

I yield back the balance of my time.

Ms. BALDWIN. Madam Speaker, in closing, I strongly support this bill. As we have heard, this bill would collect data which is urgently needed for ALS research and will go a long way toward moving us closer to treatments and a cure for this devastating illness.

Again, I wish to recognize my colleague (Mr. ENGEL) and other colleagues who have spoken today who put a personal face and a personal story behind this important legislation.

Madam Speaker, I urge my colleagues to support this bill.

Mr. TERRY. Madam Speaker, I rise today in strong support of The ALS Registry Act of 2007, originally introduced in May by my colleague Representative ELIOT ENGEL of New York and myself. As the bill comes to the floor, we have been joined by 275 bipartisan cosponsors in support of this important legislation.

Amyotrophic Lateral Sclerosis (ALS) is a fatal, progressive, neurodegenerative disease affecting motor nerve cells in the brain and spinal cord. Approximately 5,600 people in the U.S. are diagnosed with ALS, also known as Lou Gehrig's Disease, each year. It is estimated that as many as 30,000 Americans have the disease. The average life expectancy for a person with ALS is two to five years from the time of diagnosis. There is no known cure for ALS.

The most important provision in our bill establishes a national ALS registry. There is currently no single national registry which collects and stores information on the prevalence and incidence of ALS in existence in the United States. The establishment of a national registry will help identify the occurrence and frequency of ALS and other motor neuron disorders and collect data which is badly needed for ALS research, disease management and the development of standards of care in order to significantly enhance the nation's efforts to find a treatment and cure for ALS.

A recent article from the New England Journal of Medicine stated that "approximately 90 percent of the persons with ALS have the sporadic form, which may be caused by the interaction of multiple environmental factors and previously unknown genes." The purpose of creating a registry is to identify if there are any geographic, genetic or environmental groups of people that have been diagnosed with this terrible disease. This would then allow scientists a better opportunity to identify any relevant factors. This registry may sound simple on the surface, but it is actually a significant tool in determining the root causes of ALS, which would hopefully lead to diagnostic tests and screenings to see who is susceptible to the disease.

Although we know the debilitating effects of ALS, I am moved every year when I am visited by patients and their families in my Washington office. Despite the extremely challenging medical conditions faced by these patients, they make an extraordinary effort to travel to the Capitol and share their stories in the hope that we will soon find effective treatments and a potential cure so that no one like them will have to suffer in the future. The courage shown by ALS patients, as well as their families, is inspiring to me.

All diseases bring hardships on those afflicted, but ALS is particularly cruel in the

quickness of the onset, the severity of the symptoms and the fatal nature of the condition. The provisions in our bill creating a nationwide registry for persons afflicted with ALS are important steps forward in strengthening the efforts to understand, treat and one day eradicate this terrible disease. I urge my colleagues to support the ALS Registry Act and I am proud to have worked on this very important effort with my friend Mr. ENGEL. I am also grateful that our committee, the Energy and Commerce Committee, took up this legislation and advanced the bill to the floor.

Mr. PATRICK J. MURPHY of Pennsylvania. Madam Speaker, I rise today in support of H.R. 2295, to amend the Public Health Service Act to provide for the establishment of an Amyotrophic Lateral Sclerosis Registry.

ALS, more commonly known as Lou Gehrig's disease, is a particularly cruel disease and is always fatal, usually between two and five years after diagnosis. One of the very few trends researchers have been able to identify is that veterans are twice as likely to die from ALS as those who have not served in the military. However, Madam Speaker, it can strike at any time, regardless of age, race, gender or nationality.

This fight is personal for me, as my good friend Shelbie Oppenheimer, and her husband Jeff have long been advocates for those with ALS.

Shelbie was diagnosed when she was just 28 years old and has since spent countless hours educating friends, family, community members and elected officials. Shelbie has been fortunate—still fighting after 10 years.

The Oppenheims have created a wonderful organization based in my district in Bucks County, Pennsylvania: Shelbie.org.

Along with many community partners, they work tirelessly to provide opportunities for the children of ALS patients. Jeff and Shelbie, along with their daughter Isabel, are a constant inspiration to me and I join them in the fight to turn ALS from a disease to a memory.

It is for Shelbie, Jeff, Isabel and countless others that I am proud to be a cosponsor of this bill. This legislation will create, through the Centers for Disease Control and Prevention, a single, nationwide ALS registry. This Registry is essential to advancing the search for treatments and the cure.

Since we don't know the cause or the cure of ALS, research is the key. Enabling researchers, doctors and patients to understand the trends and history of the disease is vital to moving forward. The Registry will gather data on the environmental and occupational factors that may contribute to the disease, including the age, race and ethnicity of individuals with ALS, the patients' family histories and other information that may be beneficial to advancing research and care.

Madam Speaker, I urge all of my colleagues to join this fight and support the ALS Registry Act and vote yes on H.R. 2295.

Mr. SHAYS. Madam Speaker, I am an original cosponsor of H.R. 2295, the ALS Registry Act. The legislation would direct the Centers for Disease Control and Prevention to develop a system to collect data on ALS and establish a national registry for the collection and storage of this data.

Creating the registry will allow us to better understand the incidence and prevalence of the disease, the age, race and ethnicity of people who have it, and whether there are any

environmental factors that are associated with the disease.

ALS, commonly known as Lou Gehrig's Disease, is a progressive neuromuscular disease characterized by a degeneration of the nerve cells of the brain and spinal cord leading to the wasting of muscles, paralysis and eventual death. Approximately 30,000 individuals in the United States are afflicted with ALS, with approximately 5,000 new cases each year.

The life expectancy of an individual with ALS is 3 to 5 years from the time of diagnosis. While there is no known cure or cause for ALS, aggressive treatment of the symptoms of ALS can extend the lives of those with the disease. Promising research gives hope that one day this deadly and debilitating disease will be cured.

Ms. BALDWIN. I yield back the remainder of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and pass the bill, H.R. 2295, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Ms. BALDWIN. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1630

CHRISTOPHER AND DANA REEVE PARALYSIS ACT

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1727) to enhance and further research into paralysis and to improve rehabilitation and the quality of life for persons living with paralysis and other physical disabilities, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1727

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Christopher and Dana Reeve Paralysis Act".

SEC. 2. TABLE OF CONTENTS.

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—PARALYSIS RESEARCH

Sec. 101. Activities of the National Institutes of Health with respect to research on paralysis.

TITLE II—PARALYSIS REHABILITATION RESEARCH AND CARE

Sec. 201. Activities of the National Institutes of Health with respect to research with implications for enhancing daily function for persons with paralysis.

TITLE III—IMPROVING QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES

Sec. 301. Programs to improve quality of life for persons with paralysis and other physical disabilities.

TITLE I—PARALYSIS RESEARCH**SEC. 101. ACTIVITIES OF THE NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH ON PARALYSIS.**

(a) **COORDINATION.**—The Director of the National Institutes of Health (referred to in this Act as the “Director”), pursuant to the general authority of the Director, may develop mechanisms to coordinate the paralysis research and rehabilitation activities of the Institutes and Centers of the National Institutes of Health in order to further advance such activities and avoid duplication of activities.

(b) **CHRISTOPHER AND DANA REEVE PARALYSIS RESEARCH CONSORTIA.**—

(1) **IN GENERAL.**—The Director may make awards of grants to public or private entities to pay all or part of the cost of planning, establishing, improving, and providing basic operating support for consortia in paralysis research. The Director shall designate each consortium funded through such grants as a Christopher and Dana Reeve Paralysis Research Consortium.

(2) **RESEARCH.**—Each consortium under paragraph (1)—

(A) may conduct basic, translational, and clinical paralysis research;

(B) may focus on advancing treatments and developing therapies in paralysis research;

(C) may focus on one or more forms of paralysis that result from central nervous system trauma or stroke;

(D) may facilitate and enhance the dissemination of clinical and scientific findings; and

(E) may replicate the findings of consortia members or other researchers for scientific and translational purposes.

(3) **COORDINATION OF CONSORTIA; REPORTS.**—The Director may, as appropriate, provide for the coordination of information among consortia under paragraph (1) and ensure regular communication among members of the consortia, and may require the periodic preparation of reports on the activities of the consortia and the submission of the reports to the Director.

(4) **ORGANIZATION OF CONSORTIA.**—Each consortium under paragraph (1) may use the facilities of a single lead institution, or be formed from several cooperating institutions, meeting such requirements as may be prescribed by the Director.

(c) **PUBLIC INPUT.**—The Director may provide for a mechanism to educate and disseminate information on the existing and planned programs and research activities of the National Institutes of Health with respect to paralysis and through which the Director can receive comments from the public regarding such programs and activities.

TITLE II—PARALYSIS REHABILITATION RESEARCH AND CARE**SEC. 201. ACTIVITIES OF THE NATIONAL INSTITUTES OF HEALTH WITH RESPECT TO RESEARCH WITH IMPLICATIONS FOR ENHANCING DAILY FUNCTION FOR PERSONS WITH PARALYSIS.**

(a) **IN GENERAL.**—The Director, pursuant to the general authority of the Director, may make awards of grants to public or private entities to pay all or part of the costs of planning, establishing, improving, and providing basic operating support to multicenter networks of clinical sites that will collaborate to design clinical rehabilitation intervention protocols and measures of outcomes on one or more forms of paralysis that result from central nervous system trauma, disorders, or stroke, or any combination of such conditions.

(b) **RESEARCH.**—A multicenter network of clinical sites funded through this section may—

(1) focus on areas of key scientific concern, including—

(A) improving functional mobility;

(B) promoting behavioral adaptation to functional losses, especially to prevent secondary complications;

(C) assessing the efficacy and outcomes of medical rehabilitation therapies and practices and assisting technologies;

(D) developing improved assistive technology to improve function and independence; and

(E) understanding whole body system responses to physical impairments, disabilities, and societal and functional limitations; and

(2) replicate the findings of network members or other researchers for scientific and translational purposes.

(c) **COORDINATION OF CLINICAL TRIALS NETWORKS; REPORTS.**—The Director may, as appropriate, provide for the coordination of information among networks funded through this section and ensure regular communication among members of the networks, and may require the periodic preparation of reports on the activities of the networks and submission of reports to the Director.

TITLE III—IMPROVING QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES**SEC. 301. PROGRAMS TO IMPROVE QUALITY OF LIFE FOR PERSONS WITH PARALYSIS AND OTHER PHYSICAL DISABILITIES.**

(a) **IN GENERAL.**—The Secretary of Health and Human Services (in this title referred to as the “Secretary”) may study the unique health challenges associated with paralysis and other physical disabilities and carry out projects and interventions to improve the quality of life and long-term health status of persons with paralysis and other physical disabilities. The Secretary may carry out such projects directly and through awards of grants or contracts.

(b) **CERTAIN ACTIVITIES.**—Activities under subsection (a) may include—

(1) the development of a national paralysis and physical disability quality of life action plan, to promote health and wellness in order to enhance full participation, independent living, self-sufficiency, and equality of opportunity in partnership with voluntary health agencies focused on paralysis and other physical disabilities, to be carried out in coordination with the State-based Disability and Health Program of the Centers for Disease Control and Prevention;

(2) support for programs to disseminate information involving care and rehabilitation options and quality of life grant programs supportive of community-based programs and support systems for persons with paralysis and other physical disabilities;

(3) in collaboration with other centers and national voluntary health agencies, the establishment of a population-based database that may be used for longitudinal and other research on paralysis and other disabling conditions; and

(4) the replication and translation of best practices and the sharing of information across States, as well as the development of comprehensive, unique, and innovative programs, services, and demonstrations within existing State-based disability and health programs of the Centers for Disease Control and Prevention which are designed to support and advance quality of life programs for persons living with paralysis and other physical disabilities focusing on—

(A) caregiver education;

(B) promoting proper nutrition, increasing physical activity, and reducing tobacco use;

(C) education and awareness programs for health care providers;

(D) prevention of secondary complications;

(E) home- and community-based interventions;

(F) coordinating services and removing barriers that prevent full participation and integration into the community; and

(G) recognizing the unique needs of underserved populations.

(c) **GRANTS.**—The Secretary may award grants in accordance with the following:

(1) To State and local health and disability agencies for the purpose of—

(A) establishing a population-based database that may be used for longitudinal and other research on paralysis and other disabling conditions;

(B) developing comprehensive paralysis and other physical disability action plans and activities focused on the items listed in subsection (b)(4);

(C) assisting State-based programs in establishing and implementing partnerships and collaborations that maximize the input and support of people with paralysis and other physical disabilities and their constituent organizations;

(D) coordinating paralysis and physical disability activities with existing State-based disability and health programs;

(E) providing education and training opportunities and programs for health professionals and allied caregivers; and

(F) developing, testing, evaluating, and replicating effective intervention programs to maintain or improve health and quality of life.

(2) To private health and disability organizations for the purpose of—

(A) disseminating information to the public;

(B) improving access to services for persons living with paralysis and other physical disabilities and their caregivers;

(C) testing model intervention programs to improve health and quality of life; and

(D) coordinating existing services with State-based disability and health programs.

(d) **COORDINATION OF ACTIVITIES.**—The Secretary shall ensure that activities under this section are coordinated as appropriate by the agencies of the Department of Health and Human Services.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there is authorized to be appropriated \$25,000,000 for each of fiscal years 2008 through 2011.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentlewoman from Wisconsin (Ms. **BALDWIN**) and the gentleman from New York (Mr. **FOSSELLA**) each will control 20 minutes.

The Chair recognizes the gentlewoman from Wisconsin.

GENERAL LEAVE

Ms. **BALDWIN**. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill under consideration.

The **SPEAKER** pro tempore. Is there objection to the request of the gentlewoman from Wisconsin?

There was no objection.

Ms. **BALDWIN**. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1727, the Christopher and Dana Reeve Paralysis Act. I am honored to have known Christopher and Dana Reeve, and it is fitting that we are considering this bill today just after the 3-year anniversary of Christopher's death.

As we know, sometimes hardships and painful experiences are the starting point for an incredible advocacy, and this was certainly the case with Christopher and Dana Reeve. In turn, the Christopher and Dana Reeve Paralysis Act reflects our desire to carry out their work and improve the lives of, and hasten better treatments and cures for, people living with paralysis.

Madam Speaker, as many of my colleagues may be aware, millions of

Americans live with paralysis. Two million Americans live with paralysis of the extremities; a quarter million Americans live with spinal cord injuries; 4 million Americans live with the effects of stroke; 250,000 to 350,000 Americans have been diagnosed with some form of multiple sclerosis; half a million children and adults in the U.S. have been diagnosed with cerebral palsy; and 30,000 Americans, as we have just heard, live with ALS, also known as Lou Gehrig's disease.

This legislation is multifaceted and seeks to address several aspects of paralysis research and quality-of-life issues. The bill expands research on paralysis at the NIH by encouraging collaborative research to connect scientists doing similar work and enhanced understanding and speed discovery of better treatment and cures. The bill also encourages research to enhance the daily function of people with paralysis, including improving their functional mobility, assessing the efficacy and outcomes of medical rehabilitation therapies, and developing improved assistive technology to improve function and independence.

Lastly, the bill seeks to improve the quality of life and health of persons with paralysis and other physical disabilities by supporting programs to disseminate information involving care and rehabilitation options. It also coordinates best practices designed to support and advance quality-of-life programs for persons living with paralysis and other physical disabilities.

Madam Speaker, Christopher and Dana Reeve used their visibility to work on behalf of families in all parts of this country who face the challenges of paralysis and impaired mobility. I have been honored to carry on their work and am honored to work on this legislation with Congresswoman BONO, Congressman LANGEVIN, and Congressman BILIRAKIS. I am also thankful to have had the opportunity to work with the Christopher and Dana Reeve Foundation and the thousands of paralysis advocates who have worked for the passage of this bill.

Madam Speaker, I urge all of my colleagues to join me in supporting the Christopher and Dana Reeve Paralysis Act.

Madam Speaker, I reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today as well in support of H.R. 1727, the Christopher and Dana Reeve Paralysis Act, introduced by Representatives BALDWIN, BONO, and BILIRAKIS. My colleague from Wisconsin stated very eloquently the statistics and the justification for this act, and it is long overdue. As was mentioned, the legislation would authorize the Director of the National Institutes of Health to coordinate paralysis research through the NIH Institutes and Centers.

Research would be focused on basic, translational, and multicenter net-

works of clinical sites focused on designing clinical rehabilitation protocols for one or more forms of paralysis. Such paralysis research would include paralysis from the central nervous system trauma, disorders, stroke, or any combination of such conditions. Additionally, the legislation would authorize the Secretary of Health and Human Services to award grants for activities related to paralysis, including grants to establish paralysis registries and disseminate information to the public.

Madam Speaker, we have seen over the years how the Reeves served as strong advocates for the paralysis community, meeting with a wide variety of colleagues in the House and the Senate over the last several years. Their dignified presence in Washington will be greatly missed. I believe that through legislative initiatives such as this one the work done by the Christopher and Dana Reeve Foundation will continue that work that was left unfinished, and will be done so in a respectful manner.

As the population continues to grow and to age, I think more and more of society will be confronted with the likes of paralysis. It is our job, and I think responsibility, to partner with the private sector to bring awareness, funding, and education to ensure that as few people as possible are brought down by this illness.

Madam Speaker, I reserve the balance of my time.

Ms. BALDWIN. Madam Speaker, I have no further Members seeking time, and continue to reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, it is my pleasure and honor to yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), a leader in this cause and a sponsor of this legislation.

Mr. BILIRAKIS. Madam Speaker, I rise today in support of H.R. 1727, the Christopher and Dana Reeve Paralysis Act. Millions of Americans suffer from paralysis and mobility impairment. They struggle each and every day to perform even the most basic of tasks that most of us take for granted. The impact this impairment has on the lives and the lives of those who love them and care for them is staggering. As one who has struggled with hearing and vision problems nearly my entire life, I know how difficult any physical impairment can be, both physically and emotionally; but I cannot imagine what people with severe paralysis go through and their constant struggle to maintain hope that they one day will walk or move again.

Madam Speaker, I am very proud to be an original cosponsor of this bill, which will encourage collaborative research in paralysis and hasten the discovery of treatments and potential cures to improve the lives of people with paralysis. I am especially pleased that this bill is modeled after legislation I introduced at the beginning of this Congress. My bill, the language of which this bill includes, also has provisions to utilize VA facilities to im-

prove paralysis research and better track the work that is being done in this area within the world's largest system of hospitals.

Madam Speaker, I want to thank Congresswoman TAMMY BALDWIN for sponsoring this bill, and also Energy and Commerce Committee Chairman JOHN DINGELL and Ranking Member JOE BARTON for moving it through their committee. I also want to give special thanks to my father, former Congressman Mike Bilirakis, who first introduced this bill several years ago after meeting the extraordinary men and women for whom this bill was named. His persistence and determination helped build the necessary support to get us where we are today.

Although I never had the honor of meeting Christopher or Dana Reeve personally, my father has shared with me their strength, dignity, and courage in dealing with what only people similarly situated can fully understand. They pushed to the national forefront the issue of the need for better research into paralysis and greater emphasis on rehabilitation. I wish they were here to share this moment with us today, though I am sure they are both smiling down on our efforts here today.

Madam Speaker, I believe we can and must do more for those suffering from paralysis and mobility impairment. I urge all my colleagues to help take a significant step forward in this area by supporting this bill today.

Ms. BALDWIN. Madam Speaker, I continue to reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, let me just once again thank Mr. BILIRAKIS and, of course, his father for spearheading this when he was in the House, and Ms. BALDWIN and Mrs. BONO for bringing this to the floor. We know how paralysis, especially sudden paralysis, can damage one's life and that of their family, and it becomes a lifelong commitment. Once again, I think Congress has a real fundamental responsibility to ensure we can bring as much peace and peace of mind to those families. With that, I urge the adoption of this bill.

Madam Speaker, I yield back the balance of my time.

Ms. BALDWIN. Madam Speaker, in closing, as we remember Christopher Reeve just after the third anniversary of his passing, we honor him by having the House consider today and pass one of the truly first comprehensive bills focused on paralysis research and care for those who are paralyzed. I urge Members to strongly support this bill.

Ms. SUTTON. Madam Speaker, I rise today in strong support of H.R. 1727, the Christopher and Dana Reeve Quality of Life for Persons with Paralysis Act. And as I express my support for this legislation today, I would like to recognize an outstanding organization in my district, Linking Employment, Abilities, and Potential, or LEAP.

LEAP provides hope and empowerment for tens of thousands of people with disabilities and their families throughout Northeast Ohio.

Through legislation such as the Christopher and Dana Reeve Paralysis Act, Congress sends a message about people with disabilities—that they matter, that they can and do make valuable contributions to society. That is a message that LEAP and so many disability rights advocates send every day.

LEAP is deeply committed to empowering people with disabilities in the workplace through specialized skill development programs, at home through independent living training, in the medical system through access to the best medical care, and in so many other aspects of society. LEAP's Disability Employment Training Program, in particular, aligns with the goals of Christopher and Dana Reeve, who fought so hard for integration and acceptance for those with disabilities in our communities. LEAP has an 80 percent success rate in employment training and placement and has a tremendous impact on the community, recognizing the many talents of people with disabilities and the potential to be productive citizens.

Once again, I rise to express my support for H.R. 1727, and to honor Linking Employment, Abilities, and Potential.

Ms. BALDWIN. Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and pass the bill, H.R. 1727, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SUPPORTING THE GOALS AND IDEALS OF A LONG-TERM CARE AWARENESS WEEK

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 133) supporting the goals and ideals of a Long-Term Care Awareness Week.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 133

Whereas the Department of Health and Human Services has reported that approximately 60 percent of individuals who are over the age of 65 will need some kind of long-term care services and at some point more than 40 percent of such individuals will require nursing home care;

Whereas in 2005 the Government Accountability Office projected that by 2040 the number of individuals in the age group of individuals who are 85 years of age or older, which it finds is the age group most likely to require long-term care services, is projected to increase more than 250 percent from 4,300,000 individuals in 2000 to 15,400,000 individuals;

Whereas the Internet site of the National Clearinghouse for Long-Term Care Information notes that the Medicare program does not generally pay for most long-term care services that are needed and that the Medicare program pays for skilled nursing facility services only after a recent hospital stay, that Medicare beneficiaries generally pay more than \$118 in daily coinsurance begin-

ning on the 21st day of coverage and coverage ends after 100 days, and that the Medicare program does not cover a stay in an assisted living facility or adult day care;

Whereas an AARP study in 2006 found that 59 percent of people in the United States who are 45 years of age or older overestimated the level of coverage under the Medicare program for nursing home care and more than half of such people who are 45 years of age or older indicate they believe such program provides coverage for assisted living, which it does not;

Whereas the 2006 AARP study concludes that given the already high costs related to long-term care and the projected growth in the size of the older population in future years, it is essential for people in the United States to learn more about the costs of long term care, about ways to prepare for and pay for long term care, and State and community resources that are available to assist in these challenges;

Whereas the Government Accountability Office has reported that broad-based misperceptions regarding the Medicare program's level of long-term care coverage significantly contributes to the lack of personal preparation of people in the United States for the financing of long term care and advises that the government can play a significant part in enhancing personal preparedness by educating people in the United States about the scope of coverage of long-term care under public programs such as the Medicare program;

Whereas people in the United States have a right to know what long-term care coverage is available to them so that they are able to make informed retirement choices;

Whereas the first phase of the Department of Health and Human Service's pilot program to raise awareness regarding planning for long-term care obtained a less than 8 percent response rate by consumers requesting information in selected States;

Whereas in 2002 the Government Accountability Office reported that less than 10 percent of the elderly population in the United States and a lower percentage of those aged 55 to 64 years of age in the United States have purchased long-term care insurance;

Whereas the Department of Commerce indicates that savings as a percentage of after tax income declined from approximately eight percent in 1990 to less than zero since 2005;

Whereas in 2005 the Government Accountability Office reported that spending on long-term care services solely for the elderly is projected to grow at least two-and-a-half times and could grow almost four-fold to \$379 billion in 2050;

Whereas the Government Accountability Office has reported that many people in the United States have neared impoverishment by depleting their assets to pay the significant costs of their long-term care;

Whereas AARP reports that an estimated 44,400,000 individuals who are 18 years of age or older provide unpaid care to another adult and others have estimated the value of such unpaid services to be approximately \$257 billion annually;

Whereas advance planning by family members will help to protect caregivers' health, financial security, and quality of life;

Whereas our Nation's long term care challenges will significantly impact women, who make up more than 58 percent of people in the United States who are 65 years of age and older, and greater than two-thirds of people in the United States who are 85 years of age and older;

Whereas encouraging people in the United States to anticipate and plan for their future long-term care needs will help them achieve greater health and financial security, as well

as greater independence, choice, and control over the services they need in the setting of their choice; and

Whereas a long term care awareness week has been observed during the first full week in November, which in 2007 will be the week of November 4th through 10th: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress—

(1) supports the goals and ideals of a Long-Term Care Awareness Week;

(2) encourages the Secretary of Health and Human Services to continue working to educate people in the United States about long-term care; and

(3) urges the people of the United States to recognize such a week as an opportunity to learn more about the potential risks and costs associated with long-term care and the options available to help meet their long-term care needs.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Wisconsin (Ms. BALDWIN) and the gentleman from New York (Mr. FOSSELLA) each will control 20 minutes.

The Chair recognizes the gentlewoman from Wisconsin.

GENERAL LEAVE

Ms. BALDWIN. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and exclude extraneous material on the concurrent resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Wisconsin?

There was no objection.

Ms. BALDWIN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H. Con. Res. 133, supporting the goals and ideals of a Long-Term Care Awareness Week. Long-term care is an often overlooked part of the continuum of care for many Americans, and many of us find ourselves ill informed and ill prepared to make choices for our own long-term care needs and those of our loved ones.

According to the U.S. Department of Health and Human Services, long-term care represents a variety of services that include medical and nonmedical care for people who have a chronic illness or disability. Most long-term care is to assist people with the activities of daily living, such as dressing, bathing, and using the bathroom. It is important to remember that you may need long-term care at any age. The need for support and health services for persons who have diminished capacity for self-care is projected to strain both public and private resources.

Madam Speaker, H. Con. Res. 133 calls for public education about the need for long-term care so that people of all ages throughout our Nation are better prepared to meet their own long-term care needs. Planning for long-term care requires us to think about possible future health care needs. Making the right decision about long-term care requires us to look at all of the options before us and to make informed decisions.