

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.