

to end hunger now if we don't bring the best and the brightest minds together in one place, including doctors, nurses, nutritionists, dietitians, and other health professionals. We need a national plan of action, and the best way to begin is with a White House conference.

Mr. Speaker, we know that healthy food builds healthy bodies. We know that by ignoring hunger, our Nation pays hundreds of billions of dollars in health care costs. We know that nutritious food is good medicine for body and mind.

Mr. Speaker, in the United States of America, the richest, most prosperous nation on Earth, hunger should not be an issue. We need to come together, Mr. Speaker. We need to come together now. We need the President to lead on this. We need to come together and end hunger now.

CANCER PATIENT PROTECTION ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Mrs. ELLMERS) for 5 minutes.

Mrs. ELLMERS. Mr. Speaker, I rise today to discuss H.R. 1416, the Cancer Patient Protection Act of 2013.

On April 1, 2013, the Obama administration reduced Medicare payments to the costs of cancer-fighting drugs. This is having a devastating impact on seniors fighting cancer and the Nation's cancer care delivery system, which is already in crisis.

The Centers for Medicare & Medicaid Services, CMS, said that it does not have the authority to stop these devastating cuts to lifesaving chemotherapy drugs. That's why yesterday I introduced the Cancer Patient Protection Act of 2013, H.R. 1416, to ensure seniors, especially those on lower or fixed incomes, get the treatment they need.

The cuts the Obama administration is choosing to implement will jeopardize patient access to cancer care and result in higher overall costs for both seniors and the Medicare program by forcing patients into costlier hospital treatment settings.

The United States enjoys the most respected and most successful cancer care delivery system in the world. More than 60 percent of U.S. cancer patients rely on Medicare; and, until recently, over 80 percent of the Nation's cancer patients were treated by physicians in the community setting.

According to recent studies by Milliman and Avalere, community oncology clinics provide the most cost-effective model for delivering high-quality cancer services to elderly Americans. Despite this, a series of changes to Medicare reimbursements over the past decade have imperiled these vital innovations. The administration has decided to apply the sequester cut both to payments for part B drugs and to the 6 percent services payment.

A recent survey done by the Community Oncology Alliance shows the CMS cuts will force 72 percent of community cancer centers to stop seeing new Medicare patients, or not see Medicare patients without secondary insurance, and/or send Medicare patients elsewhere for treatment, such as costly hospitals, where treatment costs more.

When community cancer centers are forced to close their doors or limit services, access to cancer care is compromised for all cancer patients, especially the vulnerable population of seniors who rely on Medicare and those on fixed incomes and lower income individuals whose options are already limited.

Fortunately, the Secretary of Health and Human Services has the authority to protect against further destabilization of the community cancer care safety net.

The Office of Management and Budget, OMB, directed all Federal agencies to "use any available flexibility to reduce operational risks and minimize impacts on the agency's core mission in service of the American people" and to "identify and address operational challenges that could potentially have a significant deleterious effect on the agency's mission or otherwise raise life, safety, or health concerns."

Further, the Social Security Act compels the Secretary to adhere to the Average Sales Price-based formula that Congress established under the Medicare Modernization Act of 2003. The Social Security Act expressly mandates that the Secretary reimburse physicians at 106 percent of ASP for office-administered drugs, providing detailed directions to the Secretary on how to calculate the average sales price.

Congress has distinguished the Medicare drug payment methodology, and these provisions warrant deference under sequestration and guidance from the OMB.

By passing this bill, we are ensuring that everything can be done to prevent these cuts from going into effect. I encourage my colleagues to support this important piece of legislation.

IMMIGRATION REFORM

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. VARGAS) for 5 minutes.

Mr. VARGAS. Mr. Speaker, I rise in favor of comprehensive immigration reform.

I would like to thank my colleague from Illinois, who spoke earlier about his experience, saying that he believes in comprehensive immigration reform. I do, too. I just wish that when he was asked, or when he asked the Border Patrol agent, "If there was one thing you could bring back to Congress, one thing, what would it be?" I wish that that gentleman would have said his Bible, because that's what he should have said, "Bring your Bible. That will give you the best guidance. Bring your Bible."

I believe, Mr. Speaker, I'm allowed to read from the Bible. Is that correct? No one will come and tackle me? I'm new at this. It's my first year here, and I hope I'm not violating any law. But if I am, I'm going to do it anyway.

I would like to read from Matthew 25, because Matthew 25 speaks to the judgment. I think it's very important for us to read this section.

□ 1040

It reads like this:

When the Son of Man comes in His glory, escorted by all the angels of Heaven, He will sit upon His royal throne and all the Nations will be assembled before Him, and then He will separate them into two groups as a shepherd separates sheep from goats. The sheep He will place on His right hand, the goats on His left. The King will say to those on His right, "Come. You have my Father's blessing. Inherit the kingdom prepared for you from the creation of the world. For I was hungry and you gave me food; I was thirsty, and you gave me drink; I was a stranger, and you welcomed me.

"I was a stranger and you welcomed me." Who is the stranger? Who is the stranger among us that we welcome? I'll tell you who the stranger is among us who we welcome. The stranger is the wife of the soldier that we spoke to 3 weeks ago here in Washington when he came and he testified and said:

I'm not afraid of dying in Afghanistan or Iraq. I've been on three tours of duty. What I'm afraid is that my wife will get deported because she's undocumented, and then who will take care of my children?

She is the stranger, the soldier's wife.

Who is the stranger? Who is the stranger among us? Who is this least among us? I'll tell you who it is. It's the child and the parents who are here, where the child is born here. He's an American citizen, but the parents weren't, so the parents can get deported and you break the family apart. We deport the parents and we don't know what happens to the children because they go to strangers. We break this family.

Who is the stranger? Those parents, that child. How we treat them is how we're going to be judged.

We have an opportunity here before us, and I'm very thankful now for the churches in this country. The Catholic Church for many years has been saying, We need humane, comprehensive immigration reform. They've said it loud and clear. And now the evangelical churches are out there saying the same thing. God bless them. And I know that they're praying, and I know that my parish is praying that we'll all open our hearts to this.

I have to tell you, I haven't been here long, but I do get the opportunity to pray with my colleagues on the Republican side, and they are great people with great heart, and I hope that God speaks to them at this point in time and says: The stranger is the soldier's wife; the stranger is the child whose parents are going to be ripped away from them. He is, in fact, the people

that died crossing the border because they want a better life for themselves. Those are the strangers. We are going to be judged on how we treat them. So we have an opportunity here.

But also, stepping apart from that, people say, But it's illegal, what they've done is illegal. You know, the law is interesting. I happen to be a lawyer. There are two ways to look at the law. There's the law that says it's malum per se—it's bad or evil in itself. Malum per se in itself. Murder is malum per se. It's always evil, it's always wrong to kill.

On the other side you have malum prohibitum. What is malum prohibitum? Malum prohibitum means it's bad or wrong or illegal because we prohibit it. For example, if you drive 56 miles an hour in a 55-mile-an-hour zone, you've broken the law. Have you done anything illegal? Yes, you have. Have you done anything immoral? No. The road was built to go faster than that, your car was, the brakes are good. You violated the law. What do we often do? In fact we change the law and we say 55 miles an hour doesn't make any sense. We change it to 60 or 65 or 70. I've been through Texas; now it's 75 there. I'm from California. We only have 70. Why? Because the law doesn't make any sense.

Our immigration law doesn't make any sense. So, yes, they've broken the law, but a law that doesn't make any sense. Let's change the law. Let's open our hearts. Let's take this Bible and let's take a look and see what it says to us. What it will say is this: that how we treat the stranger is how we are going to be judged as a Nation.

UNTREATED MENTAL ILLNESS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. MURPHY) for 5 minutes.

Mr. MURPHY of Pennsylvania. While the Senate argues about gun issues and talking about what is in the hands of those perpetrators who commit heinous crimes, I want to talk about America's shameful secret that people don't want to be talking about, and that is our willful ignoring of dealing with mental illness. We have to start talking about not what is in people's hands, but what is in their hearts and minds.

Approximately 5 percent of individuals with schizophrenia will die by suicide during their lifetime, a rate 50-fold greater than the general population. Keep in mind now suicide has overtaken all other areas of accidental deaths. It is now the leading cause of death by injury, about 38,000 per year.

We understand that mental disorders are brain disorders with specific systems that are rooted in abnormal patterns of brain activity. Many of those with psychosis show up between ages 14 and 25 when there are changes occurring in the branching and pruning of brain cells. Yet, there is a delay be-

tween the first episode of psychosis and the onset of treatment with an average of 110 weeks before someone gets care. There are 100,000 young Americans who will have a first episode of psychosis this year and will join over 2 million others with schizophrenia.

Look at this: one-sixth of murderers in prison are mentally ill. Here are some other quick facts. The number of murders in the U.S. in 2011 committed with rifles: 323. In 2011, more murders were committed with knives: 1,694; hands, fist and feet: 728; and blunt weapons such as clubs and hammers: 496, according to FBI data.

A while ago I sent a letter to Secretary Sebelius, the Secretary of HHS, seeking clarification of the laws of confidentiality known as HIPAA, specifically asking why we have not loaded 1.5 million more records into the National Instant Criminal Background Check System so that these people cannot purchase guns. I hope the Secretary will respond soon.

Recently, I also handed a note to the President of the United States and will continue to pursue questions with the Government Accountability Office, asking where are we spending our money and is it effective in going to help those with mental illness and severe mental illness. We simply don't know.

In the United States, an estimated 11.4 million Americans, or about 4.4 percent of all adults, suffer from serious mental illness. What happens is that States in many cases do not submit those records to the National Instant Criminal Background Check System. There are many States that haven't submitted any at all, and this is a problem because people who should not be purchasing weapons are.

But underlying all of this, we had better take off our blinders and deal with the underlying root cause of mass violence: untreated mental illness. Look at yesterday in the news when a man went on a campus and attacked people with a knife. Look at the other shootings that have taken place by people with untreated or undertreated mental illness. Why aren't we talking about our action on those?

Our current system is especially falling short for those with a serious mental disorder who deny they're ill. Half of those persons with severe psychosis don't even understand they have mental illness. They refuse their medication or simply cannot function in a community setting. So what have we done historically in this country? We've burned them as witches, we imprison them as dangerous. We still have not dealt with the underlying needs.

There were 500,000 psychiatric beds in 1955. There are 40,000 now. We have a lack of long-term treatment options. There are gaps in the care for young adults. There are artificial limits and barriers to care under insurance. Four years ago plus we passed a mental health parity law, and we still do not have the regulations for that.

Parents who are not informed and cannot get their children help or treatment is another problem with HIPAA laws and the Family Educational Rights and Privacy Act, which creates barriers between parents knowing what is going on with their children in school when they have a severe mental illness. Of course, there is the stigma of acknowledging there is a problem or getting treatment.

Politicians refer to those committing these murders as evil, as monsters. Television shows where there's tragedy or comedy mock them. This is not the way to deal with the underlying problem. We have a shortage of psychologists and psychiatrists throughout this country and in the military as well, where suicides have overtaken combat as the number one cause of death.

I am asking for an audit from the Government Accountability Office of every single penny spent on mental illness diagnosis, research, and treatment throughout our government, through HHS, through the judiciary, through Labor, every branch. We need to know these answers. It is a shameful secret in this country that we still refuse to deal with mental illness. And if we do not, shame on us.

□ 1050

CONGRATULATIONS TO THE WINNERS OF THE C-SPAN STUDENT DOCUMENTARY CONTEST

The SPEAKER pro tempore. The Chair recognizes the gentleman from Georgia (Mr. JOHNSON) for 5 minutes.

Mr. JOHNSON of Georgia. Mr. Speaker, most Americans watching these proceedings today are watching them on C-SPAN. C-SPAN is a public service that was created by the cable industry in 1979 to carry our House proceedings and other public affairs programming. It's carried in my district by DirecTV, Comcast, and the DISH Network.

I won't bore you with all of the content that appears on C-SPAN. Some is very interesting and some is not. Nevertheless, every year C-SPAN holds a student documentary contest for middle school and high school students.

Today, I am proud to announce that one of my constituents, a young man named Samuel Gladden, a 10th grade student at Miller Grove High School in Lithonia, received \$250 for his honorable mention documentary: "Education: The Greatest Common Factor," about how education is related to the economy.

I also want to congratulate Mr. Zach Cohen, a seventh grade student at the Alfred & Adele Davis Academy in Sandy Springs, Georgia, who received \$1,500 for the second prize, a documentary entitled: "Education: Take a Spin," which is about education in the United States of America. He interviewed me for this piece, and I want to thank him for doing that.

I want to congratulate both Zach and Samuel for winning these prizes out of nearly 2,000 entries.