

that we, as a Congress, haven't funded it, because it is incredibly important, especially in urban areas, such as my district, where there is little natural environment left and where we need open space and green parks.

It is where Latinos go to have their barbecues. It is where we have our family gatherings. It is incredibly important to us. Sometimes we live in pretty cramped conditions, and we need that outdoor space, even if it is in an urban area. Places like Pearson and Pioneer Park in my hometown of Anaheim or Centennial Park in Santa Ana or our beautiful Santa Ana Zoo have all been made possible by the Land and Water Conservation Fund.

Mr. Speaker, do you know what the total cost to taxpayers for these wonderful developments are? Zero. The land and water conservation comes at no cost to the taxpayer, but it benefits them immensely. And, still, this House has failed to fund this. It expired on September 30.

Mr. Speaker, the Land and Water Conservation Fund is another example of a commonsense—commonsense—bipartisan program on which this House has neglected to act.

So I ask the Members of the House, can you go back to the people of your district and say to them: Oh, I don't really care about your parks. I don't really care about the environment. I don't care about where you hang out with your families? This Congress has to act. We should act together on this because it is incredibly important to our families.

I will leave you with a quote, another one from one of my favorite people, His Holiness Pope Francis: "I call for a courageous and responsible effort to 'redirect our steps' and to avert the most serious effects of the environmental deterioration caused by human activity. I am convinced that we can make a difference." I am sure.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 754. An act to improve cybersecurity in the United States through enhanced sharing of information about cybersecurity threats, and for other purposes.

LET'S WORK TOGETHER TO END BREAST CANCER

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

Mr. FITZPATRICK. Mr. Speaker, I rise today in recognition of Breast Cancer Awareness Month. Breast cancer is the most common cancer among women, and today I wish to honor those fighters, survivors, and families it impacts, such as the Edwards family of Washington Crossing, Bucks County.

Tracy Edwards was just 47 years old, a wife, mother, daughter, sister, and a courageous fighter to the end.

The American Cancer Society estimates that nearly 300,000 new cases of breast cancer will be diagnosed in the United States this year. It is critical that we understand that the battle against this disease does not end when the pink ribbons go away.

I fully understand the vital role leaders play here in Washington every day in supporting groundbreaking research and that we must fight for better treatments, finding a cure, and ultimately defeating breast cancer. Let's work together to end it once and for all.

OUR NATION'S MENTAL HEALTH CRISIS

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

Mr. LAMALFA. Mr. Speaker, for too long we have neglected mental health in our Nation, leaving many to suffer with little hope. Nowhere is this seen more clearly than in our rural communities.

According to reports, more than 60 percent of rural Americans are living in areas that are experiencing shortages in mental health professionals. More than 90 percent of practicing psychologists and psychiatrists in this country work exclusively in metropolitan areas. More than 65 percent of rural Americans rely solely on their primary care providers for mental health care. In most rural communities, the primary mental health crisis responder is a law enforcement officer, despite not being a medical specialist.

All across rural America patients continue to face longer wait times, difficulty accessing care, and long-distance travel just to access subpar care by professionals, through no fault of their own, not even adequately trained to diagnose and treat mental health issues. In Shasta County, in my district, there is evidently only one psychiatrist in the area, while there is an estimated 4,000 patients with mental health needs.

In addition, the lack of mental healthcare facilities, such as the shortage of inpatient beds and space, leaves patients stuck with longer wait times in the emergency room before they can even see a health professional with no other options.

While the President's healthcare law attempted to make strides in this area by including behavioral health coverage, this system is fundamentally and fatally flawed.

While continuing to throw Federal funding at it may serve as a temporary Band-Aid for the symptoms of this crisis, it does nothing to address the root of the problem. One-size-fits-all, top-down systems do not work, especially in rural America.

If we continue to stand by the status quo, our rural patients will continue to

suffer and, in many unfortunate cases, end up suicidal, homeless, or in prison, placing an even greater financial burden on our communities.

For this reason, I am proud to support H.R. 2646, the Helping Families in Mental Health Crisis Act of 2015. I thank my colleague from Pennsylvania for introducing this sorely needed bill. It is said the first step to fixing a problem is acknowledging there is one, and that is exactly what this bill does.

We spend approximately \$130 billion on mental health every year, yet our country still faces a shortage of nearly 100,000 psychiatric beds. Three of the largest mental health hospitals are, in fact, criminal incarceration facilities.

For every 2,000 children with a mental health disorder, only one child psychiatrist is available. Outdated HIPAA privacy laws continue to prevent families and doctors from getting their loved ones and patients the care they need.

Our mental health system is broken, but it certainly does not have to be. H.R. 2646 is a great step in rebuilding the system to one that works to empower patients and families with the access to care and services they need.

It brings accountability to the system to ensure every Federal dollar is going to evidence-based standards, improves quality, and expands access to behavioral health in our community health clinics while advancing telepsychiatry in areas with limited access to mental health professionals, and, importantly, ends the outdated prohibition on physicians volunteering at clinics and federally qualified health centers.

In addition, it provides more beds for those in need of immediate care or those experiencing a crisis and improves alternatives to institutionalization so patients can access the treatment they need, while it helps us decrease the incarceration rates, homelessness, and recurring ER visits. These are just a few of the sorely needed reforms included in H.R. 2646.

I want to stand today to thank my colleague, the gentleman from Pennsylvania (Mr. MURPHY), for his leadership in introducing this bill and urge my colleagues to lend their support of this responsible measure to help fix this broken system.

ISSUES OF CONCERN TO ALL AMERICANS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Texas (Ms. JACKSON LEE) for 5 minutes.

Ms. JACKSON LEE. Mr. Speaker, I rise today to commemorate Breast Cancer Awareness Month. As a breast cancer survivor, I want to add to my sisters and brothers my appreciation for their strength and determination and my respect to those families whose loved ones did not survive the battle.

I am very grateful that, out of this awareness, we have begun to focus on more research for breast cancer remedies and solutions. I introduced a bill

dealing with triple-negative breast cancer, which is the most deadly breast cancer and impacts women and minority women to the extent that their lifespan is shortened.

I rise today to indicate and to ask for renewed commitment by this Congress to focus on more research to bring an end to the forms of breast cancer that have been so deadly, in particular, to women.

I want to thank the U.S. Department of Defense for working with me on providing and supporting legislation that I offered and introduced to provide the research, but also the care for military women who have had breast cancer during their service in the United States military.

It is also Domestic Violence Month, and I acknowledge again the privilege I had to serve on the Committee on the Judiciary and to work with Chairman Hyde in the early stages of introducing and reauthorizing the Violence Against Women Act. So many strides have been made.

In particular, I want to acknowledge the many agencies in Houston that have helped women—and, in some instances, men—who have been victims of domestic violence and abuse, in particular, the Houston Area Women's Center that has provided service. I served on the board previously, and I appreciate their service. We want to say to those women—and maybe men—do not suffer alone. Seek help and seek help now.

□ 1045

Mr. Speaker, today we will be looking at the culmination of discussions that have presented themselves as a budget that would end some form of sequester and would raise the debt limit until March 15, 2017.

As a member of the Congressional Progressive Caucus, I am committed to certain principles that I believe help all of America, and those are: the end to sequestration; the saving of Social Security, Medicaid, and Medicare; not eliminating any executive orders or toxic riders undermining, for example, the issues of dealing with our broken immigration system; and the evenness of defense and non-defense sequester relief. We have begun that journey.

I also made a commitment to my seniors that we would fight against the horrific increases that were about to take place under Medicare part D. Those numbers were going to be onerous and burdensome on our seniors, and I will offer them in just a moment.

In addition, let me say that the compromise generates \$80 billion of sequester increases over 2 years, with the increase split evenly between defense and non-defense programs, and an additional \$16 billion in discretionary funding over a 2-year period. I am hoping that this will help many.

As I indicated, I am supporting breast cancer research. It will help the National Institutes of Health. It will help fill the seats for so many parents

who need Head Start resources for their children.

Having traveled with my congressional colleagues, I know that diplomatic security is a vital component to protecting our Foreign Service officers. And then it will improve, if you will, the day-to-day functions of this government.

I am glad, as I indicated, with respect to the Medicare part B premiums, that we will not see the 54 percent increase that I think was the number, and that the increase will be somewhere around 18 to 20 percent. We want it to be zero.

I want my seniors to know that we are continuing to fight as your increases in prescription drugs and service under Medicare part D continue to go down. And, might I just add, that I believe it is important, in addition, that we negotiate the decreasing price of prescription drugs. If you talk to any individual, what they will say is their highest cost, part of their highest cost, whether it is seniors or families, is the cost of prescription drugs. So I think it is very important.

I think I want to look more into, Mr. Speaker, the Social Security disability fix that is in this budget to ensure that no one sees any loss and cuts in their benefits. We just can't stand for that. Social Security recipients, as much as people want to clarify them as some having perpetrated fraud, they do not, Mr. Speaker.

As I close, let me say I want to protect those who are disabled. We are going to continue to look at this, even down to the moment of voting, to make sure that the budget brings about success and help and not harm.

I ask my colleagues to be deliberative in this debate.

LET'S KEEP OUR ATHLETES HEALTHY

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

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I want to speak to all the student athletes, the parents of student athletes, athletic trainers, and coaches out there: Sports build character. I want to make sure we are using technology, science, data analytics, and best practices to keep our student athletes practicing, performing, and competing in a safe and responsible manner.

I recall, as a former high school and college athlete, the pregame and prepractice routines that my coaches used to require before we could start to play. And while sports provide great enjoyment for athletes, fans, and coaches, they also pose health risks; some of them are unavoidable, but some are preventable.

By utilizing data and technology, we can establish best practices so our athletes can remain healthy and compete, and our sports teams can succeed. We can do that and still make certain injuries more preventable in the process.

In 2015, we have watches that provide real-time data on our heart rate, caloric intake, and blood pressure to smartphones that can then be shared with coaches, parents, and physicians; and that is just an Apple iWatch or a Fitbit.

Data analytics and sports go hand in hand these days, from mathematical algorithms as to what quarterback will be most successful on a Sunday afternoon, to the data of building a winning baseball team.

Today's athletic success is fueled by skills, knowledge, and teamwork, both on and off the field. Just as we find ways to incorporate technology and data to ensure our next generation of athletes can remain healthy and playing well into old age, we must also encourage investments in the research, innovation, and technology to continue to build upon these already great achievements.

One aspect of this can be found in using data analytics to better understand athletic injuries in our children and student athletes: for example, preemptively identifying vulnerabilities and assessing the lasting impact of other injuries so we can design equipment and enforce rules to most effectively avoid the likelihood of such injuries, but do so without compromising the integrity of the competitive sports we all enjoy watching or participating in.

Health professionals, coaches, trainers, and parents can utilize this data to bring about greater awareness of sound practices that can keep our student athletes healthy and in the game, not on the sidelines.

Every preseason we read in our local newspaper about a student athlete who suffered a concussion during football or soccer practice. In 2013 alone, over 1.2 million children visited emergency rooms for sports-related injuries, and nearly 8 percent of these emergency room visits were concussion-related.

Earlier this year, I had the opportunity to introduce H. Res. 112, a resolution, the Secondary School Student Athletes' Bill of Rights, which encourages greater communication, coordination, and teamwork among coaches, parents, teachers, and medical professionals to ensure that our children receive adequate training, safe equipment and facilities, and immediate, on-site injury assessment.

The very data and tools we use to generate information like RBIs or yards per carry can be used to study incidence of injury, the impact of certain dietary habits on developing athletes, better training practices, and a host of ways to improve the safe and responsible athletic experience for our youngest athletes.

With the support of over 100 diverse organizations dedicated to improving the health of our student athletes, including the National Athletic Trainers Association, the American Football Coaches Association, the American Heart Association, the National Association of State Boards of Education,