

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

integrate behavioral medicine and physical medicine so that a physician, being a coordinated care model, when they have a patient with one of those illnesses, a chronic illness, they begin to treat the whole patient, the patient-centered model, the team approach between the doctor and patient there.

□ 1830

What can it do? Well, I want to cite a study done by a young doctor by the name of Jeffrey Brenner, who was out in New Jersey.

You recognize that people with complex health and social issues have these high rates of going to emergency rooms. They are called super-utilizers. Medicaid points out that 5 percent of the people on Medicaid account for 50 percent of Medicaid spending and, I might add, virtually all of those are people who have a concurrent psychiatric disorder, such as depression.

But what Brenner did in his particular study is recognize that there were a number of people who had a huge number of visits to emergency rooms in a very costly way. He said, for example, nearly half of the city of Camden's 77,000 residents were visiting an emergency department annually, most often for head colds, viral infections, ear infections, and sore throats. Thirteen percent of the patients accounted for 80 percent of hospital costs, and 20 percent of the patients accounted for 90 percent of the costs.

What he looked at were models that police use called hot spotting—where are the areas of a city where you have a great deal of crime, and, instead of avoiding those areas, the police would go in and work to prevent crime. Well, similarly, in Brenner's model, he looked at managing these patients' care instead of ignoring them. If you ignore them, they go to emergency rooms repeatedly.

Studies done, for example, at the University of Pittsburgh Medical Center with inflammatory bowel disease found when you ignore folks, they continue to go to emergency rooms. Over-utilizers of the system. And on a fee-for-service model, it is worth it for the doctor. They made a lot of money. Hospitals made money, as long as the people continued to come back.

But what was it that was driving people repeatedly to get this care at an emergency room, or expensive care, instead of doing something else? What Brenner did and other studies have found is that people could not access their primary care physician or their specialist, so that is where they would go for care. They would panic. Worry, anxiety, depression. They weren't managing their medication well. There are neurobiological things that take place in the system of someone with depression which makes them more prone toward other infections and viruses, et cetera.

What Brenner did was identified folks with a fairly complicated model here and developed a care management

team where the goal is leaving patients with the ability to manage health care on their own. And how do they do that? By helping them see doctors more frequently.

The studies done with the inflammatory bowel disease clinic at the University of Pittsburgh did the same thing. They developed an integrative care team, including psychiatric and psychological consulting, to help the person deal with their pain, help them change their behavior patterns, and make sure they had easy access to the doctors, so even getting the doctor's cell phone number, email address, and respond within 72 hours for doctor visits.

What Brenner found, the first 36 patients had a total of 62 hospital emergency room visits per month before they began intervention. It dropped to 37 visits per month afterwards. Then they also found the hospital bill fell from a monthly average of \$1.2 million to just over \$500,000, savings that benefited State and Federal healthcare plans. Similar results have been found in other areas when this is targeted.

Now, we know the Affordable Care Act had some models of this, but the results have been somewhat equivocal because they haven't looked at these as closely and really worked with the patients as closely. But the point is this: Recognizing if we are going to get hold of the cost overruns with health care, it needs to be that integrated care model—behavioral and physical medicine working together—a coordinated care model, where a primary care physician and/or the specialists are working to coordinate the patient's care instead of leaving them on their own, and, quite frankly, a capitated care model, where it is worth it financially for the physician and patient to work together, not to just say: Go to the hospital whenever you want; go to the emergency room whenever you want; but get the care you need, the time you need it, with the quality you need.

The Affordable Care Act started down this road, but it wasn't fully followed. But this bill we passed yesterday, and our hope is that the Senate passes next week, by moving forward on research; by making sure physicians get timely, quality information for what they should do; by making sure that it is disseminated to physicians, whether they are in urban downtown Manhattan or they are out in rural South Dakota, that through telemedicine they have access to the best decisionmaking; and by making sure that, through telehealth, which we funded in the Helping Families with Mental Health Crisis Act, no matter where physicians are in America, to have access to psychologists and psychiatrists and social workers and to integrate that care together, this is what makes a huge difference.

Children's Hospital of Pittsburgh did a study of when that behavioral health consultation is done during the pediatrician visit, when there is a warm

handoff, right away the family meets the mental health professional, there is over a 90-percent followup for that patient with the doctor. When they are given a card and said to call another day, it plummets to less than half.

Similarly, look at the problems we face with opioid abuse in America. Last year, we had a death total of 47,000. We are reaching the point of the number of people who die from opioid substance abuse is reaching that of the level of our combat deaths during the entire Vietnam war. It is an embarrassing, shameful, and painful thing for our Nation to have, and that doesn't even include the many, many folks who still remain addicted.

But here is what happens with care for the addicted. Out of every 1,000 persons who has an addiction disorder, 900 will not seek care. Of the 100 who do seek care, 37 can't find it. It is not available in their community. Of the 63 who do seek care and find it, only 6 of them will find evidence-based care.

But what if we change that trajectory? What if we say as part of moving forward in our revision of the Affordable Care Act and making it really effective health care we made sure we integrated behavioral and physical medicine together?

A study done at the University of Michigan, I believe, or Michigan State—I have to make sure I get those right because I know Chairman UPTON would not forgive me, but let's say it was done in Michigan—they did a fascinating study where they made sure when someone came to the emergency room with a drug overdose, they didn't do the typical thing and hand someone a card and say: you know, you have a drug problem; you need to go get help. In those cases, many times the vast majority of people don't follow up.

Instead, what they did is they provided qualified drug counseling in the emergency room. From the same model, if a person had a broken arm, the hospital would set it before they went home. They wouldn't say: here is a card; call an orthopedic surgeon on Monday and get that arm set. If a person came in with chest pains, they wouldn't say: why don't you make an appointment in a week or two with a cardiologist. They would treat it right away. Well, the same thing goes with psychiatric disorders and drug abuse.

What Michigan found in their study and replicated in other communities is there was a 50-percent increase of people following through on drug treatment.

So look at the things that are done. The bill we passed yesterday also invests hundreds of millions of dollars into more effective treatment for people with a substance abuse problem. It isn't enough just to have them in methadone maintenance or buprenorphine programs. Those will not be as effective. You have got to get them into effective counseling programs.

So what we see is this: The bipartisan efforts that have worked through

here and have made some big differences in where we are going with research and care will set us on a strong trajectory to making a big difference as this Congress and the new President work to change the Affordable Care Act to really being affordable and really being care-focused.

That being said, we will still have, tragically, too many stories while we are waiting to get that care out there. We will still have too many episodes: a homicide, or a suicide, or a drug overdose death, or someone has lost their job, or a marriage is broken up, or families who have been abandoned by someone else, or children who are lost, or those who are homeless. It continues on as long as we are not properly addressing the issues of mental illness in America.

I tell you, even though we have those long, somber moments of sadness, there is some joy in what this House did yesterday in this strong, bipartisan, coordinated effort to say we are changing the direction of how we recognize mental health care, what we are going to do about that, and how that has to be an integral component as we move forward to change health overall. We can do this. We can reduce costs dramatically by providing better and more effective care.

So for all those families who have been contacting us Members of Congress, literally the millions of Americans who are suffering from these diseases of mental illness and the tens of millions of families who recognize the suffering there, help is on its way. The actions that Congress took yesterday, the actions that we anticipate the Senate will take next week, the signature of the President will move these things forward. We will create a new dawn, a brighter horizon for people who, up to this point, had very little hope of where things are.

We know we have a long way to go, and we know this next Congress, as we move into the next session next year, is going to have their hands full, but we can do this. And I know there are dedicated people here on both sides of the aisle just waiting and eager to make a big difference for America's families. And where there is help, there is hope.

Mr. MULLIN. Mr. Speaker, as you can see, the gentleman from Pennsylvania is extremely passionate about this. He has been the leader and a voice for mental illness for my entire time that I have been up here, which hasn't been that long—only 4 years—but we appreciate his passion and his dedication to this.

Unfortunately, mental illness isn't going away. It is becoming more of a problem. And we, as Members of Congress, are going to have to address this. I look forward to continuing to work with the chairman on this.

Yesterday was a step in the right direction, but we have a long way to go. We are in this fight, and we are in this fight together. I couldn't imagine being

with anyone better than the gentleman from Pennsylvania. So I thank him for his dedication.

Mr. Speaker, I yield to the gentlewoman from Indiana (Mrs. BROOKS).

Mrs. BROOKS of Indiana. Before the chairman of our committee steps away, I just want to acknowledge the leadership that Congressman MURPHY of Pennsylvania has given to this issue—an issue that so many Members of Congress haven't talked about enough until he began talking about it.

I want to thank the gentleman from Oklahoma (Mr. MULLIN), for leading this Special Order. We have heard from our constituents, and we know families where 1 in 4 adults—a total of 61.5 million Americans—will struggle with mental illness in any given year. While the numbers are staggering—and certainly, my colleague from Pennsylvania knows the numbers and statistics better than maybe this Chamber combined—they don't actually tell the deeply personal and typically painful stories that this disease inflicts on those it touches, their friends, neighbors, and families.

Whether it was Columbine, Aurora, or Sandy Hook, time and time again, tragedies have left our communities devastated and reeling, wondering if our fellow citizens could have been spared the violence and bloodshed had we simply been able to see the signs of mental illness.

Many lessons followed in the wake of all of these tragedies, but chief among them always came out the fact that our mental health system is broken: we are unable to fully recognize the signs and symptoms of an individual suffering from mental illness; we often don't have the resources to help these individuals and their families; and we have very limited mental health workforce, which is overwhelmed and often underprepared for the vast challenges they face day in and day out.

Mental illness is sometimes referred to as an invisible illness. However, just because you can't see the illness, it doesn't mean it isn't there. It is a serious disease, and in order to make any progress in more effectively identifying it, we must begin to recognize it as such.

Before the end of this year, we have a chance to make the first major mental health reforms this country has seen in over 50 years. And I am very proud to stand with the gentleman from Pennsylvania in support of his years of tireless work to bring to the forefront this health crisis we are facing in America—a crisis often pushed to the side because it may be too difficult or too uncomfortable to talk about. I applaud his efforts and the efforts of so many from our committee, particularly the staff, who have made it possible to work to include these important reforms to our mental health system in the critical 21st Century Cures bill that passed the House last night overwhelmingly.

Right now, our medical system does not allow families of those suffering

from mental illness to become true partners in their care. The language in our bill takes significant steps toward easing these barriers and making sure that people struggling with mental illness will have more access to the care and treatment that they need.

Our prisons and emergency rooms have become de facto psychiatric treatment centers and are overcrowded with individuals suffering from mental illness; however, we have learned over the years we cannot simply arrest away this problem. I am pleased that there are reforms to the way our criminal justice system handles individuals with mental illness. As someone who has worked in the criminal justice system most of my career, I can assess that such support is long overdue and so very necessary.

One of the greatest issues with our mental health system is there is a critical shortage, as Dr. Murphy just mentioned, in our mental health workforce. This effort contains significant measures to train and expand this critically important workforce.

□ 1845

These are simply a few of the important reforms included in 21st Century Cures which, above all else, sets a new and higher standard for mental health care and treatment in America.

Once again, I applaud Congressman MURPHY's incredible work to fix our broken mental health care system. I am proud to have supported this effort throughout the legislative process and look to the Senate to now take up the 21st Century Cures and bring relief to the individuals and families across America who need it the most.

Mr. MULLIN. Mr. Speaker, it is always an honor to have people that are willing to come down and share their time and their passion with us, so I would like to thank my colleague from Indiana for laying it out in such an eloquent form like she always does.

Also, congratulations on the committee assignment. I don't know if I wish the gentlewoman good luck or not.

Mr. Speaker, at this time I yield to the gentleman from Illinois (Mr. DOLD).

Mr. DOLD. Mr. Speaker, I want to thank my friend from Oklahoma for yielding on what is an incredibly important topic.

I also want to weigh in and thank my good friend, Dr. TIM MURPHY, for his incredible work on a really comprehensive piece of mental health legislation. I want to not only congratulate him, I want to thank him for successfully shepherding this first real piece of mental health legislation, honestly, since 1962. It is now up to the Senate to move this forward.

I am pleased to be here as not only an original cosponsor, but helped introduce the Helping Families in Mental Health Crisis Act, which was now attached to this recent 21st Century Cures bill, another bill that I am proud to not only stand up and support.

As we look at cures, as we look at what we are doing, we see so much tension across our country today. We just got done with a national election, and, frankly, it seems as people are at each others' throats. And the one thing that we can agree on, I hope, regardless of whom you voted for, we should all be on the same page that we want 21st Century Cures to move forward; because, frankly, as we look at the number of people that are suffering from diabetes, Alzheimer's, Parkinson's, and the like, they don't care what political persuasion you are. They are just impacting families all across our country.

Another huge piece of that is mental health; and as we look at mental health, there is no question, family after family, an enormous number of people, nearly 10 million Americans, suffer from a serious mental health issue, including schizophrenia, bipolar disorder, major depression, amongst others. Yet millions of these people are going without treatment, and their families are struggling to care for them each and every day.

We need to talk about treatment. Treatment before tragedy is something that I know has been talked about time and again.

The Federal Government currently dedicates about \$130 billion towards 112 programs intended to address mental health, but there is still a nationwide shortage of nearly 100,000 beds needed for psychiatric care and only one child and adolescent psychiatrist for every 2,000 children with a mental health disorder. Frankly, that is just unacceptable.

My constituents have come to me time and again demanding that we do better. The Filler Foundation comes to mind as something that we have to do because, again, as we look at mental health, one of the things that we know is tied to that is this incredible epidemic of prescription drugs and opiates that are really just impacting every single community across our country. Ultimately, we know that this mental health disorder is a huge part of that, as people are trying to self-medicate, and so people are overdosing and dying on a regular basis.

Ultimately, this bill that we are talking about today helps and now allows those families to give better care, be better informed, so that parents or caregivers can actually play a more vital role.

In July, we passed the Helping Families in Mental Health Crisis Act, 422-2. And just recently, this other bill that we just passed, the 21st Century Cures, that included this mental health legislation, passed with enormous bipartisan support right here in this body. It is time that the Senate take up this legislation and pass it.

I am confident that the incredible providers that are in my district, the families who are in need that have been asking for help, will benefit from the many grants that we reauthorized, the updates that we have made to improve

communication between the patients, the families, and the providers, and the steps that we took to ensure that insurance providers are complying with existing mental health parity laws.

Over the past 2 years, Dr. Murphy's efforts have engaged Democrats and Republicans from every region of the country. Just a few short months ago, and I am sure—I don't know if he was in Oklahoma with my good friend, but I know he came out to my district. We had a roundtable talking about mental health issues. We went and visited some of the facilities together to talk about the real needs that are out there. Ultimately, we know that mental health impacts so many families across our country.

I would venture to say, Mr. Speaker, that not a single Member in this body has not been impacted in some way, shape, or form, by a loved one, a friend, a family member that is suffering from some sort of mental illness. So I believe that we have an incredible opportunity here.

Ultimately, when I go out and I talk to people—and I know my good friend, I am sure, has done the same—they say: Is Congress working? And the answer oftentimes is no. But I do think that we have to step back and take a look at what we can accomplish when we actually do come together.

Something that we all should be proud of is the fact that we were able to move forward in this body to talk about not only 21st Century Cures, talking about funding for the National Institutes of Health, talking about trying to deal with some of the prescription drug and opiate epidemics, but really trying to tackle head-on the issue of mental health and the impacts that this has for our Nation.

So I want to thank my good friend from Oklahoma for organizing this Special Order. I want to thank, obviously, my good friend, Dr. MURPHY, for the great work that he has been doing for years on this.

And I do want to make sure that the American people know that today we took a big step forward and, honestly, we are not going to rest until this is signed into law by the President and really enabling so many families to get a tremendous amount of relief.

Mr. MULLIN. I thank the gentleman for his service. My good friend from Illinois is going to be missed. His service has been something we can all hold in great respect. I am going to miss seeing him in the morning at our workout, but he has influenced us in a better way. If we can always leave where we have been better than we found it, that is a legacy we can all walk with. I thank the gentleman for his service, and I hope our friendship will continue.

Mr. Speaker, as my friend from Illinois was saying about the opioid addiction, I want to point out a sad statistic. Oklahoma is ranked 28th in population throughout the country, and yet we had the 10th highest—10th highest—accidental opioid overdose deaths.

We have more accidental drug overdose deaths caused by painkiller addictions than vehicle accidents in the State of Oklahoma.

And these aren't from the young who may be going through a time of experimenting. This isn't from the elderly who may not understand the prescription which they are taking. This is coming from our mothers. Our number one—number one—individual that is losing their life to opioid overdose is our middle-aged mothers. There is a problem.

The 21st Century Cures does address this, but just the same as mental health, it is a first step in the right direction.

Mr. Speaker, at this time I yield to the gentleman from Pennsylvania (Mr. PERRY), another good friend of mine, a true patriot to this country, one who has years and years of service. I have a tremendous amount of respect for him.

Mr. PERRY. Mr. Speaker, I thank the gentleman, my friend from the great State of Oklahoma. I am privileged to have visited not only his State, but his district, and met the fabulous and wonderful people there, and they are lucky to have him representing them here.

You talk about that statistic, and I am here to talk specifically about mental illness, but this opioid epidemic has touched every single community. You don't have to live in the city. You don't have to live in underprivileged areas. I know very good friends that it has wracked their families, and it has wracked our communities.

Certainly, one of the great things about the 21st Century Cures Act is the help that is on the way. It is probably not going to be enough, but we need to do everything we can, at least in making these first steps in wrapping our minds and our hands around this problem and getting to a solution.

So I am thankful that the gentleman has taken the time to hold this Special Order, to bring that, as well as the other issues, up, and I appreciate that.

Mr. Speaker, I want to talk a little bit about the mental health situation in our country, and I think the gentleman has alluded to much of it in his conversation.

Mr. Speaker, more than 11 million Americans suffer from severe schizophrenia, bipolar disorder, and major depression, yet millions—literally millions—are going without any treatment whatsoever. And families, these families are struggling to care for these people.

You have a broken arm or some physical malady, you can see that and you can get to a cure in many, many cases. But these mental illnesses vex us, where your loved one is fine one moment and the next moment is not, and you don't know when that is going to happen or the gravity of the situation, how bad it might be at any given moment. These are our loved ones. These are our family members and our neighbors.

The Federal Government's approach to mental health has been a chaotic patchwork of antiquated programs and ineffective policies spread across numerous bureaucratic agencies that simply don't get to the issue at hand, and I think we can all see that.

Sadly, many patients end up in the criminal justice system or are on the street because services are unavailable. I know that in the State that I reside in, the great State of Pennsylvania, years back, we closed our State hospitals where much of the care was given to these people, and they just ended up out on the street or back with their families, which often are cases that their families just don't know what to do. They don't know how to handle it. They can't handle it.

Then these folks end up in the penal system, which is no place for people that justifiably are sick. They have an issue. They are sick. They are not criminals, but they are sick.

In the worst case scenarios, some individuals commit acts of violence. And every one of us has heard the stories and seen the film footage on the news of these acts of violence that can be directly attributable to mental illness.

Now, we should be able to feel safe in our homes, all of us, in our communities, and our hearts just break every single time a senseless act of violence occurs and we see that. And certainly, for parents, these tragedies, they hit especially close to home.

We need to remember that the beneficiaries of mental health treatment aren't only those directly treated for mental illness, but also our broader community when we see those things, those images on TV, because mental health treatment is a preventive measure to reducing acts of violence. It is a preventive measure. It actually stops those things from ever occurring if we get to it.

Now, I was an enthusiastic supporter and cosponsor of my colleague Congressman TIM MURPHY's Helping Families in Mental Health Crisis Act. He literally worked on it for years, and I watched him struggle through that. And that bill was actually included in the 21st Century Cures Act, which passed this very House last night.

This legislation coordinates programs across different agencies, those disparate agencies that don't seem to work with one another, where information is siloed. It coordinates that, those programs, and promotes effective evidence-based programs, evidence-based so we can get to solutions.

Just like most other things with the Federal Government, by removing Federal barriers to care, advancing early intervention programs, adding alternatives to institutionalization, and improving the transition from one level of care to another, we directly address our Nation's broken mental health care system, finally. Finally, a step in the right direction.

So, once again, I applaud and thank the gentleman from Oklahoma for al-

lowing me this time and bringing this issue to the floor; and I urge my colleagues in the Senate to send this bill directly to the President's desk, absolutely, as soon as possible. We can't wait for another tragedy to occur where we are all watching on television the footage of something that could have been prevented and avoided.

Mr. MULLIN. Mr. Speaker, I thank my colleague from Pennsylvania for also being extremely passionate about moving in the right direction with mental health. It is something that we continue to look over.

As I stated when we first started tonight, we had an overwhelming amount of bipartisan support on passing the 21st Century Cures Act. We could see that the hard work that the staff over in the Energy and Commerce Committee, on both sides, the Republican staff and the Democratic staff, worked together to come up with a bipartisan bill to make sure that we are putting our families first, that we are putting our constituents first.

□ 1900

We are setting aside the partisanship that often finds its way inside our conversations. We set it aside and actually were very proactive on a very important piece of legislation.

I would like to thank Chairman MURPHY, with his passion on mental health, and our outgoing chairman, Mr. FRED UPTON, who has dedicated his years of service to the betterment of our constituents and his passion for fighting this and seeing this through. I would like to thank him for his dedication. The gentleman will be missed as our chairman.

Mr. Speaker, I see no other speakers at this time. I yield back the balance of my time.

#### CELEBRATING THE DREAMERS

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

#### GENERAL LEAVE

Mr. O'ROURKE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the subject of this Special Order.

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

There was no objection.

Mr. O'ROURKE. Mr. Speaker, I rise today to share the stories of and celebrate the DREAMers who live in our communities, mine in El Paso, Texas, and nearly every single community across the great United States.

All together, we estimate there are close to 750,000 DREAMers in the United States. These are beneficiaries of an executive action under this President, known as the Deferred Action for

Childhood Arrivals, that ensured that young people in our communities who arrived in this country at a very early age, brought here by their parents from another country of origin, who are going to school, living by our laws, being productive and net contributors to their communities, and who, in some cases, strive to serve in the military or perform some other community or civic service, are able to reside in this country after they come forward voluntarily out of the shadows to give their personal information, their fingerprints, their contact information, their names, their addresses, and their telephone numbers, in other words, to register with the government so that we know who is in this country and satisfy some legitimate security concerns that we have when it comes to undocumented immigration. So these young DREAMers have satisfied those concerns by coming forward.

This temporary reprieve from deportation allows them to continue to live in our communities, to continue to be our neighbors, to continue to make this country great, and to make cities like El Paso the safe and wonderful communities that they are. It is no accident that El Paso has more than its fair share of DREAMers and also is the safest city not just along the U.S.-Mexico border, it is the safest city not just in the State of Texas, but it is the safest city in the United States today.

The urgency behind our actions today lies with the commitment from the President-elect to immediately terminate the current President's executive actions when it comes to these DREAMers. This commitment to terminate this action will also terminate any certainty these young people have. It will reduce the security of our communities when young people no longer feel comfortable approaching or working with law enforcement for fear of deportation; and it produces extreme anxiety and fear that I can only begin to imagine for myself or for my kids if I knew that I had given all of my personal identifiable information, including the address at which I reside, my telephone number, and the names of my parents, to the Federal Government which now may have a policy to immediately deport me back to the country of origin and, if I were, as a typical DREAMer might be, 20 years old and attending the University of Texas in El Paso, may have lived in El Paso for the majority of my life. I may have come over at the age of 3, and for the last 17 years, the only life I knew was in the United States; the only city I knew was in El Paso, Texas; the only language I spoke was English. I had no family, no connections, no place in my country of original origin, and I didn't speak the language. Then I would be unable to thrive.

I think for some of these young people, they question whether they will have the ability to survive. I think it is really that critical, and it is very important that we remind ourselves, the