

terrors age, they deserve to do so in their own homes rather than in institutional settings.

After all they have endured and overcome, these spirited survivors of the Holocaust deserve access to social service programs sensitive to their unique needs. This resolution will ensure they spend their last years with the same dignity with which they lived.

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

Mrs. MCCARTHY of New York. I yield 1 minute to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank my fellow New Yorker for yielding.

I rise to support this legislation, this resolution. Everyone has spoken very eloquently, and I concur with everything that has been said. When I was looking at the resolution and the reasons for supporting it, I was absolutely shocked to see that there were still 127,000 Holocaust survivors left in the United States. I would have thought it was much, much less. And, of course, as people are saying many of them are in their eighties and nineties and deserve a little added help.

This great country has been a refuge for so many people throughout the years of this great republic and certainly the Holocaust survivors that came here after the Holocaust have been treated with dignity, have moved into American society. Their children and grandchildren have achieved great heights. But, unfortunately, too many of them today still live alone, are in their eighties and nineties, and need our help.

So I rise to support this resolution. I think this is the most noble thing that we can do. It's a great testimony to our great Nation, and I urge all my colleagues to support it.

Mr. ROE of Tennessee. Mr. Speaker, I want to associate my last remarks with the gentleman from New York and the remarks that have been made.

I think one of the greatest blights in world history is the history of the Holocaust. The world stood by and watched the murder of millions of innocent men, women and children. We just a moment ago spoke about child advocacy, and look at the families that were dislodged, displaced. It's one of the most horrific events in world history, I believe, and should never, ever, be allowed to be repeated on this Earth.

So I strongly encourage my colleagues to vote "yes" on this resolution. It's a privilege to be here and be on the House floor to speak on behalf of that.

With that, I yield back the balance of my time.

Mrs. MCCARTHY of New York. Mr. Speaker, the Holocaust was one of the most unspeakable tragedies in history. The amount pain and suffering of those individuals who endured the terror of the Nazi regime can never be quantified.

House Concurrent Resolution 323 is an important resolution that calls on

our Nation to ensure that Holocaust survivors are afforded appropriate resources in order to live their remaining years with dignity.

I am thankful that we live in a country that continues to cherish individual freedoms and maintains an unbreakable bond with Israel. It's imperative that our Nation teach lessons from the past, be a force for tolerance, and build upon shared democratic values and desire for security and stability.

With this in mind, I was proud to introduce H.R. 6363, the Supporting Law Enforcement through Lessons of the Holocaust Act earlier this Congress.

This legislation creates a new 4-year grant at the Department of Justice, our State and local law enforcement agencies, to carry out the programs that will teach these officers about the implications of the Holocaust for modern day law enforcement professionals.

Stories of personal struggle from the Holocaust live on through our historic records, families, friends and survivors of that horrific time. Our Nation owes it to the survivors to ensure their security and safety with utmost priority.

With that, I yield 1 minute to the gentleman from Florida (Mr. KLEIN).

□ 1800

Mr. KLEIN of Florida. I thank the lady.

Mr. Speaker, I rise today to support H. Con. Res. 323, a resolution that calls attention to the thousands of Holocaust survivors who are living below the poverty line. We know in Florida we have a tremendous number of people that have come from that background. They deserve to live their lives in dignity. Holocaust survivors have endured torturous and unimaginable nightmares. All the more so they should be assured a life of comfort and security. It is truly tragic that Holocaust survivors are five times more likely to live below the poverty line than older Americans.

We are coming together as Members today to send a clear message that we must all help lift Holocaust survivors out of poverty. This is a community obligation because we are human, and we must not allow suffering like this to reach those who have already suffered so much.

I would like to thank my friend, Congresswoman DEBBIE WASSERMAN SCHULTZ, the chief sponsor of this legislation. South Florida is truly lucky to have you. I would also like to commend the many good organizations in Florida and around the country that provide stellar social services to Holocaust survivors. They understand the unique needs of the survivor population and the urgent imperative to solve this crisis.

I call on my colleagues to swiftly pass this important resolution so that we may tell Holocaust survivors, you are not alone.

Mr. VAN HOLLEN. Mr. Speaker, I rise as an original sponsor of H. Con. Res. 323, a bipartisan resolution conceived with the purpose of

ensuring that all Holocaust survivors in the United States are able to live with dignity, comfort, and security in their remaining years.

During the Holocaust, an estimated 6,000,000 Jews and other targeted groups were murdered by the Nazis and their collaborators. Approximately 96,000 Holocaust survivors were admitted to the United States immediately after the war. Another 100,000 Holocaust survivors were admitted after 1952. Today, approximately 127,000 Holocaust survivors live in the United States.

The majority of Holocaust survivors are at least 65 years old and approximately two-thirds of them are elderly women. Many of them face the risk of isolation and financial insecurity.

Holocaust survivors are 5 times more likely to be living below the poverty line than other older people living in the United States. They are more reliant on social service programs and most of them live alone. Living alone puts these survivors at increased risk of institutionalization.

While institutionalized settings are beneficial for some older people, institutionalization has a disproportionate adverse effect on Holocaust survivors by reintroducing sights, sounds, and routines that are reminiscent of their experiences during the Holocaust.

This bill encourages the Administration and the Department of Health and Human Services, in conjunction with the Administration on Aging, to provide Holocaust survivors with needed social services through existing programs. The bill also urges the Administration to expeditiously develop and implement programs that ensure Holocaust survivors are able to live their remaining years in place in their communities.

Mr. Speaker, the United States is a nation that values freedom, liberty, and justice. As such, we are morally obligated to acknowledge the plight and encourage the dignity of our citizens, such as survivors of the Holocaust, who have suffered and who are in need.

I encourage my colleagues to join me in support of this resolution.

Mrs. MCCARTHY of New York. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New York (Mrs. MCCARTHY) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 323.

The question was taken.

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

Mrs. MCCARTHY of New York. 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.

#### SUPPORTING AMERICAN DIABETES MONTH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1690) supporting the

observance of American Diabetes Month, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

#### H. RES. 1690

Whereas, according to the Centers for Disease Control and Prevention (CDC), there are nearly 24,000,000 Americans with diabetes and 57,000,000 with prediabetes;

Whereas diabetes is a serious chronic condition that affects people of every age, race and ethnicity, and income level;

Whereas the CDC reports that Hispanic-, African-, Asian-, and Native Americans are disproportionately affected by diabetes and suffer at rates higher than the general population;

Whereas, according to the CDC, every minute 3 people are diagnosed with diabetes, approximately 4,384 people each day;

Whereas, according to the CDC, approximately 1,600,000 new cases of diabetes were diagnosed last year in people 20 years or older;

Whereas a joint CDC and National Institutes of Health study found that 15,000 youth in the United States are diagnosed with type 1 diabetes annually and about 3,700 youth are diagnosed with type 2 diabetes annually;

Whereas, according to the CDC, between 1980 and 2007, diabetes prevalence in the United States increased by more than 300 percent;

Whereas the CDC reports that over 24 percent of diabetes is undiagnosed, down from 30 percent in 2005;

Whereas, according to the CDC National Diabetes Fact Sheet, over 10 percent of American adults and nearly a quarter (23.1 percent) of Americans age 60 and older have diabetes;

Whereas, according to the CDC, one in three Americans born in the year 2000 will develop diabetes in their lifetime; this statistic grows to nearly one in two for minority populations;

Whereas, according to the American Diabetes Association, in 2007, the total cost of diagnosed diabetes in the United States was \$174,000,000,000, and one in ten dollars spent on health care is attributed to diabetes and its complications;

Whereas, according to a Mathematica Policy study, total expenditures for Medicare beneficiaries with diabetes comprise 32.7 percent of the Medicare budget;

Whereas, according to the CDC, every day 230 people with diabetes undergo an amputation, 120 people enter end-stage kidney disease programs, and 55 people go blind from diabetes;

Whereas, according to the CDC, diabetes was the seventh leading cause of death in 2007, and contributed to the deaths of over 230,000 Americans in 2005;

Whereas there is not yet a cure for diabetes;

Whereas there are proven means to reduce the incidence of or delay the onset of type 2 diabetes;

Whereas people with diabetes live healthy, productive lives with the proper management and treatment; and

Whereas November is widely recognized as American Diabetes Month: Now, therefore, be it

*Resolved*, That the House of Representatives—

(1) supports the goals and ideals of American Diabetes Month, including encouraging Americans to fight diabetes through raising public awareness about stopping diabetes and increasing education about the disease;

(2) recognizes the importance of early detection of diabetes, awareness of the symp-

toms of diabetes, and awareness of the risk factors for diabetes, which include being over the age of 45, being a member of a specific racial and ethnic background, being overweight, having a low physical activity level, having high blood pressure, and having a family history of diabetes or a history of diabetes during pregnancy; and

(3) supports decreasing the prevalence of type 1, type 2, and gestational diabetes in the United States through increased research, treatment, and prevention.

The SPEAKER pro tempore (Mr. OWENS). Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

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

Mr. Speaker, I rise in strong support of H. Res. 1690. Earlier this year, the Energy and Commerce Health Subcommittee held a hearing on our collective battle against diabetes, the progress we have made so far and the challenges that remain.

Over 30 years ago, Congress passed the National Diabetes Research and Education Act, the first significant legislation directed at coordinating and expanding the government's research and prevention efforts related to diabetes. While we have made tremendous progress in understanding and treating diabetes, it remains a significant public health epidemic.

It's staggering to realize that over 23 million Americans have some form of diabetes today and the number is growing. Even more troubling is that 57 million Americans are at serious risk for developing type 2 diabetes, including women with gestational diabetes.

Until recently, kids were rarely diagnosed with anything but type 1 diabetes. But the increasing rate of childhood obesity is changing the face of diabetes, and certainly not for the better. Furthermore, diabetes is the leading cause of heart disease, stroke, blindness, and kidney failure. As is often the case, diabetes disproportionately affects racial and ethnic minorities. American Indians have the highest prevalence of diabetes nationwide, and Hispanics and African Americans are close behind.

Moreover, there is clear economic cost. It has been estimated that over \$220 billion in medical expenses in 2007 can be attributed to diabetes. There are serious problems which need aggressive and innovative action. The National Institute of Diabetes and Digestive and Kidney Diseases located at NIH and the Centers for Disease Con-

trol are both doing landmark research and surveillance work related to diabetes and have translated this into more effective prevention and treatment strategies, including the development of key therapies and technologies.

I want to commend the sponsor of this legislation, the gentlewoman from Colorado (Ms. DEGETTE) not only for the work on this bill but for all the work on the Energy and Commerce Committee and also as the cochair of the Congressional Diabetes Caucus. I know I'm a member of it. It has well over 200 members, and it does a lot to raise awareness and increase education about the disease.

I urge my colleagues to support this resolution.

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

Mr. TERRY. I yield myself as much time as I may consume.

Mr. Speaker, as a member of the Diabetes Caucus and a former vice chair and member of a regional board that included Nebraska for the American Diabetes Association before I came to the United States Congress, I rise in support of House Resolution 1690 supporting the observance of American Diabetes Month.

Diabetes touches nearly every life in this country. There are an estimated 24 million Americans today afflicted with diabetes, and that number is projected to double in the next 25 years. Diabetes is a group of diseases characterized by high blood glucose. It results when the body does not produce sufficient insulin or is unable to process insulin, a hormone that is needed to convert sugars, starches, and other food into needed energy for daily life.

Type 1 diabetes results from the body's failure to produce insulin, which allows glucose to enter and fuel the cells of the body. The most common form of type 1 diabetes is immune mediated diabetes, in which the body's immune system attacks and destroys the insulin-producing cells of the pancreas.

The common name for type 1 diabetes is juvenile diabetes. Even though juvenile diabetes is typically diagnosed during childhood or adolescence, it is a disease individuals must manage their entire lives. Type 2 diabetes, sometimes known as adult onset diabetes, results from the body's inability to make enough or properly use insulin. Type 2 diabetes is the most common form of diabetes, and its prevalence is rising every year. Approximately 57 million Americans are thought to have pre-type 2 diabetes. The complications from both forms of diabetes can be devastating and life altering, ranging from heart disease, stroke, and blindness to kidney disease.

In the case of type 2 diabetes, people can take steps to avoid the onset of the disease and mitigate its effects. Americans must understand that their health and the health of their families are in their hands. Balanced diets and increased physical activity can prevent

the disease and its complications. Those with histories of diabetes in their families must be especially vigilant.

□ 1810

I would like to thank the author of this resolution, the gentlewoman from Denver, the Rocky Mountain State, Ms. DEGETTE, for her efforts to improve awareness of this disease and supporting all of the education efforts. She is very vigilant on this issue, as I know because we are on the Energy and Commerce Committee together. The issue and why it is so necessary to educate is to highlight the importance of early detection. I encourage all of my colleagues to support this resolution.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I would like to now yield such time as she may consume to the gentlewoman from Colorado (Ms. DEGETTE), who is the author of the resolution and also the cochair of the Diabetes Caucus.

Ms. DEGETTE. Mr. Speaker, I want to thank Mr. PALLONE, the chairman of my subcommittee, who does such wonderful work on these diabetes issues, and also the gentleman from Nebraska. We have served for many, many years together on the committee.

I am very pleased we are able to bring this resolution to the floor while it is still, in fact, Diabetes Awareness Month, November, because diabetes is one of the top public health threats in our country today.

About 70,000 people are thought to have died from underlying causes of diabetes on an annual basis, with tens of thousands more deaths related to the disease. The CDC estimates that right now about 81 million Americans have diabetes or prediabetes, and we know many more will get it. With better research, we can determine how people lose their lives to this disease, and we can both, we hope, find a cure for the disease and also mitigate the losses.

As well as a terrible public health threat in this country, diabetes is also an important economic issue, which is why the Diabetes Caucus worked so hard to raise awareness in this body. Diabetes will cost this Nation almost \$3.4 trillion through 2020, according to a recent study released by the United Health Group. One in every \$10 in health care in this country is attributed to diabetes and its complications, and diabetes takes up more than 30 percent of our Medicare dollars.

What is more disturbing, Mr. Speaker, is that type 2 diabetes is increasing to epidemic levels, and as previous speakers have mentioned, threatens to take up an even bigger part of our budget in years to come and will affect millions more Americans.

Families, like my family, see diabetes up close every day. We have been touched just in my family by type 1 diabetes, type 2 diabetes, and gestational diabetes. This is not uncommon in America, as more and more families

have experience with type 2 diabetes. Even though diabetes is increasing so dramatically, though, because of the research that we have done at the National Institutes of Health, at the CDC, and in the States, the personal toll of diabetes is becoming more manageable as we discover ways both to prevent type 2 diabetes and to treat and even find cures for type 1 and type 2 diabetes. Advancements in lifestyle interventions, screening, and testing can save money and save even more lives.

This year marked the 60th anniversary of the National Institute of Diabetes and Digestive and Kidney Diseases, which is the leading research organization at the NIH dedicated to tackling this devastating disease. And so six decades later, we continue to find different ways to approach this disease and help the millions of families that are affected by it.

So this year, as we support the goals of National Diabetes Month, let's also pass a bill separate from this bill that many of us have cosponsored to fund a special diabetes program. As with all things, this research must be paid for; but the cost of inaction, both physically and economically, is too high.

Diabetes issues have consistently been addressed by this body with interest and passion on both sides of the aisle, and we expect in the 112th Congress that this will continue. The Diabetes Caucus, which several have mentioned, of which I am the cochair, is, in fact, the largest caucus in Congress, with close to 250 members.

I want to take a moment just now because two of our great leaders in this body on this issue are going to be leaving us at the end of this session. MIKE CASTLE, who has been an extraordinary cochair of the Diabetes Caucus, is leaving, as well as ZACK SPACE, a beloved member of our committee, who is the vice chairman of the Diabetes Caucus. I invite all Members to join this caucus. And also, if anyone is interested in being a cochair, let me know, because it is important work that we do.

In the spirit of the bipartisan commitment that all of us have made, I think we need to come together and not just talk about how important research is but actually commit ourselves in the next session of Congress to working together on legislation. We can work together not just on recognizing Diabetes Month, but also work together on the Special Diabetes Program, which will help to save countless American lives and to not leave this critical initiative on the to-do list again another year.

Mr. TERRY. Mr. Speaker, the gentlewoman from Colorado mentioned the gentleman from Delaware who wanted to be here and speak on this resolution, her cochair, MIKE CASTLE, but he was called back to his home since we don't have any more votes this evening.

At this time, I yield 2 minutes to the new gentleman to the House of Representatives from the State of New York (Mr. REED).

Mr. REED. I thank my colleague from Nebraska, and I thank you, Mr. Speaker, for the opportunity to stand tonight and rise in support of H. Res. 1690. I appreciate the opportunity to speak today in regard to American Diabetes Month.

To me, it has been an honor and a privilege to be involved with many diabetes advocacy groups over the years, particularly the Juvenile Diabetes Research Foundation.

This issue is a personal issue with my family. My son, Will, who is 10 years old, was diagnosed with type 1 diabetes at the age of 4. I personally will never forget the day, being rushed to the emergency room, as I had to hold him down and look him in the eye, with tears in his eyes, as he screamed in terror as to why, Daddy, are you holding me and letting these doctors hurt me? And we were doing it for his best interest because he had to be administered insulin to take care of his diabetic situation. My wife and I have been living with this disease for well over 6 years. I watch my wife every night get up at 2, 3, 4 in the morning, testing his blood glucose levels to make sure that he is properly monitored and that his diabetes is kept in check.

It is important to me today to stand up and recognize that there is no cure at this point in time for juvenile diabetes or diabetes itself. I hope in the near future and as a Member of this Chamber that that cure will be found. But in the meantime, I join my colleagues in expressing my concern for the 24 million children and adults in the United States who are living with this disease, and the estimated 57 million Americans that are at risk.

Today, we must become aware of this disease and its symptoms to make sure that everyone who suffers these symptoms of frequent urination, unusual thirst, extreme hunger, unusual weight loss, extreme fatigue and irritability check with their medical providers and make sure that they are checked for diabetes, because it has life-threatening impacts such as blindness, amputation, and kidney failure.

I am here today to stand in support of this measure, and I will do whatever is in my power to raise awareness for diabetes and finding its cure as my tenure here in this House so allows.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. ENGEL), who is the sponsor of the Gestational Diabetes Act, H.R. 5354, which passed the House earlier this year.

Mr. ENGEL. I thank my good friend from New Jersey, the chairman of our subcommittee, who does an excellent job, for yielding to me, and I rise today in support of H. Res. 1690, a resolution supporting the observance of American Diabetes Month. As a member of the Congressional Diabetes Caucus and a cosponsor of this resolution, I urge my colleagues to vote in favor of H. Res. 1690.

My colleagues may be aware that one in every 10 Americans suffers from diabetes. This is nearly 24 million people. Additionally, according to the Centers for Disease Control and Prevention, there are 57 million Americans with prediabetes.

□ 1820

Even more troubling is that these staggering numbers will continue to grow if we sit idle and do nothing. We must continue to raise awareness and find new treatments and preventative measures.

In October, the CDC issued a report which states, if current trends continue, as many as one in three American adults could have diabetes by the year 2050. The report also states that the \$174 billion currently spent on diabetes will at least double by 2050. These are costs that we cannot afford both financially and physically, and the prospect of these statistics jumping from 1 in 10 to 1 in 3 is frightening, but the good news is that it is also preventable.

That's why, as the chairman mentioned, I introduced the Gestational Diabetes Act, or GeDi. The GeDi Act focuses research resources on reducing the incidence of gestational diabetes, which is a condition that can result in a higher risk of developing type 2 diabetes during pregnancy for both the mother and child.

The GeDi Act passed the House of Representatives in September. I call upon our colleagues in the other body to pass my legislation in the 111th Congress so we can help turn the tide away from these dire predictions.

While we cannot fight family history, genetic risk factors, or the aging process, we can fight the causes of new cases of diabetes. We in the House of Representatives have the ability and responsibility to raise public awareness about the implications of diabetes and how to prevent it. That is why I stand in strong support of H. Res. 1690.

Mr. TERRY. I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I now yield 2 minutes to a member of the Energy and Commerce Committee, the gentleman from Ohio (Mr. SPACE).

Mr. SPACE. Thank you, Mr. Chairman, and thank you, Ms. DEGETTE, for your leadership on this issue.

Mr. Speaker, I sympathize with the new Member from New York. He and Ms. DEGETTE and I have something in common. We all have children who suffer from type 1 diabetes. Although it is a family tragedy when it happens—and we all have those stark memories of being told that your child is going to be for the rest of his or her life dependent upon insulin—and although it is life changing, it transcends. The issue of diabetes transcends the personal tragedy that it inflicts on millions of families, and we have heard the numbers by some of my colleagues today.

The ADA, the American Diabetes Association, estimates now that north of \$200 billion a year is spent on diabetes

in this country. That's "billion" with a "B." Those are warlike numbers. The real tragedy is we could avoid that. If we had any kind of foresight envisioned as a Nation, we would invest in a cure. For a fraction of what we spend in this country on diabetes every year, we could cure the disease. It's within reach. This isn't cancer or some complicated disease of the brain. This is an autoimmune disorder that affects the pancreas. We already have the technology for the artificial pancreas. With a very small fraction of what we spend on diabetes every year, we could give every type 1 diabetic in America a closed-loop system—an insulin pump and a glucose monitor—that, through technology, works like a pancreas. We could save, not billions, but trillions of dollars over the next 30 to 40 years.

As parents of diabetics, we know what our children face. By the time my son is my age, for example, he will be facing the prospect of blindness, kidney disease, and amputation, and our government is going to pay for it.

There is an alternative, and I urge this body in the 112th Congress to strongly consider investing here. For every dollar you put in, you will receive hundreds back. You will save lives, and you will advance human life in ways that are difficult to even conceive of right now.

So, again, I want to thank my colleague from Colorado (Ms. DEGETTE) for her tireless work, and I want to thank my chairman, Mr. PALLONE, for this time.

Mr. TERRY. I continue to reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I now yield 2 minutes to the gentleman from Georgia (Mr. SCOTT).

Mr. SCOTT of Georgia. Thank you very much.

Ladies and gentlemen of the House, with nearly 23 million children and adults in the United States living with this disease, it is, indeed, time to reassess our own fitness and nutrition choices, to educate ourselves on the risk factors, and to then encourage everyone, especially our loved ones, to get tested.

In my home State of Georgia, approximately 700,000 children and adults, or 7.8 percent of Georgia's entire population, have been diagnosed with diabetes. Raising awareness about the devastating effects that diabetes can have on people and their families must not go overlooked.

Many people do not realize that diabetes is the leading cause of blindness among adults between the ages of 20 and 74 years old. It also contributes to serious health problems such as heart disease, stroke, and kidney failure. Nationwide, 23.6 million people, or 7.8 percent of the Nation's entire population, have diabetes. Further, 17.9 million people have been diagnosed, 5.7 million are undiagnosed, at least 57 million people are prediabetic in this country, and 220 million people have diabetes worldwide. These are startling statis-

tics, and the numbers continue to rise. Sadly, thousands more are at an increased risk of getting diabetes because of advancing age, obesity, sedentary lifestyles, unhealthy eating habits, and insufficient physical activity.

Diabetes not only affects the health of our Nation but our economic well-being as well. In my State of Georgia, the cost of diabetes due to medical care, lost productivity, and premature death is over \$5.1 billion per year, with \$356 million lost in my own congressional district alone.

Early testing is crucial to saving lives and even to preventing the onset of the disease in the first place. When diabetes is diagnosed in later stages, the treatments are more extreme, more difficult, and hospital visits are more frequent. Catching the disease in its early stages helps patients mitigate the harmful effects early.

As a Member of Congress, I will do everything in my power, along with all of my colleagues, to ensure that Americans are empowered to take control of their health and to get tested.

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

Mr. PALLONE. I yield the gentleman 1 additional minute.

Mr. SCOTT of Georgia. I also want to continue to work with my colleagues in Congress to address juvenile diabetes because it can be prevented at an early stage with just testing, care, and increased funding for additional research as the number of cases continues to steadily increase.

Again, I am honored to observe November as American Diabetes Month, and I am hopeful with an increased awareness of this devastating disease that we can save more people from being diagnosed with diabetes. We can lick this. There is a cure. All we have to do is put it as the priority it needs to be, and we will save lives, millions of lives.

I certainly appreciate and commend Mr. PALLONE and the gentlelady from Colorado (Ms. DEGETTE) for authoring this important resolution.

Mr. TERRY. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge passage of the legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 1690, as amended.

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. TERRY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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.

The point of no quorum is considered withdrawn.

□ 1830

# COMMERCIAL ADVERTISEMENT LOUDNESS MITIGATION ACT

Ms. ESHOO. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2847) to regulate the volume of audio on commercials.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2847

*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 “Commercial Advertisement Loudness Mitigation Act” or the “CALM Act”.

## SEC. 2. RULEMAKING ON LOUD COMMERCIALS REQUIRED.

(a) **RULEMAKING REQUIRED.**—Within 1 year after the date of enactment of this Act, the Federal Communications Commission shall prescribe pursuant to the Communications Act of 1934 (47 U.S.C. 151 et seq.) a regulation that is limited to incorporating by reference and making mandatory (subject to any waivers the Commission may grant) the “Recommended Practice: Techniques for Establishing and Maintaining Audio Loudness for Digital Television” (A/85), and any successor thereto, approved by the Advanced Television Systems Committee, only insofar as such recommended practice concerns the transmission of commercial advertisements by a television broadcast station, cable operator, or other multichannel video programming distributor.

(b) **IMPLEMENTATION.**—

(1) **EFFECTIVE DATE.**—The Federal Communications Commission shall prescribe that the regulation adopted pursuant to subsection (a) shall become effective 1 year after the date of its adoption.

(2) **WAIVER.**—For any television broadcast station, cable operator, or other multichannel video programming distributor that demonstrates that obtaining the equipment to comply with the regulation adopted pursuant to subsection (a) would result in financial hardship, the Federal Communications Commission may grant a waiver of the effective date set forth in paragraph (1) for 1 year and may renew such waiver for 1 additional year.

(3) **WAIVER AUTHORITY.**—Nothing in this section affects the Commission’s authority under section 1.3 of its rules (47 C.F.R. 1.3) to waive any rule required by this Act, or the application of any such rule, for good cause shown to a television broadcast station, cable operator, or other multichannel video programming distributor, or to a class of such stations, operators, or distributors.

(c) **COMPLIANCE.**—Any broadcast television operator, cable operator, or other multichannel video programming distributor that installs, utilizes, and maintains in a commercially reasonable manner the equipment and associated software in compliance with the regulations issued by the Federal Communications Commission in accordance with subsection (a) shall be deemed to be in compliance with such regulations.

(d) **DEFINITIONS.**—For purposes of this section—

(1) the term “television broadcast station” has the meaning given such term in section 325 of the Communications Act of 1934 (47 U.S.C. 325); and

(2) the terms “cable operator” and “multichannel video programming distributor”

have the meanings given such terms in section 602 of Communications Act of 1934 (47 U.S.C. 522).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. ESHOO) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

## GENERAL LEAVE

Ms. ESHOO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

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

Mr. Speaker, I rise this evening to urge my colleagues to vote in favor of a bill designed to eliminate the ear-splitting levels of television advertisements and return control of television sound modulation to the American consumer. A vote for this bipartisan bill with 90 cosponsors will send it on to the President for his signature, and when he signs it, it will bring relief to millions of television viewers across the country.

I first introduced the CALM Act more than 3 years ago in the previous Congress. The premise of the bill then, as now, was simple, to make the volume of commercials and regular programming uniform so consumers can control sound levels.

The problem with ear-splitting TV advertisements has existed for more than 50 years—not 5, 50. Television advertisers first realized that consumers often left the room during commercials, so they used loud commercials to grab their attention as they moved to other parts of their home. This has been one of the top complaints to the Federal Communications Commission for decades.

The bill directs the FCC to adopt the engineering standards recommended by the body that sets the technical standards for digital television as mandatory rules within 1 year. These standards were developed when I introduced the legislation in the last Congress.

So now we don’t have to wait another 50 years for a solution. With the passage of this legislation, we will end the practice of consumers being subjected to advertisements that are ridiculously loud, and we can protect people from needlessly loud noise spikes that can actually harm their hearing. This technical fix is long overdue, and under the CALM Act, as amended by the Senate, consumers will be in the driver’s seat.

I look forward to the enactment of this bill, but most importantly, so do millions of consumers across the country. So I urge my colleagues to vote for the bill.

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

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

How many times a night does this scenario play out: You’re on your couch and you’re watching a nice program. The program has people conversing and it’s getting to that pinnacle point in the show and it fades, and the commercial comes on and it’s really loud. You reach for your remote and you can’t find the remote. Your spouse in the other room, with her impatient voice, says, Turn that down, but you can’t find the remote. You say, where is that blanked-out remote. Then you look between the cushions and there it is. You hit the mute button, and peace and calm is now restored in the living rooms of thousands of American households.

Several of my colleagues, people in this House, have said that this act isn’t needed, but for that living room on that night it was sure helpful to restore calm. The Commercial Advertisement Loudness Mitigation, or CALM Act, is why we are here today. Some say, and especially coming on the heels of the last bill, a Diabetes Awareness Month bill, that maybe there are more important issues to deal with; well, not for that family in that living room on that night.

I do want to point out one thing here in that the industry has recognized that there is an issue with the loudness of the commercials. On November 5, 2009, the Advanced Television Systems Committee, ATSC, announced the approval of an industry standard, the “ATSC Recommended Practice: Techniques for Establishing and Maintaining Audio Loudness for Digital Television,” which provides guidance to creators and distributors of TV content focusing on audio measurement, audio monitoring techniques, and methods to control loudness. It’s not as easy as we may think to control that, especially when you come off of a calm commercial or a show into a more boisterous commercial.

Now this bill has been amended in the Senate to codify that standard that has been developed by the experts. The industry will move to solve the purported concerns by simply moving to comply with that consensus standard. Furthermore, the act would create a kind of “safe harbor” by deeming an operator that installs, utilizes and maintains the appropriate equipment and software in compliance with the act.

Now while many Members may feel that there are more important issues for this Congress to deal with, this is the issue at hand. And as a member of the Energy and Commerce Committee where this went through regular order of subcommittee and committee, we stand in support.

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

Ms. ESHOO. Mr. Speaker, in closing, I would like to thank all of the staff, both at the committee and certainly at my office, that have worked hard on