

kind words, but for cosponsoring this legislation.

I urge passage of H.R. 2938, and with that I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. COSTELLO) that the House suspend the rules and pass the bill, H.R. 2938.

The question was taken.

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

Mr. BROUN of Georgia. Mr. 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.

RECOGNIZING LATINO DIABETES AWARENESS MONTH

Mr. BACA. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 69) recognizing the need to continue research into the causes, treatment, education, and an eventual cure for diabetes, and for other purposes.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 69

Whereas diabetes mellitus is a chronic disease caused by the inability of the pancreas to produce insulin or to use the insulin produced in the proper way;

Whereas in the case of Type I diabetes or insulin-dependent diabetes, formerly called juvenile-onset diabetes because it tends to affect persons before the age of 20, the pancreas makes almost no insulin;

Whereas in the case of Type II diabetes or non-insulin-dependent diabetes, which comprises about 90 percent of all cases of diabetes, the pancreas produces a reduced amount of insulin or the cells do not respond to the insulin;

Whereas this year 23.6 million Americans suffer from one form or another of this disease, and 5.7 million people go undiagnosed, commonly known as pre-diabetes;

Whereas 2.0 million or 8.2 percent of all Latino Americans aged twenty years or older have diabetes, and Latino Americans are 1.5 times more likely to have diabetes than non-Latino whites of similar age;

Whereas Mexican-Americans, the largest Latino subgroup in the United States, are more than twice as likely to have diabetes as non-Latino whites of similar age;

Whereas residents of Puerto Rico are 1.8 times more likely to have diagnosed diabetes than United States non-Latino whites;

Whereas diabetes affects individuals in different ways, and as a result, treatment programs will vary;

Whereas diabetes in the Latino community can result in a high prevalence of complications, such as foot problems and amputations, kidney failure that may lead to chronic or end stage renal disease, blindness, numbness and loss of sensation in the legs, heart attacks and strokes, and eventually death;

Whereas individuals suffering from diabetes can reduce their risk for complications if

they are educated about their disease; learn and practice the skills necessary to better control their blood glucose, blood pressure, and cholesterol levels; exercise; and receive regular checkups;

Whereas targeted health communications to the public are vital in disseminating information about diabetes and the need to live a healthy lifestyle;

Whereas the Latino Diabetes Association, a nonprofit organization devoted to aggressive diabetes education, has worked tirelessly to raise funds for diabetes education and to find the causes of and cure for diabetes; and

Whereas the month of July of 2009 would be an appropriate month to recognize Latino Diabetes Awareness Month in order to educate Latino communities across the Nation about diabetes and the need for research funding, accurate diagnosis, and effective treatments: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the need to continue research into the causes, treatment, education, and an eventual cure for diabetes;

(2) commends those hospitals, community clinics, educational institutes, and other organizations that are—

(A) working to increase awareness of diabetes; and

(B) conducting research for methods to help patients and families in the Latino community suffering from diabetes;

(3) congratulates the work of the Latino Diabetes Association for its great efforts to educate, support, and provide hope for individuals and their families who suffer from diabetes;

(4) supports the designation of an appropriate month to recognize "Latino Diabetes Awareness Month"; and

(5) calls upon the people of the United States to observe the month with appropriate programs and activities.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. BACA) and the gentleman from Louisiana (Mr. SCALISE) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. BACA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on this legislation and to insert extraneous material thereon.

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

There was no objection.

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

First, I would like to thank Majority Leader HOYER, Chairman WAXMAN, Ranking Member BARTON and Health Subcommittee Chair PALLONE and, of course, my colleague from Louisiana, a good baseball player, for their support of this resolution. I also want to take the time to thank all my colleagues in the House of Representatives for their bipartisan support of this resolution.

I rise today in strong support of House Resolution 69, the Latino Diabetes Awareness Resolution. The resolution recognizes the need to continue research into the causes, treatment, education and an eventual cure for diabetes and commends those organizations

that are working to increase awareness of diabetes and conducting research for methods to help patients and families in Latino communities suffering from diabetes.

It also congratulates the work of the Latino Diabetes Association for its great efforts to educate, support and provide hope for individuals and families who suffer from diabetes. The resolution also supports the designation of July 2009 as "Latino Diabetes Awareness Month." It calls upon the people of the United States to observe the month with appropriate programs and activities.

It is critical for the long-term sustainability of any health care reform plan to make sure that steps for the prevention of diseases, like diabetes, are encouraged by Congress. This prevention of disease would do a great deal in helping keep costs down for current patients, as well as favorably changing the attitudes and behavior of diabetes patients and their families, thereby improving their quality of life.

We can take a good first step in achieving these goals by passing this resolution here today. Diabetes is a chronic disease of the pancreas and adversely affects its ability to produce and use insulin in the proper way.

Diabetes has no cure, treatment varies from patient to patient, and it is quite often very painful. Some side effects of treatment include weight gain, skin rash or itching, various stomach problems, tiredness and dizziness, and swelling in the leg and ankle.

The impact of diabetes is not focused solely on the patient; family members and immediate care takers also suffer greatly from the effects of diabetes on their loved ones. I say this from personal experience.

In the Latino community, diabetes can result in high prevalence of foot problems, kidney failure, renal disease, blindness, heart attacks, strokes and eventually death.

□ 1700

What's scariest is that diabetes patients who need to take one or more insulin shots daily, and for whatever reason do not, greatly increase their risk of stroke and heart attack.

One of the reasons I believe diabetes disproportionately affects the Latino community is the lack of sound health communication that speaks to those Hispanics who are most at risk of coming down with diabetes, or who already suffer from it. This means targeting communications efforts to both English- and Spanish-speaking communities and specifically referencing these efforts towards the area of our culture that puts us at risk the most: our diets.

Over 23.6 million Americans suffer from diabetes, and of these, 2 million are Latinos or of Latino descent; 8.6 of all Latinos over the age of 20 live with this disease. However, Latinos are almost twice as likely to have diabetes as non-Latino whites of similar age.

Individuals suffering from diabetes can reduce their risk for complications if they are educated about their disease and take the proper steps to care for themselves. This means learning and practicing the skills necessary to better control their blood glucose, blood pressure and cholesterol levels. They must exercise and receive regular checkups, as well as maintain a healthy, balanced diet, as well as maintaining willingness to change these dangerous eating habits.

And that becomes very difficult for a lot of us because we like our frijoles, our tortillas, our tamales, our enchiladas, our menudo; but we have to put that aside. This could include eating meals prepared healthier, eating more moderate portions, or a combination of these.

Two people ought to be commended for their hard work in the attempts to educate the public about diabetes and treatments for patients, and that's actors Rita Torres and Edward Olmos. A few years ago, I worked with Rita Torres and Edward to help put together a short documentary highlighting the day-to-day lives of different diabetes patients, regardless of age or ethnicity, and they ought to be recognized for their tireless efforts to raise diabetes awareness.

I have been affected personally by diabetes through the loss of five members of my immediate family. My father was a proud, hardworking man, never missed a day of work for any reason until he was struck down by diabetes and ultimately needed to have a leg amputated. It originally started with a toe, half a leg, and then the leg itself.

My mother also was very strong, was never sick until she, too, came down with diabetes.

My two brothers, Abelio and Tanny, and my sister Annie fought with diabetes but ultimately lost their battle largely due to lack of education and awareness of how the disease would affect their lives and not willing to change their eating habits.

Tanny recently passed away due in part to the fact that he could no longer afford all the necessary treatment to keep his diabetes at bay. He is not only a victim of diabetes but of the high cost of health care as well.

My brother-in-law, Ted Dominguez, was also a victim of diabetes. Ted was a great athlete back in his day, always in great physical shape. His lesson to us is that anyone, regardless of age, weight or physical condition, can get diabetes. He eventually went through dialysis and ultimately ended up losing his life.

Also, a former staff member of mine who has been a close friend for many years, Daniel Hernandez, is a testament to us and to many other folks. He worked for me because he needed coverage for diabetes. He left my office after 2 years and became an independent consultant. He came back, however, and approached me one day and told me that the only reason he

was willing to come back to work was to qualify for health care benefits that he would not be able to receive otherwise.

It was their fight and their example that opened my eyes to the horrid realities and difficulties of this disease and the need for education and awareness about diabetes and ultimately to introduce this resolution.

However, a great diabetes success story and a perfect example to prove that diabetes can be beat is Supreme Court nominee, Judge Sonia Sotomayor. Judge Sotomayor was diagnosed and has lived with type 1 diabetes since the age of 8 years of age. Due to carefully monitoring her condition, she fought the disease head-on and continues to be a great example of someone who can live with diabetes. She will soon not only be the first Latina to become a Justice on the Supreme Court, but also the first Latina with type 1 diabetes.

Another example of a remarkable type 1 diabetes patient is Sara Rodriguez. Sara is a constituent of mine, a rising junior at Rancho Cucamonga High School, a straight A student, and letter winner in basketball, volleyball, and track. In order for Sara to lead as normal a teenage life as possible, she must test her blood sugar levels eight to 20 times per day, every day. She will never outgrow her disease and will require care and medication for the rest of her life. She is a very brave and courageous young woman whose fight and determination should not only be an example to diabetes patients everywhere, but to anyone facing adversity.

On behalf of all of the other young people like Sara Rodriguez, Congress recently reauthorized the special diabetes program. This is a wonderful example of the government's commitment to cure diabetes for people like Sara and the millions of others who live with the disease and its complications. This program funds \$150 million a year in type 1 diabetes research and is aligned with the goals of this resolution to keep us on the path towards a cure for diabetes.

Yet another great example of a person living a healthy life with diabetes is Roque Martin, the grandfather of Matt Gomez, one of my interns, who has been instrumental in assisting with this resolution. Roque was diagnosed with diabetes over 25 years ago and continues to live a healthy life even at the age of 78. He eats right and checks his blood sugar level three times a day and is a great example, along with Sara and Judge Sotomayor, for all diabetes patients that with proper care, diet and exercise, one can survive with diabetes.

That is why it's so important to pass this resolution, which I introduced in the hopes of bringing awareness to those lucky enough to not have to face the disease firsthand, or through the fight of a loved one.

It takes a small, but a critical, first step to help raise awareness about dia-

betes for not only the Latino community, but for all Americans and all individuals impacted with diabetes.

But, also, it's a giant step for those individuals that have suffered from diabetes for many years and lack the ability to tell their stories firsthand, along with families and immediate caretakers of diabetes patients, who oftentimes suffer the impacts of the disease more so than the patient themselves.

Diabetes is a disease that can, and does, affect anyone: Democrats, Republicans, black or white, Latinos, Asians, American Indians, all nationalities. The alarming statistics regarding diabetes are on the rise. With the greater scope of the health care debate, there is no better time to raise the awareness for a preventable disease than right now. And there is no better time than right now to stress that no diabetes patient should be denied health care coverage because of their preexisting condition.

For these reasons, I ask you to stand with me and fight against diabetes and pass this resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in support of H. Res. 69.

I want to congratulate the gentleman from California on his leadership on this bill, building a bipartisan coalition to bring it to the floor under suspension. I want to recognize the 23.6 million Americans that suffer from diabetes. Diabetes can lead to serious complications and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.

The Centers for Disease Control has stated that progression to diabetes among those with pre-diabetes is not inevitable and that studies have shown that people with pre-diabetes who lose weight and increase their physical activity can prevent or delay diabetes and return their blood glucose levels to normal. Through regular exercise and a steady diet, Americans can get to a healthier state of living and avoid diabetes, and that's what we're trying to raise awareness about.

I reserve the balance of my time.

Mr. BACA. Mr. Speaker, I yield 2 minutes to my good friend from Houston, Texas (Mr. GENE GREEN), also an outstanding basketball player.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise today in support of H. Res. 69, which recognizes the increased rates of diabetes in the Hispanic community and calls for increased research to combat and prevent the high rates of diabetes in Hispanics.

And I want to thank my good friend JOE BACA for sponsoring this resolution and also for the compliment. I think you're the first person in history who ever said I was a good basketball player. Thank you, JOE.

According to the Office of Minority Health, Mexican Americans are twice as likely as non-Hispanic whites to be

diagnosed with diabetes by a physician. They have higher rates of end-stage renal disease caused by diabetes, and they are 50 percent more likely to die from diabetes than non-Hispanic whites.

Mexican American adults are two times more likely than non-Hispanic white adults to have been diagnosed with diabetes by a physician. In 2002, Hispanics were 1.5 times as likely to start treatment for end-stage renal disease related to diabetes, compared to non-Hispanic white men. In 2005, Hispanics were 1.6 times as likely as non-Hispanic whites to die from diabetes.

In our district, it is predominantly Hispanic. We have a large number of individuals with type 2 diabetes, which is often referred to as late-onset diabetes. Because of this, many individuals in our district have diabetes-related complications, including illnesses such as foot problems and amputations, kidney failure that may lead to chronic or end-stage renal disease, blindness, numbness and loss of sensation in the legs, and heart attacks and strokes.

However, type 2 diabetes is preventable with a good diet and exercise. It is important we have targeted educational campaigns in the Hispanic community to help combat the diabetes epidemic.

I would like to commend the Latino Diabetes Association and other diabetes research groups for their work in educating the Hispanic community on diabetes-related issues. Groups like these are crucial to the reduction of diabetes in the Hispanic community.

I would also like to extend my support towards designating July 2009 as Latino Diabetes Awareness Month to help raise awareness of the high rate of diabetes in Hispanics.

Through education and prevention and wellness programs we can drastically reduce the number of Hispanic individuals with diabetes.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BACA. I yield the gentleman 30 additional seconds.

Mr. GENE GREEN of Texas. This is probably the most important part, Mr. Speaker.

That is why this Congress needs to pass comprehensive health care reform that covers everyone so we can deal with the diabetes epidemic in our Hispanic community, our African American community and also in our low-economic community, because we can deal with this if we push the envelope back to deal with it before it gets to be where people start losing their legs.

Mr. SCALISE. Mr. Speaker, I yield 10 minutes to the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. I thank the gentleman for yielding.

Mr. Speaker, I'm a medical doctor. I've treated diabetes for 3½ or more decades. I congratulate my good friend JOE BACA for bringing this issue to the forefront because it is extremely important for all Americans, not just

only the Latino community that he's focusing on here. I've seen many patients in my overall medical career that are Latino, as well as blacks and Caucasian and people from all ethnic groups. It affects everybody no matter who their forefathers, what their skin color is, and I congratulate Mr. BACA for bringing this forward.

God tells us in Hosea 4:6, My people are destroyed for lack of knowledge. And as a medical doctor, I've tried to instill knowledge into my patients over the years, and this, of course, is what this resolution is all about, and I do congratulate the gentleman for bringing it forward because we do have a problem with people being knowledgeable about diabetes and the effect that it has upon them, their families, their longevity.

Diabetes is the leading cause of blindness in the adult population. It leads to many health problems. It leads to heart attacks and strokes. It leads to peripheral vascular disease.

As I sat here listening to Mr. BACA, I recalled an elderly black gentleman who came to see me as a patient that I diagnosed as having diabetes, and I started talking to him about diet and exercise and those types of things. Well, he didn't take care of himself, in spite of all my warnings and all of the consequences that he was headed towards. He wound up having a foot cut off, and he had that leg cut off. I kept talking to him. His blood sugar was continuing to be extremely high. Wound up having a second leg cut off, and eventually he had both arms and both legs removed, and he was sitting in a wheelchair when he finally got the message and started controlling his diet, taking his medications as prescribed, and we finally got his blood sugar in good control.

That's a sad story. I've seen many, many patients over the years that have developed renal failure, which is what diabetes leads to. It leads to the nerves in people's legs dying so that they have no feeling in their legs so they can get cuts or even the simplest little puncture or a cut on their foot may lead to gangrene that leads to amputation, maybe even lead to what we call in medicine septicemia, which is where you have bacteria in your bloodstream, and it can go to your heart and it can affect the valves in your heart. Septicemia itself can lead to death, by itself.

Diabetes afflicts many of our population, and it's sad that people don't have the knowledge of what that disease will lead to.

□ 1715

That's why I congratulate Mr. BACA for bringing this forward, and I do support this legislation.

Mr. Speaker, when I was practicing medicine in rural south Georgia, I had a small automated lab in my office down there, and Congress passed a bill called the Clinical Laboratory Improvement Act. My lab was totally

automated. I had quality control to make sure that the results were absolutely accurate so that when I checked a patient's blood sugar, I would know what it was to know if they had the potential for prediabetes or whether they had frank diabetes. I would do a fasting blood sugar that would help me diagnosis their condition.

Well, Congress passed CLIA, the Clinical Laboratory Improvement Act, that closed my lab and every single doctor's lab in this country. Closed our labs. Eventually, I got my lab back up after I jumped through the hoops that were required by the legislation, by the regulatory burden placed on me and all doctors in this country.

Prior to CLIA, a patient would come in and I would take a history and physical and would suspect that they may have diabetes. Some patients would get a family history of diabetes, and so I would do a screening test of a fasting blood sugar.

I charged \$10 for that test, Mr. Speaker. After CLIA shut me down, I had to send patients over to the hospital. The hospital was charging \$35 for the same test. Once CLIA came along, it actually increased, and I got my lab opened back up, I had to charge \$35, but the hospital, I think, went to \$75 for the very same test.

The point I want to make here is this regulatory burden on the health care industry markedly raised the price for that one test. What we see across the health care industry when government gets involved in health care decisions, such as it did with CLIA, it drives up the cost for all of us.

As a physician who used to be a preferred provider for Medicare patients—I'm not now, for many reasons—but as a preferred provider, I could not see many patients, as I did previously, for free. Many, many patients, poor patients, people that had no insurance would come into my office, and I would see them for free. I have literally given away hundreds of thousands of dollars of free health care provision in my office; give free tests, free screening for diabetes, for many conditions. But under current Federal law, physicians who accept Medicare cannot do that. That makes no sense, Mr. Speaker.

It is so today because of Federal regulation. Congress passed HIPPA, the Health Insurance Portability and Privacy Act. That has cost the health care industry billions of dollars and has not paid for the first aspirin to treat the headaches that it's created. And it was totally unneeded.

Mr. Speaker, the point I'm trying to make is the American people need to know that the more the Federal Government gets into the health care business, the more regulatory burden is placed on physicians and hospitals, the higher the cost goes.

In the non-stimulus bill we put a chunk of money, a huge chunk of money, for something called comparative effectiveness research. What I'd like my colleagues and the American

people to know, Mr. Speaker, is that this is a process put into place by the Democratic majority.

This could have prevented those 78-year-old people that my friend Mr. BACA talked about from getting the care that they need because it is going to be deemed, as some Federal bureaucrat says, it's not effective comparatively to provide the dialysis for that 78-year-old that Mr. BACA was talking about. It's not going to be effective to try to prevent the blindness. It's not going to be effective to provide care to people who now are getting care. And we're going to have a tremendous denial or delay of services.

I have said on this floor in Special Orders that this comprehensive health care bill that's being debated right now in committees and is going to be presented on this floor eventually—the Speaker wants to have it come up before we leave for the August recess—it's literally going to kill people.

Now I have been chastised in the liberal media for making that claim, but it's going to kill people for this simple reason, Mr. Speaker. And the American people need to understand this. People are going to be denied services. They're going to have a marked delay in their being able to get the screening tests that they need for colon cancer or for evaluation of their chest pain or they're going to have a marked delay, as we see in Canada and Great Britain today, of being able to get their bypass surgery.

So diabetic patients who have developed coronary artery disease and have angina pectoris and maybe even had a heart attack are going to have marked delay in being able to get the stints put in or their bypass surgery that they desperately need, and people are going to die.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. SCALISE. I yield 2 additional minutes to the gentleman from Georgia.

Mr. BROUN of Georgia. I have seen patients over and over again with these consequences of diabetes.

Mr. Speaker, I've given away hundreds of thousands of dollars of my services over my career. I want people to have access to health care—but they do today. EMTALA requires every emergency room in this country to evaluate and treat everybody who walks in. So the question of access is not a true question to debate today.

We hear about 47 million people. The numbers keep growing by the Democratic side. The American people need to understand that a lot of those people are illegal aliens who have come here illegally. I understand why. They come here for work, for their families. And I feel for them. But they have still broken the law.

American citizens are going to be denied treatment, denied x-rays, denied their coronary bypass surgery, denied their dialysis, and all these things because of this comprehensive health

care plan that's being shoved down the throat of the American people. This is not the proper way of doing it.

CBO just last week said it's not going to lower the cost of health care. CBO just last week said it's not going to put people in the insured category. CBO last week said it's going to cost at least 750,000 jobs in America.

The more government gets involved in the health care business, the higher the cost goes, the less efficient it is, and the Democratic plan is going to destroy the quality of health care.

The American people, Mr. Speaker, need to stand up and say “no,” and say “yes” to a health care plan that makes sense, that lowers the cost of care for all Americans.

Mr. BACA. First of all, I appreciate some of the comments that my colleague, the doctor from Georgia, ended up making. And it is about knowledge, education, and awareness, and it's about preventive, because preventive is really the key to saving money. Once you do the early detection, early prevention, then we could save a lot of lives on account of treatment, because in his statement he indicated many of the people that he treated—those are people that I recognize in terms of my own personal family that lack that kind of knowledge, that kind of awareness, and did not follow the doctor's orders in terms of what they should have been doing to preserve their life. That's why it's very important that we create this kind of legislation to recognize diabetes awareness for all America, because it impacts all of us.

With that, I reserve the balance of my time.

Mr. SCALISE. It's important that we continue working to find the causes and the treatments, education, and make sure that we are researching properly to find cures for diseases like diabetes.

The broader question of health care reform—I think my friend from Georgia did a really good job of talking about the challenges and the concerns that so many over on this side have of this proposal that's before us. Not here in this bill, but being debated here in this Congress in these coming weeks, this week, last week, this proposal to have a government takeover of our health care system.

I think it shows that while there are definitely ways to approach this in a bipartisan fashion, where there are many areas of health care reform that many of us agree need to be made to improve outcomes, to improve access, to focus on that narrow group of people who don't have access to care.

I think the real danger is going down the road of a government takeover where government literally is interfering in the relationship between a doctor and their patient, as this bill would do, the bill that's been filed by the administration, by some of the members of this Democratic leadership.

I think there's real problems, and we can only look at the neighbors that

have gone down the same road. Look at Canada. Canada has a government-run health care system. Many people with the means from Canada come to America to get good care. The same thing in England.

There was a tragic story in England, which has a government-run system. Just yesterday, there was a young man, a 22-year-old, who died because he was not allowed to get a liver transplant. “He did not qualify for a donor liver under strict NHS rules.” His own mother said, “These rules are really unfair.”

They have a government-run system that's very similar to the proposal that's being pushed by the President to have this government takeover of health care.

We actually had an amendment in committee last night in the Energy and Commerce Committee that would have prohibited a government-run system from having a bureaucrat interfere in the relationship between a patient and their doctor. Unfortunately, our amendment was defeated.

So clearly it shows that a government-run system would allow a doctor-patient relationship to be interfered with by a government bureaucrat here in Washington. That's not health care reform. That's rationing of health care.

So we need to, hopefully, go back to the table and have a true bipartisan debate because there are many proposals that are on the table, bills that have been filed—I'm cosponsor of a number of them that actually address some of the problems that exist in health care—to allow companies to pool together so they can get the same buying power as a small business, as a large business does; to allow individuals to buy insurance across State lines so they don't have to rely on their employer if they don't like their employer's plan; and then also open up and address those areas of waste, fraud, and abuse that exist. That's what we're concerned about.

I do think it's very important that we raise awareness and education for diseases like diabetes. And I do want again to thank the gentleman with the “good arm” from California for his leadership on this issue because he has, I think, taken this issue and approached it in a good bipartisan way. Hopefully, we can do the same with the broader area of health care reform.

I yield back the balance of my time.

Mr. BACA. Mr. Speaker, again, I want to thank both sides for bipartisan support on this resolution. I look forward to the strong support.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BACA) that the House suspend the rules and agree to the resolution, H. Res. 69.

The question was taken.

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

Mr. BROUN of Georgia. Mr. 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.

□ 1730

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

House Resolution 270, by the yeas and nays;

Senate Concurrent Resolution 30, by the yeas and nays;

House Concurrent Resolution 123, by the yeas and nays;

H.R. 1933, by the yeas and nays;

H.R. 2632, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

RECOGNIZING ESTABLISHMENT OF HUNTERS FOR THE HUNGRY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 270, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. SCOTT) that the House suspend the rules and agree to the resolution, H. Res. 270.

The vote was taken by electronic device, and there were—yeas 418, nays 1, not voting 14, as follows:

[Roll No. 600]

YEAS—418

Abercrombie	Bocieri	Carnahan
Ackerman	Boehner	Carney
Aderholt	Bonner	Carson (IN)
Adler (NJ)	Bono Mack	Carter
Akin	Boozman	Cassidy
Alexander	Boren	Castle
Altmire	Boswell	Castor (FL)
Andrews	Boucher	Chaffetz
Arcuri	Boustany	Chandler
Austria	Boyd	Childers
Baca	Brady (PA)	Chu
Bachmann	Brady (TX)	Clarke
Bachus	Braley (IA)	Clay
Baird	Bright	Cleaver
Baldwin	Broun (GA)	Clyburn
Barrett (SC)	Brown (SC)	Coble
Barrow	Brown, Corrine	Coffman (CO)
Bartlett	Brown-Waite,	Cohen
Barton (TX)	Ginny	Cole
Becerra	Buchanan	Conaway
Berkley	Burgess	Connolly (VA)
Berman	Butterfield	Conyers
Berry	Buyer	Cooper
Biggert	Calvert	Costa
Bilbray	Camp	Costello
Bilirakis	Campbell	Courtney
Bishop (GA)	Cantor	Crenshaw
Bishop (NY)	Cao	Crowley
Bishop (UT)	Capito	Cuellar
Blackburn	Capps	Culberson
Blumenauer	Capuano	Cummings
Blunt	Cardoza	Dahlkemper

Davis (AL)	Kagen
Davis (CA)	Kanjorski
Davis (IL)	Kaptur
Davis (KY)	Kennedy
Davis (TN)	Kildee
DeFazio	Kilpatrick (MI)
DeGette	Kilroy
Delahunt	Kind
DeLauro	King (IA)
Dent	King (NY)
Diaz-Balart, L.	Kingston
Diaz-Balart, M.	Kirkpatrick (AZ)
Dicks	Kissell
Dingell	Klein (FL)
Doggett	Kline (MN)
Donnelly (IN)	Kosmas
Doyle	Kratovil
Dreier	Kucinich
Driehaus	Lamborn
Duncan	Lance
Edwards (MD)	Langevin
Edwards (TX)	Larsen (WA)
Ehlers	Larson (CT)
Ellison	Latham
Ellsworth	LaTourette
Emerson	Latta
Engel	Lee (CA)
Eshoo	Lee (NY)
Etheridge	Levin
Fallin	Lewis (CA)
Farr	Lewis (GA)
Fattah	Lipinski
Filner	LoBiondo
Flake	Loeb
Fleming	Lofgren, Zoe
Forbes	Lowey
Fortenberry	Lucas
Foster	Luetkemeyer
Fox	Lujan
Frank (MA)	Lummis
Franks (AZ)	Lungren, Daniel E.
Frelinghuysen	Lynch
Fudge	Mack
Gallely	Maffei
Garrett (NJ)	Maloney
Gerlach	Manzullo
Giffords	Markey (CO)
Gingrey (GA)	Markey (MA)
Gonzalez	Marshall
Goodlatte	Massa
Gordon (TN)	Matheson
Granger	Matsui
Graves	McCarthy (CA)
Grayson	McCaul
Green, Al	McClintock
Green, Gene	McCollum
Griffith	McCotter
Grijalva	McDermott
Guthrie	McGovern
Gutierrez	Hall (NY)
Hall (TX)	McHugh
Halvorson	McIntyre
Hare	McKeon
Harman	McMahon
Harper	McMorris
Hastings (FL)	Rodgers
Hastings (WA)	McNerney
Heinrich	Meek (FL)
Heller	Meeke (NY)
Hensarling	Melancon
Hergert	Mica
Herse	Michaud
Herseth Sandlin	Miller (FL)
Higgins	Miller (MI)
Hill	Miller (NC)
Himes	Miller, Gary
Hinchee	Miller, George
Hinojosa	Minnick
Hirono	Mitchell
Hodes	Mollohan
Hoekstra	Moore (KS)
Holden	Moore (WI)
Holt	Coble
Honda	Moran (KS)
Hoyer	Murphy (CT)
Hunter	Murphy (NY)
Inglis	Murphy, Patrick
Insee	Murphy, Tim
Israel	Murtha
Issa	Myrick
Jackson (IL)	Nadler (NY)
Jackson-Lee (TX)	Napolitano
Jenkins	Neal (MA)
Johnson (IL)	Neugebauer
Johnson, E. B.	Nunes
Johnson, Sam	Nye
Jones	Oberstar
Jordan (OH)	Obey
	Olson

Olver	Titus
Ortiz	Tonko
Pallone	Towns
Pascarella	Tsongas
Pastor (AZ)	Turner
Paul	Upton
Paulsen	Van Hollen
Payne	Velázquez
Pence	Visclosky
Perlmutter	Walden
Perriello	Walz
Peters	
Peterson	
Petri	
Pingree (ME)	
Pitts	
Platts	
Poe (TX)	
Pollis (CO)	
Pomeroy	
Posey	
Price (GA)	
Price (NC)	
Putnam	
Quigley	
Radanovich	
Rahall	
Rangel	
Rehberg	
Reichert	
Reyes	
Richardson	
Rodriguez	
Roe (TN)	
Rogers (AL)	
Rogers (KY)	
Rogers (MI)	
Rohrabacher	
Rooney	
Ros-Lehtinen	
Roskam	
Ross	
Rothman (NJ)	
Roybal-Allard	
Royce	
Ruppersberger	
Rush	
Ryan (OH)	
Ryan (WI)	
Salazar	
Sánchez, Linda T.	
Sanchez, Loretta	
Sarbanes	
Scalise	
Schakowsky	
Schauer	
Schiff	
Schmidt	
Schock	
Schrader	
Schwartz	
Scott (GA)	
Scott (VA)	
Sensenbrenner	
Serrano	
Sessions	
Shadegg	
Shea-Porter	
Sherman	
Shimkus	
Shuler	
Shuster	
Sires	
Skelton	
Slaughter	
Smith (NE)	
Smith (TX)	
Smith (WA)	
Snyder	
Souder	
Space	
Speier	
Spratt	
Stark	
Stearns	
Stupak	
Sullivan	
Tanner	
Taylor	
Teague	
Terry	
Thompson (CA)	
Thompson (MS)	
Thompson (PA)	
Thornberry	
Tiahrt	
Tiberi	
Tierney	

Wamp	Wilson (OH)
Wasserman	Wilson (SC)
Schultz	Wittman
Waters	Wolf
Watson	Woolsey
Watt	Wu
Waxman	Yarmuth
Weiner	Young (AK)
Welch	Young (FL)
Westmoreland	
Whitfield	

NAYS—1

Moran (VA)

NOT VOTING—14

Bean	Kirk	Simpson
Burton (IN)	Linder	Smith (NJ)
Deal (GA)	Marchant	Sutton
Gohmert	McCarthy (NY)	Wexler
Johnson (GA)	Sestak	

□ 1757

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING BUREAU OF LABOR STATISTICS

The SPEAKER pro tempore (Ms. JACKSON-LEE of Texas). The unfinished business is the vote on the motion to suspend the rules and concur in the concurrent resolution, S. Con. Res. 30, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Connecticut (Mr. COURTNEY) that the House suspend the rules and concur in the concurrent resolution, S. Con. Res. 30.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 421, nays 2, not voting 10, as follows:

[Roll No. 601]

YEAS—421

Abercrombie	Bocieri	Carney
Ackerman	Boehner	Carson (IN)
Aderholt	Bonner	Carter
Adler (NJ)	Bono Mack	Cassidy
Akin	Boozman	Castle
Alexander	Boren	Castor (FL)
Altmire	Boswell	Chaffetz
Andrews	Boucher	Chandler
Arcuri	Boustany	Childers
Austria	Boyd	Chu
Baca	Brady (PA)	Clarke
Bachmann	Brady (TX)	Clay
Bachus	Braley (IA)	Cleaver
Baird	Bright	Clyburn
Baldwin	Broun (GA)	Coble
Barrett (SC)	Brown (SC)	Coffman (CO)
Barrow	Brown, Corrine	Cohen
Bartlett	Brown-Waite,	Cole
Barton (TX)	Ginny	Conaway
Bean	Buchanan	Connolly (VA)
Becerra	Burgess	Conyers
Berkley	Butterfield	Cooper
Berman	Buyer	Costa
Berry	Calvert	Costello
Biggert	Camp	Courtney
Bilbray	Campbell	Crenshaw
Bilirakis	Cantor	Crowley
Bishop (GA)	Cao	Cuellar
Bishop (NY)	Capito	Culberson
Bishop (UT)	Capps	Cummings
Blackburn	Capuano	Dahlkemper
Blumenauer	Cardoza	Davis (AL)
Blunt	Carnahan	Davis (CA)