

RECOGNIZING NATIONAL KIDNEY MONTH

HON. MARK STEVEN KIRK

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 3, 2005

Mr. KIRK. Mr. Speaker, as co-Chairman of the Congressional Kidney Caucus, I would like to recognize that March is National Kidney Month. The Kidney Caucus partners with groups such as the National Kidney Foundation to increase public awareness of risk factors for chronic kidney disease and emphasize the importance of early detection. Anyone with high blood pressure, diabetes or a family history of kidney disease is at risk.

This March, the National Kidney Foundation is urging all those at risk to undergo a kidney screening. Simple urine and blood tests during a routine doctor's visit can show the earliest signs of kidney damage. According to the National Kidney Foundation, more than 20 million Americans—that's one in nine adults—have chronic kidney disease. More than 20 million more are at increased risk for developing the disease. Nearly half of all Americans with chronic kidney disease are unaware of their condition.

Early detection and intervention can halt the progression of the disease before it reaches kidney failure, at which point there are no other alternatives but dialysis or transplantation. Catching kidney disease at an early stage saves patient's lives and saves the taxpayer tremendous sums otherwise spent on costly dialysis and transplant procedures. Please help me honor National Kidney Month by urging those at risk for kidney disease to take this threat seriously and undergo a screening.

LETTER FROM THE MENTAL HEALTH LIAISON GROUP

HON. TED STRICKLAND

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 3, 2005

Mr. STRICKLAND. Mr. Speaker, I would like to submit the following letter for the CONGRESSIONAL RECORD:

DEAR REPRESENTATIVES STRICKLAND AND MURPHY: The undersigned organizations in the Mental Health Liaison Group, representing patients, health professionals and family members, are pleased to support your legislation, the Medicare Mental Health Copayment Equity Act. Under your legislation, Medicare's historic discriminatory 50 percent coinsurance for outpatient mental health care would be reduced over six years to 20 percent, bringing the coinsurance into line with that required of Medicare beneficiaries for other Part B services.

Simply put, current law discriminates against Medicare beneficiaries who seek treatment for mental illness. This affects elderly and non-elderly Medicare beneficiaries alike when they seek mental health care. According to the 1999 U.S. Surgeon General's report on mental health, almost 20 percent of elderly individuals have some type of mental disorder uncommon in typical aging. In addition, elderly individuals have the highest rate of suicide in the U.S., often the result of depression. The Surgeon General's report states, "Late-life depression is particularly

costly because of the excess disability that it causes and its deleterious interaction with physical health. Older primary care patients with depression visit the doctor and emergency rooms more often, use more medication, incur higher outpatient charges, and stay longer at the hospital."

The 50 percent coinsurance requirement also is unfair to the non-elderly disabled Medicare population. Because many of these individuals have severe mental illnesses combined with low incomes and high medical expenses, a 50 percent coinsurance obligation is a serious patient burden. For elderly and non-elderly Medicare beneficiaries alike, Medicare is a critical source of care. Your legislation to ensure that Medicare beneficiaries needing mental health care incur only the same cost-sharing obligations as required of all other Medicare patients would end the statutory discrimination against Medicare beneficiaries seeking treatment for mental disorders.

Thank you for your leadership in addressing this important issue for the nation's 40 million Medicare patients.

Sincerely,

Alliance for Children and Families.
American Academy of Child and Adolescent Psychiatry.
American Association for Geriatric Psychiatry.
American Association of Children's Residential Centers.
American Association of Pastoral Counselors.
American Association of Practicing Psychiatrists.

American Group Psychotherapy Association.
American Mental Health Counselors Association.
American Occupational Therapy Association.

American Psychiatric Association.
American Psychiatric Nurses Association.
American Psychoanalytic Association.
American Psychological Association.
American Psychotherapy Association.
Anxiety Disorders Association of America.
Association for the Advancement of Psychology.

Association for Ambulatory Behavioral Healthcare.

Bazelon Center for Mental Health Law.
Children and Adults with Attention-Deficit/Hyperactivity Disorder.
Clinical Social Work Federation.

Clinical Social Work Guild.
Depression and Bipolar Support Alliance.
Eating Disorders Coalition for Research, Policy & Action.

Ensuring Solutions to Alcohol Problems.
International Society of Psychiatric-Mental Health Nurses.

NAADAC, The Association for Addiction Professionals.

National Alliance for the Mentally Ill.
National Association for Children's Behavioral Health.

National Association for Rural Mental Health.

National Association of Anorexia Nervosa and Associated Disorders (ANAD).

National Association of Mental Health Planning & Advisory Councils.

National Association of Protection and Advocacy Systems.

National Association of Psychiatric Health Systems.

National Mental Health Association.
Suicide Prevention Action Network USA.

PERSONAL EXPLANATION

HON. EMANUEL CLEAVER

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 3, 2005

Mr. CLEAVER. Mr. Speaker, on Wednesday March 2, 2005, I was unable to cast my vote on H.R. 27, the Job Training Improvement Act. Had I been present, I would have voted "yea" on rollcall 46, the Scott of Virginia amendment and "nay" on rollcall 48, the final passage of H.R. 27. I also would have voted "yea" on rollcall 43, 44, 45, and 47 and "nay" on rollcall 42.

HONORING THE ACHIEVEMENTS OF WEBB COUNTY COMMISSIONER JUDITH GUTIERREZ

HON. HENRY CUELLAR

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 3, 2005

Mr. CUELLAR. Mr. Speaker, I rise today to honor the important achievements of Judith G. Gutierrez in Laredo, TX in my Congressional District.

Judith G. Gutierrez (Pct.2) was elected in 1986, she held the office for two consecutive terms. Re-elected in 1999 and again in 2002, she will begin her fourth term of office in January 2003. Throughout her tenure, Gutierrez has taken a hands-on approach to colonia issues.

Former Attorney General Dan Morales appointed Commissioner Gutierrez to the state's Colonia Task Force. Former Governor Ann Richards selected Gutierrez to chair the Regional Review Committee for scoring federally funded projects such as Community Development Block Grants (CDBG) and colonia set-aside funds. She served in this capacity for four years.

Commissioner Gutierrez worked with State legislators in 1989 to pass Senate Bill 2, which created the first colonia legislation, implementing rules to limit unscrupulous development. Senate Bill 2 also authorized the mechanism needed to provide funding for water and sewer improvements. To ensure regulatory enforcement at the local level, she created the Webb County's first Planning Department. This department has been recognized by the Texas Attorney General's office under Generals Morales and Cornyn as the model for colonia regulation and enforcement.

Total grant funds for projects initiated in Webb County during Gutierrez' term in office exceeds \$100 million. Since 1992, Commissioner Gutierrez has secured more than \$25 million in colonia improvement funds for her precinct alone. Projects have ranged from infrastructure—water, storm drainage, and community centers to educational and health initiatives.

In 1994, Commissioner Gutierrez was Governor Ann Richards' appointee to the South Texas Regional Prosperity Plan and also served on the Environmental Transition Team organized to consolidate the Texas Air Quality Control Board, the Water Commission and selected divisions of the Texas Health Department. In 2003 Governor Rick Perry appointed Commissioner Judith Gutierrez to the South Texas Regional Review Committee.