

missions and the support that they deserve when they return from service. I offered an amendment to the bill, which passed as part of the final agreement. This will help improve the support we offer those who serve as they transition to civilian life, especially those coping with behavioral health injuries.

Under the previous policy, servicemembers and their families could utilize 180 days of health care coverage during the transition from military to civilian life through what is known as TAMP, the Transitional Assistance Management Program. Unfortunately, posttraumatic stress and other behavioral injuries oftentimes do not present symptoms in some cases until 8 to 10 months after leaving the military. Now, this can be overwhelming if not debilitating for an individual seeking to reenter civilian life and start the next path. This amendment extends TAMP coverage by an additional 180 days for all services rendered through telemedicine.

The amendment builds on a bill I introduced in 2011, the STEP Act, now Public Law 112-81, section 713, which expanded Federal exemptions for telehealth consultations across State lines by removing the individual State requirement that health professionals must hold licenses in the State where servicemember care is received. Health care professionals who are credentialed by the Department of Defense are now able to offer these services regardless of the patient's physical location.

In addition, it allows military doctors to reach more patients, and it allows more patients to access care without the stigma often associated with the seeking of treatment for the first time. If desired, such support can now be accessed from the comfort of one's own home, through video teleconference, Skype, and a range of other telemedicine practices. In part due to this commonsense change, in 2012 the Army was able to perform nearly 36,000 teleconsultations, which includes over 31,200 telebehavioral health clinic encounters. The numbers continued to grow in 2013.

For those burdened by physical and psychological injuries as a result of their service in uniform, we must take every action to help them rebuild and become whole. Both of these policy changes are positive steps forward in modernizing how the Department of Defense delivers health care, making widespread telemedicine possible and accessible to those most in need.

Mr. Speaker, Washington remains divided as we begin the second session of the 113th Congress, but I remain hopeful in knowing that bipartisan accomplishments such as this can serve as a guiding light for this institution in the weeks and months to come.

PASS EMERGENCY UNEMPLOYMENT BENEFITS

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

Mr. QUIGLEY. Mr. Speaker, I rise today to urge the House to consider and pass emergency unemployment benefits for the 1.3 million long-term unemployed American workers.

On December 28, 82,000 Illinois workers' unemployment insurance expired—38,000 of those workers in Cook County and 5,000 more in DuPage. The Senate has agreed on a bipartisan basis to extend emergency unemployment insurance, and the House should act today to do the same.

Opponents of extending emergency unemployment insurance may say isn't the emergency over? While the economy on the whole has improved, there is still an emergency, a jobs emergency.

There are 2.9 unemployed workers for every available job. Long-term unemployment is still at the highest rate we have seen in this country since World War II. Opponents of extending emergency unemployment insurance criticize the long-term unemployed, belittling their efforts to find work in this economy. For the worker out of a job for 27 weeks or longer, you have just a 12 percent chance of finding a new job within the month. These numbers continue to fall with each passing week. These workers face challenges to their health, to their mental well-being, and they often struggle with family relationships.

I left Chicago yesterday, where Illinois has the fourth highest unemployment rate in the country. Yet I come to Washington to inaction on unemployment insurance and jobs legislation. Instead of blaming workers, let us as Members of Congress look in the mirror. What have we done to address the issue of long-term unemployment?

Last year, we took dozens of votes to repeal the Affordable Care Act, but we have done little to create jobs. We have done nothing to advance immigration reform, which will infuse over \$1 trillion in our economy over the next 20 years and create jobs. We have done little to address the Nation's long-term transportation needs by investing in infrastructure, which will create jobs. We have done little to invest in research and education, which will grow our economy and make us more globally competitive, all of which create jobs.

Instead of playing politics, let us take it upon ourselves to pass meaningful jobs legislation, and let us extend benefits to these workers in their time of need.

HELPING FAMILIES IN MENTAL HEALTH CRISIS ACT

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

Mr. MURPHY of Pennsylvania. Mr. Speaker, I want to share with you a story today from Liza Long.

A year ago, Liza wrote about the difficulty she faces in raising a son who suffers from serious mental illness:

"I live with a son who is mentally ill. I love my son, but he terrifies me," she said.

A few weeks ago, Michael pulled a knife and threatened to kill me and then himself after I asked him to return his overdue library books. His 7- and 9-year-old siblings knew the safety plan. They ran to the car and locked the doors before I even asked them to. I managed to get the knife from Michael. I then methodically collected all the sharp objects in the house into a single Tupperware container that now travels with me. Through it all, he continued to scream insults at me and threatened to kill or hurt me.

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That conflict ended with three burly police officers and a paramedic wrestling my son onto a gurney for an expensive ambulance ride to the local emergency room. The mental hospital didn't have any beds that day, and Michael calmed down nicely in the ER, so they sent us home with a prescription for Zyprexa and a followup visit with a local pediatric psychiatrist.

This problem is too big for me to handle on my own. Sometimes there are no good options. So you just pray for grace and trust that, in hindsight, it will all make sense.

I am sharing this story because I am Adam Lanza's mother. I am Dylan Klebold's and Eric Harris' mother. I am James Holmes' mother. I am Jared Loughner's mother. These boys—and their mothers—need help. In the wake of another horrific national tragedy, it's easy to talk about guns. But it's time to talk about mental illness.

Liza shared her story with my subcommittee last year at a forum of parents of children with severe mental illness.

After studying our Nation's mental health system for the past year as chairman of the Energy and Commerce Oversight Subcommittee, we discovered those families who need help the most are the least likely to get it. And where there is no help, there was no hope.

Federal programs meant to serve the severely mentally ill are failing. The Federal Government sets up barriers that make it increasingly difficult for mothers and fathers to care for a son or daughter coming of age who needs help for mental illness.

Our current policies block or interfere with appropriate treatment. Funds are wasted on ineffective programs, and scientific standards are not used in determining where the moneys go to for grants and treatments. Our current policies have replaced hospital beds with prison cells and homeless shelters as options for the seriously mental ill. That is wrong and that is immoral.

That is why I introduced the Helping Families in Mental Health Crisis Act, H.R. 3717, to deliver care to those with severe mental illness who need better treatment—real treatment—not excuses and not delays.

Today, Liza's son is doing better with the proper diagnosis and medical care.

She wrote about where things stand with reforming mental health this week, 13 months after her initial letter, and discussed the Helping Families in Mental Health Crisis Act. She said:

Considering our limited resources, it just makes sense to help those who are most in need. That was the rationale behind the Helping Families in Mental Health Crisis Act.

She continued to call for what is needed to help our seriously ill children, saying it is:

access to medical care for the 11 million people who suffer from schizophrenia, bipolar disorder, or major depression. The bill seeks to accomplish this goal by empowering parents, increasing acute care beds, and promoting assisted outpatient treatment for as many as 50 percent of schizophrenia sufferers whose symptoms include anosognosia, or lack of awareness of their illness.

The bill also addresses the critical shortage of child psychologists, where there's only one for every 7,000 children in the U.S., with funds for telepsychiatry, and seeks to reform SAMHSA by redirecting funds for community-based care toward evidence-based programs.

The Wall Street Journal praised the bill, noting that SAMHSA, the government agency charged with funding community mental health treatment, has little or no focus on medically driven care, and of its 537 full-time employees, only two are physicians.

Over the past months, I have received an enormous outpouring of support from parents and caregivers of loved ones who have serious mental illness. They know this bill takes mental illness out of the shadows of ignorance, despair, and neglect and into the bright light of hope.

Each week, I will come before the House and share more stories like Liza's. I encourage my colleagues to join me in this endeavor by sponsoring the Helping Families in Mental Health Crisis Act, H.R. 3717. Where there is real help, there is real hope.

SAFE CLIMATE CAUCUS

The SPEAKER pro tempore. The Chair recognizes the gentleman from New Jersey (Mr. HOLT) for 5 minutes.

Mr. HOLT. Mr. Speaker, I rise today as a member of the Safe Climate Caucus.

After 12 months of the 113th Congress, Republicans continue to push their anticlean energy, antienvironment, climate-denying agenda. Although we have taken very few votes in this Congress over the past year, we have taken more than 100 votes that are antienvironment. Those included:

20 votes that would weaken the Clean Air Act;

20 votes that would prevent Federal efforts to curb greenhouse gas carbon pollution;

51 votes to protect oil and gas special interests;

37 votes to weaken the Clean Water Act;

27 votes to slash funding for clean energy and energy efficiency.

I don't enjoy pointing out that protecting our air and our water has become a partisan issue, but I must point out that Republicans are still sacrificing the climate and our environment for the benefit of a few wealthy special interests.

It is cold outside today in much of the U.S., and some are saying that this is proof that global warming is a hoax. How misinformed that is. The cold wave in the midlatitudes of North America is a result of warm patches in the oceans and the atmosphere diverting the jet stream and driving arctic air southward.

Climate change doesn't mean warmer air everywhere, every day. It means more fluctuations, in other words, droughts, storms, and temperature changes. They are—and will be—greater.

It is going to be warmer tomorrow and the next day and for the next 100 years, on average, until we get serious that this is the most pressing environmental threat on our planet—global climate change.

The way we produce and use energy is the greatest insult to our planet, not only causing injury and death through pollution, but adversely changing the world's climate with very dangerous, deadly results.

We should support the President's climate action plan.

MEDICARE BILL

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

Mr. WILLIAMS. Mr. Speaker, last week, a news report revealed that a hospital in Houston, Texas, my home State, was unable to pay dozens of its employees during the holidays due to a new Medicare payment contractor. Nearly 150 employees, ranging from doctors to nurses to administrators, missed several paychecks because the hospital's Medicare payment facilitator is taking too long to process Medicare claims for reimbursement.

Unfortunately, this is a growing problem plaguing the medical facilities and hardworking employees across the country. That is why my bill, the Medicare Established Provider Act, should come to the House floor for a vote quickly.

H.R. 3168 will help alleviate the reimbursement backlog by creating a trusted provider system. Like this hospital in Texas, there are many established Medicare providers with a proven history of timely, valid claims. They should be rewarded with prompt reimbursements rather than put in limbo for months or years at a time.

Allowing this bill to pass would allow companies and small businesses to expand and would streamline the process for these trusted providers. As the backlog of claims continues to rise, the livelihood of employees and businesses

should not be put at risk. I hope this bill will get serious attention and bring commonsense business principles to this industry.

In God we always trust.

EPIC FAILURE OF FOREIGN POLICY

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

Mr. KINZINGER of Illinois. Mr. Speaker, it was a beautiful September day in 2001 as I was driving to work and I hear that a plane hits the World Trade Center. I was a newly minted private pilot at the time, and I remember thinking, How could a plane fly into a big building? And then I heard that another plane hit the other tower. Eventually, I heard one hit a field in Pennsylvania and the Pentagon not too far from here.

I realized that America was a country under attack. It was under attack by an ideology that believes that anybody that thinks differently than their brand of theology is not just wrong, but that they are worthy of death. In fact, it takes that belief and actually implements it by killing innocent men, women, and children, including folks of their own religious ideology.

Mr. Speaker, as a result of that, America became a generation that went to war to defeat this ideology. I am a veteran of the wars. I spent quite a bit of time in Iraq.

Mr. Speaker, I heard the other day that al Qaeda, America's number one enemy, raised the black flag over Fallujah, an area that the United States Marines, who fought harder than they have any battle since Vietnam, fought to achieve and take over and bring peace to.

Mr. Speaker, al Qaeda raised the black flag over Fallujah. This is an epic failure of American foreign policy and an epic resurgence of America's chief enemy.

In 2011, President Obama had an opportunity to make a decision about whether America would continue to show its support for a free Iraq, whether America would continue to be the intercessor between difficult back-and-forths and continue to bring people together in Iraq as we did during the surge, which the President opposed and now we are finding out may actually have been for political reasons. Shock-

er. We are finding out, Mr. Speaker, that al Qaeda now has a town very close to Baghdad. This is a failure of American foreign policy.

If you look into Syria, Mr. Speaker, you see a brutal dictator that kills people and has no compunction about killing innocent women and children just to maintain power. In essence, he has become a strong partner to the United States in order to take chemical weapons out of his arsenal.

Yet as another part of Syria, you see not the moderate forces of opposition