

NATIONAL PRESS CLUB LUNCHEON WITH PATRICK KENNEDY AND JIM RAMSTAD

SUBJECT: THE MENTAL HEALTH PARITY ACT

MODERATOR: THERESA WERNER, PRESIDENT, NATIONAL PRESS CLUB

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THERESA WERNER: (Sounds gavel.) Good afternoon, and welcome to the National Press Club. My name is Theresa Werner and I'm the 105th President of the National Press Club. We are the world's leading professional organization for journalists and are committed to our profession's future through programming with events such as these while fostering a free press worldwide. For more information about the National Press Club, please visit our website at www.press.org. To donate to programs offered to the public through our National Press Club Journalism Institute, please visit www.press.org/institute.

On behalf of our members worldwide, I'd like to welcome our speakers and those of you attending today's event. Our head table includes special guests of the speaker, as well as working journalists who are club members. And if you hear applause in our audience, we'd note that members of the general public are also attending so it's not necessarily evidence of a lack of journalistic objectivity. (Laughter)

I'd also like to welcome our C-SPAN audience and our Public Radio audience. Our luncheons are also featured on our member-produced Podcasts from the National Press Club available on iTunes. You can follow the action on Twitter using the hashtag NPClunch. After our guests' speech concludes, we'll have a question and answer segment. I will ask as many questions as time permits. Now it's time to introduce our head table guests, and I'd ask each of you here to stand up briefly as your name is announced.

From your right, Noel Waghorn, Associated Press; Keith Hill, Bloomberg BNA; Pam Hyde, administrator, Substance Abuse and Mental Health Service Administration, and guest of our speakers; Angela Greiling King, a reporter from *Bloomberg News*. I'm going to skip our guest. We have Alison Fitzgerald, freelancer and Speakers Committee chair; and again I'm skipping our guest. Robert Carden, Carden Communications and Speaker Committee member who organized today's event. Sherry Glied, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Al Eisele, Editor, *The Hill*; John Mulligan, *Providence Journal*; and Tracy Jan, *Boston Globe*. (Applause)

Bipartisanship is rare in Washington these days, but it can work. Just ask our guests today, former Congressman Patrick Kennedy, a Democrat from Rhode Island, and his friend and one-time colleague, Jim Ramstad, the former Republican representative from Minnesota. In 2008, these two cosponsored the Mental Health Parity Act, which generally requires insurance companies to treat mental illnesses as they would treat physical ailments. The legislation is considered a landmark achievement in the arena of mental health and its passage is also a tribute to Patrick's late father, Senator Edward Kennedy, long a champion of those with mental disabilities.

This was a personal crusade for both Patrick Kennedy and Jim Ramstad. Mr. Ramstad has battled with alcoholism, and Mr. Kennedy has been open about his past struggles with depression and addiction. The bill was first introduced in 1996, and a weak version passed then. But insurance companies use loopholes to get around the law's provisions. The Kennedy-Ramstad legislation effectively closes those loopholes. Both men are now focusing on making sure that all provisions of the act are fully implemented under the administration's new healthcare law. Both Ramstad and Kennedy retired from Congress. Mr. Ramstad continues to work on mental health issues and is a board member on the National Center on Addiction and Drug Abuse at Columbia University. Mr. Kennedy is currently living in New Jersey and is recently married and expecting a child. Congratulations. (Applause)

MR. RAMSTAD: Well, thank you very much, President Werner, for that kind introduction. I didn't you know were a Democrat, Kennedy. (Laughter) I want to thank all of you for being here today on behalf of the Parity Implementation Coalition, and a special thanks to all of you who have worked so hard, some of you since 1996, in the very beginning, on the mental health and chemical addiction treatment parity act.

I want to point out one individual. If I started thanking individuals for their contributions, we'd be here all week. But I want to point out one national hero who has helped so much in this effort, who has helped so many people in so many ways. He's one of Patrick's best friends, one of my best friends, and one of America's best friends, Max Cleland, thank you. (Applause)

The reality of this effort is that we're not there yet. We're not there yet for millions of Americans suffering the ravages of chemical addiction and mental illness. I remember when Paul Wellstone first got me involved in this effort in 1996. I remember Paul saying,

“We have a long, hard row to hoe because we're going to run into some very powerful special interests.” In fact, he reminded me, I was thinking the other day of my first campaign in 1990 for Congress. On election night, I got a little bouquet of flowers with a card saying, “May you rest in peace.” (Laughter) Yeah, that's the same reaction I had. You know, may he rest in peace? So in my puzzlement, I called the florist the next morning and expressed the fact I was a little bit confused over this message. And she said, “Well, let me check my records.” So the florist went and checked her records, came back a few minutes later and said, “Ramstad, if you think you're puzzled, how do you think the guy at the cemetery feels who got the card saying ‘Congratulations on your new position. You have a long, hard row to hoe.’” (Laughter)

Well, I want to thank you, all of you associated with the Parity Implementation Coalition for hoeing that long, hard row with us, for being there night and day, some of you, as I said, since the very beginning in 1996. It's about time we treat diseases of the brain the same as diseases of the body. (Applause) No more discrimination against people with mental illness or addiction. No more higher deductibles, no more inflated co payments, no more limited treatment stays decided by bureaucrats instead of healthcare providers. It's about time we have a final rule that ends this discrimination for once and for all against people with diseases of the brain. We need to stop this discriminatory treatment.

Remember our field hearings back in 2007 when Patrick and I went on the road to 14 states to drum up grass roots support? How many of you attended or participated in one of those hearings? Well, thank you. Thank you very much. We're back, we're back. Our strategy worked then and we're back for another round. The parity bill will pass Congress largely as a result of your efforts. The people at the grass roots level who called, who emailed, who visited town meetings of their members and urged them to vote for parity. You changed votes, you changed minds, you educated members and you made it happen. And we're going to do the same thing with respect to the rule.

The Parity Bill, as you mentioned Theresa, passed the Congress, was signed into law by President Bush in 2008. And this is 2012, and we still don't have a final rule. Still don't have a final rule. So, we need to rekindle a new torch to spark a final rule that ends discrimination against people suffering from mental illness and addiction, as I said, for once and for all.

With members of the Parity Implementation Coalition, Amy Kennedy's husband and I are launching (Laughter) the Patriots for Parity Tour. Somebody suggested we call it the Parity Reunion Tour, but we said we're no rock band, believe me. We're just trying to fight for a worthy cause and get the ball over the goal line.

This is going to be a nationwide tour to save and strengthen mental health and addiction treatment parity. And I'm pleased to announce today, very pleased to announce, that the first confirmed hearing will be in my own state of Minnesota July 17th, in St. Paul at the Minnesota Recovery Connection. We also tentatively have three such hearings

scheduled prior to July but they have not yet been finalized, the arrangements have not yet been finalized so it would be premature to make those announcements.

But we're going to every corner of this great country to mobilize the grass roots once again, to prove once again that the people are more powerful than the insurance company lobbyists who are working overtime to kill parity. (Applause) Friends, 54 million Americans with mental disorders deserve nothing less. Twenty-six million Americans suffering from deadly drug and alcohol addiction deserve nothing less. But Patrick and I cannot do it alone. We need you to help us to get the job finished. Please, if you are not a member, if you are not active, please join the Parity Implementation Coalition today. Attend and participate in our Patriots for Parity Tour. We need you. We need you to save and strengthen the Mental Health and Addiction Treatment Equity Act.

We also need to work together to keep the Treatment Equity Act in the affordable care law. We still have a long, hard row to hoe. But working together, I know in my heart and whatever Norwegian intellect I have left that we can get the job done. Thank you very, very, very much. (Applause)

Now it's my pleasure to introduce our next speaker, who truly needs no introduction. You know, that's said about everybody in Washington, and of course-- but this guy truly needs no introduction. But I'm just going to say this about our next speaker. If President Kennedy were still alive, and were President Kennedy to write a sequel to his famous book, "Profiles in Courage," there's no question whatsoever that his nephew, Patrick Kennedy, would occupy a full chapter of that book. (Applause) Please welcome our profile in courage, Patrick Kennedy. (Applause)

MR. KENNEDY: Thank you, Katherine's husband. My great friend, Jim Ramstad. Let me just say this about your kind comments about being courageous. I was only able to do what I was able to do because I had my fellows help me, and you were chief amongst them. And I want to say you have compassion. So if there was a profile in compassion award, Jim Ramstad would be the recipient of it. (Applause)

Thank you, Theresa, for welcoming us. And I noticed that you were born in Newport, Rhode Island, my congressional district. And to John Mulligan, who's reporting for the *Providence Journal*, just know that we're going to beat Minnesota to the punch. We have Craig Stenning from Rhode Island, we have Mike Fine, head of Health in Rhode Island, and I guarantee you with Governor Chafee's support, we're going to make Rhode Island the first hearing that Pam Hyde attends when she comes up and visits our state. (Applause)

So the rivalry doesn't change. I, too, want to say what an honor it is to have a true inspiration for our country and for me personally, Max Cleland here. And I also want to thank Jim Moran, a good friend and former colleague for also being here. (Applause) As was said, on October 3, 2008, President George W. Bush signed into law the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. It was named in honor of two senators, both of whom knew the personal toll of mental illness,

one of whom didn't live to see it signed. The task now falls on all of us, regulators here today, advocates, citizens, to complete the unfinished work that this set out to do. To cement in our statutes the rights of the mentally ill and to banish discrimination in healthcare wherever we find it.

I know there's some concern in this room about our role here, Jim's and mine, that we're either speaking too much for the administration or too much for the advocacy community. But I see both as our role as champions for people who need help, who don't want them to wait a day longer than they have to to get the needed treatment. Led by Sherry Glied, who's with us today, and Pam Hyde, Director of SAMHSA, we've started down the path to parity. These two dynamic and terrific leaders have been forceful advocates for the mental health community. Their staffs in the Department of Health and Human Services and SAMHSA are working to translate the law into strong, sensible regulations. They have been both energetic and they've been empathetic and we thank them for their leadership. Pam and Sherry, thank you for your great work. (Applause)

Already, one-third of affected employers have modified their benefits with the vast majority expanding mental health coverage. We're moving towards a system where insurance companies can no longer impose higher deductibles, co pays, premiums, for anything termed mental health. Where a person suffering from depression or alcoholism or schizophrenia cannot be arbitrarily dismissed from a treatment facility. Where insurers must carefully evaluate and compare medical and surgical benefits they offer and provide anyone with mental health or substance abuse treatment at the exact same benefit level as they would for medical or surgical. And where mental health is considered also part of the essential health benefits for all Americans.

And that is what we're going to talk about today. Thanks to the effort, as Jim said, of many people who are in this room, we've begun to enshrine these rights into law. But as we know, the current rules and regulations are written in wet cement, not stone. They're not fully fixed and this law has not been fully implemented. It won't be without strengthening regulations in three key areas; clarity, transparency, and accountability. Because for insurance companies concerned with their bottom lines, unclear, undisclosed, and unaccountable too often means unheeded by the insurance system.

We've made great progress, but right now we have interim final rules instead of enduring inalienable rights. As many of you know, these issues of mental health and dependency are personal for Jim and I. But they're also personal for the hundred million Americans who suffer from neurological conditions, and they're personal to their family and friends. Because these are our fathers and mothers, these are our sisters and brothers. There are sons and daughters with autism, and there are grandparents with Alzheimer's. And increasingly, and tragically, they are also our brave men and women in uniform who've returned home never to find peace. These are soldiers afflicted with traumatic brain injury and post traumatic stress. Men and women who escaped the Taliban or the Iraqi insurgency only to be disabled by the "invisible" wounds of war and held hostage by the stigma that surrounds their treatment.

The signature wound of these wars has made our veterans medical POWs. Pentagon officials estimate that up to 360,000 Iraqi and Afghan veterans may have suffered brain injuries. And U.S. Army Vice Chief of Staff General Pete Chiarelli, the champion for those in the military who've suffered from these injuries once told me, and he's here with us today, thank you General Chiarelli for your service to our country. (Applause)

So Pete Chiarelli told me, "We're losing more soldiers to suicide and high risk behavior than to combat." Staggering, but true. And if we continue to view these wounds as invisible, then how are we ever going to prevent their painful and visible manifestations? But adding insult to injury, stigma makes many of them feel like if they've experienced any trauma, all they should do is suck it up and shake it off. So many don't seek compensation or treatment through the VA because they are now subject to the private insurance market and that's what brings us here today.

Over half of our returning soldiers, many who are Guard and reserve, are going to get their treatment for the signature wound of the war, traumatic brain injury and post traumatic stress not through the VA, but through their private employer provided their private employer stands up and insures that they get the treatment they need that is medically necessary and does not discriminate against them just because their disease occurs in the organ of the brain. That's why we're here today, to make mental health parity about trying to save our very patriots in this country who have borne the battle and who have come home. It's the least we can do as Americans to make sure they're not left behind on the battlefield. (Applause)

Let's be clear. The work we undertake today is not merely about healthcare, veterans care, size, economics or politics. It's an issue of civil rights. When a single person is discriminated because of a particular organ in their body, that's a civil rights issue. When we withhold treatment simply because the malady involves the brain rather than the kidneys, the heart, the lungs, that's a civil rights issue. And almost 50 years ago, my uncle, President Kennedy said it in an earlier civil rights fight, "We are confronted primarily with a moral issue. It's as old as scriptures and as clear as the constitution. The heart of the question is whether we are going to treat everyone else the way we ourselves expect to be treated, whether Americans are going to be afforded equal rights and equal opportunities, and whether they're going to be treated as their fellow Americans." Because if one in four Americans experiences a mental disorder in any given year and only one in three receive treatment, we have a problem.

Then to paraphrase my uncle, "Who amongst us," as he said, "would be content to change places and be content with the counsels of patience and delay? Who amongst us would accept the diagnosis of Parkinson's or Alzheimer's and be satisfied with an isolated and fragmented approach to care? Who amongst us would stand in the shoes of someone suffering from major depression and be silent as those symptoms are dismissed as simply psychological? And who amongst us would trade places with one of our American heroes who's suffering in silence in our country today?" We cannot afford to let that happen.

Back in 2010, I joined with my great friend, Garen Staglin, in launching One Mind for Research, an initiative to unify and focus all brain research efforts. One Mind pools public and private resources to bring together researchers across the spectrum of brain illnesses and we deeply believe that with all of us working together, we can share breakthroughs through a united mission where we unravel the mysteries of the mind together, not individually. And we're setting our sights high.

We aim to cure all neurological disorders within ten years and eliminate the discrimination that accompanies them. This is a bold task and that is why we turn to none other than a four star general in Pete Chiarelli to lead our efforts. (Applause) Many of these health issues, they aren't associated with the mind, have everything to do with the mind. "It's your eating, your drinking, your stress which leads to diabetes, cardiovascular disease, and of course asthma." For cancer patients diagnosed with depression, death rates are 40 percent higher. So, how long are we going to segregate mental health from overall health? This is a civil rights issue as real as 50 years ago when my uncle made a call on civil rights to this country that separate but equal was inherently unequal. We cannot tolerate separate standards where you go down the hall for your mental health treatment. We want mental health treatment in every healthcare provider in this country.

So let's banish the lingering discrimination and second class citizenship of those suffering from these disorders. Imagine a healthcare system where a check up from the neck up is as common as taking your blood pressure, is as common as taking your temperature. Imagine all the lives we could save. Every physician recognizes, as Pam Hyde herself has said, that your mental health is just as important to your quality of life as your physical, if not more. And whether you go to a physician with alcoholism or appendicitis, bipolar disorder or a broken bone, you will be cared for the same way, with compassion. Beyond that, physicians will be trained, what a revelation, that they're actually trained in treating the whole person, not just from the neck down. So that we can correctly identify that a broken bone as a result of a drinking binge is as much a symptom as it is a stand alone health issue.

So that's where the work goes on. And when I look in this room, I see that we're ready to roll up our sleeves and get the job done. Jim and I asked you here today to kick off a new set of parity hearings, as he talked about. And we're going to wrap them up in a year from now at the John F. Kennedy Library to mark the 50th anniversary of President Kennedy's signing of the Community Mental Health Services Act. So all these hearings that you're going to organize will build to that momentum so that we can look back at the last 50 years, find out what we did wrong and make sure we correct it before we implement final regs. for Affordability Care Act, and before we make these mistakes again and perpetuate more misery on Americans who are struggling for recovery.

We are wanting to say we deny insurance companies' rights to deny us our rights. And we're going to take that message across the country in key cities. But ultimately, as Jim said, this is up to you. This is up to the advocates. And Frederick Douglass, the great abolitionist said, "Power concedes nothing without demand. It never has, and it never

will.” Until the mental health community is willing to stand up, be counted and demand equal treatment and care, we're never going to get to where we ultimately all want to go.

So like the labor movement, like the civil rights movement, we're going to create the demand for Sherry Glied and Pam Hyde to be able to do the job that they want to do and they're already doing. But it's not going to happen without all of you. And in the words of my Uncle Bobby, he said, “Every time a person stands up or acts to improve the lot of others, they send forth a tiny ripple of hope. And coming from a million centers of energy and daring, those ripples can create a current that can knock down the mightiest walls of oppression and resistance.”

We can do this not alone, but we can do it together. I've learned in recovery that half measures avail me nothing. We need to be in this all the way and with a committed audience that I see out here today, we're going to be successful in getting the job done. Thank you very much. (Applause)

MS. WERNER: Thank you both for speaking here today. And now I know the part that everybody is waiting for is our question and answer. So if I can get both of you to join me up here, the questions aren't directed to either one of you, so you can decide who wants to take the questions. The first one is the original bill was passed in the 1990s, but the insurance companies use loopholes to avoid parity for mental health coverage. Are there safeguards in place to prevent that in this one?

MR. KENNEDY: I think it would be appropriate to hear from our wonderful director of the Substance Abuse and Mental Health Administration, Pam Hyde, who has been working on just that, and I know from Sherry Glied as well. But let me have our champion for this, Pam Hyde, say a few words about how important it is that we get the message across on mental health parity and how key all of you are in helping us so that we solve these questions that are before us today. Pam, would you be good enough to come up and talk to us a little bit? Let's give a great round of applause to Pam Hyde. (Applause)

MS. HYDE: Thank you, Congressman, both of you, for your advocacy and compassion and commitment on this issue. I'm not going to do a whole speech here, although I could do that if we had the time. I just want to say that SAMHSA is very clear that MHPA, as we call it, the law that we've been talking about here, is just a start. MHPA requires equal treatment, it doesn't require the best or the most appropriate treatment. And I think what we're talking about here is more than that. And what we understand is no law and no regulation is going to be as good as it can be unless we get the word out that it's there and that it can be used.

So SAMHSA is committed to doing that. We have developed a communications plan, we have webinars that we have started and working with some of the key targeted areas that we want to get the word out to. We're going to build on or jump on the bandwagon of the Patriots Tour and see if we can help facilitate getting information out to mostly to consumers who may have behavioral health issues and who may be needing

treatment for those issues, and for providers, frankly, who might be interested in providing that kind of care but don't know how their clients are going to get that paid for.

So we want to focus some very targeted efforts. We weren't given any money to do this. We've tried to identify a very few resources to do it, and we're going to try to lead an effort to do that as best we can. So communications is an issue, that's one of the roles that we're playing. And we're also using this effort to understand that MHPA as a law actually was expanded into the healthcare law, into ACA, the Affordable Care Act, and in fact that's probably as important, if not more important, than MHPA standing alone. Because there are ways in which we are using all of healthcare reform and trying to make sure that mental health and substance abuse treatment, addiction, recovery, is in each one of the efforts that is going on and implementing the Affordable Care Act.

So whether it's the quality issues that SAMHSA is working on quality framework about, or whether it's the prevention efforts in which we've tried to make sure that substance abuse and mental health issues are involved, or whether it is essential health benefits, which I think Sherry's going to talk about really briefly. In any one of those cases, we're trying to make sure that mental health and substance abuse is included in that because parity is about more than just being equal, it is about being appropriate and necessary to move the nation's behavioral health being very essential to health.

So given the time and the question that I was asked, I'm going to stop there and just let you know that there's lots more work that SAMHSA is doing about these issues and we will be very happy to be partners in these field hearings and in other issues as we move on. Thank you. (Applause)

MS. WERNER: What states are doing the best job in implementing mental health parity?

MR. KENNEDY: Rhode Island. Well, we aim to be number one because tragically, according to Pam's study, Rhode Island's number one in the incident rate of mental illness and addiction. But perhaps that's also because there's a lot less stigma in Rhode Island and we've got a lot of great providers in Rhode Island so people don't have a tough time admitting and seeking help, which is one of the reasons why we might be number one. And you can look at it one way, or you could look at it another way.

But either way, we intend to be part of the solution in coming up with a model that hopefully other states like Minnesota can follow. (Laughter)

MR. RAMSTAD: Well, the honest answer to that question is that it's very difficult to quantify, seriously, and we have some very powerful special interest, as Paul Wellstone said early on, he was quick to recognize, who are fighting parity. And that's unfortunate. We're trying to do a better job of education. I think it's important to point out that right before we passed the bill, we had eight major insurance companies, major health plans nationally, supporting the bill. Came up and testified. First one to come on board was way back in the '90s, Kaiser Permanente. And I don't want to get into which

insurance company is helping and which is not, but we need them to understand that this is not only the right thing to do, to enact parity, but it's the cost effective thing to do. For every dollar we spend in treatment from people who are suffering from mental disorders or addiction disorders, we save \$12. We have \$12 in healthcare costs and not having to build new jails, new prisons and social service costs. And as my good friend, Dr. Ron Smith always points out, who's a psychiatrist, was chief of psychiatry for the Navy, in not having to buy Ritalin for their children for families that are dysfunctional, and so forth. So we need to do a better job of educating as well as enforcing the new law.

MS. WERNER: Have the fears of the insurance companies been lessened or increased since the bill passed?

MR. RAMSTAD: The what?

MS. WERNER: The fears.

MR. KENNEDY: Well, at the end of the day, we need to work with the insurance company because it's at the end of the day, they're structuring the benefit plans. We need to be at the table when they structure that benefit plan. So I want to invite the insurance companies to join us at these parity hearings around the country and to develop that working relationship that's already getting started. Because at the end of the day, we all need each other and we need to find a way out of this together.

MR. RAMSTAD: I'd just like to quickly second that. We need to work in a collaborative way and it can't continue to be us versus them, or we versus they. It needs to be a collaborative effort of cooperation and we need to find that common ground which is sorely missing, I've noticed, in this city.

MS. WERNER: How would you encourage advocates to influence the states regarding mental health?

MR. KENNEDY: Well, you know, if you go on the SAMHSA website and you talk to folks, it's important that you get to know your local insurance commissioner in your state. In my state, Chris Koller told me that he hears from providers during denial from insurance coverage, but he doesn't hear from advocates enough. So what we're saying to all of you is as the advocates, we can't leave this up to the providers to fight for us. We can't expect the administration to do this by themselves. It's going to be up to us to stand up for our own and make sure that the right thing is done. And I want to acknowledge someone who's been helping to do that, Assistant Secretary of Health, and who's been working to get mental health incorporated, as Pam said, into the Affordable Care Act. And that's none other than Sherry Glied. Let's hear a great round of applause for Sherry Glied. (Applause)

MS. GLIED: I just want to speak very briefly to that point. I think one of the really important things that you could do at the state level right now is influence states in their selection of essential health benefits. The way that we've laid out the law, states

have a choice of benchmarks between their small group plans and large employer plans, and so on. One of the things that that makes possible is for states to include, if they choose, their existing mental health mandates in the essential health benefits package they choose.

So for those states that have already had a strong advocacy influence and have very extensive mental health and substance abuse mandates in place, guaranteeing access to various services, with appropriate advocacy, I think there is a possibility for those states to choose a plan that includes those benefits as their essential health benefits plan that will cover basically 70 million newly insured people.

MS. WERNER: How do you encourage employers to offer mental health benefits?

MR. RAMSTAD: We have shown many, many employers, many, many insurance companies, the empirical data. We've got so many actuarial studies to show the cost savings both on a macro level and a micro level of treating people. The average untreated alcoholic or addict incurs healthcare costs, for example, that are 100 percent higher than Patrick Kennedy's and Jim Ramstad's or anybody else who's in recovery who's been through treatment and in recovery. A hundred percent higher. Just think of that. The average person out there who's addicted who's drugging and drinking still has healthcare costs 100 percent higher than the treated alcoholic or person suffering from a mental disorder.

The costs the *Wall Street Journal* pointed out not long ago, \$40 billion sucked right out of our GDP last year from depression in the workplace. I could go on and on with the litany of costs, but what we do is show them whether it's the *New England Journal of Medicine* study, the Minnesota study, the California study, just I could go on and on, there have been many, many studies corroborating what I'm saying. That this in the end will save insurance companies money. And those eight companies who support parity learned that first and learned it well and understand that.

MS. WERNER: Do you think the Anonymous and Alcoholics Anonymous contributes to the stigma and discrimination against addicts?

MR. KENNEDY: Well, I didn't really have a choice whether I was going to be anonymous or not. (Laughter) So I often get a lot of grief from my fellows in recovery. But at the same time, I'm a U.S. citizen and one of the things that Bill W. did is he testified in front of Congress, and a lot of people in recovery don't know that. Because it was about saving our fellows. And one of the ways we save our fellows is to advocate for parity, to advocate for enough treatment beds, to advocate for reimbursement. That's the way I can do one giant 12 step call, is to advocate for a different system that will help millions.

But if we're not politically engaged, then we're leaving this to someone else. And if we could ever tap those 20-some million people in long-term recovery in this country

right now to say that they're willing to put their hand up and be a face and voice of recovery, you'd change this overnight. Because that would be a big difference.

MS. WERNER: Have you met or talked with people who have been helped by your legislation?

MR. RAMSTAD: Yes, I have, in Minnesota with several dozen people who have benefited, families who have come to break bread with me and tell me their happy experiences. But unfortunately, there's still more people every day who call me, literally every day, who call me who are still suffering and who can't access treatment. But there are some very, very rewarding and enriching personal experiences that have been related to me directly.

MS. WERNER: Does the U.S. government invest enough in mental health research?

MR. KENNEDY: Well, obviously when we don't treat this as a real illness, we don't respond to it with the same urgency that we would if you had cancer or AIDS or some other disease. So the first thing we need to do is end stigma, because stigma is what's keeping us from reaching our full potential in terms of political advocacy. When we get that advocacy, then we need to focus on how are we spending our current resources so that we're not dividing up our effort and repeating it over and over again because we failed to share the science across these brain related disorders. And that is, as I said earlier, it's the project of One Mind for Research.

But at the end of the day, prevention, prevention, prevention, is the best answer of all. And you don't need to go back to the lab to be able to tell a parent that it's not okay for them to experiment with drugs and alcohol. That's not just an experimental phase. The longer they don't use or abuse drugs and alcohol, the better chance they have of living a life free from addiction and dependency. We need to get that message across. (Applause)

MS. WERNER: How do you see the Mental Health Parity Act helping our soldiers to receive treatment for PTSD?

MR. KENNEDY: Well, first of all, stigma, stigma, stigma. Again, one of the biggest challenges is there's stigma everywhere. And, of course, if you're a young soldier who's used to doing whatever it takes to get the job done, then you don't want to be told that you have a problem that's stigmatized, where it's treated as a moral issue and not a medical issue.

But let me tell you an interesting anecdote. I rededicated the John F. Kennedy Special Warfare Center at Fort Bragg a number of years ago. And Hugh Shelton, the first Chairman of the Joint Chiefs of Staff and Green Beret said to me, "You know what? We have the best mental health for our Green Berets of any branch in the military." And I said, "You don't need to tell me that, General. I mean, why do they need mental health? They jump out of planes, they swim under water for two miles without breathing, they

come out of the beach, they speak five languages, they take out Osama bin Laden and they're home by dinnertime to read to their kids. I mean, what do they need mental health for?" And he said, "Congressman, you mistake me. We don't look at mental health as a safety net," and this is the real good part. He said, "We look at it as a force multiplier." A force multiplier. So the military's figured out that if you help address someone's preoccupations and issues, you help make them a better fighter.

Well, how about all Americans who could always be made better through self improvement? How about looking at mental health instead of taking care of "weak" people, making strong people even stronger? And that's ultimately a message we need. (Applause)

MR. RAMSTAD: Just very briefly, whenever I think of that question, the point encompassed or embodied in that question, I think of Lance Corporal Jonathan Schultze of Chaska, Minnesota, who came back from I think his second or third tour of duty in Iraq and couldn't access treatment, either vis-à-vis the VA or insurance. I don't think he had insurance. And he was found hanging by electric cord in his basement. And he's one of 18 a day according to *60 Minutes*, veterans, new veterans, coming back from Iraq and Afghanistan who are taking their own lives.

And when the statistics that have been shared by the military themselves, itself, the military statistics show that one out of four veterans who served two or more tours is suffering from PTSD and one of five from chemical addiction. So we've got to deal with treating these people. We have an obligation, the highest obligation and that's a moral obligation, but also from all the other perspectives, it only makes good sense to do the right thing. And that is to address their treatment needs.

MS. WERNER: Do you think there should be limits on soldiers' tours of duty?

MR. KENNEDY: First of all, we are so blessed in this country to have the best and brightest sign up to serve our nation. And they're a lot more courageous than me when they go overseas and put their life on the line for all of us. All I know is that we owe them a lot more than what they're getting when they come home. Because they may come home in body, but many of them not in mind. And we can't allow that. We need to be there for them in the smallest way, just like they were there for us by keeping another terrorist attack from coming on our shores. We can't do enough for our nation's veterans.

MS. WERNER: Some patients with mental illnesses including eating disorders are having to testify to medical directors of insurance companies to prove they need treatment. What advice do you have for them?

MR. KENNEDY: Well, as is evidenced by today's gathering, none of this is going to happen unless we continue to fight. And that means we need to be vigilant. So even in, let's say, in two years from now when we get all of this ultimately done as part of the Affordable Care Act, we're going to have to be vigilant constantly. So what we need to do is get people to feel comfortable standing up for their rights as consumers

now. Because they're going to have to keep standing up. That's just the way life is. And we need everybody to not only be involved in the beginning, but to stay involved over time.

MR. RAMSTAD: Well, no person should be forced to testify to-- or be examined by a medical director to prove that he or she has an illness. If an eating disorder has been diagnosed by a physician and we are hopeful that the final rule will encompass eating disorders, which is tragically the number one killer of young women in America today.

MS. WERNER: One of the barriers to successfully resolving the many parity complaints is the lack of final rule that you mentioned earlier. What can we do to help in the efforts to secure final regulations?

MR. RAMSTAD: That's exactly what the Parity Tour, the Implementation Tour, is all about. Is to try to get people to grass roots level, people at the grass roots level, citizens, people who care, whose families are affected, people who have a heart for those suffering from mental illness and addiction, to make sure your member of Congress, make sure your United States Senators, make sure they support the final rule and make sure they make their thoughts known. It's not enough just to say, "Yeah, we'll support you," and pat you on the head and send you on your way. We've got to make sure that their influence is felt at the administrative level, the people who make the decisions.

And this final rule really is in the hands of three cabinet secretaries, Secretary Geithner, Secretary Hilda Solis, and Secretary Sebelius.

MS. WERNER: The use of electronic medical records is increasingly connecting healthcare providers. Do you think stigma is deterring mental health providers from participating?

MR. KENNEDY: Well, interestingly we're talking about parity today. Do you realize that we don't treat healthcare records from mental health clinics the same way as we would healthcare records for community healthcare clinics, or hospitals? Talk about parity. Parity is pervasive. We need to fight for equal reimbursement for medical records because you bet it's going to make a difference in the delivery of care. But not unless we invest in it the same way we would for a regular hospital. But right now under current law, you are prohibited from getting the reimbursement for medical record technology that you would if you had a "physical" health issue. That is where parity is still fighting us every step of the way.

MS. WERNER: Can you weigh in on the drug legalization controversy and do you think legalization would increase drug abuse in America?

MR. RAMSTAD: See, I take the tough ones, he gets the soft ball. (Laughter) Big brother, little brother. I have never talked, not once in my 20 years in public service, at the state level as a state senator or here in Congress, ever once heard from a or talked

with a chemical health professional or a teacher or a parent, for that matter, who favors legalization. I think the studies show which are the so-called entry level drugs, marijuana is the number one entry level drug. People graduate to hard drugs from initial use of marijuana and addiction to marijuana. There are some people still who don't believe that marijuana is addictive. Well, believe me, as one who went through treatment 30 years ago and three out of the eight members in my small group were addicted to nothing but marijuana, and in the 30 years of being a recovering person in the recovering community, I have met literally hundreds, if not thousands of people whose addiction is marijuana. So no, I don't support legalization.

I understand the argument. But I don't agree with them. More important than me, who's no expert as far as the technical aspects are concerned of this issue, I think it's the input of people who deal with young people every day and that is teachers, chemical health professionals, and certainly their parents. (Applause)

MR. KENNEDY: Well, we already have a legalized drug, and that alcohol. And I wish we had the same attitudes about alcohol use as we have about smoking. Because that's been legal, too, but we look at smoking a whole different way after we changed our attitudes about everybody smoking.

So we have a permissive environment that says it's all right to drink hard, and especially when you're young, when we know that this has lifelong implications in terms of people's propensity to become lifelong problem drinkers and alcoholics if they start young. So we need to have some moral suasion here, okay? This is also about not only treating a medical issue, but we do have a responsibility. If you know you have a problem, there's no excuse for you not to try to do something about it. So it's not enough for people to hide behind the medical diagnosis that you're an addict, you're an alcoholic, you're depressed and then not do anything about it.

Because your disease is affecting your family and your friends. And if you care and love about them, then you have an obligation to get treatment for yourself. So the first question anybody ought to ask is do I have a problem? And if I decide that I do, what am I going to do to get help? (Applause)

MS. WERNER: Why has the implementation of the act been so slow?

MR. RAMSTAD: That's the question I've asked of a lot of people and I have gotten-- I've asked probably over 100 people and gotten 100 different answers. I don't know. We have been very, very frustrated. I've been involved in a number of pieces of legislation many times as the token Republican in a bipartisan bill, which I was always proud to join in on. For example, the crime bill in 1994, the Clinton Crime Act, so-called, that had good prevention and good treatment initiatives and emphasized that the demand side of the equation.

Until we, and unless we, put the emphasis on the demand side of the equation, we're never going to deal with the supply side. I'll never forget traveling with President

Clinton to Mexico in my first term, or second term, I guess, it was his first term. But anyway, we met with then-President Zedillo. I'll never forget, President Clinton had a small dinner. There were about five of us from Congress on the delegation, about five ministers from Mexico and the two heads of state. I'll never forget, President Clinton asking President Zedillo, "When are you going to deal with the flow of drugs coming through your country to the United States? It's killing our kids, it's damaging our families, it's wreaking havoc on us." And President Zedillo, without blinking an eyelash, looked at President Clinton and said, "Mr. President, with all respect, until you Americans deal with the demand side of the problem, we're never going to be able to deal with or address the supply side." And that is so true today.

MS. WERNER: We're almost out of time, but before asking the last question, I have a couple of housekeeping matters to take care of. First of all, I'd like to remind you of our upcoming luncheon speakers. On April the 4th, we have Dr. Deepak Chopra, founder of the Chopra Foundation. On April the 5th, we have Douglas Shulman, the Commissioner of the Internal Revenue Service. April 11th, Michael Weiner, Executive Director of the Major League Baseball Players Association will discuss collective bargaining.

Second, I would like to present our speakers with our traditional NPC mug. And for the last question, we only have a short amount of time, but if each of you could briefly say if you could add one thing to the bill as it is, what would it be?

MR. KENNEDY: Your involvement so that we can come up with all those other follow on things. So I want to thank Carol McDade who's going to be helping us. I want to thank Richard Craig, who's been so helpful to us. I want to thank all of you who've helped us come this far. This is only going to happen when you and I and Jim, we all together work to try to see that we get the best possible outcome that will be shaped by your involvement with these parity hearings across the country. Thank you all for coming today. (Applause)

MR. RAMSTAD: I, too, want to thank all of you for being here today. It shows your level of concern for this problem and the solution. And we enlist the support of those of you who have not been active in the coalition. We appreciate the hard work that all of you have done as members of the coalition, as members of the treatment profession and the prevention groups and all of you who have been so helpful, some of you, as I said, from the very beginning in 1996.

To answer the question what would be the one thing that I would want to add? The final rule. Thank you. (Applause)

MS. WERNER: Thank you all for coming today. I'd also like to thank the National Press Club staff including its Journalism Institute and Broadcast Center for organizing today's event. Finally, there's a reminder that you can find more information about the National Press Club on our website. Also, if you would like to get a copy of

today's program, please check out our website at www.press.org. Again, thank you all very much for joining us, and we are adjourned. (Sounds gavel.)

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