

Lujan Grisham (NM)	Perlmutter	Smith (WA)
Lujan, Ben Ray (NM)	Pingree	Speier
Lynch	Pocan	Swalwell (CA)
Maloney,	Polis	Takano
Carolyn	Price (NC)	Thompson (CA)
Maloney, Sean	Quigley	Thompson (MS)
Matsui	Rangel	Titus
McCollum	Rice (NY)	Tonko
McDermott	Richmond	Torres
McGovern	Roybal-Allard	Tsongas
McNerney	Ruiz	Van Hollen
Meng	Ruppersberger	Vargas
Moore	Rush	Veasey
Moulton	Ryan (OH)	Velázquez
Nadler	Sánchez, Linda	Visclosky
Napolitano	T.	Walz
Neal	Sanchez, Loretta	Wasserman
Nolan	Sarbanes	Schultz
Norcross	Schakowsky	Waters, Maxine
O'Rourke	Schiff	Watson Coleman
Pallone	Schrader	Welch
Pascarella	Scott (VA)	Wilson (FL)
Pelosi	Serrano	Yarmuth
	Sherman	
	Slaughter	

NOT VOTING—19

Brown (FL)	Hahn	Renacci
Carney	Jolly	Salmon
DeFazio	Jones	Vela
Fincher	Kirkpatrick	Westmoreland
Flores	Lofgren	Williams
Forbes	Nugent	
Garrett	Poe (TX)	

□ 1815

Ms. GRAHAM changed her vote from “yea” to “nay.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PROTECTION OF THE RIGHT OF TRIBES TO STOP THE EXPORT OF CULTURAL AND TRADITIONAL PATRIMONY RESOLUTION

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the concurrent resolution (H. Con. Res. 122) supporting efforts to stop the theft, illegal possession or sale, transfer, and export of tribal cultural items of American Indians, Alaska Natives, and Native Hawaiians in the United States and internationally, with the Senate amendments thereto, and concur in the Senate amendments.

The Clerk read the title of the concurrent resolution.

The Clerk read the Senate amendments, as follows:

Senate amendments:

(1) Strike all after the resolving clause and insert the following:

SECTION 1. SHORT TITLE.

This concurrent resolution may be cited as the “Protection of the Right of Tribes to Stop the Export of Cultural and Traditional Patrimony Resolution” or the “PROTECT Patrimony Resolution”.

SEC. 2. DEFINITIONS.

In this resolution:

(1) **NATIVE AMERICAN.**—The term “Native American” means—

(A) with respect to an individual, an individual who is a member of an Indian tribe (as defined in section 2 of the Native American Graves Protection and Repatriation Act (25 U.S.C. 3001)); and

(B) with respect to the cultural nature or significance of an item, right, or other object or concept, being of or significant to—

(i) an Indian tribe (as defined in section 2 of the Native American Graves Protection and Repatriation Act (25 U.S.C. 3001)); or

(ii) a Native Hawaiian organization (as defined in that section (25 U.S.C. 3001)).

(2) **TRIBAL CULTURAL ITEM.**—The term “tribal cultural item” has the meaning given the term “cultural item” in section 2 of the Native American Graves Protection and Repatriation Act (25 U.S.C. 3001).

SEC. 3. FINDINGS.

Congress finds the following:

(1) Tribal cultural items—

(A) have ongoing historical, traditional, or cultural importance central to a Native American group or culture;

(B) cannot be alienated, appropriated, or conveyed by any individual; and

(C) are vital to Native American cultural survival and the maintenance of Native American ways of life.

(2) The nature and description of tribal cultural items are sensitive and to be treated with respect and confidentiality, as appropriate.

(3) Violators often export tribal cultural items internationally with the intent of evading Federal and tribal laws.

(4) Tribal cultural items continue to be removed from the possession of Native Americans and sold in black or public markets in violation of Federal and tribal laws, including laws designed to protect Native American cultural property rights.

(5) The illegal trade of tribal cultural items involves a sophisticated and lucrative black market, where the items are traded through domestic markets and then are often exported internationally.

(6) Auction houses in foreign countries have held sales of tribal cultural items from the Pueblo of Acoma, the Pueblo of Laguna, the Pueblo of San Felipe, the Hopi Tribe, and other Indian tribes.

(7) After tribal cultural items are exported internationally, Native Americans have difficulty stopping the sale of the items and securing their repatriation to their home communities, where the items belong.

(8) Federal agencies have a responsibility to consult with Native Americans to stop the theft, illegal possession or sale, transfer, and export of tribal cultural items.

(9) An increase in the investigation and successful prosecution of violations of the Native American Graves Protection and Repatriation Act (25 U.S.C. 3001 et seq.) and the Archaeological Resources Protection Act of 1979 (16 U.S.C. 470aa et seq.) is necessary to deter illegal trading in tribal cultural items.

(10) Many Indian tribes and tribal organizations have passed resolutions condemning the theft and sale of tribal cultural items, including the following:

(A) The National Congress of American Indians passed Resolutions SAC-12-008 and SD-15-075 to call on the United States, in consultation with Native Americans—

(i) to address international repatriation; and

(ii) to take affirmative actions to stop the theft and illegal sale of tribal cultural items both domestically and internationally.

(B) The All Pueblo Council of Governors, representative of 20 Pueblo Indian tribes—

(i) noted that the Pueblo Indian tribes of the Southwestern United States have been disproportionately affected by the sale of tribal cultural items both domestically and internationally in violation of Federal and tribal laws; and

(ii) passed Resolutions 2015-12 and 2015-13 to call on the United States, in consultation with Native Americans—

(I) to address international repatriation; and

(II) to take affirmative actions to stop the theft and illegal sale of tribal cultural items both domestically and internationally.

(C) The United South and Eastern Tribes, an intertribal organization comprised of 26 feder-

ally recognized Indian tribes, passed Resolution 2015:007, which calls on the United States to address all means to support the repatriation of tribal cultural items from beyond United States borders.

(D) The Inter-Tribal Council of the Five Civilized Tribes, uniting the Chickasaw, Choctaw, Cherokee, Muscogee (Creek), and Seminole Nations, passed Resolution 12-07, which requests that the United States, after consultation with Native Americans, assist in international repatriation and take immediate action to address repatriation.

SEC. 4. DECLARATION OF CONGRESS.

Congress—

(1) condemns the theft, illegal possession or sale, transfer, and export of tribal cultural items;

(2) calls on the Secretary of the Interior, the Secretary of State, the Secretary of Commerce, the Secretary of Homeland Security, and the Attorney General to consult with Native Americans, including traditional Native American religious leaders, in addressing the practices described in paragraph (1)—

(A) to take affirmative action to stop the practices; and

(B) to secure repatriation of tribal cultural items to Native Americans;

(3) supports the efforts of the Comptroller General of the United States—

(A) to determine the scope of illegal trafficking in tribal cultural items domestically and internationally; and

(B) to discuss with Native Americans, including traditional Native American religious leaders, relevant Federal officials, and other individuals and entities, as appropriate, the steps required—

(i) to end illegal trafficking in, and the export of, tribal cultural items; and

(ii) to secure repatriation of tribal cultural items to the appropriate Native Americans;

(4) supports the development of explicit restrictions on the export of tribal cultural items; and

(5) encourages State and local governments and interested groups and organizations to work cooperatively in—

(A) deterring the theft, illegal possession or sale, transfer, and export of tribal cultural items; and

(B) securing the repatriation of tribal cultural items to the appropriate Native Americans.

(2) Strike the preamble.

Mr. GOODLATTE (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading of the Senate amendments.

The SPEAKER pro tempore (Mr. GROTHMAN). Is there objection to the request of the gentleman from Virginia?

There was no objection.

The SPEAKER pro tempore. Is there objection to the original request of the gentleman from Virginia?

There was no objection.

A motion to reconsider was laid on the table.

SMALL BUSINESS SATURDAY

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise in recognition of Small Business Saturday this past weekend, a day to support small businesses and celebrate the role that they play in our communities. This year, Small Business Saturday saw a record 112 million shoppers, a number which

highlights the effectiveness of this movement across the United States.

Small businesses have proven time and time again that they are the backbone of a strong economy. In Pennsylvania's Fifth Congressional District, which I am proud to represent, small businesses provide valuable services, ranging from construction and manufacturing to health care and social assistance, bettering the lives of residents and consumers.

Academic institutions also play an important role in growing small businesses. For example, Penn State University introduced a business preaccelerator this year, known as the Happy Valley Launchbox. This unique venture is a signature program of the Invent Penn State initiative, and I am confident it will serve as a platform for entrepreneurship and innovation.

I look forward to the continued success of small businesses both in Pennsylvania and across the United States, and I remain grateful for their contribution to our Nation's economy.

IMPROVING THE HEALTH OF AMERICANS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the gentleman from Oklahoma (Mr. MULLIN) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mr. MULLIN. Mr. Speaker, I ask that all Members may have 5 legislative days to revise and extend their remarks and include any extraneous materials in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oklahoma?

There was no objection.

Mr. MULLIN. Mr. Speaker, I rise in support of the 21st Century Cures Act that passed yesterday. It is not too often that we get to be proactive in such important legislative business in this House. However, yesterday we saw a great victory for the families that so many of us have heard from. We have heard from mothers and fathers, brothers and sisters, and aunts and uncles about loved ones who are dealing with mental illness or dealing with drug addiction or dealing with a disease that we haven't been able to accurately address because we have had roadblocks because of legislation and rules that have been put in place by the FDA. But yesterday we got to pass a piece of legislation by overwhelming bipartisan support to say: Yes, we are listening; yes, we hear you; and yes, we are going to make changes.

I am going to let my other colleagues speak. At this time I yield to the gentleman from Pennsylvania (Mr. MURPHY), my chairman.

Mr. MURPHY of Pennsylvania. Mr. Speaker, I thank the gentleman for yielding and heading up this very important Special Order on a topic that affects every single family in America, and that is their health.

As the gentleman said, yesterday we passed a very important bill, the 21st Century Cures Act, with the charge led by the chairman of the Committee on Energy and Commerce, FRED UPTON. I was pleased that they included in that package our mental health reform bill, which we moved out of the Committee on Energy and Commerce unanimously in July.

We have spoken about this issue at great length for the last few years because it is worthy of that time. We have spoken because of the 60 million Americans who suffer from some level of mental illness and the 10 million Americans who suffer from severe mental illness and the fact that 40 percent of them cannot get care; that half the counties in America have no psychiatrists, psychologists or social workers; that we do not have enough hospital beds for people in crisis, a shortage of 100,000; that there are only 9,000 child and adolescent psychiatrists when we need 30,000, particularly important because severe mental illness in half the cases emerges by age 14 and 75 percent by age 24; that we have seen too many lives lost, that the body count in this Nation last year related primarily and secondarily to mental illness exceeds the total combat body counts of United States soldiers in World War I, Korea, Vietnam, Desert Storm, Bosnia, Afghanistan, and Iraq combined; because millions of families continue to suffer, because our prisons are filled with the mentally ill, our emergency rooms are backed up with people with mental illness-related disorders, and because our morgues are also filled.

Yesterday, the House took a definitive bipartisan approach in changing that trajectory. The issues we have covered on mental health, along with the advances in the 21st Century Cures bill, sets a new direction for where we need to be going in this Nation to approaching health care overall. When we look at the research changes that we have made in advancing cures not only in small population orphan diseases, but also with regard to the total 10,000 diseases out there, we will be able to sufficiently and more effectively identify medical disorders and psychiatric disorders early on and get them treated sooner.

One of the aspects that was taken care of in the Helping Families With Mental Health Crisis Act is a program called RAISE, Response After Initial Schizophrenic Episode. As we know, research tells us that when you provide medication and effective targeted counseling early on, you can reduce the trajectory of severe mental illness and improve the prognosis greatly. But when that is not provided, every crisis moment of severe mental illness leads to other neurological damage, worsens the prognosis and, sadly, increases the chances that a person will have time in prison 10 times more likely than to be in a hospital when they are in crisis.

We are changing that trajectory. New research will get us in that direction.

Let me lay out for a few minutes today where this takes us as Congress is looking to change the Affordable Care Act. People have spoken ad nauseam about the problems with that act, how it has cost families a great deal, how it is supposed to be affordable but it is not, how premiums have gone up dramatically in double digits and triple digits over the last few years, how the deductibles and copays put it out of families' reach, and how it is not really a comprehensive approach because it does not stem the tide of increasing healthcare costs.

There are some specific reasons for that. As long as we have a system that is based on a fee-for-service model and as long as we have a system that does not put the patient at the center of this focus, we are going to continue to have problems with cost overruns and, quite frankly, care problems.

We have seen changes in the trajectory of improvements in reduction in mortality and morbidity. For example, over the last couple decades, we have seen a reduction in mortality rates for cancer, for heart disease, for stroke, for accidental deaths, for HIV/AIDS; but we have seen increases in mortality rates for suicide and also for drug overdose deaths.

This really means we need to be looking at a different kind of model, and that model is the integrated care model, the model where behavioral medicine and physical medicine work together.

Why is that important?

We know that 75 percent of the people with a severe mental illness will have some other chronic illness like heart disease, lung disease, diabetes, infectious disease; and 50 percent of them have at least two chronic diseases; a third will have at least three. We know that a person with severe mental illness has triple the chance of moving into poverty, and we know that people in poverty have three times the rate of mental illness.

Beyond that, if we look at people who enter into using the medical field from the area of chronic illness, that perhaps the first diagnosis might be anything from cancer, inflammatory bowel disease, diabetes, et cetera, the chances of them developing a psychological problem such as depression, panic disorder, anxiety, is massive, twice the rate of the rest of the population.

This is where the costs begin to soar, because when a person recognizes they have this long-term problem with pain, with doctors' appointments, with disruption of their lifestyle, with immobility, with disability, et cetera, it is expected and it is common for them to develop other psychiatric disorders. But we have had a system that has ignored that.

What happens when we ignore that?

If a person has a chronic illness and depression, for example, untreated depression, it doubles. It doubles their healthcare costs. When there are models out there, however, that say let's