

HEALTH LEGISLATIVE ISSUES: FOCUS ON MENTAL HEALTH

The following pieces of legislation regarding health and minority populations may be relevant to readers of *Ethnicity & Disease*. Information on these bills was current when this issue went to press. We encourage readers to further investigate legislation of interest to your health discipline.

S 1177: VETERANS MENTAL HEALTH CARE CAPACITY ENHANCEMENT ACT OF 2005

Mental health treatment capacity at community-based outpatient clinics remains inadequate and inconsistent, despite the requirement under section 1706(c) of title 38, United States Code, that every primary care health care facility of the Department of Veterans Affairs develop and carry out a plan to

meet the mental health care needs of veterans who require such services. In 2001, the minority staff of the Committee on Veterans' Affairs of the Senate conducted a survey of community-based outpatient clinics and found no established systemwide baseline of acceptable mental health service levels

at such clinics. In 2004, the Department of Veterans Affairs workgroup on mental health care found service and funding gaps within the Department of Veterans Affairs healthcare system and made numerous recommendations for improvements. This legislation would improve mental health services at all

facilities of the Department of Veterans Affairs.

Sponsor: Sen. Daniel K. Akaka (D-Ha)

Introduced 6/7/2005

Status: Referred to the Committee on Veterans' Affairs

HR 1639: MILITARY HEALTH SERVICES IMPROVEMENT ACT OF 2005

According to the Department of the Army, nearly one in six soldiers who have served in Operation Iraqi Freedom suffers from posttraumatic stress disorder. More than 900 soldiers have been evacuated from Iraq since the beginning of Operation Iraqi Freedom because of mental health problems. The stigma associated with mental health treatment remains a significant

obstacle to seeking mental health care. Untreated posttraumatic stress disorder and other mental health illnesses have been linked to severe social problems, including alcohol and drug abuse, domestic violence, child abuse, familial disintegration, and homelessness.

This act would require that members of the armed forces who are deploying to a combat

theater receive a mental health evaluation conducted in person by a qualified mental health professional before their deployment. It would also require that members of the armed forces returning from service of more than 30 days in a combat theater or who were injured in a combat theater receive a combat stress evaluation conducted in person by a qualified mental health

professional within 30 days after the date on which the member returns from the combat theater.

Sponsor: Rep. Rosa L. DeLauro (D-Conn)

Introduced 4/14/2005

Status: Referred to the Subcommittee on Military Personnel

S 927: MEDICARE MENTAL HEALTH MODERNIZATION ACT OF 2005

Older people have the highest rate of suicide of any population in the United States, and the

suicide rate of that population increases with age; persons 65 and older account for 20% of all

suicide deaths in the United States. Disability due to mental illness in individuals over 65

years old will become a major public health problem in the near future because of demo-

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graphic changes. In particular, anxiety, dementia, depression, schizophrenia, and other conditions will all present special problems for this age group. Major depression is strikingly prevalent among older people; 8%–20% of older people in community studies and up to 37% of those seen in primary care settings experience symptoms of depression. Almost 20% of the population of individuals age 55 and older experience

specific mental disorders that are not part of normal aging.

Unrecognized and untreated depression, Alzheimer disease, anxiety, late-life schizophrenia, and other mental conditions can be severely impairing and may even be fatal. Substance abuse, particularly the abuse of alcohol and prescription drugs, among adults 65 and older is one of the fastest growing health problems in the United States; 17% of this age group suffers from addiction

or substance abuse. While addiction often goes undetected and untreated among older adults, aging and disability makes the body more vulnerable to the effects of alcohol and drugs, further exacerbating other age-related health problems.

Medicare coverage for addiction treatment of the elderly needs to recognize these special vulnerabilities. The current Medicare benefit structure discriminates against the millions

of Americans who suffer from mental illness and maintains an outdated bias toward institutionally based service delivery. This legislation would expand and improve coverage of mental health services under the Medicare program.

Sponsor: Sen. Jon S. Corzine (D-NJ)

Introduced 4/27/2005

Status: Referred to the Committee on Finance

S.408: STOP UNDERAGE DRINKING ACT

Data collected annually by the Department of Health and Human Services show that alcohol is the most heavily used drug by children in the United States. Data collected by the Department of Health and Human Services and the Department of Transportation indicate that alcohol use by youth has many negative consequences, such as immediate risk from acute impairment, traffic fatalities, violence, suicide, and unprotected sex. Research confirms that the harm caused by underage drinking lasts beyond the underage years. Compared to persons who wait until age 21 or older to start drinking, those who start to drink before age 14 are, as adults, four times more likely to become alcohol dependent, seven times more likely to be in

a motor vehicle crash because of drinking, and more likely to suffer mental and physical damage from alcohol abuse.

Research shows that public service health messages, in combination with community-based efforts, can reduce health-damaging behavior. The Department of Health and Human Services and the Ad Council have undertaken a public health campaign targeted at parents to combat underage alcohol consumption. The Ad Council estimates that, for a typical public health campaign, it receives an average of \$28 million per year in free media through its 28,000 media outlets nationwide. According to the Center on Alcohol Marketing and Youth, in 2002, the alcoholic beverage industry spent \$927,900,000

on product advertising on television and \$24,700,000 on television advertising designed to promote the responsible use of alcohol. For every television ad discouraging underage alcohol use were 215 product ads.

This act requires the Secretary of Health and Human Services to (1) establish an interagency coordinating committee to guide policy and program development across the federal government on underage drinking; (2) issue an annual report card to rate the performance of each state in enacting, enforcing, and creating laws, regulations, and programs to prevent or reduce underage drinking; (3) develop a set of outcome measures to prepare report cards, including the strictness of the minimum drinking age laws and the num-

ber of compliance checks conducted; (4) fund and oversee the Ad Council's national adult-oriented media public service campaign; (5) award grants to reduce the rate of underage alcohol use and binge drinking among students at institutions of higher education; and (6) collect data and conduct or support research on underage drinking, including the effect alcohol use and abuse has on adolescent brain development, the scope of the underage drinking problem, and progress in preventing and treating underage drinking.

Sponsor: Sen. Mike DeWine (R-Ohio)

Introduced 2/16/2005

Status: Referred to the Committee on Health, Education, Labor, and Pensions.