 Mr. Burgess. Votes no.

4697 The Clerk. Dr. Burgess votes no.

4698 Mr. Pitts. Mr. Shimkus?

4699 Mr. Shimkus. No.

4700 The Clerk. Mr. Shimkus votes no.

4701 Mr. Pitts. Mr. Butterfield?

4702 Mr. Butterfield. Aye.

4703 The Clerk. Mr. Butterfield votes aye.

4704 Mr. Pitts. The Clerk will report the vote.

4705 The Clerk. Mr. Chairman, on that vote, there were 13 ayes

4706 and 14 nays.

4707 Mr. Pitts. All right. The nays have it. The amendment is

4708 not agreed to.

4709 Are there any other amendments to the amendment in the nature

4710 of a substitute? All right. The Chair recognizes the gentleman

4711 from Massachusetts to offer his amendment. What number?

4712 Mr. Kennedy. Number 20, please, Mr. Chairman.

4713 Mr. Pitts. Number 20. The Clerk will report the amendment.

4714 The Clerk. Amendment to the amendment in the nature of a

4715 substitute to H.R. 2646, offered by Mr. Kennedy.

4716 [The Amendment of Mr. Kennedy follows:]

4717

4718 *****INSERT 32*****

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4719 Mr. Pitts. Without objection, the reading of the amendment
4720 is dispensed with, and the gentleman, Mr. Kennedy, is recognized
4721 for 5 minutes in support of his amendment.

4722 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman,
4723 despite this country's mental health parity laws, I hear stories
4724 far too often about people with insurance who are struggling to
4725 secure mental health benefits, especially when it comes to
4726 substance abuse.

4727 Beneficiaries can't find doctors in network. they are
4728 inexplicably denied coverage, and they can't get the information
4729 that they need to make smart decisions about their coverage and
4730 care.

4731 NAMI recently released a report entitled The Long Road Ahead,
4732 and it found, "Insurers are denying authorization for mental
4733 health care at higher levels than they are for other types of
4734 care." Another study found that out of 84 plans, only 15 made
4735 detailed plan documents available to consumers. This lack of
4736 transparency is making it impossible for us to ensure parity laws
4737 are applied and enforced.

4738 This amendment would strengthen parity for mental health and
4739 substance abuse by infusing the system with accountability. It
4740 would require health insurance plans to share the analyses they
4741 perform in determining coverage benefits and would empower

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4742 regulators to conduct audits to share their findings publicly.

4743 Very similar language is already in the Senate version of
4744 the mental health bill, though I should note that one key
4745 difference is that this amendment would create a patient parity
4746 portal, so that patients have a one-stop website for submitting
4747 complaints and reading the publicly available information.

4748 I ask my colleagues to join me in supporting this amendment.
4749 I will yield to anybody that wants to speak, or I will yield back.

4750 Mr. Pitts. The Chair thanks the gentleman. Is there any
4751 discussion on the Kennedy amendment? Who is seeking -- the
4752 gentleman, Dr. Bucshon, is recognized to strike the last word.

4753 Mr. Bucshon. Strike the last word, Mr. Chairman. Mr.
4754 Chairman, I oppose this amendment. Congress has already taken
4755 big steps forward in the last decade related to mental health
4756 parity, but this amendment includes burdensome new mandates,
4757 audits, and requirements, and this amendment has not been
4758 considered in a legislative hearing.

4759 Also, this amendment seeks to make changes to federal
4760 statutes outside the jurisdiction of our Committee, including
4761 ERISA and the Internal Revenue Code. Finally, we do not have a
4762 CBO score or independent analysis about how this amendment could
4763 increase costs for taxpayers or consumers.

4764 I oppose this amendment and urge my colleagues to oppose it.

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4765 I yield back.

4766 Mr. Pitts. Is there further discussion on the Kennedy
4767 amendment? The gentleman, Mr. Pallone, is recognized for 5
4768 minutes to strike the last words.

4769 Mr. Pallone. I want to speak in support of the amendment
4770 again, which would strengthen parity in mental health and
4771 substance use disorder benefits.

4772 The 2008 Mental Health Parity Act, which I introduced,
4773 extended mental health parity through 2008 and required health
4774 plans to treat equally mental benefits and medical/surgical
4775 benefits. Unfortunately, despite this important step, too many
4776 individuals were experiencing gaps in coverage, and many services
4777 were not receiving the benefit of federal parity protections.

4778 Too often patients were reported being informed of their
4779 coverage for mental health or substance abuse being cut off or
4780 limited in some way, despite the continued need for such coverage.
4781 In order to address this, the Affordable Care Act expanded
4782 coverage of mental health and substance use disorder benefits and
4783 federal parity protections in three key ways.

4784 One, including mental health and substance use disorder
4785 benefits in the essential health benefits for new insurance
4786 policies, ensuring that consumers purchasing health coverage can
4787 be sure that their health plan will provide the care they need.

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4788 Second, applying federal parity protections to mental health
4789 and substance use disorder benefits in the individual and small
4790 group markets, extending access to coverage to millions of
4791 individuals in both the individual and small group markets.

4792 And, third, providing an additional 32 million Americans
4793 with access to quality health care. That includes coverage for
4794 mental health and substance use disorder services.

4795 Unfortunately, mental health coverage still suffers from
4796 disparities from state to state, gaps in insurance coverage, and
4797 a shortage of mental health providers and treatment facilities.
4798 In fact, a recent study by the Johns Hopkins Bloomberg School of
4799 Public Health found that a quarter of health plans are still not
4800 offering parity for mental health services, with some plans
4801 requiring different co-pays or deductibles for mental and
4802 physical health services, or more strict requirements for prior
4803 authorization for mental health services.

4804 The amendment before us today offered by Mr. Kennedy is meant
4805 to help further strengthen parity in mental health and substance
4806 use disorder benefits by requiring insurers to provide greater
4807 disclosure about compliance with parity requirements and any
4808 violations, and will also require increased audits and
4809 enforcement by the federal agencies responsible for implementing
4810 parity.

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4811 Consumers will also have access to a portal to submit
4812 parity-related complaints and violations and access to
4813 information from audits that were conducted. It is my hope that
4814 this Kennedy amendment will help provide greater transparency
4815 about the steps insurers are taking to ensure parity for mental
4816 health and substance use disorders, and will provide consumers
4817 with a critical tool to reporting violations.

4818 So I urge my colleagues to vote yes on this amendment.

4819 But, you know, before I finish, Mr. Chairman, I did want to
4820 say that, you know, I think this is sponsored by our own Joe
4821 Kennedy, but, you know, for years -- and I am going back to this
4822 2008 Mental Health Parity Act -- you know, Patrick, his cousin,
4823 was very much involved with this, you know, his uncle, or I guess
4824 great-uncle, Senator Kennedy.

4825 You know, the family -- probably his Dad, Joe, as well, they
4826 have all been involved in this parity issue. And we have made
4827 great progress in the parity issue, and I think most of that is
4828 because of the Kennedy family. I have to mention that.

4829 I yield back.

4830 Mr. Pitts. The Chair thanks the gentleman. Is there
4831 further discussion on the Kennedy amendment? If not, do you want
4832 a roll call?

4833 Mr. Kennedy. Yes.

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4834 Mr. Pitts. The Clerk will call the roll.

4835 The Clerk. Mr. Guthrie?

4836 Mr. Guthrie. No.

4837 The Clerk. Mr. Guthrie votes no.

4838 Mr. Barton?

4839 Mr. Barton. No.

4840 The Clerk. Mr. Barton votes no.

4841 Mr. Whitfield?

4842 Mr. Whitfield. No.

4843 The Clerk. Mr. Whitfield votes no.

4844 Mr. Shimkus?

4845 Mr. Shimkus. No.

4846 The Clerk. Mr. Shimkus votes no.

4847 Mr. Murphy?

4848 Mr. Murphy. No.

4849 The Clerk. Mr. Murphy votes no.

4850 Mr. Burgess?

4851 Mr. Burgess. No.

4852 The Clerk. Mr. Burgess votes no.

4853 Mrs. Blackburn?

4854 Mrs. Blackburn. No.

4855 The Clerk. Mrs. Blackburn votes no.

4856 Mrs. McMorris Rodgers?

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4857 [No response.]
4858 Mr. Lance?
4859 Mr. Lance. No.
4860 The Clerk. Mr. Lance votes no.
4861 Mr. Griffith?
4862 [No response.]
4863 Mr. Bilirakis?
4864 Mr. Bilirakis. No.
4865 The Clerk. Mr. Bilirakis votes no.
4866 Mr. Long?
4867 Mr. Long. No.
4868 The Clerk. Mr. Long votes no.
4869 Mrs. Ellmers?
4870 [No response.]
4871 Mr. Bucshon?
4872 Mr. Bucshon. No.
4873 The Clerk. Mr. Bucshon votes no.
4874 Mrs. Brooks?
4875 Mrs. Brooks. No.
4876 The Clerk. Mrs. Brooks votes no.
4877 Mr. Collins?
4878 Mr. Collins. No.
4879 The Clerk. Mr. Collins votes no.

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4880 Chairman Upton?
4881 The Chairman. No.
4882 The Clerk. Chairman Upton votes no.
4883 Mr. Green?
4884 Mr. Green. Aye.
4885 The Clerk. Mr. Green votes aye.
4886 Mr. Engel?
4887 Mr. Engel. Aye.
4888 The Clerk. Mr. Engel votes aye.
4889 Ms. Capps?
4890 Ms. Capps. Aye.
4891 The Clerk. Ms. Capps votes aye.
4892 Ms. Schakowsky?
4893 Ms. Schakowsky. Aye.
4894 The Clerk. Ms. Schakowsky votes aye.
4895 Mr. Butterfield?
4896 Mr. Butterfield. Aye.
4897 The Clerk. Mr. Butterfield votes aye.
4898 Ms. Castor?
4899 Ms. Castor. Aye.
4900 The Clerk. Ms. Castor votes aye.
4901 Mr. Sarbanes?
4902 Mr. Sarbanes. Aye.

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4903 The Clerk. Mr. Sarbanes votes aye.

4904 Ms. Matsui?

4905 Ms. Matsui. Aye.

4906 The Clerk. Ms. Matsui votes aye.

4907 Mr. Lujan?

4908 Mr. Lujan. Aye.

4909 The Clerk. Mr. Lujan votes aye.

4910 Mr. Schrader?

4911 Mr. Schrader. Aye.

4912 The Clerk. Mr. Schrader votes aye.

4913 Mr. Kennedy?

4914 Mr. Kennedy. Aye.

4915 The Clerk. Mr. Kennedy votes aye.

4916 Mr. Cardenas?

4917 Mr. Cardenas. Aye.

4918 The Clerk. Mr. Cardenas votes aye.

4919 Mr. Pallone?

4920 Mr. Pallone. Aye.

4921 The Clerk. Mr. Pallone votes aye.

4922 Chairman Pitts?

4923 Mr. Pitts. No.

4924 The Clerk. Chairman Pitts votes no.

4925 Mr. Pitts. Are there other members wishing to be recorded?

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4926 Mr. Griffith?

4927 Mr. Griffith. No. I vote no.

4928 The Clerk. Mr. Griffith votes no.

4929 Mr. Pitts. Dr. Burgess?

4930 Mr. Burgess. I voted no.

4931 Mr. Pitts. I am sorry. How is Dr. Burgess -- is he

4932 recorded? Mr. Barton, how do you vote?

4933 Mr. Barton. No.

4934 Mr. Pitts. No.

4935 The Clerk. Mr. Barton votes no.

4936 Mr. Pitts. The Clerk will report the vote.

4937 The Clerk. Mr. Chairman, on that vote, there were 13 ayes

4938 and 16 nays.

4939 Mr. Pitts. The nays have it. The amendment is not agreed

4940 to.

4941 Are there any other amendments to the amendment in the nature

4942 of a substitute? The gentlelady from Illinois, Ms. Schakowsky,

4943 is recognized to offer an amendment. What number?

4944 Ms. Schakowsky. Amendment Number 38. I have an amendment

4945 at the desk.

4946 Mr. Pitts. The Clerk will report the amendment.

4947 The Clerk. Amendment to the amendment in the nature of a

4948 substitute to H.R. 2646, offered by Ms. Schakowsky.

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4949 [The Amendment of Ms. Schakowsky follows:]

4950

4951 *****INSERT 33*****

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4952 Mr. Pitts. Without objection, the reading of the amendment
4953 is dispensed with. The gentlelady is recognized for 5 minutes
4954 in support of her amendment.

4955 Ms. Schakowsky. Thank you, Mr. Chairman. I hope that
4956 everyone who is watching right now, there have been a number of
4957 really important amendments on the Democratic side, some who have
4958 been -- that have been acknowledged as very helpful, and yet not
4959 a single one -- oh, yes, I think there was a single one that
4960 actually passed.

4961 My amendment would help to fill an unmet need for suicide
4962 prevention for adults, and I hope that you will consider this.

4963 We have seen the amazing impact The Garrett Lee Smith
4964 Memorial Act has had on reducing youth suicides. However, The
4965 Garrett Lee Smith Memorial Act almost exclusively focuses on
4966 suicide among youth and adolescents. Yet, in 2013, 87 percent
4967 of the people who died from suicide were over the age of 24. And
4968 just this week a Princeton analysis concluded that white,
4969 middle-aged Americans are dying at an alarming rate from suicide
4970 and alcohol and drug abuse. Actually, I believe it was -- let
4971 me just see. I think it is white men. Yes.

4972 And from 2000 to 2012, the rate of suicide among white male
4973 adults age 45 to 54 rose from 15 per 100,000 people to 25 per
4974 100,000 people, and now accounts for more deaths among this group

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4975 than diabetes or chronic liver death and is nearly the same as
4976 lung and cancer deaths.

4977 I would like to request that this study from Princeton be
4978 included in the record. Mr. Chairman, I ask unanimous consent.

4979 Mr. Pitts. Without objection, so ordered.

4980 [The information follows:]

4981

4982 *****COMMITTEE INSERT 34*****

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4983 Ms. Schakowsky. Thank you. Unfortunately, many rural
4984 areas are also experiencing an increase in the number of suicides.
4985 According to the CDC, from 2004 to 2013, suicide in rural counties
4986 in the United States increased by 20 percent.

4987 The same data showed that Wyoming residents have the highest
4988 rate of suicide, closely followed by Alaska, Montana, New Mexico,
4989 and Utah, all of which have significant rural areas. I would like
4990 to request an article from yesterday's New York Times entitled
4991 Small Towns Facing Rising Suicide Rates also be in the record.
4992 So I ask unanimous consent to do that.

4993 Mr. Pitts. Without objection, so ordered.

4994 [The information follows:]

4995

4996 *****COMMITTEE INSERT 35*****

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4997 Ms. Schakowsky. Thank you. It is clear that we need to be
4998 doing more to prevent suicides, especially among adults. My
4999 amendment is simple. It would authorize \$15 million a year. And
5000 as anybody around here knows, that is not a lot of money, but it
5001 is significant for 5 years to help implement and expand suicide
5002 prevention efforts for adults, and hopefully with these new
5003 findings we can begin to reverse this devastating trend, and I
5004 urge my colleagues to support this amendment.

5005 I yield back.

5006 Mr. Pitts. The gentlelady yields back. Is there further
5007 discussion? Dr. Murphy, you are recognized for 5 minutes to
5008 strike the last word.

5009 Mr. Murphy. Thank you, Mr. Chairman. These are grants I
5010 believe listed that the Administrator of Substance Abuse and
5011 Mental Health Services Administration or, in this case under our
5012 bill, the Secretary of Mental Health and Substance Abuse would
5013 have.

5014 There already exists a grant program within SAMHSA for
5015 suicide issues. Plus, our underlying bill calls upon the
5016 National Institute of Mental Health to do research on the
5017 determinants of self and other directed violence in mental
5018 illness, including studies directed at reduction in the risk of
5019 self-harm, suicide, interpersonal violence, and also additional

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5020 funds for the brain research, so we can look at the underlying
5021 neurobiological causes of this as well as social causes.

5022 We know that what has been happening over the last several
5023 years, last 10 years, we have seen declines in mortality rates
5024 for heart disease, AIDS, cancer, auto accidents, and some other
5025 factors have all declined. They have gone up for suicide. They
5026 have gone up for substance abuse deaths.

5027 So in the context of what has been happening, with how these
5028 have been happening, there has been money put into this through
5029 SAMHSA. The results just have not been good. This is why we have
5030 in place in this bill the policy lab, which will review how grants
5031 are put together and how they have been administered.

5032 As we go back to the General Accounting Office, which said
5033 grants within the agency did not have accountability, they didn't
5034 have to report results, and that is a fundamental reform we have
5035 in this.

5036 So what I would say is we are already having these grants,
5037 and it hasn't been working under the current structure, and I
5038 believe what we need to continue to do is have the grant programs
5039 we have, support the increased grants under NIMH, and make sure
5040 we reform the system so it really is working on this issue that
5041 Ms. Schakowsky and several other members known about.

5042 I know Mrs. Blackburn would like some time, so I am going

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5043 to yield to her. Thank you.

5044 Mrs. Blackburn. Thank you, Dr. Murphy, and I thank Ms.
5045 Schakowsky for her remarks. And I understand the intent of her
5046 amendment.

5047 The way the bill -- the way Dr. Murphy has structured this
5048 bill is to put the focus on changing what the deliverables are
5049 for SAMHSA and putting the attention on what is happening with
5050 the suicide rate. And I was just discussing with Dr. Murphy this
5051 Anne Case and Angus Deaton article that had come out from PNAS.org
5052 today that talks about the rising morbidity and mortality rates.

5053 And as he mentioned, when you look at the chart, it is going
5054 up when it comes to drugs and alcohol and to suicide. And that
5055 is the reason we need to get in and restructure SAMHSA, change
5056 how it is positioned within the Department, and have some
5057 deliverables that are there, as Dr. Murphy has said, and they exist
5058 in the underlying part of the bill.

5059 And I yield back to the gentleman from Pennsylvania.

5060 Mr. Murphy. I will yield to Mr. Lance.

5061 Mr. Lance. Thank you. I certainly defer to Dr. Murphy on
5062 the substance of the amendment. But I do want to commend
5063 Representative Schakowsky for introducing the study from Angus
5064 Deaton and Anne Case, close friends of mine. And two weeks ago,
5065 Angus Deaton won the Nobel Prize in economics. And their study,

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5066 which obviously I have read, I commend to the entire Committee
5067 and through the entire Committee to the Congress.

5068 Angus Deaton and Anne Case, husband and wife, are, in my
5069 judgment, the premier researchers in this area in the entire
5070 world, both extremely close personal friends of mine, and I want
5071 to commend the Congresswoman for placing that in the record.

5072 Thank you, Dr. Murphy.

5073 Mr. Pitts. Will the gentleman yield back?

5074 Mr. Murphy. I yield. Yes.

5075 Mr. Pitts. Is there further discussion on the Schakowsky
5076 amendment? The gentlelady from California, Ms. Capps, is
5077 recognized for 5 minutes to strike the last word.

5078 Ms. Capps. I would like to yield to my colleague from
5079 Illinois, Ms. Schakowsky.

5080 Ms. Schakowsky. Like the minority fellowship program that
5081 isn't authorized, that we did authorize for the first time in Dr.
5082 Murphy's bill, we should authorize a program for adult suicide.
5083 We can control how it looks by authorizing it, and your argument
5084 supports why we should actually authorize this in statute for the
5085 very first time.

5086 And, you know, you are talking about yet another study. It
5087 seems to me that we ought to authorize a program, and then make
5088 sure that we shape it the way that we want to.

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5089 And I just think that, you know, you have talked about those
5090 things that we shouldn't put off because people are suffering and
5091 people are dying, and I certainly think this is one of them. I
5092 don't know if anybody wants time. Otherwise, I yield back.

5093 Mr. Pitts. The lady yields back. Is there further
5094 discussion on the Schakowsky amendment? Seeing none, do you want
5095 a recorded vote? Jan, do you want a recorded vote?

5096 Ms. Schakowsky. Yes.

5097 Mr. Pitts. We will have --

5098 Ms. Schakowsky. Yes, I want a recorded vote. Sorry.

5099 Mr. Pitts. -- a recorded vote. The Clerk will call the
5100 roll.

5101 The Clerk. Mr. Guthrie?

5102 Mr. Guthrie. No.

5103 The Clerk. Mr. Guthrie votes no.

5104 Mr. Barton?

5105 Mr. Barton. No.

5106 The Clerk. Mr. Barton votes no.

5107 Mr. Whitfield?

5108 Mr. Whitfield. No.

5109 The Clerk. Mr. Whitfield votes no.

5110 Mr. Shimkus?

5111 Mr. Shimkus. No.

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5112 The Clerk. Mr. Shimkus votes no.
5113 Mr. Murphy?
5114 Mr. Murphy. No.
5115 The Clerk. Mr. Murphy votes no.
5116 Mr. Burgess?
5117 [No response.]
5118 Mrs. Blackburn?
5119 Mrs. Blackburn. No.
5120 The Clerk. Mrs. Blackburn votes no.
5121 Mrs. McMorris Rodgers?
5122 [No response.]
5123 Mr. Lance?
5124 Mr. Lance. No.
5125 The Clerk. Mr. Lance votes no.
5126 Mr. Griffith?
5127 Mr. Griffith. No.
5128 The Clerk. Mr. Griffith votes no.
5129 Mr. Bilirakis?
5130 Mr. Bilirakis. No.
5131 The Clerk. Mr. Bilirakis votes no.
5132 Mr. Long?
5133 Mr. Long. No.
5134 The Clerk. Mr. Long votes no.

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5135 Mrs. Ellmers?
5136 [No response.]
5137 Mr. Bucshon?
5138 Mr. Bucshon. No.
5139 The Clerk. Mr. Bucshon votes no.
5140 Mrs. Brooks?
5141 Mrs. Brooks. No.
5142 The Clerk. Mrs. Brooks votes no.
5143 Mr. Collins?
5144 Mr. Collins. No.
5145 The Clerk. Mr. Collins votes no.
5146 Chairman Upton?
5147 The Chairman. No.
5148 The Clerk. Chairman Upton votes no.
5149 Mr. Green?
5150 Mr. Green. Aye.
5151 The Clerk. Mr. Green votes aye.
5152 Mr. Engel?
5153 Mr. Engel. Aye.
5154 The Clerk. Mr. Engel votes aye.
5155 Ms. Capps?
5156 Ms. Capps. Aye.
5157 The Clerk. Ms. Capps votes aye.

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5158 Ms. Schakowsky?
5159 Ms. Schakowsky. Aye.
5160 The Clerk. Ms. Schakowsky votes aye.
5161 Mr. Butterfield?
5162 Mr. Butterfield. Aye.
5163 The Clerk. Mr. Butterfield votes aye.
5164 Ms. Castor?
5165 Ms. Castor. Aye.
5166 The Clerk. Ms. Castor votes aye.
5167 Mr. Sarbanes?
5168 Mr. Sarbanes. Aye.
5169 The Clerk. Mr. Sarbanes votes aye.
5170 Ms. Matsui?
5171 Ms. Matsui. Aye.
5172 The Clerk. Ms. Matsui votes aye.
5173 Mr. Lujan?
5174 Mr. Lujan. Aye.
5175 The Clerk. Mr. Lujan votes aye.
5176 Mr. Schrader?
5177 [No response.]
5178 Mr. Kennedy?
5179 Mr. Kennedy. Aye.
5180 The Clerk. Mr. Kennedy votes aye.

This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.

5181 Mr. Cardenas?

5182 Mr. Cardenas. Aye.

5183 The Clerk. Mr. Cardenas votes aye.

5184 Mr. Pallone?

5185 Mr. Pallone. Aye.

5186 The Clerk. Mr. Pallone votes aye.

5187 Chairman Pitts?

5188 Mr. Pitts. No.

5189 The Clerk. Chairman Pitts votes no.

5190 Mr. Pitts. Are there other members wishing to be recorded?

5191 The Clerk will report the vote.

5192 The Clerk. Mr. Chairman, on that vote, there were 12 ayes
5193 and 15 nays.

5194 Mr. Pitts. The nays have it. The amendment is not agreed
5195 to.

5196 Are there any other amendments to the amendment in the nature
5197 of a substitute? The Chair recognizes the gentlelady, Ms.
5198 Matsui, to offer an amendment. What is the number?

5199 Ms. Matsui. Number 30, I believe.

5200 Mr. Pitts. 30? The Clerk will report the amendment.

5201 The Clerk. Amendment to the amendment in the nature of a
5202 substitute to H.R. 2646, offered by Ms. Matsui.

5203 [The Amendment of Ms. Matsui follows:]

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5204

5205 *****INSERT 36*****

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5206 Mr. Pitts. Without objection, the reading of the amendment
5207 is dispensed with. The gentlelady, Ms. Matsui, is recognized for
5208 5 minutes in support of her amendment.

5209 Ms. Matsui. Thank you, Mr. Chairman. Sadly, the mental
5210 health of older Americans is often ignored in our conversations
5211 about mental health reform. However, there is an unrecognized
5212 prevalence of mental health disorders among older Americans. In
5213 fact, an estimated 20 percent of adults age 65 and older met
5214 criteria for a mental health disorder, and more than 50 percent
5215 of nursing home patients have some form of cognitive impairments.

5216 Despite this, older Americans face serious barriers to
5217 accessing appropriate mental health treatment. Older adults
5218 with signs and symptoms of mental disorders are less likely than
5219 young and middle-aged Americans to receive mental health
5220 services. And even when they do, these services are less likely
5221 to be delivered by a mental health specialist.

5222 There are a number of cited reasons for this
5223 underutilization, including a shortage of trained geriatric
5224 mental health providers, lack of mental health and aging services
5225 providers, and other systemic barriers such as access to
5226 transportation.

5227 Preventing suicide among older Americans is also a pressing
5228 community need. Suicide events and attempts are often more

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5229 lethal in older adults than in younger adults, in part because
5230 they are physically more vulnerable, and in part because they are
5231 more isolated. Because of this, suicide intervention must be
5232 more aggressive than for younger Americans. Mental health reform
5233 must not ignore unique mental health needs of older Americans.

5234 For these reasons, I introduce this amendment to expand
5235 mental health outreach to older Americans and to implement suicide
5236 prevention and intervention strategies. We must ensure that our
5237 aging population is not overlooked as we press forward with mental
5238 health reform.

5239 Thank you, Mr. Chairman, and I yield back.

5240 Mr. Pitts. The gentlelady yields back. Is there further
5241 discussion on the Matsui amendment? The gentleman, Dr. Murphy,
5242 is recognized for 5 minutes to strike the last word.

5243 Mr. Murphy. Thank you, Mr. Chairman. There is a number of
5244 amendments I see that are coming up directing funding within
5245 Substance Abuse and Mental Health Services Administration to
5246 become the Assistant Secretary's Office in specific areas.

5247 There already are grant programs on suicide. There are
5248 already grant programs on seniors. There are already grant
5249 programs on children. There are already grant programs on a wide
5250 range of these things. So, first of all, they already exist.

5251 Secondly, an underlying function that is so critically

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5252 important is to transform how these grants are done, because the
5253 GAO report said the problem is how they are administered. They
5254 are given out -- they don't require data. They don't require
5255 results. In many cases, the agency could not even produce the
5256 paperwork for them.

5257 And I think that given the fact that suicide rates have
5258 continued to climb, and substance abuse rates have continued to
5259 soar, while other areas of health care have declined, the issue
5260 is not just the money, because the money is already there. The
5261 issue is how the grants are administered. That is the key thing
5262 we have to do here.

5263 And so rather than take the funding within SAMHSA and start
5264 directing it -- and it is already directed -- what we need to make
5265 sure is we restructure how they are done, make sure there is
5266 accountability, make sure that the policy lab, which is going to
5267 be created within the Department -- or within the Assistant
5268 Secretary's Office, to restructure these things, we get through
5269 all these things.

5270 I mean, I certainly understand, and I support a sense of
5271 Congress of saying these are all critically important, but I am
5272 concerned that right now when we are trying to find effective
5273 mental health dollars for this we are going to have amendment after
5274 amendment locking in all these things rather than have the agency

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5275 have the flexibility to put these where it is needed with the
5276 accountability that must be there, so we don't continue these high
5277 mortality rates.

5278 So as these come through, I mean, I oppose them. I recognize
5279 the need to do that, but I just want to make sure that among the
5280 dollars within this agency we are not locking them all in for
5281 things before we have also reformed how they are given out.

5282 And unless anyone else wants time, I yield back.

5283 Mr. Pitts. The Chair thanks the gentleman. Is there
5284 further discussion on the Matsui amendment? If there is no
5285 further discussion --

5286 Ms. Matsui. I would like a roll call, please.

5287 Mr. Pitts. -- the vote occurs, and the Clerk will call the
5288 roll.

5289 The Clerk. Mr. Guthrie?

5290 [No response.]

5291 Mr. Barton?

5292 Mr. Barton. No.

5293 The Clerk. Mr. Barton votes no.

5294 Mr. Whitfield?

5295 Mr. Whitfield. No.

5296 The Clerk. Mr. Whitfield votes no.

5297 Mr. Shimkus?

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5298 Mr. Shimkus. No.

5299 The Clerk. Mr. Shimkus votes no.

5300 Mr. Murphy?

5301 Mr. Murphy. No.

5302 The Clerk. Mr. Murphy votes no.

5303 Mr. Burgess?

5304 [No response.]

5305 Mrs. Blackburn?

5306 Mrs. Blackburn. No.

5307 The Clerk. Mrs. Blackburn votes no.

5308 Mrs. McMorris Rodgers?

5309 [No response.]

5310 Mr. Lance?

5311 Mr. Lance. No.

5312 The Clerk. Mr. Lance votes no.

5313 Mr. Griffith?

5314 Mr. Griffith. No.

5315 The Clerk. Mr. Griffith votes no.

5316 Mr. Bilirakis?

5317 Mr. Bilirakis. No.

5318 The Clerk. Mr. Bilirakis votes no.

5319 Mr. Long?

5320 Mr. Long. No.

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5321 The Clerk. Mr. Long votes no.
5322 Mrs. Ellmers?
5323 [No response.]
5324 Mr. Bucshon?
5325 Mr. Bucshon. No.
5326 The Clerk. Mr. Bucshon votes no.
5327 Mrs. Brooks?
5328 Mrs. Brooks. No.
5329 The Clerk. Mrs. Brooks votes no.
5330 Mr. Collins?
5331 Mr. Collins. No.
5332 The Clerk. Mr. Collins votes no.
5333 Chairman Upton?
5334 The Chairman. No.
5335 The Clerk. Chairman Upton votes no.
5336 Mr. Green?
5337 Mr. Green. Aye.
5338 The Clerk. Mr. Green votes aye.
5339 Mr. Engel?
5340 Mr. Engel. Aye.
5341 The Clerk. Mr. Engel votes aye.
5342 Ms. Capps?
5343 Ms. Capps. Aye.

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5344 The Clerk. Ms. Capps votes aye.
5345 Ms. Schakowsky?
5346 Ms. Schakowsky. Aye.
5347 The Clerk. Ms. Schakowsky votes aye.
5348 Mr. Butterfield?
5349 Mr. Butterfield. Aye.
5350 The Clerk. Mr. Butterfield votes aye.
5351 Ms. Castor?
5352 Ms. Castor. Aye.
5353 The Clerk. Ms. Castor votes aye.
5354 Mr. Sarbanes?
5355 Mr. Sarbanes. Aye.
5356 The Clerk. Mr. Sarbanes votes aye.
5357 Ms. Matsui?
5358 Ms. Matsui. Aye.
5359 The Clerk. Ms. Matsui votes aye.
5360 Mr. Lujan?
5361 Mr. Lujan. Aye.
5362 The Clerk. Mr. Lujan votes aye.
5363 Mr. Schrader?
5364 [No response.]
5365 Mr. Kennedy?
5366 Mr. Kennedy. Aye.

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5367 The Clerk. Mr. Kennedy votes aye.

5368 Mr. Cardenas?

5369 [No response.]

5370 Mr. Pallone?

5371 Mr. Pallone. Aye.

5372 The Clerk. Mr. Pallone votes aye.

5373 Chairman Pitts?

5374 Mr. Pitts. No.

5375 The Clerk. Chairman Pitts votes no.

5376 Mr. Pitts. Are there other members wishing to be recorded?

5377 Mr. Guthrie?

5378 Mr. Guthrie. Was I not recorded?

5379 The Clerk. You are not currently recorded.

5380 Mr. Guthrie. I vote no.

5381 The Clerk. Mr. Guthrie votes no.

5382 Mr. Pitts. Are there other members wishing to vote? If

5383 not, the Clerk will report the vote.

5384 The Clerk. Mr. Chairman, on that vote, there were 11 ayes

5385 and 15 nays.

5386 Mr. Pitts. The noes have it. The amendment is not agreed

5387 to.

5388 Are there other amendments to the amendment in the nature

5389 of a substitute? The gentlelady from California, Ms. Capps, is

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5390 recognized to offer an amendment. What number?

5391 Ms. Capps. Number 21.

5392 Mr. Pitts. Number 25. The Clerk will report the amendment.

5393 The Clerk. Amendment to the amendment in the nature of a

5394 substitute to H.R. 2646, offered by Ms. Capps.

5395 [The Amendment of Ms. Capps follows:]

5396

5397 *****INSERT 37*****

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5398 Mr. Pitts. Without objection, the reading of the amendment
5399 is dispensed with. The gentlelady, Ms. Capps, is recognized for
5400 5 minutes in support of her amendment.

5401 Ms. Capps. Thank you, Mr. Chairman. This amendment would
5402 simply incentivize the integration of trauma-informed care into
5403 primary care and public health settings. Data show that trauma
5404 is a near-universal experience of individuals with behavioral
5405 health problems.

5406 The Office of Women's Health at HHS has found that 55 percent
5407 to 99 percent of women in substance abuse treatment, and 85 to
5408 95 percent of women in public mental health systems, report a
5409 history of trauma, with the abuse most commonly having occurred
5410 in childhood.

5411 And CDC says Centers for Disease Control's program study --
5412 did a study called the Adverse Childhood Experiences, or ACE.
5413 This study found that almost two-thirds of their respondents
5414 reported that at least had -- they had at least one childhood
5415 experience of trauma. This could include experiences of physical
5416 or sexual abuse, neglect, or family dysfunction.

5417 The same study estimated that the economic costs of untreated
5418 trauma-related alcohol and drug abuse alone were estimated at \$161
5419 billion in the year 2000. This is a real problem that we cannot
5420 afford, neither ethically or economically. We can't afford to

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5421 ignore this problem.

5422 Thankfully, trauma can be treated, but it needs to be
5423 identified to help link those affected to evidence-based
5424 interventions, and that is what this amendment will help achieve.
5425 Far too often, our primary care and public health settings are
5426 the first and sometimes only connection folks struggling with
5427 trauma and other behavioral health issues have. So that as they
5428 enter the health care field, it is not enough to have
5429 trauma-informed care and screening at our traditional mental
5430 health and substance abuse treatment locations. Instead, and in
5431 addition, we need to take a holistic approach to identifying those
5432 in need.

5433 This amendment would help bridge that gap by supporting
5434 efforts in primary care and public health settings to implement
5435 a trauma-informed approach by screening individuals and linking
5436 them to appropriate follow-up care. If we really want a
5437 comprehensive mental health care bill, this is a clear way to help
5438 us get there.

5439 So I urge my colleagues to vote yes on my amendment, and I
5440 yield -- I will either yield back or yield to someone else. I
5441 yield back.

5442 Mr. Pitts. The gentlelady yields back. Is there further
5443 discussion? Dr. Murphy is recognized for 5 minutes to strike the

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5444 last words.

5445 Mr. Murphy. Thank you. One of the great programs of the
5446 112 programs in agencies that deal with mental health -- some of
5447 them are questionable, many are redundant, but one of the great
5448 ones is the National Child Traumatic Stress Network. It works
5449 on trauma-informed care. It works on integrating trauma
5450 screening and care within primary care or pediatrics and family
5451 medicine. It produces a lot of research, and we currently fund
5452 it within the SAMHSA budget to the tune of \$46 million a year,
5453 and I like continuing that program.

5454 So the gentlelady from California is right about this
5455 program. It is a great program, and we are already doing it. I
5456 mean, I think within the National Child Traumatic Stress Network,
5457 perhaps if you want, let's dig deeper into that. If they are not
5458 doing this -- and I think they are, because when I have talked
5459 to some members of that agency they are -- but we should perhaps
5460 talk to them about directing some of those funds within that.

5461 I don't want to pull them out of other things, but we might
5462 want to look at that as an alternative to that, because I know
5463 with \$46 million a year it is quite a bit, and they have grants,
5464 they have funds, they have programs within there. They do
5465 programs, they do outreach to physicians, they do product
5466 development with professionals, families, partnerships with

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5467 youth and families, education and training approaches, including
5468 training practitioners and trauma-informed and evidence-based
5469 treatment and services.

5470 So, I mean, I believe those things are already being done.
5471 But if you think we need a deeper dive, I hope that is one of the
5472 things we can continue in terms of hearings, to bring them in here
5473 and ask them exactly what they do.

5474 I yield to the gentlelady, if you have a question on that,
5475 or a comment.

5476 Ms. Capps. I will wait. I do have concerns about what you
5477 are saying. Well, let me just --

5478 Mr. Murphy. Sure.

5479 Ms. Capps. -- identify that what you -- you are talking
5480 about children's programs, and the programs I am -- that this one
5481 is referring to are adults who have had childhood experiences.
5482 So it is a different -- it is all with the same goal, but it is
5483 out of a different program.

5484 Mr. Murphy. I believe those things -- I believe that -- I
5485 know SAMHSA and other programs already work on these things. But,
5486 nonetheless, I would be glad to meet with you and others and bring
5487 these folks in to ask them just what exactly they do.

5488 It is part of the questioning that this Committee is in the
5489 unique position, especially the Subcommittee, to ask questions

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5490 and have the kind of accountability. This is the very issue that
5491 the Congressional Budget Office -- the General Accounting Office
5492 raised in terms of providing information of what they do and how
5493 they do it. These programs tend to be some of the ones that
5494 collect better data which they can give to us.

5495 So I would just ask the gentlelady hold off on that. Let's
5496 dig into this and ask them what they do in these multiple areas.

5497 Ms. Capps. This is what I would like to do, vote for the
5498 amendment, and then continue talking about it.

5499 Mr. Murphy. My only concern is the assignment of some money
5500 from this, it is already a tight budget. I am with you. I would
5501 love to expand considerably the money the Federal Government puts
5502 into these things. And we have spent about \$130 billion,
5503 according --

5504 Ms. Capps. If you notice, the amount for this bill is very
5505 small.

5506 Mr. Murphy. Yes. But we are --

5507 Ms. Capps. Minuscule.

5508 Mr. Murphy. Well, I --

5509 Ms. Capps. So --

5510 Mr. Murphy. Well, reclaiming my time, I want to make sure
5511 that we are continuing the programs that are of great value here.
5512 We are looking into reforms with how these funds are spent and

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5513 work within that. And I hope the Committee will have some other
5514 hearings on these issues to dig deeper into just how these funds
5515 are spent and what happens, so we can answer these questions before
5516 we direct money to them.

5517 And I will yield back.

5518 Mr. Pitts. The Chair thanks the gentleman. And the Chair
5519 recognizes the Ranking Member, Mr. Green.

5520 Mr. Green. Ask to strike the requisite number of words, and
5521 I would like to yield my time to my colleague from southern
5522 California.

5523 Ms. Capps. I would just simply reiterate that the CDC has
5524 some good information. This bill seeks to implement that
5525 information. And the experiences of childhood trauma don't go
5526 away, if they are not accounted for. They get more expensive as
5527 time goes on, if they aren't. So the amendment stands as it is,
5528 and I --

5529 Mr. Green. I will yield to you.

5530 Ms. Capps. Yes. And so I will yield back to you.

5531 Mr. Green. Mr. Chairman, I would like to yield the remainder
5532 of my time to our colleague from southern California, Mr.
5533 Cardenas.

5534 Mr. Cardenas. Thank you, Congressman Green. I would like
5535 to ask Congressman Murphy a question. Can you please clarify --

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5536 you mentioned that we are already investing \$130 billion. Is
5537 that in mental health, or is that in health care in general?

5538 Mr. Murphy. This was a report that Ms. DeGette and I
5539 requested before. It wasn't GAO. I am trying to remember what
5540 this was -- Office of Management and Budget, the executive branch,
5541 in terms of how much money is spent in mental health, and they
5542 gave us that large number.

5543 The majority of that comes from disability payments. There
5544 is other programs, including SAMHSA, NIH, and other mental health
5545 funding through a wide range of agencies. One of the critically
5546 important things within this, if I can just take a few more
5547 seconds, is that there is a lot of funds out there that are not
5548 coordinated together, and that is why we end up with like 26
5549 homeless programs within that.

5550 So there is programs out there, and this is where I hope this
5551 Committee -- again, with the Assistant Secretary's Office--takes
5552 a deeper dive, so we can have that information and see what is
5553 really -- what is being done.

5554 I will yield back to the gentleman.

5555 Mr. Cardenas. Thank you, Congressman Murphy, for
5556 clarifying where that number seems to lie. And I would think that
5557 if we are spending \$130 billion on mental health right now, just
5558 on mental health itself, I am a bit confused, because I don't see

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5559 that kind of outplay in the communities across America. Mental
5560 health happens to be, in my opinion, perhaps the most underfunded
5561 segment of health care, and it has been for generations.

5562 So \$130 billion caught my attention, but thank you for
5563 clarifying where that number lies. Thank you.

5564 Mr. Murphy. I can make the specific reference. This was
5565 a memo, May 15, 2014, in a memorandum of the Oversight
5566 Investigation Committee. It said, "OMB reported that in Fiscal
5567 Year 2012, \$130 billion in federal funds, of which \$13 billion
5568 were discretionary, \$117 billion were mandatory, were directed
5569 to mental health surveillance, research, prevention, treatment,
5570 and income support, and other social services for individuals with
5571 mental illness. Of this, just over \$40 billion was paid under
5572 Medicare and Medicaid services, \$2 billion NIH," the list goes
5573 on and on.

5574 But you are absolutely right. Does this get down to level
5575 of the individual? Not a lot of it. And this is why I think we
5576 have got -- this is within our Committee's jurisdiction, or Ways
5577 and Means. We need to really go through this, put our green
5578 eyeshades on and say, "This has got to get back to states and
5579 communities where it is needed."

5580 I yield back.

5581 Mr. Cardenas. Thank you. I look forward for all of us doing

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5582 that. Thank you.

5583 I yield back, Mr. Green.

5584 Mr. Green. Reclaiming my time, if you are counting Medicare
5585 and Medicaid, again, Medicaid -- I will have an amendment in a
5586 few minutes -- is actually the biggest supporter of mental health
5587 treatment in the country. And, again, that is a large number.
5588 But when you think about the Medicaid from all 50 states, and
5589 Medicare, so that is why that number comes from. That is why it
5590 is astronomical, but it doesn't all go to mental health.

5591 But, Mr. Chair, I will yield back my time.

5592 Mr. Pitts. The Chair thanks the gentleman.

5593 Mr. Pallone. Strike the last word?

5594 Mr. Pitts. The Chair recognizes the gentleman, Mr. Pallone,
5595 for 5 minutes to strike the last words.

5596 Mr. Pallone. I just want to join in this debate about
5597 spending on mental health and substance abuse, because, Mr.
5598 Chairman, in my opinion, all that the bill before us does, that
5599 Mr. Murphy's bill does, is move money around. It doesn't really
5600 make any major or significant investments in mental health.

5601 Since 1986, the share of spending on mental health and
5602 substance abuse has fallen from 9.7 percent of total health care
5603 expenditures to 6.9 percent in 2014. The recession of 2008 nearly
5604 halved the growth in treatment spending for mental health and

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5605 substance abuse from approximately 8 percent growth to 4 percent.
5606 Despite the passage of mental health parity provisions, spending
5607 on mental health treatment is projected to increase more slowly
5608 than that of other health care between 2009 and 2020.

5609 Growth in private spending for behavioral health slowed
5610 substantially between the periods of 2004 and 2007, and 2007 and
5611 2009. Private health dollars declined from 7.2 percent of
5612 behavioral health spending to 2.7 percent. And during this time,
5613 Medicaid acted as the safety net. State and local funding
5614 declined while federal spending increased, mainly via Medicaid.

5615 Reduced spending during the economic downturn led to the
5616 closure of 2,200 psychiatric beds in state hospitals in 25 states,
5617 restrictions on the population served, and the reduction of state
5618 mental health authorities' funding of community services in 75
5619 percent of states.

5620 During the economic recession, three states cut their mental
5621 health budgets by approximately a third. Five states cut their
5622 mental health budgets by greater than a quarter. Ten states cut
5623 their mental health budgets by greater than 10 percent, and 29
5624 states cut their mental health budgets.

5625 State mental health spending declined by \$4.35 billion
5626 between 2009 and '12. Ten states further cut mental health
5627 spending in 2015. Eleven states cut mental health, provided no

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5628 increase for 2015. We clearly, Mr. Chairman, have not yet
5629 replaced the funding cuts implemented during the recession, and
5630 8.1 million Americans are presently diagnosed with mental illness
5631 and are uninsured.

5632 So, again, obviously, we need to make some major investments.
5633 That is not what Mr. Murphy's bill does.

5634 I yield back.

5635 Mr. Pitts. The Chair thanks the gentleman. Is there
5636 further discussion on the Capps amendment? If there is no further
5637 discussion, the vote occurs on the amendment. Do you want a roll
5638 call? The Clerk will call the roll.

5639 The Clerk. Mr. Guthrie?

5640 [No response.]

5641 Mr. Barton?

5642 Mr. Barton. No.

5643 The Clerk. Mr. Barton votes no.

5644 Mr. Whitfield?

5645 Mr. Whitfield. No.

5646 The Clerk. Mr. Whitfield votes no.

5647 Mr. Shimkus?

5648 Mr. Shimkus. No.

5649 The Clerk. Mr. Shimkus votes no.

5650 Mr. Murphy?

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5651 Mr. Murphy. No.

5652 The Clerk. Mr. Murphy votes no.

5653 Mr. Burgess?

5654 [No response.]

5655 Mrs. Blackburn?

5656 Mrs. Blackburn. No.

5657 The Clerk. Mrs. Blackburn votes no.

5658 Mrs. McMorris Rodgers?

5659 [No response.]

5660 Mr. Lance?

5661 Mr. Lance. No.

5662 The Clerk. Mr. Lance votes no.

5663 Mr. Griffith?

5664 Mr. Griffith. No.

5665 The Clerk. Mr. Griffith votes no.

5666 Mr. Bilirakis?

5667 Mr. Bilirakis. No.

5668 The Clerk. Mr. Bilirakis votes no.

5669 Mr. Long?

5670 Mr. Long. No.

5671 The Clerk. Mr. Long votes no.

5672 Mrs. Ellmers?

5673 [No response.]

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5674 Mr. Bucshon?

5675 Mr. Bucshon. No.

5676 The Clerk. Mr. Bucshon votes no.

5677 Mrs. Brooks?

5678 Mrs. Brooks. No.

5679 The Clerk. Mrs. Brooks votes no.

5680 Mr. Collins?

5681 Mr. Collins. No.

5682 The Clerk. Mr. Collins votes no.

5683 Chairman Upton?

5684 The Chairman. No.

5685 The Clerk. Chairman Upton votes no.

5686 Mr. Green?

5687 Mr. Green. Aye.

5688 The Clerk. Mr. Green votes aye.

5689 Mr. Engel?

5690 Mr. Engel. Aye.

5691 The Clerk. Mr. Engel votes aye.

5692 Ms. Capps?

5693 Ms. Capps. Aye.

5694 The Clerk. Ms. Capps votes aye.

5695 Ms. Schakowsky?

5696 Ms. Schakowsky. Aye.

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5697 The Clerk. Ms. Schakowsky votes aye.
5698 Mr. Butterfield?
5699 Mr. Butterfield. Aye.
5700 The Clerk. Mr. Butterfield votes aye.
5701 Ms. Castor?
5702 Ms. Castor. Aye.
5703 The Clerk. Ms. Castor votes aye.
5704 Mr. Sarbanes?
5705 Mr. Sarbanes. Aye.
5706 The Clerk. Mr. Sarbanes votes aye.
5707 Ms. Matsui?
5708 Ms. Matsui. Aye.
5709 The Clerk. Ms. Matsui votes aye.
5710 Mr. Lujan?
5711 Mr. Lujan. Aye.
5712 The Clerk. Mr. Lujan votes aye.
5713 Mr. Schrader?
5714 [No response.]
5715 Mr. Kennedy?
5716 Mr. Kennedy. Aye.
5717 The Clerk. Mr. Kennedy votes aye.
5718 Mr. Cardenas?
5719 Mr. Cardenas. Aye.

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5720 The Clerk. Mr. Cardenas votes aye.

5721 Mr. Pallone?

5722 Mr. Pallone. Aye.

5723 The Clerk. Mr. Pallone votes aye.

5724 Chairman Pitts?

5725 Mr. Pitts. No.

5726 The Clerk. Chairman Pitts votes no.

5727 Mr. Pitts. Are there members seeking to be recorded? Mr.

5728 Guthrie?

5729 Mr. Guthrie. No.

5730 The Clerk. Mr. Guthrie votes no.

5731 Mr. Pitts. Dr. Burgess?

5732 Mr. Burgess. Votes no.

5733 The Clerk. Dr. Burgess votes no.

5734 Mr. Pitts. The Clerk will report the vote.

5735 The Clerk. Mr. Chairman, on that vote, there were 12 ayes

5736 and 16 nays.

5737 Mr. Pitts. All right. The nays have it. The amendment is

5738 not agreed to.

5739 Are there further amendments to the amendment?

5740 Mr. Green. Mr. Chairman, I have an amendment at the desk.

5741 Mr. Pitts. The Chair recognizes Mr. Green to offer the

5742 amendment. What number?

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5743 Mr. Green. 3.

5744 Mr. Pitts. Green Number 3. The Clerk will report the
5745 amendment.

5746 The Clerk. Amendment to the amendment in the nature of a
5747 substitute to H.R. 2646, offered by Mr. Green.

5748 [The Amendment of Mr. Green follows:]

5749

5750 *****INSERT 38*****

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5751 Mr. Pitts. Without objection, the reading of the amendment
5752 is dispensed with, and the gentleman, Mr. Green, is recognized
5753 for 5 minutes in support of his amendment.

5754 Mr. Green. Thank you, Mr. Chairman. I would like to offer
5755 this amendment as the sense of Congress that proposed budget cuts
5756 in Medicaid harm the ability of states to provide access to
5757 critical and timely behavioral health services. Medicaid is the
5758 most important source of funding for mental health services.
5759 Almost half of all state-controlled funds for mental health
5760 services come from Medicaid.

5761 This amendment would express the sense that efforts to
5762 advance budget cuts to the Medicaid program, including attempts
5763 to block grant Medicaid, would limit access to behavioral health
5764 care services for Americans most in need. These individuals also
5765 make up a disproportionate percentage of the people suffering from
5766 severe mental illness and substance use disorders.

5767 Medicaid is the single largest payer for mental health
5768 services in the United States, and is increasingly playing a
5769 larger role in the reimbursement of substance abuse disorders.
5770 Individuals with a behavioral health disorder utilize significant
5771 health care services. Nearly 12 million visits made in the U.S.
5772 hospital emergency departments in 2013 involved individuals with
5773 mental disorder, substance abuse problems, or both.

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5774 After cuts of nearly \$4.35 billion to public mental health
5775 programs from 2009 to '12, mental health services simply are not
5776 available to many Americans who need help. With fewer than half
5777 Americans who live with mental illness getting any treatment,
5778 there is a real concern about the lack of access to mental health
5779 services. These facts are clear. Six out of 10 Americans living
5780 with serious mental illness have no access to mental health care
5781 at all.

5782 Glaring gaps in treatment of this kind would not be tolerated
5783 for heart disease, cancer, or diabetes. They should not be
5784 tolerated for mental illnesses either. Efforts to cut or block
5785 grant Medicaid deny the opportunity to address the shameful void
5786 in access to mental health treatment.

5787 Any honest effort to improve mental health and substance
5788 abuse treatment must include robust Medicaid funding and coverage
5789 expansion. Advocating to gut Medicaid while simultaneously
5790 claiming to support improving access to care for mental health
5791 and mental illness is, frankly, disingenuous and ludicrous. This
5792 amendment makes it clear that access to care is tantamount to the
5793 mental health care system, and Medicaid is central to providing
5794 that care.

5795 Mr. Chairman, I would be glad to yield my time for anyone
5796 else who would like part of it, or they can get their own. No?

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5797 Mr. Pitts. The Chair yields back?

5798 Mr. Green. I yield back.

5799 Mr. Pitts. Is there further discussion of the Green
5800 amendment? Mr. Shimkus is recognized for 5 minutes to strike the
5801 last word.

5802 Mr. Shimkus. Just to speak against the amendment. Many
5803 times in the Health Subcommittee, and the Committee on Energy and
5804 Commerce, I always present the budget wheel. Our discretionary
5805 budget is only one-fifth of our total spending. The rest is
5806 Medicare, Medicaid, Social Security, interest payments on the
5807 debt. Our national debt is really based upon these promises.

5808 Medicaid is one of those that is challenged and difficult.
5809 We expanded it through Obamacare, and states are 50/50 split on
5810 the cost. So if your state is in financial problems, like the
5811 State of Illinois is, reform of Medicare to make it cost effective
5812 to make sure it delivers the services needed to those in need,
5813 it has to have reform.

5814 The statement of block granting as a direct cut is not
5815 accurate. A block grant does not mean cut. A block grant does
5816 mean that you can incentivize a better use for the dollars, and
5817 I think that is what my colleague, Mr. Murphy, is trying to do
5818 today is say, "Can't we do things a little bit better? Can't we
5819 make the system work better for people?"

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5820 So, with that, I would ask people to vote against my
5821 colleague's, from Texas, amendment.

5822 I yield back.

5823 Mr. Pitts. Do you yield to Dr. Bucshon, or you yield back?

5824 Mr. Shimkus. I yield back.

5825 Mr. Pitts. The gentleman yields back. Is there further
5826 discussion on the amendment?

5827 Mr. Pallone. Mr. Chair?

5828 Mr. Pitts. I am sorry. I couldn't see your hand. The
5829 Chair recognizes the gentleman from Massachusetts for 5 minutes
5830 to strike the last words.

5831 Mr. Kennedy. Thank you, Mr. Chairman. I move to strike the
5832 last word. Mr. Chairman, we have heard testimony and comments
5833 from both sides of the aisle about the importance of trying to
5834 make this bill move, about the urgency, about the impacts that
5835 are happening of the lack of access to mental health care, the
5836 lack of access and investment in mental health care.

5837 Congressman Murphy has been eloquent and articulate about
5838 the impact of waiting yet another moment to allow this bill to
5839 linger, which is why it is a bit tough to stomach sometimes to
5840 hear, when we talk about actually funding the continuum of care,
5841 that we just can't afford to pay for it. We can't afford to pay
5842 for it. That is a choice. That is a choice that we are making

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5843 not to allow people that are poor or in rural areas to access mental
5844 health care.

5845 So that can be decision that this body should make. But,
5846 make no mistake about it, when we say we can't do it, that is
5847 because we are choosing not to do it. And I think you are hearing
5848 some frustration from me and from other members on this Committee,
5849 because we do have the power to actually make that decision and
5850 to allocate those choices and to understand that when 55 percent
5851 of counties in this country, as I have already said, have no
5852 practicing psychiatrists, psychologists, or social workers, we
5853 can do something about that.

5854 And I think Mr. Murphy's bill can be a big step in that
5855 direction. But we still have to make, in my mind, an investment
5856 in that continuum of care, which I think Mr. Murphy, in my
5857 conversations with him, have pledged to at least try to discuss
5858 and see how we can make that happen.

5859 But to say that there is a fierce urgency to take this on,
5860 and then just say, hey, when we actually look at the numbers on
5861 it, we just can't afford to pay for it, or we need a CBO score,
5862 that is a choice, and we need to understand that.

5863 And I will yield to Mr. Pallone, if he still wants the time.

5864 Mr. Pallone. I just wanted to comment on Mr. Shimkus'
5865 analysis with this block grant. You know, he said, "Oh, block

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5866 grants doesn't necessarily mean we are going to have less money."
5867 Well, of course, it does. The reality is that Medicaid is a safety
5868 net. You know, I talked about the problem during the recession.
5869 Well, you know, when you have a recession or an economic downturn,
5870 the number of people that need Medicaid because they lose their
5871 job, or whatever, goes up. And you have to be flexible with it,
5872 so that if more people need Medicaid, more money becomes
5873 available.

5874 If you have a block grant, it becomes rigid, and there is
5875 -- and you have a downturn or you have more people that need
5876 Medicaid, the money simply isn't there. So this notion that
5877 somehow the block grant doesn't provide less money, it is rigid.
5878 That is the problem with it. And the money won't be there if there
5879 is a greater need for Medicaid. I mean, that is the reality.

5880 I yield back to the gentleman.

5881 Mr. Kennedy. I yield to Mr. Green.

5882 Mr. Green. I thank my colleague from Massachusetts for
5883 yielding to me. Having served 20 years in the state legislature,
5884 I understand why states want block grants. Because that gives
5885 them the authority to spend the money without any oversight. If
5886 we block grant Medicaid to all of the states, then the state
5887 legislators make that decision.

5888 I always assume that whoever has to tax somebody for the money

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5889 ought to be able to decide where it goes. And I am not willing
5890 to do that as a member of Congress. And I know, as a state
5891 legislator, I loved when I got money from Washington, because we
5892 could spend it for whatever we wanted, and that necessarily wasn't
5893 mental health treatment.

5894 Block granting transfers that authority. I just think it
5895 is -- no matter what we put in either of our substitutes does not
5896 do any good unless we pay for it. And that is why the sense of
5897 Congress is important, because Medicaid is typically the provider
5898 of mental health in our country.

5899 And I know Mr. Griffith, Congressman Griffith, who practiced
5900 law like I did, when I had a client that was mentally ill, 30 years
5901 old, they probably didn't work enough to get Social Security
5902 disability, Medicaid was the only way they got health care except
5903 through our public hospital system. And they needed Medicaid
5904 reimbursement.

5905 Medicare and Medicaid reimbursement in Texas is typically
5906 66 percent federal money, the rest state money. And, again, we
5907 are the ones providing the bulk of it. That is why block granting
5908 should work. If we are going to tax our constituents for it, we
5909 ought to at least know where it is going and say, "Oh, I transferred
5910 that to the state folks to do it." That is not always correct,
5911 because we are the ones having to ask for that money.

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5912 And, again, I thank my colleague for yielding to me, and I
5913 urge adoption of this amendment.

5914 Mr. Pallone. Mr. Chairman, I move to strike the last word.

5915 Mr. Pitts. Does the gentleman --

5916 Mr. Kennedy. Yes.

5917 Mr. Pallone. -- yield back?

5918 Mr. Kennedy. Yes, Mr. Chairman.

5919 Mr. Pitts. All right. We will go to this side. The Chair
5920 recognizes the gentlelady, Vice Chair of the Committee, Mrs.
5921 Blackburn for 5 minutes to strike the last word.

5922 Mrs. Blackburn. Thank you, Mr. Chairman. I appreciate
5923 that. I think one of the things that is getting lost in this
5924 discussion is this is not Federal Government money. This is
5925 taxpayer money. And I am listening to my colleagues across the
5926 aisle, and they are wanting more government control, Federal
5927 Government control, and they are wanting the status quo.

5928 Let's keep Medicaid like it is. And let's not try something
5929 different, like Dr. Murphy is proposing, that is actually going
5930 to get services to people that need the services. If you keep
5931 doing things the way they are, everybody talks about Medicaid is
5932 broken and Medicaid needs to be fixed and Medicaid needs to be
5933 reformed, but don't do it. And now we have a suggestion of how
5934 to do this, and it is defend the status quo. That is what you

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5935 are seeking to do.

5936 I am so disappointed in this amendment. It is an attempt
5937 to score cheap political points, and you know it. And you know
5938 it. And the discussion of how to provide mental health services
5939 for people in need, it should be above that kind of cheap political
5940 point scoring. So it is disappointing that you see this type of
5941 amendment that is here.

5942 Now, I think one of the things that is important to do is
5943 to realize, as Mr. Shimkus was saying, where our money goes, where
5944 taxpayer dollars go through the Federal Government. We are
5945 borrowing a lot of what we spend, and it is time that we get that
5946 fiscal house in order. Because if you run out of money, nobody
5947 is going to win.

5948 So this amendment that is a sense of Congress, and blaming
5949 GOP budget cuts to Medicaid services and saying that that harms
5950 the states is ill-founded, it is ill-placed, and the discussion
5951 of how to provide mental health services, how to reform SAMHSA,
5952 how to make this work, is a better discussion. It is a topic that
5953 deserves a better approach than what you are giving in an amendment
5954 to place blame and say it is because of this, that, or the other.

5955 I think that this is -- you all can do better than this, and
5956 it is disappointing. And I yield back.

5957 Mr. Sarbanes. Will the gentlewoman yield?

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5958 Mrs. Blackburn. Yes, I do yield.

5959 Mr. Sarbanes. I just want to confess to the Committee that
5960 I must have an ill-founded, an ill-placed perspective, because
5961 I actually believe what this says. That the Republican proposed
5962 --

5963 Mrs. Blackburn. Reclaiming my time --

5964 Mr. Sarbanes. -- budget cuts --

5965 Mrs. Blackburn. Reclaiming my time --

5966 Mr. Sarbanes. -- harm the ability --

5967 Mrs. Blackburn. Reclaiming my time, Mr. Chairman, I yield
5968 to Mr. Bucshon the balance of my time.

5969 Mr. Bucshon. Thank you, Mr. Chairman. I am glad the
5970 Democratic staff think this is funny, because this isn't funny.
5971 This is about trying to reform the mental health programs to make
5972 it work for patients, real people. It is not about cheap
5973 political points, which I want to associate myself with Ms.
5974 Blackburn's statement on that.

5975 But traditional Medicaid is not good insurance.
5976 Traditional Medicaid is not good insurance. I was a practicing
5977 doctor for 15 years. I can tell you that is the case. Indiana
5978 has chosen a different course. We have gone with Healthy Indiana
5979 Plan 2.0, an HSA-based way, state-based way to cover low income
5980 citizens, and there is over a 90 percent approval rating from the

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5981 participants, and it is saving the state money, and, therefore,
5982 saving the Federal Government money.

5983 It also reimburses providers at a higher level, so it
5984 encourages providers to actually see these patients, which
5985 traditional Medicaid does not. And I also disagree with the
5986 characterization that a block grant to the states, allowing states
5987 like Indiana to create state-based programs like Healthy Indiana
5988 Plan 2.0, is a cut to the Medicaid program. That is just a
5989 mischaracterization, and I do think this is a politically
5990 motivated amendment, which I think is unfortunate. And I am
5991 hopeful we can get back to a discussion about how we take care
5992 of people.

5993 I yield back.

5994 Mr. Pitts. The Chairman yields back. I now recognize the
5995 Ranking Member, Mr. Pallone, for 5 minutes to strike the last
5996 words.

5997 Mr. Pallone. Thank you, Mr. Chairman. Look, I don't think
5998 it is a cheap trick to try to talk about maintaining Medicaid
5999 coverage, or actually what we do in the ACA by expanding the
6000 Medicaid program, because, look, let's face it, Medicaid coverage
6001 is generally more comprehensive than private health plans that
6002 covers psychiatric hospital visits, case management, psychiatric
6003 evaluations and testing, psychosocial rehab, individual group and

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6004 family therapy, and the list goes on.

6005 So the bottom line is that Medicaid, you know, is providing
6006 these services for the most vulnerable people in our society. And
6007 if they don't get Medicaid, they are probably not going to get
6008 this kind of comprehensive coverage. So to say that it is a cheap
6009 trick is, in my opinion, absurd. It is just the opposite.

6010 We are very concerned about the fact that this vulnerable
6011 population is not getting coverage and is not getting
6012 comprehensive coverage. And I would maintain that the best way
6013 to do that is by not only maintaining Medicaid and not cutting
6014 it back, which is what a block grant usually does, but by expanding
6015 it.

6016 And we have expanded Medicaid as a result of the ACA. As
6017 many as 32 million individuals are on track to gain access to
6018 behavioral health coverage for the first time by 2020. And I just
6019 find it very disappointing that, at the same time we are debating
6020 a proposal to address the mental health crisis facing so many
6021 people in this country, that my colleagues on the other side of
6022 the aisle have supported budget proposals that would drastically
6023 cut the very program that holds the most promise to help keep the
6024 most vulnerable in our society protected.

6025 The budget adopted in March by the House would repeal the
6026 Affordable Care Act, including the Medicaid expansion. It would

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6027 reduce funding for the Medicaid program by an estimated \$500
6028 billion over 10 years. This would be as a result of converting
6029 the Medicaid and the SCHIP program to a block grant, a combined
6030 reduction of \$913 billion over 10 years.

6031 So how can you say that there isn't going to be less money
6032 in a block grant? Of course there is. That is the very purpose
6033 of it. The Congressional Budget Office has concluded that
6034 converting Medicaid to a block program, and the resulting loss
6035 of federal investment, would result in states having to take steps
6036 such as cutting eligibility and health services, reducing already
6037 low payments to health care providers, and these changes would
6038 not only result in millions of low income individuals losing
6039 medical assistance under Medicaid, but would also result in a loss
6040 of coverage of behavioral health services, which are optional
6041 under federal law.

6042 And it is for these reasons that I urge my colleagues to
6043 support the amendment from the Ranking Member, Mr. Green, that
6044 would reiterate the concern that these proposed budget cuts to
6045 Medicaid would add tens of millions of low-income individuals to
6046 the numbers of those uninsured, limit access to critical
6047 behavioral health services and, instead, Congress should focus
6048 efforts on improving and expanding Medicaid.

6049 Now, I know you don't like to talk about this because it goes

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6050 against what you say you are trying to achieve. But the fact of
6051 the matter is that if you start cutting Medicaid, you block grant
6052 it, you allow -- you know, states already don't have to expand
6053 it, the consequences are dire for people who are trying to get
6054 mental health services.

6055 There is no way around that. You can't convince me
6056 otherwise. The proof is based on, you know, what we are getting
6057 from CBO and other non-partisan sources.

6058 I don't know if anybody wants my time. Yes, Mr. Sarbanes?

6059 Mr. Sarbanes. Well, I just want to associate myself with
6060 the comments of Mr. Pallone, and also with Mr. Kennedy, who
6061 mentioned a moment ago that this is about choices that we are
6062 making when it comes to resources. I think it is absolutely fair
6063 and appropriate to identify that the proposed budget cuts to the
6064 Medicaid program that have come from the Republican majority in
6065 this House would undermine the very kinds of resources that we
6066 have devoted hours of discussion to today.

6067 And if we are not going to invest in the resources that make
6068 these kinds of measures meaningful and substantive, and that
6069 really address this crisis of mental health disease and suffering
6070 and trauma across the country, then, in the end, a lot of what
6071 is happening here ends up being a cruel trick on those people that
6072 we are really trying to help.

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6073 So I think this is a fair characterization of what has
6074 happened here in the House of Representatives, and I don't think
6075 it is a cheap political trick in any way. And I yield back.

6076 Mr. Pallone. I yield -- well, I only have 15 -- do you want
6077 it?

6078 Mr. Pitts. Fifteen seconds? You are going to get your own
6079 time?

6080 Mr. Sarbanes. I yield back.

6081 Mr. Pitts. The gentleman yields back. Is there further
6082 discussion on the Green amendment? Mr. Cardenas, you are
6083 recognized for 5 minutes --

6084 Mr. Cardenas. Thank you.

6085 Mr. Pitts. -- to strike the last word.

6086 Mr. Cardenas. Move to strike the last word. Thank you, Mr.
6087 Chairman. Before I yield my time to my colleague, Mr. Green, I
6088 would like to demonstrate to the people who are taking their
6089 important time to listen to these dialogues of your elected
6090 officials. I have two coins in my hands. They are in my hands.
6091 The money that is sent to Washington is in the hands of Congress.
6092 Congress controls the purse.

6093 But when Congress says, "We have money," and they get rid
6094 of most of it, or half of it, or some of it, and then they go to
6095 you and say, "Now, we don't have enough money to fund mental health

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6096 programs," that is disingenuous, and it is something that you all
6097 need to pay attention to, because we are not talking about lazy,
6098 good-for-nothing people who need mental health services.

6099 We are talking about American families. We are talking
6100 about middle-class families. We are talking about families who
6101 just can't afford what it takes to take care of their loved ones
6102 and make sure that they are safe and their families are safe and
6103 the community is safe.

6104 So that is what is going on here. When you hear members of
6105 Congress saying that we don't have money yet at the same time,
6106 the same exact time, the same day they are on other committees
6107 wanting to cut the budget, wanting to cut the revenue of the
6108 Federal Government, just to say that we don't have enough money,
6109 it is disingenuous to say that the money is just not there.

6110 The money is there, and Congress does control the purse, not
6111 the President, not anyone else. It is Congress. So when
6112 Congress reduces the amount of resources that they have to put
6113 into good, wonderful programs, to serve the American public, to
6114 serve American families, when they cut that and the next day, or
6115 that same day, they say that the money is not there, that is
6116 disingenuous.

6117 I would like to yield the rest of my time to my colleague,
6118 Mr. Green.

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6119 Mr. Green. I thank my colleague from southern California
6120 for yielding. First of all, if you will remember my remarks, we
6121 cut \$4.35 billion in public mental health programs from 2009 to
6122 '12. In 2009 and '10, Democrats were in charge. So it is not
6123 just on the Republicans, but -- and this is not a cheap trick.
6124 Four billion dollars is not cheap, but that is what we have had
6125 to deal with.

6126 And for my colleague from Indiana, I admire Indiana for your
6127 expansion. You get 90 percent approval. Medicaid, believe me,
6128 we couldn't get that in Texas. But, again, we transferred that
6129 to Indiana, and I appreciate that.

6130 I would hope -- I have been trying to work with Texas to do
6131 some of the same things that other states have done. But, again,
6132 this is what we are talking about. We can pass any legislation
6133 through this Committee we want, but it doesn't do us any good if
6134 we don't have folks that can get the coverage to do it. And that
6135 is why Medicaid is so important.

6136 And, again, that is why the -- I want to do mental health
6137 reform, but I also want to make sure it is done correctly, and
6138 that we have the services. And I will tell -- all of us have a
6139 lot of stories. I remember practicing law, I had a Justice of
6140 the Peace one time that I was representing on a mental health
6141 docket. This person was so obviously so ill, and the Justice of

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6142 the Peace started lecturing about needing to get a job and go to
6143 work.

6144 And I objected saying, you know, you can tell this person
6145 is so ill, you know. That doesn't do any good to somebody who
6146 is mentally ill, to tell them to get a job and go to work. They
6147 need treatment, and then maybe they can go to work and be useful.
6148 But the treatment is not cheap.

6149 And I want to thank my colleague, and I will yield to my
6150 colleague from California, Congresswoman Capps.

6151 Ms. Capps. Just to underscore -- and I thank my colleague
6152 for yielding -- the comments made by my colleague from
6153 Massachusetts that we do have choices. And also, Mr. Cardenas,
6154 that this is a matter of choice. We do have the resources, and
6155 we can make choices.

6156 And when my sheriff and my police chief come to me and say,
6157 "I have the largest mental health facility in your town, in our
6158 town," and when school study teams, public schools, have a kid
6159 that they know acting out, needs help, and they tell me there is
6160 no place to send them. And you know that that child is not going
6161 to stay a child forever. And those problems, untreated, are not
6162 going to go away.

6163 So we have choices, and we can be cutting the services that
6164 we know we need, or we can say we are going to find a way to do

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6165 this. And this is the time that we should do it.

6166 So I appreciate the opportunity to say that, and I yield back,
6167 Mr. Cardenas.

6168 Mr. Pitts. The Chair thanks the gentlewoman. Is there
6169 further discussion on the Green amendment? Judge Butterfield is
6170 recognized for 5 minutes to strike the last words.

6171 Mr. Butterfield. Thank you, Mr. Chairman. I won't take the
6172 full 5 minutes, but I must go on record ,Mr. Chairman, in
6173 responding to the gentlelady from Tennessee. I know the hour is
6174 late, but I just cannot allow her statement that this is a cheap
6175 political shot to go unanswered.

6176 One-third of the people that I represent in North Carolina
6177 fall below the poverty level. And so to say that this is a cheap
6178 shot, because we are willing to take the time and to take the energy
6179 to talk about poor people and their entitlement to health care
6180 is unnecessary. And so I want to take exception to her statement.

6181 You know, the truth hurts sometimes. And the fact of the
6182 matter is that the Republican party has cut funding for Medicaid.
6183 Since you have been in the majority, you have had a concerted
6184 effort in each one of your budgets to cut funding for Medicaid.
6185 You have deliberately tried to block grant Medicaid and to take
6186 the authority away from this Congress.

6187 As Mr. Cardenas says, this is our prerogative, to fund the

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6188 Medicaid program, not the states' prerogative. But to give the
6189 Medicaid program to the states, without any guidance, will go in
6190 the direction that we don't want it to go.

6191 Mr. Pallone is right. When you give money to the states,
6192 it becomes very rigid, and they can do what they want to do with
6193 the money. At the end of the day, the ones who lose are the
6194 recipients, are the patients. And you know what happens at the
6195 state level when there is a shortage of money for funding. The
6196 cut eligibility, which could lead to more uninsured, low-income
6197 people. They can cut covered health services, which would lead
6198 to more uninsured, low-income people. And they can also cut rates
6199 for the providers that provide these services.

6200 And so I just could not go home tonight and think about this
6201 proceeding today without going on record saying that this is not
6202 a political ploy. This is about trying to help poor people in
6203 the United States of America.

6204 Thank you.

6205 Mr. Murphy. Could my friend give me just a few seconds?

6206 Mr. Butterfield. I will yield. Yes.

6207 Mr. Murphy. Thank you, Mr. Butterfield. I want to bring
6208 us back to our purpose here. And we are bringing up great points,
6209 and I appreciate that. I want to recall that Dr. Tom Insel, the
6210 Director of the National Institute of Mental Health, said that

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6211 mental illness costs the country at least \$444 billion a year.
6212 Only about a third goes to medical care. The bulk is the cost
6213 to society that stems from disability payments, lost
6214 productivity. This doesn't include lost wages from caregivers
6215 who are taking care of the mentally ill, and it doesn't include
6216 the tax dollars spent on prison.

6217 This is one of those areas where the states don't get it yet.
6218 And I would love to work on some wording of this in the major bill
6219 between now and the main Committee. Eighty percent of the
6220 mentally ill in prison don't get any treatment. There is 350,000
6221 people in our prisons who are mentally ill. California alone has
6222 30,000 seriously mentally ill in prison. And without treatment,
6223 they end up going right back in. When they have treatment in and
6224 outside, the recidivism rate really plummets.

6225 A study in Arkansas that their legislature had, which looked
6226 at multiple states, said the cost of incarceration of the
6227 seriously mentally ill is 20 times more than outpatient care. And
6228 a person with serious mental illness is 10 times more likely to
6229 be in prison than a psychiatric hospital.

6230 So these are areas that, I agree with you, we ought to be
6231 providing some guidance to states in doing some of these things,
6232 and I think it would help immensely.

6233 Mr. Butterfield. Reclaiming my time. Thank you very much

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6234 for those words, Dr. Murphy, and I look forward to working with
6235 you on this, because our indigent population is being overlooked.
6236 Your state was a progressive state. You did the right thing. You
6237 expanded the Medicaid program.

6238 Many of our southern states did not expand Medicaid. But
6239 we have got to work with our states and try to really drive home
6240 the point that unless we provide care for low-income individuals,
6241 our communities are not going to be strong.

6242 Thank you. I yield back.

6243 Mr. Pitts. The Chair thanks the gentleman. Is there
6244 further discussion on the Green amendment? Seeing none, the vote
6245 occurs on the amendment. Do you want a roll call.

6246 Mr. Green. Roll call.

6247 Mr. Pitts. The Clerk will call the roll.

6248 The Clerk. Mr. Guthrie?

6249 Mr. Guthrie. No.

6250 The Clerk. Mr. Guthrie votes no.

6251 Mr. Barton?

6252 Mr. Barton. No.

6253 The Clerk. Mr. Barton votes no.

6254 Mr. Whitfield?

6255 Mr. Whitfield. No.

6256 The Clerk. Mr. Whitfield votes no.

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6257 Mr. Shimkus?

6258 Mr. Shimkus. No.

6259 The Clerk. Mr. Shimkus votes no.

6260 Mr. Murphy?

6261 Mr. Murphy. No.

6262 The Clerk. Mr. Murphy votes no.

6263 Mr. Burgess?

6264 Mr. Burgess. No.

6265 The Clerk. Mr. Burgess votes no.

6266 Mrs. Blackburn?

6267 Mrs. Blackburn. No.

6268 The Clerk. Mrs. Blackburn votes no.

6269 Mrs. McMorris Rodgers?

6270 [No response.]

6271 Mr. Lance?

6272 Mr. Lance. No.

6273 The Clerk. Mr. Lance votes no.

6274 Mr. Bilirakis?

6275 Mr. Bilirakis. No.

6276 The Clerk. Mr. Bilirakis votes no.

6277 Mr. Griffith?

6278 Mr. Griffith. No.

6279 The Clerk. Mr. Griffith votes no.

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6280 Mr. Long?

6281 Mr. Long. No.

6282 The Clerk. Mr. Long votes no.

6283 Mrs. Ellmers?

6284 [No response.]

6285 Mr. Bucshon?

6286 Mr. Bucshon. No.

6287 The Clerk. Mr. Bucshon votes no.

6288 Mrs. Brooks?

6289 Mrs. Brooks. No.

6290 The Clerk. Mrs. Brooks votes no.

6291 Mr. Collins?

6292 Mr. Collins. No.

6293 The Clerk. Mr. Collins votes no.

6294 Chairman Upton?

6295 The Chairman. No.

6296 The Clerk. Chairman Upton votes no.

6297 Mr. Green?

6298 Mr. Green. Aye.

6299 The Clerk. Mr. Green votes aye.

6300 Mr. Engel?

6301 Mr. Engel. Aye.

6302 The Clerk. Mr. Engel votes aye.

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6303 Ms. Capps?

6304 Ms. Capps. Aye.

6305 The Clerk. Ms. Capps votes aye.

6306 Ms. Schakowsky?

6307 Ms. Schakowsky. Aye.

6308 The Clerk. Ms. Schakowsky votes aye.

6309 Mr. Butterfield?

6310 Mr. Butterfield. Aye.

6311 The Clerk. Mr. Butterfield votes aye.

6312 Ms. Castor?

6313 Ms. Castor. Aye.

6314 The Clerk. Ms. Castor votes aye.

6315 Mr. Sarbanes?

6316 Mr. Sarbanes. Aye.

6317 The Clerk. Mr. Sarbanes votes aye.

6318 Ms. Matsui?

6319 Ms. Matsui. Aye.

6320 The Clerk. Ms. Matsui votes aye.

6321 Mr. Lujan?

6322 Mr. Lujan. Aye.

6323 The Clerk. Mr. Lujan votes aye.

6324 Mr. Schrader?

6325 Mr. Schrader. Aye.

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6326 The Clerk. Mr. Schrader votes aye.

6327 Mr. Kennedy?

6328 Mr. Kennedy. Aye.

6329 The Clerk. Mr. Kennedy votes aye.

6330 Mr. Cardenas?

6331 Mr. Cardenas. Aye.

6332 The Clerk. Mr. Cardenas votes aye.

6333 Mr. Pallone?

6334 Mr. Pallone. Aye.

6335 The Clerk. Mr. Pallone votes aye.

6336 Chairman Pitts?

6337 Mr. Pitts. No.

6338 The Clerk. Chairman Pitts votes no.

6339 Mr. Pitts. Are there members seeking recorded vote? If

6340 not, the Clerk will report the vote.

6341 The Clerk. Mr. Chairman, on that vote, there were 13 ayes

6342 and 16 nays.

6343 Mr. Pitts. The nays have it. The amendment is not agreed

6344 to.

6345 Are there further amendments to the amendment --

6346 Mr. Pallone. Mr. Chairman?

6347 Mr. Pitts. -- in the nature of a substitute?

6348 Mr. Pallone. I have an amendment.

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6349 Mr. Pitts. Mr. Pallone is recognized to offer an amendment.

6350 Mr. Pallone. It is Number 23, I believe, on PAIMIs.

6351 Mr. Pitts. Do you have that? What is the number again?

6352 Mr. Pallone. 23.

6353 Mr. Pitts. Number 23? 23.

6354 The Clerk. Amendment to the amendment in the nature of a
6355 substitute to H.R. 2646, offered by Mr. Pallone.

6356 [The Amendment of Mr. Pallone follows:]

6357

6358 *****INSERT 39*****

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6359 Mr. Pitts. Without objection, the reading of the amendment
6360 is dispensed with, and the gentleman, Mr. Pallone, is recognized
6361 for 5 minutes in support of his amendment.

6362 Mr. Pallone. Thank you, Mr. Chairman. We are here today
6363 because our mental health system is broken, yet it is not beyond
6364 repair. We are here today because we all believe that our mental
6365 health system is in desperate need of modernization. It clearly
6366 falls short of meeting the needs of the 21st century patient with
6367 mental illness.

6368 However, we need to be sure that in an effort to reform we
6369 fix what is broken but maintain what works. And with that in mind,
6370 I would like to put forth an amendment to preserve the rights of
6371 PAIMIs to protect the rights of the mentally ill. Our patients
6372 with psychiatric illness have faced a long history of stigma,
6373 discrimination, and maltreatment in this country. The
6374 conditions of the asylums over the last century were downright
6375 deplorable.

6376 After deinstitutionalization, sadly, attitudes did not
6377 change overnight. In response, Congress acted to create the
6378 Protection and Advocacy for Individuals with Mental Illness
6379 System. Since 1986, PAIMI has instituted protection and advocacy
6380 systems, PAs, in every state. In 2012 alone, P&As addressed
6381 12,968 complaints concerning abuse, neglect, and maltreatment.

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6382 In doing so, the system advocated for 24 million individuals
6383 to provide protections for our most vulnerable patients. And,
6384 simply put, this system is an invaluable lifeline for many of our
6385 patients who may otherwise be left voiceless.

6386 Unfortunately, the bill today would have a devastating
6387 impact on the PAIMI program. In an attempt to limit PAIMI from
6388 performing activities beyond abuse and neglect, this legislation
6389 guts the critical tools P&As use to protect patients. It removes
6390 the ability of the mentally ill to receive representation if they
6391 are discriminated against in housing or in workplace, and it takes
6392 away an ally if a patient disagrees with a medication plan put
6393 forth by a caregiver.

6394 The advocates of this measure have claimed that PAIMI is a
6395 part of the anti-psychiatry movement, and this couldn't be further
6396 from the truth. I also find it troubling to put forward the notion
6397 that a competent individual with mental illness does not deserve
6398 the rights to make decisions in their own treatment.

6399 Treatment decisions for patients with mental illness are
6400 incredibly complex. The medication used for patients with
6401 schizophrenia or bipolar come with common side effects such as
6402 weight gain, high cholesterol, and difficulty sleeping. On top
6403 of this, there are less common but well-known serious reactions,
6404 such as abnormal heart rates and other life-threatening

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6405 conditions.

6406 The idea that a competent patient would be left without an
6407 ally to participate in shared decisionmaking over proper
6408 medication use is unfathomable to me. The use of PAIMIs has been
6409 an invaluable resource to protect the safety and rights of some
6410 of our most vulnerable patients, and I implore the Committee to
6411 resist the urge to turn back the clock on mental illness and
6412 preserve patient access to protection and advocacy.

6413 I yield back the remainder of my time, Mr. Chairman.

6414 Mr. Pitts. The Chair thanks the gentleman. Is there
6415 further discussion on the amendment? Dr. Murphy is recognized
6416 for 5 minutes to strike the last words.

6417 Mr. Murphy. Thank you, Mr. Chairman. This is a very
6418 important part of reform of our mental health system. PAIMI was
6419 originally developed to make sure that they were stopping the
6420 abuse and neglect, as my friend, Mr. Pallone, pointed out, that
6421 was horrid and rampant in many asylums, and actually continues
6422 in many prisons.

6423 I am grateful that the PAIMI organizations in Pennsylvania
6424 stood up to try and stop these horrible practices in the prison
6425 system. We certainly have treatment in prisons in many states.
6426 But, for example, this is where they found that prisoners who are
6427 seriously mentally ill were often tased, put in solitary

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6428 confinement for 23 hours a day, which is the worst thing you can
6429 go for someone with schizophrenia and other illnesses. Those are
6430 good things they do.

6431 But our concern is they do very little to ensure that those
6432 who need access to hospitalization or treatment get it. The focus
6433 is almost exclusively on getting people free of treatment rather
6434 than into it.

6435 Extensive PAIMI resources are going also to fight
6436 alternatives to institutionalization and alternatives to jails.
6437 They also have resources that are going to four states to close
6438 psychiatric hospitals in spite of the fact that we do not have
6439 enough beds for those who are seriously mentally ill and in crisis
6440 states. This has also a lot to do with because since SAMHSA was
6441 not providing oversight and reviewing what they do.

6442 This section of the bill is -- and other sections here dealing
6443 with this is to get SAMHSA -- excuse me, is to get PAIMI back on
6444 track to what we want them to do -- focus on abuse, focus on
6445 neglect, make sure that they are working on a wide range of
6446 protecting the rights of the mentally ill, to get treatment, to
6447 get housing, to get supportive education, supportive employment.
6448 All of those issues there, this is what we want them to get
6449 refocused on, because that focus has gone astray.

6450 And in so doing, this is where the story we had in testimony

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6451 on Oversight Committee from a guy named Joe Bruce, who talked about
6452 his son Will, who was in a psychiatric hospital in the State of
6453 Maine. His son was 20-something at the time, and the psychiatrist
6454 on the case said, "Will is dangerous." That psychiatrist was off
6455 the case.

6456 There was another psychiatrist that came on the case and
6457 says, "Will is a dangerous person. Don't let him out." He was
6458 also removed from the case.

6459 In a hearing, then, where protection and advocacy people were
6460 representing Will, Will was asked, "Are you going to harm
6461 anybody?" And that person, according to the hospital notes,
6462 turned towards him and coached him and said, "Tell them you are
6463 not going to harm anybody." So he said, "I am not going to hurt
6464 anybody."

6465 He was then asked, "Are you going to hurt yourself?" The
6466 hospital notes said that he was then coached to say, "I am not
6467 going to hurt myself." So the courts then said, "We can't keep
6468 him here." They let him out. They didn't ensure he had treatment
6469 afterwards. He went home. He took an axe and he chopped his
6470 mother to pieces, believing she was part of al-Qaeda and he was
6471 commanded to kill her.

6472 This is not the function of this organization that we want.
6473 We want them to focus on protection and advocacy to make sure abuse

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6474 is not occurring to them in treatment or out of treatment. But
6475 when they stop treatment, that is a serious problem that we all
6476 ought to be engaged in.

6477 I want them focused on their original mission. I don't know
6478 who within this is responsible -- is taking responsibility. That
6479 is why part of this also says there should be a grievance
6480 procedure. And, actually, some people we have talked with in
6481 protection and advocacy organizations helped us craft some of that
6482 wording.

6483 So this is very concerning, that I think they have lost their
6484 course. We want to get them back on course. And that is why this
6485 part is in the bill, and that is why I believe this part needs
6486 to remain in the bill.

6487 And I yield back.

6488 Mr. Pitts. The Chair thanks the gentleman. Is there
6489 further discussion on the Pallone amendment? The gentleman is
6490 recognized for 5 minutes to strike the last words.

6491 Mr. Lujan. I yield my time to Mr. Pallone.

6492 Mr. Pallone. Thank you, Mr. Lujan. It really disturbs me
6493 to hear what Mr. Murphy says. I mean, this is the same argument
6494 that I have heard over and over again from the Republican party
6495 with regard to legal services, legal aid societies. You know,
6496 they always want to cut back on those who would represent the

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6497 vulnerable, the poor.

6498 The PAIMI program was created to address evidence of
6499 pervasive abuse, neglect, discrimination against the mentally
6500 ill. And, you know, the program basically protects people's
6501 rights to live and work in an integrated setting, to receive
6502 Medicaid services, the right to vote.

6503 I understand that you want to limit it. But by limiting it,
6504 you are limiting protection in the civil rights of the mentally
6505 ill. They are the largest provider of legal advocacy for
6506 Americans with mental illnesses. Beyond legal advocacy,
6507 addressing abuse and neglect, it protects -- the program connects
6508 mentally ill individuals to several other important services. It
6509 links thousands each year to crisis services, assertive community
6510 treatment, case management services, and supported employment.

6511 The advocates have helped children with mental illness get
6512 the services they need to succeed in school, and adults with mental
6513 illness obtain the accommodations they need to sustain employment
6514 or transition to community treatment.

6515 For example, PAIMI staff, in collaboration with health care
6516 providers, helped a 30-year old man who had been institutionalized
6517 the majority of his life to develop a discharge plan and transition
6518 into community treatment. And the man was able to successfully
6519 live in the community because of the support that PAIMI advocates

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6520 provided.

6521 Now, H.R. 2646, Mr. Murphy's bill, prohibits the PAIMI
6522 program from performing any activities work addressing abuse and
6523 neglect. This prevents the PAIMI program from protecting
6524 individuals with mental illness from other violations of their
6525 rights, such as housing discrimination. The legislation would
6526 prohibit P&A from counseling an individual with a serious mental
6527 illness on their right to refuse medical treatment, and from
6528 acting against the wishes of the caregiver of an individual with
6529 severe mental illness.

6530 I think you are being honest in saying, Mr. Murphy, that you
6531 want to severely restrict PAIMI in what they do. But that is the
6532 problem. I think there is a basic difference here between whether
6533 or not PAIMI is going to have this broad range of rights to protect
6534 those who have mental illness or it is going to be restricted to
6535 certain things.

6536 And I think that by restricting the program you are making
6537 it very difficult for those who are mentally ill to get the kind
6538 of help that they need.

6539 You know, I know that Republicans historically don't like
6540 legal aid. They don't like legal assistance for the vulnerable
6541 and the poor. I guess they just don't like lawyers probably is
6542 what it really comes down to. But the fact of the matter is that

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6543 the PAIMI program, and the legal advocates that are part of it,
6544 are doing very important things.

6545 If you really care about the mentally ill, you wouldn't try
6546 to restrict it in this fashion. It is going to really make it
6547 much more difficult for those who have mental illness or
6548 behavioral problems to assert their rights in every arena. And
6549 that is why it is wrong to restrict it.

6550 I thank the gentleman for the time.

6551 Mr. Lujan. And I yield back.

6552 Mr. Pitts. The gentleman yields back. Is there further
6553 discussion on the Pallone amendment? If not, if there is no
6554 further discussion, the vote occurs on the amendment.

6555 Mr. Pallone. I would ask for a roll call, Mr. Chairman.

6556 Mr. Pitts. The Clerk will call the roll.

6557 The Clerk. Mr. Guthrie?

6558 Mr. Guthrie. No.

6559 The Clerk. Mr. Guthrie votes no.

6560 Mr. Barton?

6561 [No response.]

6562 Mr. Whitfield?

6563 [No response.]

6564 Mr. Shimkus?

6565 Mr. Shimkus. No.

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6566 The Clerk. Mr. Shimkus votes no.
6567 Mr. Murphy?
6568 Mr. Murphy. No.
6569 The Clerk. Mr. Murphy votes no.
6570 Mr. Burgess?
6571 Mr. Burgess. No.
6572 The Clerk. Mr. Burgess votes no.
6573 Mrs. Blackburn?
6574 Mrs. Blackburn. No.
6575 The Clerk. Mrs. Blackburn votes no.
6576 Mrs. McMorris Rodgers?
6577 [No response.]
6578 Mr. Lance?
6579 Mr. Lance. No.
6580 The Clerk. Mr. Lance votes no.
6581 Mr. Griffith?
6582 Mr. Griffith. No.
6583 The Clerk. Mr. Griffith votes no.
6584 Mr. Bilirakis?
6585 Mr. Bilirakis. No.
6586 The Clerk. Mr. Bilirakis votes no.
6587 Mr. Long?
6588 Mr. Long. No.

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6589 The Clerk. Mr. Long votes no.
6590 Mrs. Ellmers?
6591 [No response.]
6592 Mr. Bucshon?
6593 Mr. Bucshon. No.
6594 The Clerk. Mr. Bucshon votes no.
6595 Mrs. Brooks?
6596 Mrs. Brooks. No.
6597 The Clerk. Mrs. Brooks votes no.
6598 Mr. Collins?
6599 Mr. Collins. No.
6600 The Clerk. Mr. Collins votes no.
6601 Chairman Upton?
6602 The Chairman. Votes no.
6603 The Clerk. Chairman Upton votes no.
6604 Mr. Green?
6605 Mr. Green. Aye.
6606 The Clerk. Mr. Green votes aye.
6607 Mr. Engel?
6608 Mr. Engel. Aye.
6609 The Clerk. Mr. Engel votes aye.
6610 Ms. Capps?
6611 Ms. Capps. Aye.

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6612 The Clerk. Ms. Capps votes aye.

6613 Ms. Schakowsky?

6614 Ms. Schakowsky. Aye.

6615 The Clerk. Ms. Schakowsky votes aye.

6616 Mr. Butterfield?

6617 Mr. Butterfield. Aye.

6618 The Clerk. Mr. Butterfield votes aye.

6619 Ms. Castor?

6620 Ms. Castor. Aye.

6621 The Clerk. Ms. Castor votes aye.

6622 Mr. Sarbanes?

6623 Mr. Sarbanes. Aye.

6624 The Clerk. Mr. Sarbanes votes aye.

6625 Ms. Matsui?

6626 Ms. Matsui. Aye.

6627 The Clerk. Ms. Matsui votes aye.

6628 Mr. Lujan?

6629 Mr. Lujan. Aye.

6630 The Clerk. Mr. Lujan votes aye.

6631 Mr. Schrader?

6632 Mr. Schrader. Aye.

6633 The Clerk. Mr. Schrader votes aye.

6634 Mr. Kennedy?

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6635 Mr. Kennedy. Aye.

6636 The Clerk. Mr. Kennedy votes aye.

6637 Mr. Cardenas?

6638 Mr. Cardenas. Aye.

6639 The Clerk. Mr. Cardenas votes aye.

6640 Mr. Pallone?

6641 Mr. Pallone. Aye.

6642 The Clerk. Mr. Pallone votes aye.

6643 Chairman Pitts?

6644 Mr. Pitts. No.

6645 The Clerk. Chairman Pitts votes no.

6646 Mr. Pitts. Are there further recorded -- Mr. Whitfield?

6647 Mr. Whitfield. No.

6648 The Clerk. Mr. Whitfield votes no.

6649 Mr. Pitts. Mr. Barton?

6650 Mr. Barton. No.

6651 The Clerk. Mr. Barton votes no.

6652 Mr. Pitts. The Clerk will report the vote.

6653 The Clerk. Mr. Chairman, on that vote, there were 13 ayes
6654 and 16 nays.

6655 Mr. Pitts. The nays have it. The amendment is not agreed
6656 to.

6657 The Chairman. Mr. Chairman?

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6658 Mr. Pitts. Who is seeking recognition?

6659 The Chairman. Me. If I might just strike the last word,
6660 if I might have --

6661 Mr. Pitts. The Chairman of the full Committee is
6662 recognized.

6663 The Chairman. -- a little colloquy perhaps with Mr.
6664 Pallone or Mr. Green. We have been here a long time this morning,
6665 since this morning. I know, as we look at the amendments, our
6666 side is -- we are prepared to accept the Butterfield minority
6667 fellowship amendment as part of this amendment in the nature of
6668 a substitute.

6669 I am just curious to know how long -- you know, we are going
6670 to have votes on the House floor soon, 5, 10 minutes, a series
6671 of votes. I think there will be another -- perhaps another series
6672 later on. Should we be telling members to come back after the
6673 series of votes on the floor? I think our side, other than the
6674 one Butterfield amendment, is likely to be prepared to vote no
6675 on the amendments.

6676 And as they said earlier, it is important that we get to first
6677 base. You know, this is the Subcommittee mark. I am sure a lot
6678 of discussions will go forward before we determine -- when we go
6679 to full Committee. I am just doing a temperature check.

6680 Mr. Pallone. Yes. Well, look, I appreciate your comments,

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6681 but, look, the fact of the matter is that we are not happy on our
6682 side of the aisle with the way we got to this markup, because we
6683 don't feel -- we feel that the negotiations were broken off when
6684 they should have continued.

6685 It was clear that our concerns were not being heard, and that
6686 is why we have the series of amendments, because we want to get
6687 them on record, and we want people to understand the problems that
6688 we have with the Murphy bill and what we would like to see changed
6689 and added to the Murphy bill in order to make it truly bipartisan.

6690 We have approximately 15 more amendments that we are going
6691 to go through here. Since we are voting anyway tonight, into the
6692 wee hours, I don't think it matters that we come back. So, at
6693 this point, we are prepared to move forward with the 15 amendments.
6694 You know, it is not like -- we are going to be here anyway, so
6695 I don't think it really matters.

6696 The Chairman. You know, we know there may not be. I mean,
6697 the floor made decide -- the House floor may decide just to roll
6698 the amendments on the floor and have those votes until tomorrow.

6699 Mr. Pallone. Well, why don't we wait and see what develops,
6700 then. Let's proceed, so that we can get on the record our
6701 concerns, and hopefully over the next two or three weeks, or
6702 whenever the full Committee markup takes place, there will be an
6703 effort, which you seem to want to do, to negotiate with us and

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6704 go back to the drawing board and address these Democratic
6705 concerns. But, for now, I suggest we just continue. We have
6706 about 15 amendments.

6707 The Chairman. I just want to say, a couple weeks ago I sat
6708 down with a number of groups -- the National Alliance on Mental
6709 Health -- excuse me, on Mental Illness, American Psychiatric
6710 Association, Mental Health America, National Council for
6711 Behavioral Health, National Alliance on Mental Illness, American
6712 Psychiatric Association, Mental Health America, chairmen,
6713 presidents, medical directors.

6714 I asked all of them if they had amendments or thoughts as
6715 to how we could improve the bill. All of them said, "We support
6716 the bill as it is."

6717 Mr. Pallone. I know that Mr. Murphy, and now you, continue
6718 to insist that Mr. Murphy's bill is nirvana, that every --

6719 The Chairman. I didn't say it was perfect, but --

6720 Mr. Pallone. -- everyone loves it, and all the newspapers
6721 love it. And that is all very nice, that you have all been out
6722 there promoting Mr. Murphy's bill. The reality is that there are
6723 a lot of people that don't like it. I think that has been made
6724 quite clear with our amendments and our substitute today.

6725 In fact, if you would like, I can -- again, you know, I have
6726 been trying to be a little nice here. I will give you -- I will

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6727 enter into the record -- I will ask unanimous consent to enter
6728 into the record letters from various organizations who have major
6729 problems with the bill.

6730 And I would ask at this time to enter into the record a letter
6731 from the Consortium for Citizens with Disabilities, the National
6732 Disability Rights Network, the International Society for Ethical
6733 Psychiatry and Psychology, the Civil Rights Coalition on Police
6734 Reform, the HIV Healthcare Access Working Group, the National
6735 Women's Law Center, the American Civil Liberties Union -- you
6736 should read that one -- the National Disabilities Leadership
6737 Alliance, Easter Seals -- you know them -- the substance abuse
6738 community. I don't know, there is about 15 groups on that letter.
6739 And this one is from -- where is this one from?

6740 The Chairman. All right. My time has expired. I continue
6741 with the --

6742 Mr. Pitts. Without objection --

6743 The Chairman. -- wish that we could go back and --

6744 Mr. Pallone. Mr. Chairman, I would ask unanimous consent
6745 to introduce those letters.

6746 Mr. Pitts. Without objection, so ordered.

6747 Mr. Pallone. Thank you, Mr. Chair.

6748 [The information follows:]

6749

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6750

*****COMMITTEE INSERT 40*****

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6751 Mr. Pitts. Are there other amendments to the amendment in
6752 the nature of a substitute?

6753 Mr. Lujan. Mr. Chairman, I have an amendment at the desk.

6754 Mr. Pitts. We are voting on the floor. We have 13 minutes
6755 left. Who seeks recognition?

6756 Mr. Lujan. Mr. Chairman?

6757 Mr. Pitts. The Chair recognizes Mr. Lujan to offer an
6758 amendment. What is the number?

6759 Mr. Lujan. Amendment 22.

6760 Mr. Pitts. The Clerk will report the amendment.

6761 The Clerk. Amendment to the amendment in the nature of a
6762 substitute to H.R. 2646, offered by Mr. Lujan.

6763 [The Amendment of Mr. Lujan follows:]

6764

6765 *****INSERT 41*****

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6766 Mr. Pitts. Without objection, the reading of the amendment
6767 is dispensed with. The gentleman, Mr. Lujan, is recognized for
6768 5 minutes in support of his amendment.

6769 Mr. Lujan. Mr. Chairman, this amendment seeks to grow the
6770 peer professional workforce. It establishes a SAMHSA grant
6771 program to develop and sustain behavioral health,
6772 paraprofessional training and education programs, and provides
6773 tuition support.

6774 This amendment would increase the number of behavioral
6775 health paraprofessionals such as trained peers, recovery coaches,
6776 mental health and addiction specialists, prevention specialists,
6777 and addiction counselors, and help communities develop the
6778 infrastructure to train and certify peers as behavioral health
6779 professionals.

6780 People in recovery from behavioral health disorders and
6781 their family members are being trained as specialists and are
6782 contributing to the field in a variety of roles, including as
6783 health educators, patient navigators, and outreach and engagement
6784 workers. These evidence-based recovery supports have
6785 strengthened the workforce and expanded access to effective
6786 services.

6787 The real-world experiences of peer professionals bolster
6788 workforce expertise and guarantee inclusion at all levels of the

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6789 delivery system. In my home State of New Mexico, the integration
6790 of peer professionals and behavioral health paraprofessionals are
6791 welcome additions due to our workforce shortage, especially in
6792 our rural communities.

6793 I urge my colleagues to support this amendment and yield back
6794 the balance of my time.

6795 Mr. Pitts. The Chair thanks the gentleman. Is there any
6796 discussion on the amendment? Dr. Murphy, you are recognized for
6797 5 minutes.

6798 Mr. Murphy. Thank you, Mr. Chairman. I just want to point
6799 -- this is addressed in the bill. At the beginning, it says that
6800 the Assistant Secretary's job, one of the things will be to discuss
6801 -- to report to Congress of a nationwide strategy of how to deal
6802 with workforce shortages and directions for psychiatrists,
6803 psychologists, psychiatric nurse practitioners, clinical social
6804 workers, mental health peer support specialists. It is in the
6805 bill. It is addressed to provide those things. And so, along
6806 those lines, I would say that let's stick with the base bill.

6807 I yield back.

6808 Mr. Pitts. Is there further discussion on the Lujan
6809 amendment? Ms. Matsui is recognized for 5 minutes --

6810 Ms. Matsui. Yes. To strike the last word.

6811 Mr. Pitts. -- to strike the last words.

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6812 Ms. Matsui. I would like to yield to Mr. Lujan.

6813 Mr. Lujan. Mr. Chairman, thank you very much, Ms. Matsui.
6814 Mr. Murphy, while I appreciate that there is language in the
6815 legislation that is close to what I am suggesting here, there is
6816 no money to do it.

6817 Mr. Murphy. If Ms. Matsui would yield?

6818 Ms. Matsui. Yes. I yield.

6819 Mr. Murphy. Thank you. The money comes within the budget
6820 of that agency to do that. It is part of the reports. Currently,
6821 Congress does get some reports on things like suicide rates. We
6822 don't get very accurate reports on some other things. But we
6823 never really asked an agency provide us a widespread information
6824 within this. To gather that information, the States do a
6825 nationwide study. So it is in here, and I believe the funding
6826 is already in there to handle that, too.

6827 I am with you. We don't have this kind of data. We have
6828 seen reports come from some universities in terms of what they
6829 think peer supports -- clinical peer supports versus other peer
6830 support. It is a valuable service. I agree with you. We need
6831 more, and this is where -- I believe it is already addressed in
6832 the base bill.

6833 Mr. Lujan. If Ms. Matsui would yield?

6834 Ms. Matsui. I yield again to Mr. Lujan.

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6835 Mr. Lujan. Mr. Murphy, I appreciate the value of the
6836 reports. What this amendment does is it is a grant program for
6837 these peer professionals to do the work, and there is no money
6838 for that. And that is why this amendment is important. It is
6839 working in New Mexico. I think when we visit with all of our
6840 constituents, everyone that we are fighting for, they can attest
6841 to us the importance of the value of the peer support specialists.

6842 And that is what I am just trying to get to here is there
6843 needs to be some investment behind this as opposed to just Congress
6844 asking for a report to come back to tell us that this works, that
6845 it is good. We know that it is working. We know that it is good.
6846 Let's put some money behind it and invest in making sure that all
6847 of the people we are trying to help also have access to peer support
6848 specialists.

6849 That is all that I am trying to say. And, with that, I yield
6850 back to Ms. Matsui.

6851 Ms. Matsui. And I yield back.

6852 Mr. Pitts. The Chair thanks the gentlelady. Is there
6853 further discussion on the Lujan amendment? If not, the vote
6854 occurs on the amendment. Do you want a roll call? The Clerk will
6855 call the roll.

6856 The Clerk. Mr. Guthrie?

6857 Mr. Guthrie. No.

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6858 The Clerk. Mr. Guthrie votes no.
6859 Mr. Barton?
6860 [No response.]
6861 Mr. Whitfield?
6862 [No response.]
6863 Mr. Shimkus?
6864 Mr. Shimkus. No.
6865 The Clerk. Mr. Shimkus votes no.
6866 Mr. Murphy?
6867 Mr. Murphy. No.
6868 The Clerk. Mr. Murphy votes no.
6869 Mr. Burgess?
6870 [No response.]
6871 Mrs. Blackburn?
6872 Mrs. Blackburn. No.
6873 The Clerk. Mrs. Blackburn votes no.
6874 Mrs. McMorris Rodgers?
6875 [No response.]
6876 Mr. Lance?
6877 Mr. Lance. No.
6878 The Clerk. Mr. Lance votes no.
6879 Mr. Griffith?
6880 Mr. Griffith. No.

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6881 The Clerk. Mr. Griffith votes no.
6882 Mr. Bilirakis?
6883 Mr. Bilirakis. No.
6884 The Clerk. Mr. Bilirakis votes no.
6885 Mr. Long?
6886 Mr. Long. No.
6887 The Clerk. Mr. Long votes no.
6888 Mrs. Ellmers?
6889 [No response.]
6890 Mr. Bucshon?
6891 Mr. Bucshon. No.
6892 The Clerk. Mr. Bucshon votes no.
6893 Mrs. Brooks?
6894 Mrs. Brooks. No.
6895 The Clerk. Mrs. Brooks votes no.
6896 Mr. Collins?
6897 Mr. Collins. No.
6898 The Clerk. Mr. Collins votes no.
6899 Chairman Upton?
6900 The Chairman. No.
6901 The Clerk. Chairman Upton votes no.
6902 Mr. Green?
6903 Mr. Green. Aye.

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6904 The Clerk. Mr. Green votes aye.
6905 Mr. Engel?
6906 Mr. Engel. Aye.
6907 The Clerk. Mr. Engel votes aye.
6908 Ms. Capps?
6909 Ms. Capps. Aye.
6910 The Clerk. Ms. Capps votes aye.
6911 Ms. Schakowsky?
6912 Ms. Schakowsky. Aye.
6913 The Clerk. Ms. Schakowsky votes aye.
6914 Mr. Butterfield?
6915 Mr. Butterfield. Aye.
6916 The Clerk. Mr. Butterfield votes aye.
6917 Ms. Castor?
6918 Ms. Castor. Aye.
6919 The Clerk. Ms. Castor votes aye.
6920 Mr. Sarbanes?
6921 Mr. Sarbanes. Aye.
6922 The Clerk. Mr. Sarbanes votes aye.
6923 Ms. Matsui?
6924 Ms. Matsui. Aye.
6925 The Clerk. Ms. Matsui votes aye.
6926 Mr. Lujan?

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6927 Mr. Lujan. Aye.

6928 The Clerk. Mr. Lujan votes aye.

6929 Mr. Schrader?

6930 Mr. Schrader. No.

6931 The Clerk. Mr. Schrader votes no.

6932 Mr. Kennedy?

6933 Mr. Kennedy. Aye.

6934 The Clerk. Mr. Kennedy votes aye.

6935 Mr. Cardenas?

6936 Mr. Cardenas. Aye.

6937 The Clerk. Mr. Cardenas votes aye.

6938 Mr. Pallone?

6939 Mr. Pallone. Aye.

6940 The Clerk. Mr. Pallone votes aye.

6941 Chairman Pitts?

6942 Mr. Pitts. No.

6943 The Clerk. Chairman Pitts votes no.

6944 Mr. Pitts. Are there other members seeking recorded vote?

6945 If not, the Clerk will report the vote.

6946 The Clerk. Mr. Chairman, on that vote, there were 12 ayes
6947 and 14 nays.

6948 Mr. Pitts. The nays have it. The amendment is not agreed
6949 to.

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6950 We still have 7 minutes on the clock. The Subcommittee will
6951 stand in recess until immediately following the vote series we
6952 will reconvene.

6953 [Recess.]

6954 Mr. Pitts. The time for recess having expired, we will reconvene. We are still on the amendment in the
6955 nature of a substitute. Are there further amendments to the amendment in the nature of a substitute?

6956 Mr. Green. Mr. Chairman, I have an amendment at the desk.

6957 Mr. Pitts. What number?

6958 Mr. Green. Fifty.

6959 Mr. Pitts. The clerk will report the amendment.

6960 The Clerk. The amendments to the amendment in the nature of a substitute to H.R. 2646 offered by Mr.
6961 Green.

6962 [The Amendment of Mr. Green follows:]

6963

6964 *****INSERT 42*****

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6965 Mr. Pitts. Without objection, the reading of the amendment is dispensed with and the gentleman, Mr. Green,
6966 is recognized for five minutes in support of his amendment

6967 Mr. Green. Thank you, Mr. Chairman. This is a follow up on our ranking member's amendment regarding
6968 the PAIMI program. We use acronyms so often in D.C. that some of us get confused about what it is. That actually
6969 stands for Protection and Advocacy for Individuals with Mental Health Issues. It is late in the evening.

6970 The PAIMI program was created in 1986 to address pervasive abuse, neglect, and exploitation of the mentally ill.
6971 The program has maintained nearly three decades of success in serving its clients by resolving complaints, issues
6972 surrounding allegations of maltreatment. The program advocates for some of our most vulnerable patients knowing no
6973 one else will. Sadly, this bill seems to attack the invaluable patient access and purports a misguided idea that
6974 competent individuals recovering from mental illness cannot meaningfully participate in their own healthcare.

6975 Specifically, I find it troublesome that this bill restricts legal advocates from telling individuals their rights under
6976 the law. Frankly, I find this attack on the first amendment unconscionable. To be blunt, no American should lose
6977 their constitutional rights as a result of a diagnosed medical condition. Additionally, if a counselor takes a job working
6978 for a PAIMI program, they should not lose their constitutional rights to the first amendment solely because of their
6979 profession.

6980 It is unprecedented to say that a lawyer cannot tell their client their rights. Healthcare works best when there
6981 are open and honest communications between patients, doctors, family members, and other individuals a patient wishes
6982 to consult with including PAIMI counselors. Any effort to restrict these conversations would only serve to harm the
6983 therapeutic relationship. Because of these reasons, I am putting forth this amendment to strike the provision in the
6984 substitute amendment which restricts legal advocates from telling the individual their rights under the law.

6985 Mr. Chairman, we were able to find, those of us who are our age, may remember Paul Harvey on "The Rest of
6986 the Story." I want to give our response to Congressman Murphy's Bruce case. This is a tragic case, but until what the
6987 proponents of the revisions to get the Protection and Advocacy for Individuals with Mental Illness program say does not

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6988 demonstrate the need for wholesale changes in the program whether it shows the need for better community mental
6989 health services.

6990 First, the facts of the case do not show that the protection and advocacy agency was the entity that William
6991 Bruce released. But they do show that the failure of psychiatrists to file the necessary paperwork to continue his
6992 involuntary commitment is the ultimate reason for his release.

6993 While one of Mr. Bruce's psychiatrists was concerned with his dangerousness, he never chose to file the
6994 paperwork necessary to continue his commitment. The other doctor, according to psychiatry notes stated "Mr. B.
6995 appeared very unlikely to meet criteria for initiation of emergency, involuntary status at the end of his court commitment
6996 on 4/30.

6997 In addition, Dr. X discussed discharging William on 4/24, but this did not work for ICMX who requested a
6998 release on 4/20 which Dr. X agreed to. The doctor's decision came with full access to William's psychiatry progress
6999 notes as well as input from the staff and daily contact with William. Dr. X's first meeting with William, he reviewed the
7000 record, discussed case with multiple colleagues.

7001 Ultimately, it was the failure of the psychiatrist to file the paperwork that led to Mr. Bruce's release. The
7002 PAIMI agency did not have the power to release Mr. Bruce. That was the decision made by psychiatrists. Following
7003 his release, Mr. Bruce was receiving intensive case management services for another two months in the community for
7004 the tragic killing of his mother." So we believe that the facts of the case are different than what the proponents say that
7005 is getting this program at stake.

7006 However, even if this story is how they tell, this is one case out of more than 350,000 individual cases that
7007 PAIMI program has dealt with since the enactment of 1986. While very tragic and unavoidable if the psychiatrists had
7008 filed the paperwork they were supposed to, to fundamentally gut a program based on one example makes no sense.
7009 Show me the federal program that has a better track record than the PAIMI program with one failure in 350,000 cases.

7010 Mr. Chairman, I yield back my time and urge adoption of the amendment.

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7011 Mr. Pitts. The chair thanks the gentleman. Is there further discussion on the Green Amendment?

7012 Dr. Murphy, you are recognized for five minutes.

7013 Mr. Murphy. All right, now we are getting into the core of the problem with schizophrenia and bipolar.

7014 This is extremely important. A person with schizophrenia, part of the characteristics that they have of symptoms is

7015 cognitive impairment with a neurological base to that. Every time they have a breakdown, there is further neurological

7016 impairment. Multiple studies have shown on PET scans and MRIs you could see differences in the brain imaging, in the

7017 functions of a person with schizophrenia or bipolar versus a normal brain. You can see it deteriorate over time in terms

7018 of function and volume of the brain. Impairs on several levels: initial perception, what we choose to look at is based

7019 upon our experiences and our sense of what is going on; how we take that information in, the quality of our senses to take

7020 that information in; how we encode that information to our brain; how we decode that information to process it; our

7021 short-term memory as we are processing it; our long-term memory to pull things in. All of those are impaired in the

7022 brain of a person with schizophrenia, whether they are in the midst of an acute psychotic crisis or other things as well.

7023 When a person is talking with a schizophrenic, even when one is stable, one who is trained and aware of this

7024 can pick up on some of those impairments. That being the case, an additional layer of this is oftentimes they have

7025 difficulty distinguishing reality from their perceptions. So when they are in the midst of their hallucinations and

7026 delusions, one of the reasons that it is difficult for them to function in the world and we have heard this in some of our

7027 panels. Witnesses have said a woman who talked about being in a grocery store. She thought she heard voices over

7028 the loud speaker in the store telling her that all the food was poisoned. Next thing you know she hears a voice saying

7029 "clean up on aisle 5" and it turns out she was there and she had removed every box of cereal from the shelves and was

7030 standing amidst them and trying to get a sense of how did this happen?

7031 These stories continue on and on. And our point is when you are dealing with a person who lacks insight one

7032 has to be extremely careful about that, particularly, particularly if one is not trained to know what they are doing. So

7033 while there are those out there and I have said before, we have put things into the spill back in because I believe many

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7034 things that the PAIMI folks do is valuable: supportive education, supportive housing, supportive employment, making
7035 sure they are not abused and neglected. I love them. Those are great and we are supportive of those. But I am also
7036 very concerned that when a counselor gets an individual with a serious mental illness who lacks insight into their
7037 condition and refuses medical treatment and provide them information without the knowledge -- and many of these
7038 people, nearly all of them, are not psychiatrists, psychologists, are not trained. This troubles me. It should trouble all
7039 of us.

7040 Imagine if this was your child, your brother, your sister, your spouse. In the case of William Bruce, the parents
7041 were calling frantically. They didn't know where their son was. It wasn't until months later they found out. But
7042 this does happen in many cases when dealing with people with schizophrenia. This is the core thing about a brain
7043 illness. This is why we are here. This is why the states and Federal Government ought to be spending more and
7044 working on this.

7045 And so my concern here and the reason I want to keep this is is that people with a serious mental illness should
7046 not be counseled by someone who is not part of their care to make decisions on whether or not they should have that
7047 care. Because in such cases, they are fundamentally ignoring the very reason we are talking about this.

7048 When you look at the cases where tragedy has occurred around this country and the pundits on the news say
7049 this all the time, why was this person discharged? Why wasn't he cared for? Why didn't something happen?

7050 This is really important, Mr. Pallone. I hope you can listen to me. In these cases, where someone doesn't have
7051 this information and people say why was this person released, is because in many cases you have people who do not
7052 understand the mind of the person who is seriously mentally ill. It is a brain disease. They may be carrying on a
7053 conversation with you and I have had such conversations with hundreds and hundreds of people with serious mental
7054 illness and you think you are having a conversation. Seconds later, they may tell you we never talked about that.
7055 This is very, very important. We need to be sensitive to this. It is not the same as someone else. And this is why I
7056 am very concerned that people without the training, without the professional responsibility, without the license to

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7057 practice or advising someone what to do with their medical treatment. I hope we can keep this in the bill and I hope
7058 people vote against the amendment. Thank you.

7059 Mr. Pitts. The chair thanks the gentleman and now recognizes the ranking member for five minutes.

7060 Mr. Pallone. I won't take up a lot of time, but I want to assure Mr. Murphy I was listening to what he had to
7061 say. And I don't agree you. Look, I understand you come here and you are a psychiatrist or a psychologist. I am
7062 sorry, which is it, psychiatrist?

7063 Mr. Murphy. Psychologist.

7064 Mr. Pallone. Psychologist. But you now, you are not always right. And the bottom line is that these
7065 people have -- there is no reason why you should restrict their legal representation and have this lawyer, whoever it is, tell
7066 them their rights.

7067 Now you may think that in a given case that they are not cognizant or they are incompetent, well, then go to
7068 court and have them declared incompetent. But if they are competent and they have been declared incompetent, then
7069 they have the right to have someone tell them what their options are. And I understand that psychology is a field -- I am
7070 not an expert on it -- but I am very concerned that somehow you are saying that because of the expertise you have as a
7071 psychologist, that these rights should be restricted. And I don't agree with that. I am sorry. I don't. We are not
7072 always right. Just because someone is a psychologist or a psychiatrist doesn't mean that they are always right.

7073 And I think you stressed, and I agree with you, that everyone of these cases is unique. Every one is
7074 individualized. Well, then if that is true and I think it is based on what you said and common sense, then there is no
7075 reason why every case shouldn't be looked at differently. Let them know what their rights are. If you think they are
7076 so incompetent that they don't understand, then they should be declared incompetent. But if they have not been, I see
7077 absolutely no reason why they shouldn't be able to get -- be informed about what their options are and not always say
7078 that
7079 the psychologist has it right. I am sorry. That is my view. I listened very carefully to what you had to see.

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7080 I yield back, Mr. Chairman. I yield to Mr. Green.

7081 Mr. Pitts. You yield to who?

7082 Mr. Pallone. Who wants it? Mr. Green?

7083 Mr. Green. I appreciate the ranking member for yielding to me. And Congressman Murphy's story was very
7084 good, but didn't answer the question. In this case, the psychiatrist did not file the paperwork. That wasn't because of
7085 a volunteer helping. And I don't know if we have 350,000 cases we could go through, but you have to do your job if
7086 you are going to do that to take somebody's rights away. And I could tell lots of stories.

7087 I was honored one day to be appointed to represent a young man who said he was Jesus Christ. And of
7088 course, I was trying to make sure he got the least restrictive, but he got treatment. I questioned him, asked him if he was
7089 a Christian, because as a Christian, we feel like we can be one with the Lord. I led off, I asked him do you go to
7090 church? And the judge stood up and said, "Mr. Green, I think your client needs to have a break, get water." And he
7091 took him out and the bailiff took him out. And he said, "Green, I can't believe you asked Jesus if he goes to church."
7092 That is the kind of hearings that you have. And you have to take them seriously because these people are ill, but they
7093 still have their rights. Just because they are ill, whether it be a volunteer or whether it be their legal counsel and again,
7094 that is what we are talking about here. We are not talking about a story. We are talking about real help for
7095 folks to recognize whatever their rights are and they can be part of their cure if they want to because again, you don't get
7096 anything unless you get buy from those folks to say that they want this treatment.

7097 And I want to thank my colleague for yielding to me.

7098 Mr. Pitts. If he wants to yield time or he wants his own time.

7099 Mr. Butterfield. No, I was trying to claim time to yield to Mr. Green. I don't desire time. Thank you.

7100 Mr. Green. Give me a minute and I might think of something else.

7101 Mr. Pitts. The gentleman yields. The chair recognizes Dr. Bucshon for five minutes for striking last words.

7102 Mr. Bucshon. Yes, Mr. Chairman, I think fundamentally that again we are having a discussion about this

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7103 amendment and I think what Chairman Murphy has been talking about is one of the biggest problems we have, I think, in
7104 our country is just the fundamental lack of understanding that mental illness is really a physical disease. There are
7105 changes in the brain. But that in many circumstances people fundamentally just don't have a sense of reality.

7106 And I think it is very common for people that haven't taken care of these people to feel that you can talk them
7107 out of it, or you can reason with these individuals, but unfortunately, the reality is you can't and it takes trained individuals
7108 to sometimes pick up on that.

7109 I wasn't a psychologist or a psychiatrist, but even as a medical professional I had difficulty identifying these type
7110 of things and I always got a psychiatrist or a psychologist to talk to these folks rather than myself. So I think it is very
7111 important that we don't lose track of the fact that there is a difference and there is a right to be well versus basically a right
7112 to allow people to continue to be sick. And I yield back. Thank you.

7113 Mr. Pitts. The chair thanks the gentleman and now recognize the gentleman from Massachusetts to strike the
7114 last words.

7115 Mr. Kennedy. Mr. Chairman, move to strike the last word. I won't take the full time, Mr. Chairman. I
7116 appreciate my colleague's comments from Indiana and I am not a doctor and I certainly am not going to -- your experience
7117 in this and qualifications are obviously well above mine in looking at the medical diagnosis.

7118 I will say I was a prosecutor and a number of the cases that I did prosecute I don't have the firm numbers, but I
7119 will tell you anecdotally an awful lot of folks were there because they were either suffering from substance abuse, mental
7120 illness, or drug abuse.

7121 And I think what you are hearing now in the course of this discussion ends up getting into the heart of perhaps
7122 how both sides are looking at the mental health system. I give Mr. Murphy a lot of credit for the diligence that he has
7123 put into this bill and the thoughtfulness. The effort at the moment around from what I understand where most of the
7124 focus of this bill is based around that critical care. That step before people would be in my court to try to empower
7125 families, to try to share that information and make sure that people don't end up going to jail or having some catastrophic

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7126 accident.

7127 I think the push back you are hearing from our side is to say there is an awful lot that we can do much further
7128 upstream to ensure that people actually don't even get that far and that when we do get that far, you are then necessarily
7129 talking about potentially compromising people's rights, particularly rights to privacy and other civil rights, that we just
7130 shouldn't put a price tag on this country because we have decided that we won't.

7131 If we have the ability to actually fully fund this system or more fully fund this system through Medicaid
7132 expansion, through increasing our reimbursement rates, through investments in primary care and other initiatives to
7133 ensure that everybody actually does have access to mental healthcare, then we can make sure that we can do a much
7134 better job of ensuring that the stories that you all have told so eloquently tonight actually don't happen because they
7135 would never be in my courtroom to begin with. And that is the debate that you are hearing which is not so much a
7136 disagreement as to what needs to be done, just where should we be doing it and how much emphasis and what are we
7137 willing to invest to ensure that we don't have the stories that the advocates are talking about here.

7138 Many of my colleagues on the other side of the aisle have told me about what they have seen in the emergency
7139 rooms and courtrooms. But we can actually do that and it might be more expensive, but one, it is the right thing to do,
7140 and two, it will save us money, I am convinced, at least most of it in the long run. And three, it is part of the
7141 fundamental promise we make to our people when we talk about civil rights. With that, I yield back.

7142 Mr. Pitts. The chair thanks the gentleman. Is there further discussion on the Green Amendment? If not,
7143 the vote occurs on the amendment. The clerk will call the roll.

7144 The Clerk. Mr. Guthrie.

7145 Mr. Guthrie. No.

7146 The Clerk. Mr. Guthrie votes no. Mr. Barton.

7147 Mr. Barton. No.

7148 The Clerk. Mr. Barton votes no. Mr. Whitfield.

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speaker.**

7149 [No response.]

7150 Mr. Shimkus.

7151 Mr. Shimkus. No.

7152 The Clerk. Mr. Shimkus votes no. Mr. Murphy.

7153 Mr. Murphy. No.

7154 The Clerk. Mr. Murphy votes no. Mr. Burgess.

7155 Mr. Burgess. No.

7156 The Clerk. Mr. Burgess votes no. Mrs. Blackburn.

7157 [No response.]

7158 Mrs. McMorris Rodgers.

7159 Mrs. McMorris Rodgers. No.

7160 The Clerk. Mrs. McMorris Rodgers votes no. Mr. Lance.

7161 Mr. Lance. No.

7162 The Clerk. Mr. Lance votes no. Mr. Griffith.

7163 [No response.]

7164 Mr. Bilirakis.

7165 Mr. Bilirakis. No.

7166 The Clerk. Mr. Bilirakis votes no. Mr. Long.

7167 Mr. Long. No.

7168 The Clerk. Mr. Long votes no. Mrs. Elmers.

7169 [No response.]

7170 Mr. Bucshon.

7171 Mr. Bucshon. No.

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7172 The Clerk. Mr. Bucshon votes no. Mrs. Brooks.

7173 Mrs. Brooks. No.

7174 The Clerk. Mrs. Brooks votes no. Mr. Collins.

7175 Mr. Collins. No.

7176 The Clerk. Mr. Collins votes no. Mr. Upton.

7177 The Chairman. No.

7178 The Clerk. Mr. Upton votes no. Mr. Green.

7179 Mr. Green. Aye.

7180 The Clerk. Mr. Green votes aye. Mr. Engel.

7181 Mr. Engel. Aye.

7182 The Clerk. Mr. Engel votes aye. Ms. Capps.

7183 Ms. Capps. Aye.

7184 The Clerk. Ms. Capps votes aye. Ms. Schakowsky.

7185 Ms. Schakowsky. Aye.

7186 The Clerk. Ms. Schakowsky votes aye. Mr. Butterfield.

7187 Mr. Butterfield. Aye.

7188 The Clerk. Mr. Butterfield votes aye. Ms. Castor.

7189 Ms. Castor. Aye.

7190 The Clerk. Ms. Castor votes aye. Mr. Sarbanes.

7191 Mr. Sarbanes. Aye.

7192 The Clerk. Mr. Sarbanes votes aye. Ms. Matsui.

7193 Ms. Matsui. Aye.

7194 The Clerk. Ms. Matsui votes aye. Mr. Lujan.

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7195 Mr. Lujan. Aye.

7196 The Clerk. Mr. Lujan votes aye. Mr. Schrader.

7197 Mr. Schrader. Aye.

7198 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

7199 Mr. Kennedy. Aye.

7200 The Clerk. Mr. Kennedy votes aye. Mr. Cardenas.

7201 Mr. Cardenas. Aye.

7202 The Clerk. Mr. Cardenas votes aye. Mr. Pallone.

7203 Mr. Pallone. Aye.

7204 The Clerk. Mr. Pallone votes aye. Chairman Pitts.

7205 Mr. Pitts. No.

7206 The Clerk. Chairman Pitts votes no. Mrs. Blackburn.

7207 Mrs. Blackburn. No.

7208 The Clerk. Mrs. Blackburn votes no.

7209 Mr. Pitts. Any other members seeking a recorded vote?

7210 If not, the clerk will report the vote.

7211 The Clerk. Mr. Chairman, on that vote there were 13 ayes and 15 nays.

7212 Mr. Pitts. The nays have it. The amendment is not agreed to. Are there further amendments to the

7213 amendment in the nature of a substitute? Mr. Cardenas is recognized to offer an amendment. What is the number?

7214 Mr. Cardenas. Forty-three.

7215 The Clerk. The amendment in the nature of a substitute to H.R. 2646 offered by Mr. Cardenas of California.

7216 [The Amendment of Mr. Cardenas follows:]

7217

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7218

*****INSERT 43*****

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7219 Mr. Pitts. Without objection, the reading of the amendment is dispensed with. The gentleman, Mr.

7220 Cardenas, is recognized for five minutes in support of his amendment

7221 Mr. Cardenas. Thank you, Mr. Chairman. I will make my comments as brief as possible in the interest of

7222 time. We have been discussing the consequences of not properly investing in mental healthcare and this shows up in

7223 our nation's jails more than anywhere else, particularly jails where kids are put in.

7224 Federal law does not allow kids enrolled in Medicaid to receive federal funds while in detention. My

7225 amendment doesn't change that. But nowhere in the law does it say that these kids have to be kicked off of Medicaid

7226 completely and yet, that is exactly what many states do, often because that is just how their system happens to be set up.

7227 For them, terminating Medicaid coverage is easier than suspending it temporarily.

7228 When kids who already were on Medicaid are allowed to resume their needed access to mental healthcare once

7229 they are released, less crimes are committed and government saves dollars to the tunes of millions and millions of dollars

7230 a year when crime goes down because these children have access to the care that they deserve and are allowed to have

7231 and they need.

7232 This amendment, once again, does not expand Medicaid. It allows states to suspend instead of terminating

7233 kids who are already in the program. I yield back.

7234 Mr. Pitts. The chair thanks the gentleman. Is there further discussion on the Cardenas amendment?

7235 Mr. Pallone. Mr. Chairman, just in the interest of time I want to say that I do support the amendment. I ask

7236 members to vote in favor of it.

7237 Mr. Pitts. All right.

7238 Mr. Green. If I could strike the last word?

7239 Mr. Pitts. The chair recognizes Mr. Green. Strike the last word.

7240 Mr. Green. Mr. Cardenas, the bill allows suspension. So what you are saying is they just suspend the

7241 Medicaid benefits? Does the county or the state then is qualified to receive Medicaid benefits for the services of that

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7242 child rather than Juvenile Justice Centers?

7243 Mr. Cardenas. Not while they are incarcerated and my amendment doesn't affect that.

7244 Mr. Green. Okay.

7245 Mr. Cardenas. But to answer your question, what my amendment does, the custom and practice of many
7246 states is that when the person is incarcerated, they seem to find it simpler just to cancel their coverage, so when they get
7247 out what happens is they go too far too long without coverage and in this case when it comes to mental health as what
7248 Congressman Murphy mentioned earlier, someone with a mental health condition is 15 times more likely to commit
7249 some kind of crime or hurt somebody. So this will allow the states to be reminded that they do not have to terminate.
7250 They can go ahead and suspend so that way when the person is released, then they can go ahead and resume their
7251 coverage.

7252 Mr. Green. Resume their coverage. I think is good.

7253 Mr. Cardenas. Thank you.

7254 Mr. Pitts. The chair thanks the gentleman. If there is no further discussion, the vote occurs on the
7255 amendment. All those -- do you want a roll call? The clerk will call the roll.

7256 The Clerk. Mr. Guthrie.

7257 Mr. Guthrie. No.

7258 The Clerk. Mr. Guthrie votes no. Mr. Barton.

7259 Mr. Barton. No.

7260 The Clerk. Mr. Barton votes no. Mr. Whitfield.

7261 [No response.]

7262 Mr. Shimkus.

7263 Mr. Shimkus. No.

7264 The Clerk. Mr. Shimkus votes no. Mr. Murphy.

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speaker.**

7265 Mr. Murphy. No.

7266 The Clerk. Mr. Murphy votes no. Mr. Burgess.

7267 [No response.]

7268 Mrs. Blackburn.

7269 [No response.]

7270 Mrs. McMorris Rodgers.

7271 Mrs. McMorris Rodgers. No.

7272 The Clerk. Mrs. McMorris Rodgers votes no. Mr. Lance.

7273 Mr. Lance. No.

7274 The Clerk. Mr. Lance votes no. Mr. Griffith.

7275 [No response.]

7276 Mr. Bilirakis.

7277 Mr. Bilirakis. No.

7278 The Clerk. Mr. Bilirakis votes no. Mr. Long.

7279 Mr. Long. No.

7280 The Clerk. Mr. Long votes no. Mrs. Elmers.

7281 [No response.]

7282 Mr. Bucshon.

7283 Mr. Bucshon. No.

7284 The Clerk. Mr. Bucshon votes no. Mrs. Brooks.

7285 Mrs. Brooks. Aye.

7286 The Clerk. Mrs. Brooks votes aye. Mr. Collins.

7287 Mr. Collins. No.

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may be inaccurate, incomplete, or misattributed to the
speaker.**

7288 The Clerk. Mr. Collins votes no. Mr. Upton.

7289 The Chairman. No.

7290 The Clerk. Mr. Upton votes no. Mr. Green.

7291 Mr. Green. Aye.

7292 The Clerk. Mr. Green votes aye. Mr. Engel.

7293 Mr. Engel. Aye.

7294 The Clerk. Mr. Engel votes aye. Ms. Capps.

7295 Ms. Capps. Aye.

7296 The Clerk. Ms. Capps votes aye. Ms. Schakowsky.

7297 Ms. Schakowsky. Aye.

7298 The Clerk. Ms. Schakowsky votes aye. Mr. Butterfield.

7299 Mr. Butterfield. Aye.

7300 The Clerk. Mr. Butterfield votes aye. Ms. Castor.

7301 Ms. Castor. Aye.

7302 The Clerk. Ms. Castor votes aye. Mr. Sarbanes.

7303 Mr. Sarbanes. Aye.

7304 The Clerk. Mr. Sarbanes votes aye. Ms. Matsui.

7305 Ms. Matsui. Aye.

7306 The Clerk. Ms. Matsui votes aye. Mr. Lujan.

7307 Mr. Lujan. Aye.

7308 The Clerk. Mr. Lujan votes aye. Mr. Schrader.

7309 Mr. Schrader. Aye.

7310 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

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7311 Mr. Kennedy. Aye.

7312 The Clerk. Mr. Kennedy votes aye. Mr. Cardenas.

7313 Mr. Cardenas. Aye.

7314 The Clerk. Mr. Cardenas votes aye. Mr. Pallone.

7315 Mr. Pallone. Aye.

7316 The Clerk. Mr. Pallone votes aye. Chairman Pitts.

7317 Mr. Pitts. No.

7318 The Clerk. Chairman Pitts votes no. Mrs. Blackburn.

7319 Mrs. Blackburn. No.

7320 The Clerk. Mrs. Blackburn votes no.

7321 Mr. Pitts. Other recorded votes? The clerk will report the vote.

7322 The Clerk. Mr. Chairman, on that vote, there were 14 ayes and 13 nays.

7323 Mr. Pitts. The ayes have it. The amendment is agreed to. Are there any other amendments to the

7324 amendment in the nature of a substitute?

7325 Mr. Pallone. Mr. Chairman, I have an amendment, number 33.

7326 Mr. Pitts. Mr. Pallone offers amendment 33. The clerk will report the amendment.

7327 The Clerk. The amendment is the amendment in the nature of a substitute to H.R. 2646 offered by Mr.

7328 Pallone.

7329 [The Amendment of Mr. Pallone follows:]

7330

7331 *****INSERT 44*****

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7332 Mr. Pitts. Without objection, the reading of the amendment is dispensed with. The gentleman, Mr. Pallone,
7333 is recognized for five minutes in support of the amendment.

7334 Mr. Pallone. Mr. Chairman, this amendment would comprehensive attempt to address our nation's serious
7335 intractable opioid crisis. We are in the middle of an unprecedented opioid and heroin crisis. In 2013, prescription
7336 opioids were involved in 16,235 overdose deaths. Additionally, there were a total of 8,000 overdose deaths connected
7337 to heroin. I know each and every single member on this dais knows that this crisis is hitting home and it is hitting hard.

7338 Treatment gaps continue to limit our ability to address the burgeoning crisis. Screening and early intervention
7339 are rare. And only one in ten people struggling with addiction receive any form of treatment.

7340 What is most tragic about the situation is that we have known tools and established evidence-based
7341 interventions to prevent overdose and treat addiction such as Naloxone and medication-assisted treatment. But
7342 patients across the country still face significant barriers to access.

7343 Additionally, we must address the problem of over prescribing. Last year, generic vicodin was the most
7344 commonly prescribed drug in the Medicare Part D program. According to NIDA, the number of prescription for opioids
7345 in the U.S. escalated from 76 million in 1991 to about 207 million in 2013. My amendment would address both the
7346 upstream and downstream effects of the opioid crisis. It would address over prescribing of opioids by mandating the
7347 prescribers to take 12 hours of mandatory continuing medical education every three years on safe opioid prescribing and
7348 identifying the signs of addiction. It would expand the number of patients that providers can treat in an office space
7349 setting with buprenorphine for opioid addiction which is currently limited by a set of arbitrary patient caps. It
7350 establishes a demonstration program to encourage prescribing of Naloxone and increases funding for a program to treat
7351 pregnant and postpartum women for substance use disorders. It provides new resources to expand access to
7352 medication-assisted treatment.

7353 The administration has taken a number of critically important steps recently to address this crisis, to expand
7354 access to medication-assisted treatment and to address over prescribing. But Congress must also meet on this issue.

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7355 Our constituents expect it and they depend on us.

7356 I hope we can begin this process today by considering my amendment and others to address the opioid crisis.

7357 I know that members on both sides of the aisle do want action and want to get something tangible accomplished. So let
7358 us get something over the finish line and let us do it soon.

7359 I yield back my time unless -- I yield to Mr. Sarbanes.

7360 Mr. Sarbanes. I thank the gentleman for yielding and I certainly support his amendment. I note that one of
7361 the items he mentioned that would be addressed by the amendment is a demonstration project to examine the benefits of
7362 co-prescribing Naloxone at the time that opioids are prescribed to certain patients and meet certain criteria. And I do
7363 want to note that Representative Bucshon is supportive of this approach as well. We have co-sponsored bipartisan
7364 legislation that would support this kind of a demonstration project for Naloxone. Naloxone is a drug that very safely
7365 and effectively reverses those opioid and heroin-induced overdoses if administered in time. It has been used by
7366 nonmedical personnel with only minimal training for over 15 years. And more people need access to this life-saving
7367 medication. So creating a demonstration project that would include federally qualified health centers, opioid treatment
7368 centers and other providers to encourage co-prescribing Naloxone makes a lot of sense.

7369 The opioid overdose epidemic is exactly that. It is a public health epidemic and if we can increase access to
7370 Naloxone, particularly through this co-prescribing opportunity, it can make a big difference in terms of decreasing
7371 prescription drug and heroin overdoses. So I certainly support this amendment and urge my colleagues to support it as
7372 well. And I yield back.

7373 Mr. Pitts. The chair thanks the gentleman. Is there further discussion on the Pallone Amendment?

7374 Mr. Lujan. Mr. Chairman, move to strike the last word?

7375 Mr. Pitts. Mr. Lujan is recognized for five minutes to strike the last word.

7376 Mr. Lujan. Mr. Chairman, one of the pieces included in this en bloc amendment is a piece of legislation, it is
7377 an amendment that would reauthorize the importance and bringing recognition to treatment for pregnant and

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7378 postpartum women. Our communities are hurting and illicit drugs like heroin and prescription drug abuse have led to
7379 an epidemic of drug overdose plaguing New Mexico and our nation.

7380 The most recent data from New Mexico's Health Department puts the accidental drug overdose rate at 24.3 per
7381 100,000. That is more than double the national average. In two counties in my district, the overdose rate is more
7382 than five times the national average.

7383 People need access to mental health providers and doctors. Our citizens need access to medicine and care
7384 because this crisis touches everyone and my communities in New Mexico know too well that accessing resources and
7385 services can often be an impossible challenge. That is why I am offering the text of my bill, the Improving Treatment for
7386 Pregnant and PostPartum Women Act as an amendment today. This bill will strengthen an existing program to ensure
7387 that some of our most vulnerable will get the care that they need.

7388 You cannot separate substance abuse from mental health. My amendment will help ensure that people get
7389 the care they need back home in New Mexico and throughout the nation. I think Ranking Member Green and
7390 Representative Pallone for including my bill in the Democratic substitute and this en bloc amendment and urge adoption
7391 of this amendment.

7392 Mr. Chairman, when we had a hearing on this important issue there were several bills that were included in that
7393 hearing and I didn't hear any of our colleagues speak ill about anyone -- there was one that there were some concerns
7394 with 2872, but all of the others were included and were spoken positively of. As a matter of fact, it was a very important
7395 hearing for me and in my district as we talk about this issue all across America, but for some reason they weren't included
7396 in this package. And so when we are reaching out to people all across America, but especially to people in New Mexico,
7397 and it appears that pieces of legislation that are bipartisan will be included, but are not included, it concerns me.

7398 And so I am very helpful, Mr. Chairman, that pieces of legislation like this that are so important to providing
7399 support for addiction, for support for treatment, for prevention, that these somehow find a way to make it in before we go
7400 to full committee markup.

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7401 It was an extraordinary hearing. I was proud to be a part of it. The pieces of legislation were very
7402 thoughtful. They were bipartisan. They deserve to be in a final package. And so with that, Mr. Chairman, if any of
7403 my colleagues would like any time, if not, I yield back.

7404 Mr. Pitts. The chair thanks the gentleman. The chair recognizes Mr. Upton.

7405 The Chairman. Thank you. We appreciate the amendment on this side. As you all know, we have had a
7406 number of hearings on this. It is a very complex issue. Frankly, we haven't had much time to study this. I have
7407 talked to both Dr. Bucshon and Ms. Brooks who have worked very hard on this idea as well.

7408 I would like to think that at the end of the process, in fact, this could be part of the bill, but I am not sure that we
7409 have had the time, the right amount of time to study it. And I don't know if the gentleman would be prepared to
7410 withdraw it and we will further study it between now and when we get up to full markup. But I would appreciate if he
7411 might be able to do so knowing that we intend to work with him --

7412 Mr. Pallone. Will the gentleman yield?

7413 The Chairman. -- just not having the opportunity to really study it in the last couple of hours since it was
7414 introduced.

7415 Mr. Pallone. Will the gentleman yield?

7416 The Chairman. I would be glad to.

7417 Mr. Pallone. Look, I said before and I am going to say again, we started out, I don't know, 12 hours ago,
7418 whenever it was and statements were being made by the GOP that they did not have -- they didn't know what we wanted.
7419 They didn't know what we were presenting. But we didn't have anything to present. So I mean that is not true.

7420 And maybe I am mischaracterizing what you said, but that was what I heard. And so, you know, we are
7421 putting these amendments out. We want to vote on them. Hopefully, between now and the full committee, there
7422 will be an effort to incorporate our concerns and I think that the chairman has made it quite clear that he wants to know,
7423 Mr. Murphy wants to know everything that we would like to see in this bill. And so this is one of those items that is very

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7424 important and I would like to proceed with the roll call.

7425 Mr. Pitts. Is there further discussion on the Pallone Amendment? The gentlelady, Ms. Capps, is recognized
7426 to strike the last words.

7427 Ms. Capps. Thank you, Mr. Chairman. I wish to strike the last word and speak in favor of this amendment
7428 offered by Mr. Pallone.

7429 When we look at the behavioral health bill, so often people get frustrated. These issues are complex. And
7430 there is no clear pathway for treatment. And while that may be true for many ailments, our nation has made some great
7431 strides in some specific treatments. One that I call to mind is opioid addiction. For some with opioid addiction,
7432 access to the most appropriate form of medication-assisted treatment is a lifeline out of addiction. But both research
7433 and anecdotal evidence have pointed to the fact that access to this care is often difficult.

7434 A recent study published in the American Journal of Public Health showed that access to buprenorphine or
7435 methadone treatment is less than half of what the need is. Currently, physicians can apply to prescribe buprenorphine
7436 as part of the range of healthcare services offered in their practices. But unlike a physician's ability to prescribe pain
7437 medication as they see fit, prescribing which has contributed to the epidemic, prescribers of buprenorphine are limited in
7438 the number of patients that can be treated with this medication with a cap of 30 patients, the only instance of a numerical
7439 cap being applied to the number of patients a provider can prescribe an FDA-approved drug. So what we have here is a
7440 potential problem caused by prescription pain medication that is uncapped, but a potential solution is severely limited.
7441 This makes no sense.

7442 This amendment includes language from The TREAT Act, a bipartisan bill, which would gradually lift the
7443 arbitrary cap of 30 patients that can be treated by providers. It also
7444 clarifies that all qualified providers can participate in prescribing this important treatment per state licensure. This
7445 includes qualified physicians, nurse practitioners, and physician assistants. This is a common-sense effort to help make
7446 treatments available to those who need them. And it is an effort with bipartisan support. It is an important step to

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7447 help those affected by opioid addiction. I urge my colleagues to support this amendment. I am prepared to yield to
7448 another colleague and to my colleague from Illinois, Ms. Schakowsky.

7449 Ms. Schakowsky. Thank you. Mr. Chairman, I would like unanimous consent to put into the record a letter
7450 from the Illinois Alcoholism and Drug Dependence Association.

7451 Mr. Pitts. Without objection, so ordered.

7452 Ms. Schakowsky. Thank you. And let me read one paragraph. "As you know," this letter says, "the nation
7453 is in the midst of an opioid crisis. Heroin use has more than doubled among young adults ages 18 to 25 over the past
7454 ten years. While the number of Americans age 12 or older using opioids nonmedically has reached approximately 4.5
7455 million. This trend has led to tragic results for far too many Americans. Seventeen thousand lost their lives to an
7456 opioid pain reliever overdose and more than 8,000 to a heroin overdose. We believe it is time to invest more in
7457 programs that help the millions of Americans with the primary disease of addiction and to maintain programs that have a
7458 unique focus of the challenges associated with alcohol and other drugs." This is what the Pallone Amendment
7459 addresses. I support that and I am thankful that this will be put now in the record. I yield back.

7460 Mr. Pitts. Does the gentlelady yield back?

7461 Ms. Capps. I will yield back.

7462 Mr. Pitts. The gentlelady yields back. Is there further discussion on the amendment? Dr. Murphy is
7463 recognized for five minutes.

7464 Mr. Murphy. Just briefly on this. This is an area that we have been holding hearings, both in Health
7465 Subcommittee in the past and Oversight and Investigation, a very complex issue. And I know that Dr. Bucshon, I know
7466 that Ms. Brooks, I know that Mr. Tonko and some others have been working on this thing. This is an issue that has to be
7467 done right. And it is the work of this committee that is working on that.

7468 One of the points and this, too, that when we had Dr. Richard Frank, the Assistant Secretary for Planning and
7469 Evaluation of HHS here, one of the questions he was asked when dealing with this issue to moving from 30 to 100 for

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7470 people to write prescriptions, he was asked how much time does someone spend with patients? He said they don't
7471 know. They have to study that. Because buprenorphine is the third most diverted drug. That is when people get it,
7472 they don't take it. They sell it. And they go out and get heroin.

7473 And people who have an addiction problem, 90 percent of them are not in an evidence-based program. So
7474 we are all in agreement that this has got to be dealt with. But what I would say is you have got people on this
7475 committee who are working on this on both sides of the aisle. I don't want -- I don't think we should jump ahead of
7476 them because they are doing some serious work on this.

7477 I would like that bipartisan subgroup to continue to work on this and the help of the subcommittee to continue
7478 to work on this. We have to get this thing right and I think some of the things in here right now would undermine the
7479 work of those groups trying to do that. And so I would urge at this point if it can't be withdrawn then to vote no on this
7480 so we can continue work on the committee. Thank you.

7481 Mr. Pitts. Is there further discussion on the Pallone Amendment? If there is no further discussion, the vote
7482 occurs on the amendment, all those in favor shall signify by saying aye.

7483 Mr. Pallone. Mr. Chairman, I would like to have a roll call.

7484 Mr. Pitts. The roll call is requested. The clerk will call the roll.

7485 The Clerk. Mr. Guthrie. No.

7486 The Clerk. Mr. Guthrie votes no. Mr. Barton.

7487 Mr. Barton. No.

7488 The Clerk. Mr. Barton votes no. Mr. Whitfield.

7489 [No response.]

7490 Mr. Shimkus.

7491 Mr. Shimkus. No.

7492 The Clerk. Mr. Shimkus votes no. Mr. Murphy.

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speaker.**

7493 Mr. Murphy. No.

7494 The Clerk. Mr. Murphy votes no. Mr. Burgess.

7495 [No response.]

7496 Mrs. Blackburn.

7497 [No response.]

7498 Mrs. McMorris Rodgers.

7499 Mrs. McMorris Rodgers. No.

7500 The Clerk. Mrs. McMorris Rodgers votes no. Mr. Lance.

7501 Mr. Lance. No.

7502 The Clerk. Mr. Lance votes no. Mr. Griffith.

7503 Mr. Griffith. No.

7504 The Clerk. Mr. Griffith votes no. Mr. Bilirakis.

7505 Mr. Bilirakis. No.

7506 The Clerk. Mr. Bilirakis votes no. Mr. Long.

7507 Mr. Long. No.

7508 The Clerk. Mr. Long votes no. Mrs. Elmers.

7509 [No response.]

7510 Mr. Bucshon.

7511 Mr. Bucshon. No.

7512 The Clerk. Mr. Bucshon votes no. Mrs. Brooks.

7513 Mrs. Brooks. No.

7514 The Clerk. Mrs. Brooks votes no. Mr. Collins.

7515 Mr. Collins. No.

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7516 The Clerk. Mr. Collins votes no. Mr. Upton

7517 The Chairman. No.

7518 The Clerk. Mr. Upton votes no. Mr. Green.

7519 Mr. Green. Aye.

7520 The Clerk. Mr. Green votes aye. Mr. Engel.

7521 Mr. Engel. Aye.

7522 The Clerk. Mr. Engel votes aye. Ms. Capps.

7523 Ms. Capps. Aye.

7524 The Clerk. Ms. Capps votes aye. Ms. Schakowsky.

7525 Ms. Schakowsky. Aye.

7526 The Clerk. Ms. Schakowsky votes aye. Mr. Butterfield.

7527 Mr. Butterfield. Aye.

7528 The Clerk. Mr. Butterfield votes aye. Ms. Castor.

7529 Ms. Castor. Aye.

7530 The Clerk. Ms. Castor votes aye. Mr. Sarbanes.

7531 Mr. Sarbanes. Aye.

7532 The Clerk. Mr. Sarbanes votes aye. Ms. Matsui.

7533 Ms. Matsui. Aye.

7534 The Clerk. Ms. Matsui votes aye. Mr. Lujan.

7535 Mr. Lujan. Aye.

7536 The Clerk. Mr. Lujan votes aye. Mr. Schrader.

7537 Mr. Schrader. Aye.

7538 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

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7539 Mr. Kennedy. Aye.

7540 The Clerk. Mr. Kennedy votes aye. Mr. Cardenas.

7541 Mr. Cardenas. Aye.

7542 The Clerk. Mr. Cardenas votes aye. Mr. Pallone.

7543 Mr. Pallone. Aye.

7544 The Clerk. Mr. Pallone votes aye. Chairman Pitts.

7545 Mr. Pitts. No.

7546 The Clerk. Chairman Pitts votes no. Mrs. Blackburn.

7547 Mrs. Blackburn. No.

7548 The Clerk. Mrs. Blackburn votes no. Mr. Burgess.

7549 Mr. Burgess. No.

7550 The Clerk. Dr. Burgess votes no.

7551 Mr. Pitts. Any others? If not, the clerk will report the vote.

7552 The Clerk. Mr. Chairman, on that vote there were 13 ayes, and 16 nays.

7553 Mr. Pitts. The nays have it. The amendment is not agreed to. Are there any other amendments to the

7554 amendment in the nature of a substitute?

7555 Mr. Butterfield. Mr. Chairman, I have an amendment at the desk.

7556 Mr. Pitts. Mr. Butterfield is recognized. What is the number?

7557 Mr. Butterfield. Butterfield 1.

7558 Mr. Pitts. The clerk will report the amendment.

7559 The Clerk. Amendment to the amendment in the nature of a substitute to H.R. 2646 offered by Mr.

7560 Butterfield of North Carolina.

7561 [The Amendment of Mr. Butterfield follows:]

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speaker.

7562

7563 *****INSERT 45*****

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7564 Mr. Pitts. Without objection, the reading of the amendment is dispensed with. The gentleman, Mr.

7565 Butterfield, is recognized for five minutes in support of his amendment

7566 Mr. Butterfield. Thank you, Mr. Chairman. Mr. Chairman, my amendment seeks to reduce an important

7567 health disparity that our nation is facing. That disparity is in the healthcare work force. According to SAMHSA, less

7568 than 20 percent of America's behavioral health work force is comprised of racial minorities. That is not representative

7569 of the diversity in our nation and we can do better. My amendment simply makes an investment in the minority --

7570 The Chairman. Will the gentleman yield?

7571 Mr. Butterfield. I will yield.

7572 The Chairman. I will be glad to accept the amendment on a voice vote.

7573 Mr. Butterfield. You are very kind, Mr. Chairman. Thank you. I yield back.

7574 Mr. Pitts. All those in favor shall signify by saying aye.

7575 All those opposed no.

7576 The ayes have it. The amendment is agreed to.

7577 Mr. Lujan. Mr. Chairman, I have an amendment at the desk. Amendment 2. Number 2.

7578 The Clerk. Amendment to the amendment in the nature of a substitute to H.R. --

7579 Mr. Lujan. I apologize, Mr. Chairman, this is 49. I apologize, 49.

7580 The Clerk. Amendment to the amendment in the nature of a substitute to H.R. 2646 offered by Mr. Ben Ray

7581 Lujan of New Mexico.

7582 [The Amendment of Mr. Lujan follows:]

7583

7584 *****INSERT 46*****

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7585 Mr. Pitts. Without objection, the reading of the amendment is suspended with. The gentleman, Mr. Lujan,
7586 is recognized for five minutes in support of his amendment.

7587 Mr. Lujan. Thank you, Mr. Chairman. This amendment to H.R. 2646 includes two provisions that will
7588 strengthen state behavioral health systems and outpatients and families. The first provision would provide an
7589 enhanced federal medical assistance percentage, FMAP, of 90 percent to states that prioritize behavioral health
7590 infrastructure, data, and access. If you want states to build and maintain strong behavioral health systems, then we
7591 must provide states with the necessary support.

7592 An enhanced FMAP would encourage states to prioritize investments and behavioral health. The United
7593 States has never supported mental health in this way, and with the expansion of Medicaid across the country, we must
7594 ensure that states continue to improve their capacity to provide mental health services.

7595 In my home state of New Mexico, our behavioral health system is in a crisis after the State of New Mexico froze
7596 payments to 15 New Mexico behavioral health providers resulting in the eventual closure of some and replacement by
7597 five Arizona providers. Since this transition, two of those five Arizona providers have left New Mexico. This
7598 transition and turmoil caused many New Mexicans to fall through the cracks. As a result, too many families are hurting.
7599 Too many people are suffering and too many New Mexicans were unable to access the care they need.

7600 This amendment would encourage my home state to make the necessary investments to rebuild this damaged
7601 system. It would also encourage my home state to strengthen its data collection efforts. During the New Mexico
7602 delegations, many conversations with CMS on this crisis and its impact on New Mexicans, the New Mexico delegation
7603 asked CMS to provide us with data it was collecting from New Mexico. We hope this data could better provide us with
7604 a better understanding of what was happening on the ground.

7605 Unfortunately, after months and months of delay when CMS finally responded, it admitted that the state
7606 provided data that had and I quote "significant limitations." CMS went on to say that this left them, CMS, largely unable
7607 to determine and I quote, "areas and populations may be experiencing decreases in utilization."

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7608 A report from the New Mexico legislature, the Finance Committee, identified similar concerns. The report
7609 stated that the amount and quality of utilization data collected by the state had, and I quote, "deteriorated, leaving the
7610 question of whether enrollees are receiving more or less care."

7611 Mr. Chairman, this is simply unacceptable. Without access to meaningful data, it is impossible for the people
7612 of New Mexico to hold policy makers and administrators of programs accountable. Without access to meaningful data,
7613 how can anyone know if enough is being done to ensure that the most vulnerable are being protected? Without access
7614 to meaningful data, how can anyone determine how best to invest to strengthen our behavioral health system?

7615 Finally, my amendment encourages states to create a behavioral health ombudsman to collect, track, and
7616 qualify and quantify, I apologize, programs and problems and inquiries encountered by individuals with respect to access;
7617 eEducate individuals on their rights and responsibilities and assist individuals in accessing behavioral health services by
7618 providing information, referral, and assistance. This would provide individuals suffering from mental health issues with
7619 a powerful advocate.

7620 I know that every member of this committee wants to make things better and I know that each of us wants to fix
7621 our broken mental health system, but to do this, we must work together to have the necessary investments to support
7622 people and families in need. I believe that this amendment does that and I encourage my colleagues to support
7623 it.

7624 Thank you, Mr. Chairman. I yield back.

7625 Mr. Pitts. The chair thanks the gentleman. Is there further discussion on the Lujan Amendment? Seeing
7626 none, the vote occurs on the amendment. Do you want a roll call?

7627 Mr. Green. Yes.

7628 Mr. Pitts. The clerk will call the roll.

7629 The Clerk. Mr. Guthrie.

7630 Mr. Guthrie. No.

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7631 The Clerk. Mr. Guthrie votes no. Mr. Barton.

7632 [No response.]

7633 Mr. Whitfield.

7634 [No response.]

7635 Mr. Shimkus.

7636 Mr. Shimkus. No.

7637 The Clerk. Mr. Shimkus votes no. Mr. Murphy.

7638 Mr. Murphy. No.

7639 The Clerk. Mr. Murphy votes no. Mr. Burgess.

7640 [No response.]

7641 Mrs. Blackburn.

7642 [No response.]

7643 Mrs. McMorris Rodgers.

7644 Mrs. McMorris Rodgers. No.

7645 The Clerk. Mrs. McMorris Rodgers votes no. Mr. Lance.

7646 Mr. Lance. No.

7647 The Clerk. Mr. Lance votes no. Mr. Griffith.

7648 Mr. Griffith. No.

7649 The Clerk. Mr. Griffith votes no. Mr. Bilirakis.

7650 Mr. Bilirakis. No.

7651 The Clerk. Mr. Bilirakis votes no. Mr. Long.

7652 [No response.]

7653 Mrs. Elmers.

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may be inaccurate, incomplete, or misattributed to the
speaker.**

7654 [No response.]

7655 Mr. Bucshon.

7656 Mr. Bucshon. No.

7657 The Clerk. Mr. Bucshon votes no. Mrs. Brooks.

7658 Mrs. Brooks. No.

7659 The Clerk. Mrs. Brooks votes no. Mr. Collins.

7660 Mr. Collins. No.

7661 The Clerk. Mr. Collins votes no. Mr. Upton

7662 The Chairman. No.

7663 The Clerk. Mr. Upton votes no. Mr. Green.

7664 Mr. Green. Aye.

7665 The Clerk. Mr. Green votes aye. Mr. Engel.

7666 Mr. Engel. Aye.

7667 The Clerk. Mr. Engel votes aye. Ms. Capps.

7668 Ms. Capps. Aye.

7669 The Clerk. Ms. Capps votes aye. Ms. Schakowsky.

7670 Ms. Schakowsky. Aye.

7671 The Clerk. Ms. Schakowsky votes aye. Mr. Butterfield.

7672 Mr. Butterfield. Aye.

7673 The Clerk. Mr. Butterfield votes aye. Ms. Castor.

7674 Ms. Castor. Aye.

7675 The Clerk. Ms. Castor votes aye. Mr. Sarbanes.

7676 Mr. Sarbanes. Aye.

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may be inaccurate, incomplete, or misattributed to the
speaker.**

7677 The Clerk. Mr. Sarbanes votes aye. Ms. Matsui.
7678 Ms. Matsui. Aye.
7679 The Clerk. Ms. Matsui votes aye. Mr. Lujan.
7680 Mr. Lujan. Aye.
7681 The Clerk. Mr. Lujan votes aye. Mr. Schrader.
7682 Mr. Schrader. Aye.
7683 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.
7684 Mr. Kennedy. Aye.
7685 The Clerk. Mr. Kennedy votes aye. Mr. Cardenas.
7686 Mr. Cardenas. Aye.
7687 The Clerk. Mr. Cardenas votes aye. Mr. Pallone.
7688 Mr. Pallone. Aye.
7689 The Clerk. Mr. Pallone votes aye. Chairman Pitts.
7690 Mr. Pitts. No.
7691 The Clerk. Chairman Pitts votes no.
7692 Mr. Pitts. Are there others seeking recorded vote? Mr. Long.
7693 Mr. Long. No.
7694 The Clerk. Mr. Long votes no.
7695 Mr. Pitts. Mrs. Blackburn.
7696 Mrs. Blackburn. No.
7697 The Clerk. Mrs. Blackburn votes no.
7698 Mr. Pitts. Mr. Barton.
7699 Mr. Barton. No.

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7700 The Clerk. Mr. Barton votes no.

7701 Mr. Pitts. Dr. Burgess.

7702 Mr. Burgess. No.

7703 The Clerk. Dr. Burgess votes no.

7704 Mr. Pitts. Are there others seeking recorded vote? The clerk will report the vote.

7705 The Clerk. Mr. Chairman, on that vote, there were 13 ayes and 16 nays.

7706 Mr. Pitts. The nays have it. The amendment is not agreed to.

7707 Are there any other amendments to be offered as an amendment in the nature of a substitute?

7708 Mr. Kennedy is recognized to offer an amendment. What is the number?

7709 Mr. Kennedy. Thank you, Mr. Chairman. Number 27, please.

7710 Mr. Pitts. Number 27. The clerk will report the amendment.

7711 The Clerk. The amendment to the amendment in the nature of a substitute to H.R. 2646 offered by Mr.

7712 Kennedy.

7713 [The Amendment of Mr. Kennedy follows:]

7714

7715 *****INSERT 47*****

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7716 Mr. Pitts. Without objection, the reading of the amendment is dispensed with. The gentleman, Mr.

7717 Kennedy, is recognized for five minutes in support of his amendment.

7718 Mr. Kennedy. Thank you very much, Mr. Chairman. Mr. Chairman, this amendment will establish a new

7719 grant program to better integrate behavioral healthcare into primary care settings. It would authorize the Assistant

7720 Secretary for Mental Health and Substance Abuse disorders to award grants and cooperative agreements to eligible

7721 entities to provide integrated services related to screening, diagnosis, and treatment for mental illness, substance abuse

7722 disorders, and co-occurring primary care conditions in chronic diseases.

7723 Further, it would require the secretary to establish a program to provide training and technical assistance to eligible

7724 entities for the development and dissemination of evidence-based interventions and integrated care.

7725 In many ways, mental health care and treatment for substance abuse is siloed and separated from the rest of the

7726 healthcare system. Integrating these two systems improves efficiencies, saves money, and most importantly is best for

7727 patients.

7728 According to a 2014 Kaiser Family Foundation report, individuals with serious mental illness die on average 25

7729 years earlier than the general population. Disproportionately, these deaths are from preventable conditions like

7730 cardiovascular disease and obesity. By better integrated care, we can address this dangerous fragmentation. After all,

7731 for many patients, a trip to the doctor for sore throat or simple checkup can be a critical window of opportunity for doctors

7732 to screen for substance abuse or depression and to make referrals as appropriate.

7733 I ask my colleagues to join me in support of this amendment. I yield to any member on our side that wants to

7734 speak. And seeing none, I will yield back.

7735 Mr. Pitts. The chair thanks the gentleman. Is there further discussion on the Kennedy Amendment? If

7736 there is no further discussion, the vote occurs on the amendment. Do you want a roll call? The clerk will call the roll.

7737 The Clerk. Mr. Guthrie.

7738 Mr. Guthrie. No.

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7739 The Clerk. Mr. Guthrie votes no. Mr. Barton.

7740 [No response.]

7741 Mr. Whitfield.

7742 [No response.]

7743 Mr. Shimkus.

7744 Mr. Shimkus. No.

7745 The Clerk. Mr. Shimkus votes no. Mr. Murphy.

7746 Mr. Murphy. No.

7747 The Clerk. Mr. Murphy votes no. Mr. Burgess.

7748 Mr. Burgess. No.

7749 The Clerk. Mr. Burgess votes no. Mrs. Blackburn.

7750 Mrs. Blackburn. No. The Clerk. Mrs. Blackburn votes no. Mrs. McMorris Rodgers.

7751 Mrs. McMorris Rodgers. No.

7752 The Clerk. Mrs. McMorris Rodgers votes no. Mr. Lance.

7753 Mr. Lance. No.

7754 The Clerk. Mr. Lance votes no. Mr. Griffith.

7755 Mr. Griffith. No.

7756 The Clerk. Mr. Griffith votes no. Mr. Bilirakis.

7757 Mr. Bilirakis. No.

7758 The Clerk. Mr. Bilirakis votes no. Mr. Long.

7759 Mr. Long. No.

7760 The Clerk. Mr. Long votes no. Mrs. Elmers.

7761 [No response.]

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7762 Mr. Bucshon.

7763 Mr. Bucshon. No.

7764 The Clerk. Mr. Bucshon votes no. Mrs. Brooks.

7765 Mrs. Brooks. No.

7766 The Clerk. Mrs. Brooks votes no. Mr. Collins.

7767 Mr. Collins. No.

7768 The Clerk. Mr. Collins votes no. Mr. Upton.

7769 The Chairman. No.

7770 The Clerk. Mr. Upton votes no. Mr. Green.

7771 Mr. Green. Aye.

7772 The Clerk. Mr. Green votes aye. Mr. Engel.

7773 Mr. Engel. Aye.

7774 The Clerk. Mr. Engel votes aye. Ms. Capps.

7775 Ms. Capps. Aye.

7776 The Clerk. Ms. Capps votes aye. Ms. Schakowsky.

7777 Ms. Schakowsky. Aye.

7778 The Clerk. Ms. Schakowsky votes aye. Mr. Butterfield.

7779 Mr. Butterfield. Aye.

7780 The Clerk. Mr. Butterfield votes aye. Ms. Castor.

7781 Ms. Castor. Aye.

7782 The Clerk. Ms. Castor votes aye. Mr. Sarbanes.

7783 Mr. Sarbanes. Aye.

7784 The Clerk. Mr. Sarbanes votes aye. Ms. Matsui.

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7785 Ms. Matsui. Aye.

7786 The Clerk. Ms. Matsui votes aye. Mr. Lujan.

7787 Mr. Lujan. Aye.

7788 The Clerk. Mr. Lujan votes aye. Mr. Schrader.

7789 Mr. Schrader. Aye.

7790 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

7791 Mr. Kennedy. Aye.

7792 The Clerk. Mr. Kennedy votes aye. Mr. Cardenas.

7793 Mr. Cardenas. Aye.

7794 The Clerk. Mr. Cardenas votes aye. Mr. Pallone.

7795 Mr. Pallone. Aye.

7796 The Clerk. Mr. Pallone votes aye. Chairman Pitts.

7797 Mr. Pitts. No.

7798 The Clerk. Chairman Pitts votes no.

7799 Mr. Pitts. Are there other members seeking -- Mr. Barton?

7800 Mr. Barton. No.

7801 The Clerk. Mr. Barton votes no.

7802 Mr. Pitts. The clerk will report the vote.

7803 The Clerk. Mr. Chairman, on that vote there were 13 ayes and 16 nays.

7804 Mr. Pitts. The nays have it. The amendment is not agreed to. Are there other amendments?

7805 Mr. Lujan. Mr. Chairman, I have an amendment at the desk.

7806 Mr. Pitts. Mr. Lujan is recognized to offer what number?

7807 Mr. Lujan. Amendment 1.

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7808 Mr. Pitts. Number 1. The clerk will report the amendment.

7809 The Clerk. The amendment to the amendment in the nature of a substitute to H.R. 2646 offered by Mr. Ben

7810 Ray Lujan of New Mexico.

7811 [The Amendment of Mr. Lujan follows:]

7812

7813 *****INSERT 40*****

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7814 Mr. Pitts. Without objection, the reading of the amendment is suspended with. The gentleman, Mr. Lujan,
7815 is recognized for five minutes in support of his amendment.

7816 Mr. Lujan. Mr. Chairman, thank you so much. This amendment to H.R. 2646 expresses that it is the sense
7817 of Congress that the secretary in carrying out programs for Native American youth and suicide prevention programs for
7818 youth suicide intervention shall prioritize programs and activities for those that are high risk or have disproportionate
7819 --

7820 Mr. Murphy. Will the gentleman yield on that? This is a great amendment and also because you have
7821 several members who represent Native Americans like Mr. Schrader and other members, high priority. We recommend
7822 it be accepted by a voice vote right away.

7823 Mr. Lujan. Mr. Chairman, if I may just before we go to a voice vote. I failed to offer a few letters and an
7824 article into the record. If I may ask unanimous consent to submit into the record a letter dated November 3rd to
7825 Chairman Upton and Ranking Member Pallone from several organizations that are concerned with an inclusion of a
7826 provision in the Manager's Amendment that would strike support for mental health and substance abuse disorder block
7827 grant funds. We are concerned about some of the provisions. It was addressed by Ms. Brooks, but I think it is
7828 important to offer this into the record.

7829 And the letter written from the State of New Mexico on September 23, 2014 from Health and Human Services
7830 Department to Cindy Mann, the Director for Center for Medicaid and State Operations and an article from the
7831 Albuquerque Journal, dated Wednesday, September 24, 2014 at 12:02 a.m., "Behavioral Health Service Rolls Up 30
7832 Percent of State."

7833 Mr. Pitts. Without objection, so ordered. The vote occurs on the amendment. All those in favor shall
7834 signify by saying aye.

7835 All those opposed nay.

7836 The ayes have it. The amendment is agreed to.

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7837 Are there any other amendments to the amendment in the nature of a substitute? Mr. Cardenas is recognized

7838 to offer an amendment. What is the number?

7839 Mr. Cardenas. Amendment 32, Mr. Chairman.

7840 Mr. Pitts. The clerk will report the amendment.

7841 The Clerk. The amendment is the amendment in the nature of a substitute offered by Mr. Cardenas.

7842 [The Amendment of Mr. Cardenas follows:]

7843

7844 *****INSERT 49*****

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7845 Mr. Pitts. Without objection, the reading of the amendment is dispensed with. The gentleman, Mr.

7846 Cardenas, is recognized for five minutes in support of his amendment.

7847 Mr. Cardenas. Thank you, Mr. Chairman. Medical advances and new technologies are providing

7848 Americans with longer, healthier lives than ever before. But for many minority populations that promise of a longer life

7849 remains just that, a promise. They tend to live shorter lives than their counterparts.

7850 It is proven beyond any doubt that there are disparities in health between different racial, ethnic, sexual and

7851 gender populations. Finding a way to make sure to get everyone the care that they need to create the outcomes we

7852 know are possible remains incredibly difficult. Outcomes are often driven by the social conditions in which individuals

7853 live, learn, work, and play and also the care that they have access to. That is not just true for physical health. Mental

7854 health diagnosis and treatment is already less effective across our society. Minority-based disparity only worsens that

7855 situation.

7856 My amendment establishes a new grant program that provides educational programs for health professionals to

7857 address behavioral health disparities among racial, ethnic, sexual and gender minority groups. I yield back.

7858 Mr. Pitts. The chair thanks the gentleman. Is there anyone seeking discussion on the Cardenas

7859 Amendment? Seeing none, the vote occurs on the amendment. Do you want a roll call? The clerk will call the roll.

7860 The Clerk. Mr. Guthrie.

7861 Mr. Guthrie. No.

7862 The Clerk. Mr. Guthrie votes no. Mr. Barton.

7863 Mr. Barton. No.

7864 The Clerk. Mr. Barton votes no. Mr. Whitfield.

7865 [No response.]

7866 Mr. Shimkus.

7867 Mr. Shimkus. No.

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7868 The Clerk. Mr. Shimkus votes no. Mr. Murphy.

7869 Mr. Murphy. No.

7870 The Clerk. Mr. Murphy votes no. Mr. Burgess.

7871 Mr. Burgess. No.

7872 The Clerk. Mr. Burgess votes no. Mrs. Blackburn.

7873 [No response.]

7874 Mrs. McMorris Rodgers.

7875 [No response.]

7876 Mr. Lance.

7877 Mr. Lance. No.

7878 The Clerk. Mr. Lance votes no. Mr. Griffith.

7879 Mr. Griffith. No.

7880 The Clerk. Mr. Griffith votes no. Mr. Bilirakis.

7881 Mr. Bilirakis. No.

7882 The Clerk. Mr. Bilirakis votes no. Mr. Long.

7883 [No response.]

7884 Mrs. Elmers.

7885 [No response.]

7886 Mr. Bucshon.

7887 Mr. Bucshon. No.

7888 The Clerk. Mr. Bucshon votes no. Mrs. Brooks.

7889 Mrs. Brooks. No.

7890 The Clerk. Mrs. Brooks votes no. Mr. Collins.

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7891 Mr. Collins. No.

7892 The Clerk. Mr. Collins votes no. Mr. Upton.

7893 The Chairman. No.

7894 The Clerk. Mr. Upton votes no. Mr. Green.

7895 Mr. Green. Aye.

7896 The Clerk. Mr. Green votes aye. Mr. Engel.

7897 Mr. Engel. Aye.

7898 The Clerk. Mr. Engel votes aye. Ms. Capps.

7899 Ms. Capps. Aye.

7900 The Clerk. Ms. Capps votes aye. Ms. Schakowsky.

7901 Ms. Schakowsky. Ae.

7902 The Clerk. Ms. Schakowsky votes aye. Mr. Butterfield.

7903 Mr. Butterfield. Aye.

7904 The Clerk. Mr. Butterfield votes aye. Ms. Castor.

7905 Ms. Castor. Aye.

7906 The Clerk. Ms. Castor votes aye. Mr. Sarbanes.

7907 Mr. Sarbanes. Aye.

7908 The Clerk. Mr. Sarbanes votes aye. Ms. Matsui.

7909 Ms. Matsui. Aye.

7910 The Clerk. Ms. Matsui votes aye. Mr. Lujan.

7911 Mr. Lujan. Aye.

7912 The Clerk. Mr. Lujan votes aye. Mr. Schrader.

7913 Mr. Schrader. Aye.

This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.

7914 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

7915 Mr. Kennedy. Aye.

7916 The Clerk. Mr. Kennedy votes aye. Mr. Cardenas.

7917 Mr. Cardenas. Aye.

7918 The Clerk. Mr. Cardenas votes aye. Mr. Pallone.

7919 Mr. Pallone. Aye.

7920 The Clerk. Mr. Pallone votes aye. Chairman Pitts.

7921 Mr. Pitts. No.

7922 The Clerk. Chairman Pitts votes no.

7923 Mr. Pitts. Are there members seeking to record a vote? Mr. Long?

7924 Mr. Long. No.

7925 The Clerk. Mr. Long votes no.

7926 Mr. Pitts. Ms. Blackburn.

7927 Mrs. Blackburn. No.

7928 The Clerk. Mrs. Blackburn votes no.

7929 Mr. Pitts. Ms. McMorris Rodgers.

7930 Mrs. McMorris Rodgers. No.

7931 The Clerk. Mrs. McMorris Rodgers votes no.

7932 Mr. Pitts. Anyone else seeking to record a vote? Seeing none, the clerk will report the vote.

7933 The Clerk. Mr. Chairman, on that vote, there were 13 ayes and 16 nays.

7934 Mr. Pitts. The nays have it. The amendment is not agreed to.

7935 Are there any other amendments in the nature of a substitute?

7936 Mr. Butterfield is recognized. What number?

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7937 Mr. Butterfield. Thank you, Mr. Chairman. I believe it is Butterfield 5.

7938 Mr. Pitts. Five. Clerk will report the amendment.

7939 The Clerk. The amendment to the amendment in the nature of a substitute to H.R. 2646 offered by Mr.

7940 Butterfield of North Carolina.

7941 [The Amendment of Mr. Butterfield follows:]

7942

7943 *****INSERT 50*****

This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.

7944 Mr. Pitts. Without objection, the reading of the
7945 amendment is dispensed with. The gentleman, Mr. Butterfield, is recognized for five minutes in support of his
7946 amendment.

7947 Mr. Butterfield. Thank you, Mr. Chairman. Mr. Chairman, my amendment would require a report
7948 addressing social determinants of health. Social determinants of health include many factors such as where people are
7949 born, where they grow up, where they live and work, and their age, as well as broader conditions of daily life. These
7950 factors, Mr. Chairman, are especially important in identifying health disparities which disproportionately impact
7951 African-Americans and other Americans of color.

7952 Social determinants of health can be important variables in the mental health needs of certain populations.
7953 Yet, this bill does not appear to address social determinants of health. This amendment will change that by requiring
7954 that the new assistant secretary created by the bill to submit to Congress and make publicly available a report on activities
7955 across HHS, focused on addressing social determinants of health, specifically relating to mental and behavioral health.

7956 In addition, this amendment would require the new assistant secretary to provide recommendations for policies
7957 to improve efforts to address social determinants and programs administered by HHS relating to mental and behavioral
7958 health. This is a common-sense amendment, Mr. Chairman, and I would ask that my colleagues support it. I yield
7959 back.

7960 Mr. Pitts. The chair thanks the gentleman. Is there any other further discussion on the Butterfield
7961 Amendment? Seeing none, the vote occurs on the amendment. Do you want a roll call?

7962 Mr. Butterfield. Let' us try a voice vote. I may get lucky tonight.

7963 Mr. Pitts. All those in favor shall signify by saying aye.

7964 All those opposed nay. The nays have it.

7965 Do you want a roll call?

7966 Mr. Butterfield. Yes, I do want a roll call. Yes, I do.

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7967 Mr. Pitts. The clerk will call the roll.

7968 The Clerk. Mr. Guthrie.

7969 Mr. Guthrie. No.

7970 The Clerk. Mr. Guthrie votes no. Mr. Barton.

7971 Mr. Barton. No.

7972 The Clerk. Mr. Barton votes no. Mr. Whitfield.

7973 [No response.]

7974 Mr. Shimkus.

7975 Mr. Shimkus. No.

7976 The Clerk. Mr. Shimkus votes no. Mr. Murphy.

7977 Mr. Murphy. No.

7978 The Clerk. Mr. Murphy votes no. Mr. Burgess.

7979 Mr. Burgess. No.

7980 The Clerk. Mr. Burgess votes no. Mrs. Blackburn.

7981 Mrs. Blackburn. No.

7982 The Clerk. Mrs. Blackburn votes no.

7983 Mr. Pitts. Ms. McMorris Rodgers.

7984 Mrs. McMorris Rodgers. No.

7985 The Clerk. Mrs. McMorris Rodgers votes no. Mr. Lance.

7986 Mr. Lance. No.

7987 The Clerk. Mr. Lance votes no. Mr. Griffith.

7988 Mr. Griffith. No.

7989 The Clerk. Mr. Griffith votes no. Mr. Bilirakis.

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7990 Mr. Bilirakis. No.

7991 The Clerk. Mr. Bilirakis votes no. Mr. Long.

7992 Mr. Long. No.

7993 The Clerk. Mr. Long votes no. Mrs. Elmers.

7994 [No response.]

7995 Mr. Bucshon.

7996 Mr. Bucshon. No.

7997 The Clerk. Mr. Bucshon votes no. Mrs. Brooks.

7998 Mrs. Brooks. No.

7999 The Clerk. Mrs. Brooks votes no. Mr. Collins.

8000 Mr. Collins. No.

8001 The Clerk. Mr. Collins votes no. Mr. Upton.

8002 The Chairman. No.

8003 The Clerk. Mr. Upton votes no. Mr. Green.

8004 Mr. Green. Aye.

8005 The Clerk. Mr. Green votes aye. Mr. Engel.

8006 Mr. Engel. Aye.

8007 The Clerk. Mr. Engel votes aye. Ms. Capps.

8008 Ms. Capps. Aye.

8009 The Clerk. Ms. Capps votes aye. Ms. Schakowsky.

8010 Ms. Schakowsky. Aye.

8011 The Clerk. Ms. Schakowsky votes aye. Mr. Butterfield.

8012 Mr. Butterfield. Aye.

This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.

8013 The Clerk. Mr. Butterfield votes aye. Ms. Castor.

8014 Ms. Castor. Aye.

8015 The Clerk. Ms. Castor votes aye. Mr. Sarbanes.

8016 Mr. Sarbanes. Aye.

8017 The Clerk. Mr. Sarbanes votes aye. Ms. Matsui.

8018 Ms. Matsui. Aye.

8019 The Clerk. Ms. Matsui votes aye. Mr. Lujan.

8020 Mr. Lujan. Aye.

8021 The Clerk. Mr. Lujan votes aye. Mr. Schrader.

8022 Mr. Schrader. Aye.

8023 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

8024 Mr. Kennedy. Aye.

8025 The Clerk. Mr. Kennedy votes aye. Mr. Cardenas.

8026 Mr. Cardenas. Aye.

8027 The Clerk. Mr. Cardenas votes aye. Mr. Pallone.

8028 Mr. Pallone. Aye.

8029 The Clerk. Mr. Pallone votes aye. Chairman Pitts.

8030 Mr. Pitts. No.

8031 The Clerk. Chairman Pitts votes no.

8032 Mr. Pitts. Are any members seeking recorded vote? Seeing none, the clerk will report the vote.

8033 The Clerk. Mr. Chairman, on that vote there were 13 ayes and 16 nays.

8034 Mr. Pitts. The nays have it. The amendment is not agreed to. Are there any other amendments in the

8035 nature of a substitute? Ms. Castor is recognized to offer an amendment. What is the number, please?

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8036 Ms. Castor. I would like to ask unanimous consent to offer my two amendments en bloc, 62 and 63.

8037 Mr. Pitts. Sixty-two and?

8038 Ms. Castor. Sixty-three.

8039 Mr. Pitts. The clerk will report the amendments.

8040 The Clerk. The amendment to the amendment in the nature of a substitute to H.R. 2646 offered by Ms.

8041 Castor of Florida, amendment to the amendment in the nature of a substitute to H.R. 2646 offered by Ms. Castor of

8042 Florida.

8043 [The Amendments of Ms. Castor follows:]

8044

8045 *****INSERT 51*****

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8046 Mr. Pitts. Without objection, the reading of the amendments are dispensed with and the gentlelady, Ms.

8047 Castor, is recognized for five minutes in support of her amendments.

8048 Ms. Castor. Thank you very much, Mr. Chairman. My first amendment is simple. It would require
8049 psychiatric hospitals to keep a daily log of incidents that result in the injury or death of a patient or a staff member and
8050 provide that report their top state official.

8051 This amendment stems from the year-long investigative series by the Tampa Bay Times. It is currently being
8052 published that details violence within Florida mental health treatment facilities. Nearly one thousand patients have
8053 been ordered to the hospital for closer supervision, have injured themselves or someone else in Florida. This may be
8054 happening in other states. But after significant staffing and treatment cutbacks since 2009, incidents and suicides have
8055 nearly doubled in the state psychiatric hospitals.

8056 Additionally, over the past five years, at least 15 people died in Florida psychiatric hospitals after they injured
8057 themselves or were attacked by another patient. This series found that since 2005, the state has relaxed reporting
8058 requirements so that hospitals no longer need to disclose patient injuries. The reports that have been filed are in such
8059 disarray that accurately comparing them over time is impossible.

8060 We need to ensure that the hospitals are providing basic data to the state and all states should do this so they
8061 simply can't throw up their hands and say they didn't know about what was happening in their own hospital. We can
8062 hold people accountable and work to fix the problem so that we keep track of the violent incidents inside these facilities.

8063 The second amendment is also pretty simple. It would require psychiatric hospitals to -- excuse me. The
8064 second amendment is a limited measure that would clarify existing law as to when it is permissible for states to disclose
8065 information about a person who dies while a patient in a psychiatric hospital to family members who have requested
8066 such information. Right now, current law says that states may disclose this information.

8067 But my amendment says only in the case of a deceased patient, it would require psychiatric hospitals to provide
8068 information to family members who request such information so they can better understand how their child or loved one

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8069 died in that mental institution.

8070 We need greater clarity in this law. It may not be perfect as it is currently drafted, but I would like to ask for
8071 our colleagues' help here today. These kind of conditions are happening in Florida. They could very well be
8072 happening in your states. I hope not. But at least let us get some basic reporting information on deaths and injuries and
8073 then allow family members when someone dies in state's care to at least find out what happened in those circumstances.

8074 At this time, I would yield to Mr. Pallone.

8075 Mr. Pallone. I understand that our staffs continue to work on this and I hope we can continue the dialogue.
8076 I understand that you are willing to withdraw it and continue to talk, so I would leave it at that at this point if -- I don't
8077 know if anyone on the other side would like to comment.

8078 Ms. Castor. I am reclaiming my time. I would like to ask Congressman Murphy, who is the lead sponsor, if
8079 he would work with me on the language. It may not be so precise, but if you have examined the series here, it is really
8080 outrageous what is happening.

8081 Mr. Murphy. Absolutely.

8082 Ms. Castor. If we can get that basic information reported, it would be an improvement.

8083 Mr. Murphy. If the gentlelady would for a moment. Yes, it is a very heartbreaking story what happened in
8084 Florida and as you say, it probably is happening in other states. Yet, we need to address this issue and I would be glad to
8085 work with you on that.

8086 Ms. Castor. Thank you. And with that, I will withdraw both amendments. Thank you, Mr. Chairman.

8087 Mr. Pitts. The chair thanks the gentlelady. The amendments en bloc are withdrawn. Are there any other
8088 amendments to the amendment in the nature of a substitute? For what purpose, gentlelady seeks recognizing?

8089 Ms. Schakowsky. Mr. Chairman, I have an amendment number 26 at the desk.

8090 Mr. Pitts. The clerk will report the amendment.

8091 The Clerk. The amendment to the amendment in the nature of a substitute to H.R. 2646 offered by Ms.

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8092 Schakowsky.

8093 [The Amendment of Ms. Schakowsky follows:]

8094

8095 *****INSERT 52*****

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8096 Mr. Pitts. Without objection, the reading of the amendment is dispensed with, and the gentlelady, Ms.

8097 Schakowsky, is recognized for five minutes in support of the amendment.

8098 Ms. Schakowsky. Thank you, Mr. Chairman. My amendment would create a much needed demonstration
8099 project to help create and expand behavioral health crisis systems. Unfortunately, many people who have experienced
8100 severe mental health crises have few places to turn for immediate help. Instead, they most often end up in the
8101 emergency room which is not only costly, but often does not have the necessary resources to effectively manage and
8102 deescalate crises.

8103 In 2010, 2.2 million hospitalizations and 5.3 million emergency department visits involved a diagnosis related to
8104 a mental illness. My amendment would authorize \$10 million a year for 5 years to create and implement behavioral
8105 health crises systems. This amendment mirrors a proposal from the President's fiscal year 2016 budget which included
8106 \$10 million in new funding for such a demonstration project. This funding could be used for services such as 24 hour
8107 crisis stabilization lines that provide peer supports, peer crisis services, mobile crisis services, short term crisis residential
8108 services, and community based follow-up services. All of these help to avoid expensive hospitalizations and improve
8109 outcomes for adults and children living with behavioral health conditions.

8110 I have personally seen the impact that a behavioral health crisis center can have on people in crisis. In my
8111 district, the Turning Point Facility in Skokie has a program called The Living Room, which provides an alternative to the
8112 emergency room for adults in crisis. The Living Room's talented team of professionals including therapists, nurses, and
8113 peer counselors, work to help individuals in crisis by providing support and assistance, referrals for shelters, healthcare
8114 services and a safe space for individuals. But it is clear that we need more places like The Living Room as many people
8115 with serious mental illnesses experiencing a crisis can only turn to overworked and often ill-equipped emergency rooms
8116 for the care and support they need. Others end up in prisons.

8117 And I urge my colleagues to support this amendment. I yield to anyone or I yield back.

8118 Mr. Pitts. The chair thanks the gentlelady. Is there further discussion on the Schakowsky Amendment?

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8119 Seeing none, if there is no further discussion, the vote occurs on the amendment.

8120 Ms. Schakowsky. And if I could have a roll call vote.

8121 Mr. Pitts. The clerk will call the roll.

8122 The Clerk. Mr. Guthrie.

8123 Mr. Guthrie. No.

8124 The Clerk. Mr. Guthrie votes no. Mr. Barton.

8125 Mr. Barton. No.

8126 The Clerk. Mr. Barton votes no. Mr. Whitfield.

8127 [No response.]

8128 Mr. Shimkus.

8129 Mr. Shimkus. No.

8130 The Clerk. Mr. Shimkus votes no. Mr. Murphy.

8131 Mr. Murphy. No.

8132 The Clerk. Mr. Murphy votes no. Mr. Burgess.

8133 Mr. Burgess. No.

8134 The Clerk. Mr. Burgess votes no. Mrs. Blackburn.

8135 [No response.]

8136 Mrs. McMorris Rodgers.

8137 [No response.]

8138 Mr. Lance.

8139 Mr. Lance. No.

8140 The Clerk. Mr. Lance votes no. Mr. Griffith.

8141 Mr. Griffith. No.

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may be inaccurate, incomplete, or misattributed to the
speaker.**

8142 The Clerk. Mr. Griffith votes no. Mr. Bilirakis.

8143 Mr. Bilirakis. No.

8144 The Clerk. Mr. Bilirakis votes no. Mr. Long.

8145 Mr. Long. No.

8146 The Clerk. Mr. Long votes no. Mrs. Elmers.

8147 [No response.]

8148 Mr. Bucshon.

8149 Mr. Bucshon. No.

8150 The Clerk. Mr. Bucshon votes no. Mrs. Brooks.

8151 Mrs. Brooks. No.

8152 The Clerk. Mrs. Brooks votes no. Mr. Collins.

8153 Mr. Collins. No.

8154 The Clerk. Mr. Collins votes no. Mr. Upton

8155 The Chairman. No.

8156 The Clerk. Mr. Upton votes no. Mr. Green.

8157 Mr. Green. Aye.

8158 The Clerk. Mr. Green votes aye. Mr. Engel.

8159 Mr. Engel. Aye.

8160 The Clerk. Mr. Engel votes aye. Ms. Capps.

8161 Ms. Capps. Aye.

8162 The Clerk. Ms. Capps votes aye. Ms. Schakowsky.

8163 Ms. Schakowsky. Aye.

8164 The Clerk. Ms. Schakowsky votes aye. Mr. Butterfield.

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8165 Mr. Butterfield. Aye.

8166 The Clerk. Mr. Butterfield votes aye. Ms. Castor.

8167 Ms. Castor. Aye.

8168 The Clerk. Ms. Castor votes aye. Mr. Sarbanes.

8169 Mr. Sarbanes. Aye.

8170 The Clerk. Mr. Sarbanes votes aye. Ms. Matsui.

8171 Ms. Matsui. Aye.

8172 The Clerk. Ms. Matsui votes aye. Mr. Lujan.

8173 Mr. Lujan. Aye.

8174 The Clerk. Mr. Lujan votes aye. Mr. Schrader.

8175 Mr. Schrader. Aye.

8176 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

8177 Mr. Kennedy. Aye.

8178 The Clerk. Mr. Kennedy votes aye. Mr. Cardenas.

8179 Mr. Cardenas. Aye.

8180 The Clerk. Mr. Cardenas votes aye. Mr. Pallone.

8181 Mr. Pallone. Aye.

8182 The Clerk. Mr. Pallone votes aye. Chairman Pitts.

8183 Mr. Pitts. No.

8184 The Clerk. Chairman Pitts votes no.

8185 Mr. Pitts. Members seeking recorded vote? Mrs. McMorris-Rodgers.

8186 Mrs. McMorris Rodgers. No.

8187 The Clerk. Mrs. McMorris Rodgers votes no.

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8188 Mr. Pitts. Mrs. Blackburn.

8189 Mrs. Blackburn. No.

8190 The Clerk. Mrs. Blackburn votes no.

8191 Mr. Pitts. The clerk will report the vote.

8192 The Clerk. Mr. Chairman, on that vote there were 13 ayes and 16 nays.

8193 Mr. Pitts. The nays have it. The amendment is not agreed to. Are there any other amendments to the

8194 nature of a substitute.

8195 Mr. Butterfield, you are recognized for offering an amendment?

8196 Mr. Butterfield. Yes, sir.

8197 Mr. Pitts. What is the number?

8198 Mr. Butterfield. Number 4, Butterfield 4.

8199 Mr. Pitts. Number 4. The clerk will report the amendment.

8200 The Clerk. The amendment to the amendment in the

8201 nature of a substitute to H.R. 2646 offered by Mr. Butterfield of North Carolina.

8202 [The Amendment of Mr. Butterfield follows;]

8203

8204 *****INSERT 53*****

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8205 Mr. Pitts. Without objection, the reading of the minutes is dispensed with. And the gentleman, Mr.

8206 Butterfield, is recognized for five minutes.

8207 Mr. Butterfield. Thank you. Mr. Chairman, my amendment would allow a social worker with a doctoral
8208 degree and the expertise relevant to the position to also serve as assistant secretary as defined in the underlying bill. Let
8209 us not make the qualifications to serve so restrictive.

8210 Some of the reforms in the Helping Families in Mental Health Crisis Act of 2015 do not take into account the
8211 various healthcare professionals who work in the mental health space and who are on the front lines every day, working
8212 with individuals suffering from mental and behavioral health illness. For example, social workers are one of the largest
8213 groups of professional mental health and substance abuse service providers, yet this bill significantly limits the role of
8214 social workers.

8215 Social workers, Mr. Chairman, are trained professionals and their role should be expanded, not unnecessarily
8216 restricted. Social workers are critical to the future of the mental and behavioral health infrastructure in our country,
8217 especially as efforts are made to ensure individuals are connected with the mental and behavioral health services they
8218 need. Social workers touch many American lives through work in public schools and veterans' hospitals and general
8219 and special service healthcare facilities, substance abuse prevention and treatment programs, child protective services,
8220 family service settings, and long term elder care facilities.

8221 Mr. Chairman, have I run out of time? Was the clock reset?

8222 Mr. Pitts. I think, unfortunately, the clock was not set.

8223 Mr. Butterfield. I have two paragraphs and I will be finished.

8224 Mr. Pitts. Go ahead.

8225 Mr. Butterfield. They are also on the front lines working in teams and in a variety of settings. There is no
8226 reason that a Ph.D. educated social worker cannot serve or should not serve as assistant secretary. They are highly
8227 trained, highly utilized health care professionals who are on the front lines.

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8228 Mr. Chairman, I would ask that this amendment be considered.

8229 Mr. Pitts. The chair thanks the gentleman. Is there further discussion on the Butterfield Amendment?

8230 Mr. Barton is recognized for five minutes to strike the last word.

8231 Mr. Barton. Mr. Chairman, I don't have a position on Mr. Butterfield's amendment, but we have a special

8232 guest in the audience sitting at the back of the room by the door, is Mr. Don Sisson, who is a Special Assistant to the

8233 President of the United States for Legislative Affairs and House Legislative Affairs Liaison. And he has said he wants to

8234 work with us on a bipartisan basis. So we welcome you to the committee. And hopefully, you can do some good

8235 right now. And a former Rule Committee staffer.

8236 Mr. Pitts. The chair thanks the gentleman. Is there further discussion on the Butterfield Amendment.

8237 Seeing none, the vote occurs on the amendment.

8238 Mr. Butterfield. Mr. Chairman, I thought Dr. Murphy was going to comment on it. I wanted to hear his

8239 position on it, but if he is not going to speak I am ready to --

8240 Mr. Pitts. Dr. Murphy is recognized.

8241 Mr. Murphy. My wife is a social worker. If you want her to be appointed, we can take care of this whole bill

8242 right away.

8243 Mr. Butterfield. Let us talk about this before the full committee markup. I withdraw the amendment.

8244 Mr. Pitts. The gentleman withdraws the amendment. Are there other amendments to the amendment?

8245 Mr. Lujan. Mr. Chairman, I have an amendment at the desk.

8246 Mr. Pitts. Mr. Lujan offers an amendment. What is the number?

8247 Mr. Lujan. Amendment 2.

8248 Mr. Pitts. Number 2. The clerk will report the amendment.

8249 The Clerk. The amendment is the amendment in the nature of a substitute to H.R. 2646 offered by Mr. Ben

8250 Ray Lujan of New Mexico.

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8251 [The Amendment offer Mr. Lujan follows:]

8252

8253 *****INSERT 54*****

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8254 Mr. Pitts. Without objection, the reading of the amendment is dispensed with. The gentleman, Mr. Lujan, is
8255 recognized for five minutes to support his amendment.

8256 Mr. Lujan. Thank you, Mr. Chairman. This amendment to H.R. 2646 ensures that adolescents have access
8257 to intervention and treatment for mental illness. Building off of the early childhood intervention program in Section
8258 204 of Congressman Murphy's bill, my amendment would establish grants for programs targeted at individuals from 12
8259 to 25 years of age with the goal of prevention of chronic and serious mental illness. In its current form, only children
8260 from birth until 12 years of age are eligible for the early intervention and treatment of childhood program, however, the
8261 peak onset of the first episode of psychosis for psychotic disorders such as schizophrenia occurs between 15 and 25 years
8262 of age.

8263 An abundance of data accumulated over the past two decades and through the National Institute of Mental
8264 Health Recovery after an initial schizophrenia episode raised, supports the value of early intervention following the first
8265 episode of psychosis. In addition, coordinated specialized services offered during or shortly after first episode of
8266 psychosis are effective for improving clinical and functional outcomes among young and younger adults.

8267 My amendment would ensure that there would be a continuity of care for an age group that has a critical
8268 window to receive treatment. Furthermore, it would authorize the Secretary of Health and Human Services to award
8269 grants to entities to better research mental health issues and possible treatments. Recent estimates show that
8270 nationally one in five adolescents have a diagnosable disorder. However, the majority of these adolescents do not seek
8271 care due to a wide variety of barriers to care and due to the negative stigma associated with mental health issues.

8272 In my home state of New Mexico, about 17,000 adolescents or 10.6 percent per year from 2009 to 2013 had at
8273 least one major depressive episode during the year prior to being surveyed. Nationally, this number was 8.7, yet 60.7 of
8274 these adolescents did not receive treatment. We must transform how we view mental illness if we are going to be
8275 successful in treating those in need.

8276 Although it is important that we widen access of psychiatric and psychological and supportive services for

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8277 individuals with mental illness and families in a mental health crisis, we must also broaden the mental health framework
8278 to guarantee that all those who need help receive it.

8279 We must be prepared to fully fund our mental health system while simultaneously working to build a more
8280 robust system, but we truly need reasonable, sensible reforms. As it stands, the current language of the bill would leave
8281 a hole for the age group where we most commonly see the highest incidences of first episode of psychosis. To make a
8282 difference, we must prioritize early interventions and treatment for adolescents.

8283 Mr. Chairman, I think as we have seen today, this may be the last amendment offered. We have seen, I think,
8284 almost over 30 amendments offered today and only a handful accepted. There is clearly a lot of work to do here as
8285 we try to get buy-in and make sure that Democrats and Republicans are able to work together. But again, almost half of
8286 the committee on this side of the aisle where we all represent the same number of people, Mr. Chairman, we have needs
8287 in our communities. And we are also sharing the voices of the most vulnerable all across America. So I am certainly
8288 hopeful maybe this one has got a chance, Mr. Chairman, but that we are able to include many of these provisions today.
8289 And I remain hopeful that come markup in the full committee before we go to the floor, that there truly will be a
8290 bipartisan bill, a comprehensive bill that we can all be proud of and that we can ensure will get to the President, receive
8291 his signature so we can get to work in helping those most in need.

8292 With that, Mr. Chairman, I yield back the balance of my time.

8293 Mr. Pitts. The chair thanks the gentleman. Is there further discussion on the Lujan Amendment?

8294 The chair recognizes the gentleman from Illinois, Ms. Schakowsky for five minutes.

8295 Ms. Schakowsky. Thank you, Mr. Chairman. And thank you, Mr. Lujan. I just wanted to especially and
8296 personally thank you for this. Because I am the grandmother of an adolescent who fits into that category and because
8297 we were able to get, although with great difficulty and frankly, at enormous expense to find the kind of interventions that
8298 actually turned her life around, we don't want to be in a position -- I can only imagine if we had not been able to do that
8299 what she would have done with the destructive behaviors that she was engaged in, etcetera.

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8300 And so I just feel like this is an opportunity for us to say to adolescents around this country, we will do
8301 something to help you now and to make the rest of your life the wonderful life that my grandchild has now. So thank
8302 you.

8303 Mr. Pallone. Will the gentlewoman yield?

8304 Ms. Schakowsky. Yes, I would be happy to yield.

8305 Mr. Pallone. Before we conclude, I just wanted to ask unanimous consent to add three letters into the record
8306 addressed to the various chairs and ranking members of the committee. One is from the National Association for Rural
8307 Mental Health. One is from the International Society for Ethical Psychiatry and Psychology. One is from the National
8308 Council on Independent Living. And lastly, a letter from the American Bar Association.

8309 Mr. Pitts. Without objection, so ordered. And I will remind members that if you have asked for documents
8310 to be included in the record, please submit your materials to the majority staff for inclusion in today's markup record.

8311 Is there further discussion on the Lujan Amendment? Seeing none, the vote occurs on the amendment.

8312 The clerk will call the roll.

8313 The Clerk. Mr. Guthrie.

8314 Mr. Guthrie. No.

8315 The Clerk. Mr. Guthrie votes no. Mr. Barton.

8316 Mr. Barton. No.

8317 The Clerk. Mr. Barton votes no. Mr. Whitfield.

8318 [No response.]

8319 Mr. Shimkus.

8320 Mr. Shimkus. No.

8321 The Clerk. Mr. Shimkus votes no. Mr. Murphy.

8322 Mr. Murphy. No.

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speaker.**

8323 The Clerk. Mr. Murphy votes no. Mr. Burgess.

8324 Mr. Burgess. No.

8325 The Clerk. Mr. Burgess votes no. Mrs. Blackburn.

8326 [No response.]

8327 Mrs. McMorris Rodgers.

8328 Mrs. McMorris Rodgers. No.

8329 The Clerk. Mrs. McMorris Rodgers votes no. Mr. Lance.

8330 Mr. Lance. No.

8331 The Clerk. Mr. Lance votes no. Mr. Griffith.

8332 Mr. Griffith. No.

8333 The Clerk. Mr. Griffith votes no. Mr. Bilirakis.

8334 Mr. Bilirakis. No.

8335 The Clerk. Mr. Bilirakis votes no. Mr. Long.

8336 Mr. Long. No.

8337 The Clerk. Mr. Long votes no. Mrs. Elmers.

8338 [No response.]

8339 Mr. Bucshon.

8340 Mr. Bucshon. No.

8341 The Clerk. Mr. Bucshon votes no. Mrs. Brooks.

8342 Mrs. Brooks. No.

8343 The Clerk. Mrs. Brooks votes no. Mr. Collins.

8344 Mr. Collins. No.

8345 The Clerk. Mr. Collins votes no. Mr. Upton

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8346 The Chairman. No.

8347 The Clerk. Mr. Upton votes no. Mr. Green.

8348 Mr. Green. Aye.

8349 The Clerk. Mr. Green votes aye. Mr. Engel.

8350 Mr. Engel. Aye.

8351 The Clerk. Mr. Engel votes aye. Ms. Capps.

8352 Ms. Capps. Aye.

8353 The Clerk. Ms. Capps votes aye. Ms. Schakowsky.

8354 Ms. Schakowsky. Aye.

8355 The Clerk. Ms. Schakowsky votes aye. Mr. Butterfield.

8356 Mr. Butterfield. Aye.

8357 The Clerk. Mr. Butterfield votes aye. Ms. Castor.

8358 Ms. Castor. Aye.

8359 The Clerk. Ms. Castor votes aye. Mr. Sarbanes.

8360 Mr. Sarbanes. Aye.

8361 The Clerk. Mr. Sarbanes votes aye. Ms. Matsui.

8362 Ms. Matsui. Aye.

8363 The Clerk. Ms. Matsui votes aye. Mr. Lujan.

8364 Mr. Lujan. Aye.

8365 The Clerk. Mr. Lujan votes aye. Mr. Schrader.

8366 Mr. Schrader. Aye.

8367 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

8368 Mr. Kennedy. Aye.

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8369 The Clerk. Mr. Kennedy votes aye. Mr. Cardenas.

8370 Mr. Cardenas. Aye.

8371 The Clerk. Mr. Cardenas votes aye. Mr. Pallone.

8372 Mr. Pallone. Aye.

8373 The Clerk. Mr. Pallone votes aye. Chairman Pitts.

8374 Mr. Pitts. No.

8375 The Clerk. Chairman Pitts votes no.

8376 Mr. Pitts. Are there further recorded vote requests? Ms. Blackburn?

8377 Mrs. Blackburn. No.

8378 The Clerk. Mrs. Blackburn votes no.

8379 Mr. Pitts. Anyone else seeking recorded vote? If not the clerk will report the vote.

8380 The Clerk. Mr. Chairman, on that vote there were 13 ayes and 16 nays.

8381 Mr. Pitts. The nays have it and the amendment is not agreed to. Are there any other amendments to the

8382 amendment in the nature of a substitute? Seeing none, is there any further discussion on the amendment in the nature

8383 of a substitute? If there is no further discussion, the vote occurs on the amendment in the nature of a substitute as

8384 amended.

8385 Mr. Pallone. Mr. Chairman, we would ask for a recorded vote.

8386 Mr. Pitts. The clerk will call the roll.

8387 The Clerk. Mr. Guthrie.

8388 Mr. Guthrie. Aye.

8389 The Clerk. Mr. Guthrie votes aye. Mr. Barton.

8390 Mr. Barton. Aye.

8391 The Clerk. Mr. Barton votes aye. Mr. Whitfield.

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8392 [No response.]

8393 Mr. Shimkus.

8394 Mr. Shimkus. Aye.

8395 The Clerk. Mr. Shimkus votes aye. Mr. Murphy.

8396 Mr. Murphy. Aye.

8397 The Clerk. Mr. Murphy votes aye. Mr. Burgess.

8398 Mr. Burgess. Aye.

8399 The Clerk. Mr. Burgess votes aye. Mrs. Blackburn.

8400 Mrs. Blackburn. Aye.

8401 The Clerk. Mrs. Blackburn votes aye. Mrs. McMorris Rodgers.

8402 Mrs. McMorris Rodgers. Aye.

8403 The Clerk. Mrs. McMorris Rodgers votes aye. Mr. Lance.

8404 Mr. Lance. Aye.

8405 The Clerk. Mr. Lance votes aye. Mr. Griffith.

8406 Mr. Griffith. Aye.

8407 The Clerk. Mr. Griffith votes aye. Mr. Bilirakis.

8408 Mr. Bilirakis. Aye.

8409 The Clerk. Mr. Bilirakis votes aye. Mr. Long.

8410 Mr. Long. Aye.

8411 The Clerk. Mr. Long votes aye. Mrs. Elmers.

8412 [No response.]

8413 Mr. Bucshon.

8414 Mr. Bucshon. Aye.

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may be inaccurate, incomplete, or misattributed to the
speaker.**

8415 The Clerk. Mr. Bucshon votes aye. Mrs. Brooks.
8416 Mrs. Brooks. Aye.
8417 The Clerk. Mrs. Brooks votes aye. Mr. Collins.
8418 Mr. Collins. Aye.
8419 The Clerk. Mr. Collins votes aye. Mr. Upton.
8420 The Chairman. Aye.
8421 The Clerk. Mr. Upton votes aye. Mr. Green.
8422 Mr. Green. No.
8423 The Clerk. Mr. Green votes no. Mr. Engel.
8424 Mr. Engel. No.
8425 The Clerk. Mr. Engel votes no. Ms. Capps.
8426 Ms. Capps. No.
8427 The Clerk. Ms. Capps votes no. Ms. Schakowsky.
8428 Ms. Schakowsky. No.
8429 The Clerk. Ms. Schakowsky votes no. Mr. Butterfield.
8430 Mr. Butterfield. No.
8431 The Clerk. Mr. Butterfield votes no. Ms. Castor.
8432 Ms. Castor. No.
8433 The Clerk. Ms. Castor votes no. Mr. Sarbanes.
8434 Mr. Sarbanes. No.
8435 The Clerk. Mr. Sarbanes votes no. Ms. Matsui.
8436 Ms. Matsui. No.
8437 The Clerk. Ms. Matsui votes no. Mr. Lujan.

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8438 Mr. Lujan. No.

8439 The Clerk. Mr. Lujan votes no. Mr. Schrader.

8440 Mr. Schrader. Aye.

8441 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

8442 Mr. Kennedy. No.

8443 The Clerk. Mr. Kennedy votes no. Mr. Cardenas.

8444 Mr. Cardenas. No.

8445 The Clerk. Mr. Cardenas votes no. Mr. Pallone.

8446 Mr. Pallone. No.

8447 The Clerk. Mr. Pallone votes no. Chairman Pitts.

8448 Mr. Pitts. Aye.

8449 The Clerk. Chairman Pitts votes aye.

8450 Mr. Pitts. Are there any other votes not recorded? Anyone seeking -- the clerk will report the vote.

8451 The Clerk. Mr. Chairman, on that vote there were 17 ayes and 12 nays.

8452 Mr. Pitts. The ayes have it and the amendment in the nature of a substitute is agreed to. The question now

8453 occurs on forwarding H.R. 2646 as amended to the full committee.

8454 Mr. Pallone. And on that, we would ask to record a vote, Mr. Chairman.

8455 Mr. Pitts. The clerk will call the roll.

8456 The Clerk. Mr. Guthrie.

8457 Mr. Guthrie. Aye.

8458 The Clerk. Mr. Guthrie votes aye. Mr. Barton.

8459 Mr. Barton. Aye.

8460 The Clerk. Mr. Barton votes aye. Mr. Whitfield.

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8461 Mr. Whitfield. Aye.

8462 The Clerk. Mr. Whitfield votes aye. Mr. Shimkus.

8463 Mr. Shimkus. Aye.

8464 The Clerk. Mr. Shimkus votes aye. Mr. Murphy.

8465 Mr. Murphy. Aye.

8466 The Clerk. Mr. Murphy votes aye. Mr. Burgess.

8467 Mr. Burgess. Aye.

8468 The Clerk. Mr. Burgess votes aye. Mrs. Blackburn.

8469 Mrs. Blackburn. Aye.

8470 The Clerk. Mrs. Blackburn votes aye. Mrs. McMorris Rodgers.

8471 Mrs. McMorris Rodgers. Aye.

8472 The Clerk. Mrs. McMorris Rodgers votes aye. Mr. Lance.

8473 Mr. Lance. Aye.

8474 The Clerk. Mr. Lance votes aye. Mr. Griffith.

8475 Mr. Griffith. Aye.

8476 The Clerk. Mr. Griffith votes aye. Mr. Bilirakis.

8477 Mr. Bilirakis. Aye.

8478 The Clerk. Mr. Bilirakis votes aye. Mr. Long.

8479 Mr. Long. Aye.

8480 The Clerk. Mr. Long votes aye. Mrs. Elmers.

8481 [No response.]

8482 Mr. Bucshon.

8483 Mr. Bucshon. Aye.

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may be inaccurate, incomplete, or misattributed to the
speaker.**

8484 The Clerk. Mr. Bucshon votes aye. Mrs. Brooks.
8485 Mrs. Brooks. Aye.
8486 The Clerk. Mrs. Brooks votes aye. Mr. Collins.
8487 Mr. Collins. Aye.
8488 The Clerk. Mr. Collins votes aye. Mr. Upton
8489 The Chairman. Aye.
8490 The Clerk. Mr. Upton votes aye. Mr. Green.
8491 Mr. Green. No.
8492 The Clerk. Mr. Green votes no. Mr. Engel.
8493 Mr. Engel. No.
8494 The Clerk. Mr. Engel votes no. Ms. Capps.
8495 Ms. Capps. No.
8496 The Clerk. Ms. Capps votes no. Ms. Schakowsky.
8497 Ms. Schakowsky. No.
8498 The Clerk. Ms. Schakowsky votes no. Mr. Butterfield.
8499 Mr. Butterfield. No.
8500 The Clerk. Mr. Butterfield votes no. Ms. Castor.
8501 Ms. Castor. No.
8502 The Clerk. Ms. Castor votes no. Mr. Sarbanes.
8503 Mr. Sarbanes. No.
8504 The Clerk. Mr. Sarbanes votes no. Ms. Matsui.
8505 Ms. Matsui. No.
8506 The Clerk. Ms. Matsui votes no. Mr. Lujan.

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8507 Mr. Lujan. No.

8508 The Clerk. Mr. Lujan votes no. Mr. Schrader.

8509 Mr. Schrader. Aye.

8510 The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

8511 Mr. Kennedy. No.

8512 The Clerk. Mr. Kennedy votes no. Mr. Cardenas.

8513 Mr. Cardenas. No.

8514 The Clerk. Mr. Cardenas votes no. Mr. Pallone.

8515 Mr. Pallone. No.

8516 The Clerk. Mr. Pallone votes no. Chairman Pitts.

8517 Mr. Pitts. Aye.

8518 The Clerk. Chairman Pitts votes aye.

8519 Mr. Pitts. Are there any other members seeking to have a recorded vote? Seeing none, the clerk will report

8520 the vote.

8521 The Clerk. Mr. Chairman, on that vote there were 18 ayes and 12 nays.

8522 Mr. Pitts. The ayes appear to have it. The ayes have it. The bill is agreed to. Without objection, the

8523 staff is authorized to make technical and conforming changes to the legislation considered by the subcommittee today.

8524 So ordered. Without objection, the subcommittee stands adjourned.

8525 [Whereupon, at 9:30 p.m., the subcommittee was adjourned.]

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