

own and members of their families' health in getting the proper and timely treatment for diabetes. I would also like to see, through public-private partnerships, a continued commitment to diabetes research so that, one day, we may have a cure.

I would like to thank the sponsor of this bill, Representative GENE GREEN from Texas, for his work on this resolution. I stand, once again, in support of this legislation, and I hope my colleagues will join me.

I reserve the balance of my time.

Mrs. CAPPS. Mr. Speaker, I wish to respond to my friend and colleague from Nebraska by reminding us all that, with the health care and insurance reform legislation that has been proposed, one of the effects would be that more Americans would have access to preventative and primary care, which would, hopefully, mitigate the onset of diabetes and its effects on Americans.

Now it is my great pleasure to yield as much time as he may consume to my colleague from Texas, GENE GREEN. He is the resolution sponsor.

Mr. GENE GREEN of Texas. I would like to thank the vice Chair of the Energy and Commerce Committee for yielding to me.

Mr. Speaker, this resolution discusses type 1 diabetes, which is typically the early onset of juvenile diabetes in some of us, but it does sometimes affect older children. Type 1 diabetes is a chronic, genetically determined, and debilitating disease caused by an autoimmune attack that destroys the insulin-producing beta cells of the pancreas, and it affects every organ system. As many as 3 million Americans suffer from type 1 diabetes, with more than 15,000 children being diagnosed with the disease annually.

Diabetes is one of the most costly chronic diseases, costing the United States economy more than \$174 billion annually in direct and indirect health care costs. On average, individuals with diabetes pay \$13,000 in annual health care costs compared to \$2,600 for individuals without diabetes.

Insulin treats but does not cure this potentially deadly disease nor does it prevent the complications of diabetes, which include blindness, heart attacks, kidney failure, strokes, nerve damage, and amputations. Diabetes is also the leading cause of legal blindness in working-age adults, and nearly all of type 1 diabetes patients exhibit some degree of eye disease after living with diabetes for 15 to 20 years.

A special diabetes program was created that provides significant support to the Diabetic Retinopathy Clinical Research Network, which is a nationwide network involving 163 clinical sites in 43 States, in order to address the number of individuals diagnosed with type 1 diabetes and to find a cure.

The National Institutes of Health has established six goal areas to guide type 1 diabetes research, which are focused on the reduction, prevention, and cure

of type 1 diabetes and its complications. The National Institutes of Health devoted \$433 million in fiscal year 2009 for type 1 diabetes research. Congress currently provides \$150 million annually, through fiscal year 2011, for the Special Statutory Funding Program for type 1 diabetes research. Promising advances have been made in determining root causes of the disease, and finding a cure will depend on funded research initiatives and on training the next generation of diabetes researchers.

Congress can do more to advance the research on type 1 diabetes. This resolution calls for the doubling of annual NIH funding to meet leading researchers' estimates of funding needed to meet NIH's six goals related to type 1 diabetes.

I am pleased to sponsor this resolution with the 101 other Members who are calling for research funding to find a cure for type 1 diabetes. I want to thank all of my cosponsors, including both of my colleagues—the vice Chair of the Energy and Commerce Committee, Congresswoman CAPPS; and also Congressman TERRY from Nebraska, who is also, like I said, a cosponsor of the resolution.

Hopefully, our national health care plan will actually help those who have either type 1 diabetes or type 2 diabetes to make sure they can go see physicians when they need to.

□ 1430

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

Mr. Speaker, as I mentioned, from my activities in the Diabetes Caucus, I have learned that, as I stated in the main statement, that education, nutrition, and exercise leads to prevention of much of type 1 and type 2. Today is the sixth anniversary of the Medicare and Medicaid Reform Act that was passed in 2003 on a nearly partisan vote. It was then that we recognized that the Republicans, who authored that bill, supported that bill and that actually this is the first time that Medicare would pay for education, nutrition counseling.

I thought it was very odd that under Medicare for a diabetic, that Medicare would pay for an amputation or kidney dialysis, but it wouldn't pay \$150 to prevent those from happening by way of education, diabetic education classes, which included nutrition and exercise and such. We have come a long way in recognizing prevention.

Certainly we don't need the government, through its history of not wanting to cover preventive care—I think we could do a better job within the private side or free enterprise side. We don't need government running health care to make sure that people that are in need of diabetes education, nutrition, a dietician, exercise, counseling, could receive that.

I again want to thank GENE GREEN for bringing this much-needed resolution. Once again, I rise in support of this resolution.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in support of House Resolution 35 to express the sense of the House of Representatives that Congress should provide increased federal funding for continued type 1 diabetes research.

This legislation is particularly timely as roughly 3 million people suffer from type 1 diabetes across the country. It is important for us to move forward in the fight against this disease and increase funding for research that aims to prevent and treat diabetes. It is estimated that over \$4 billion will be necessary to fund the National Institute of Health's research goals for type 1 diabetes through 2013, and as this disease continues to affect millions of people across America, it is imperative that we fund research at increased levels to see its end.

I would also like to mention one of the efforts that we are undertaking in North Texas to help combat diabetes. Recently the Baylor Health Care System announced that it would be transforming the Juanita J. Craft Recreation Center in south Dallas to the area's first and only diabetes health and wellness institute. This center will help to save lives by offering improved diabetes care, educational programs, and conducting research in addition to encouraging healthy lifestyles for those living with the disease. The center will also educate the community on preventative measures for type 2 diabetes so that a preventative lifestyle becomes a natural and normal part of everyday life in this neighborhood. It is my hope that increased funding for diabetes research will encourage similar centers to be created across the country.

Mr. Speaker, I encourage my fellow colleagues to join me in supporting this important resolution so that we recognize the need for diabetes research funding and help countless people across the country living with the disease.

Mr. TERRY. I have no further speakers, and I yield back the balance of my time.

Mrs. CAPPS. I have no remaining speakers on this side, and I also urge our colleagues to support this resolution.

I yield back the balance of our time.

The SPEAKER pro tempore (Mr. CUELLAR). The question is on the motion offered by the gentlewoman from California (Mrs. CAPPS) that the House suspend the rules and agree to the resolution, H. Res. 35.

The question was taken.

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

Mrs. CAPPS. 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.

NATIONAL PRADER-WILLI SYNDROME AWARENESS MONTH

Mrs. CAPPS. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 55) expressing support

for the designation of a National Prader-Willi Syndrome Awareness Month to raise awareness of and promote research into this challenging disorder.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 55

Whereas Prader-Willi syndrome is a complex genetic disorder that occurs in approximately 1 out of every 15,000 births, and is the most commonly known genetic cause of life-threatening obesity;

Whereas Prader-Willi syndrome affects males and females with equal frequency and affects all races and ethnicities;

Whereas Prader-Willi syndrome causes an extreme and insatiable appetite, often resulting in morbid obesity, which is the major cause of death for individuals with the syndrome;

Whereas Prader-Willi syndrome also causes cognitive and learning disabilities, and behavioral difficulties, such as obsessive-compulsive disorder and difficulty controlling emotions;

Whereas the hunger, metabolic, and behavioral characteristics of Prader-Willi syndrome force affected individuals to require constant and lifelong supervision in a controlled environment;

Whereas studies have shown that there is a high morbidity and mortality rate for individuals with Prader-Willi syndrome;

Whereas there is no known cure for Prader-Willi syndrome;

Whereas early diagnosis of Prader-Willi syndrome allows families to access treatment, intervention services, and support from health professionals, advocacy organizations, and other families who are dealing with the syndrome;

Whereas recently discovered treatments, such as human growth hormone, are improving the quality of life for individuals with the syndrome and offer new hope to families, but many difficult symptoms associated with Prader-Willi syndrome remain untreated;

Whereas increased research into Prader-Willi syndrome can lead to a better understanding of the disorder, more effective treatments, and an eventual cure for Prader-Willi syndrome;

Whereas increased research into Prader-Willi syndrome is likely to improve our understanding of common public health concerns, including childhood obesity and mental health; and

Whereas advocacy organizations have designated May as Prader-Willi Syndrome Awareness Month: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports raising awareness and educating the public about Prader-Willi syndrome;

(2) applauds the efforts of advocates and organizations that encourage awareness, promote research, and provide education, support, and hope to those impacted by Prader-Willi syndrome;

(3) recognizes the commitment of parents, families, researchers, health professionals, and others dedicated to finding an effective treatment and eventual cure for Prader-Willi syndrome;

(4) supports increased funding for research into the causes, treatment, and cure for Prader-Willi syndrome; and

(5) expresses support for the designation of a National Prader-Willi Syndrome Awareness Month.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from

California (Mrs. CAPPS) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise today in support of House Resolution 55. This resolution supports raising awareness and educating the public about Prader-Willi syndrome and expresses the support for designating National Prader-Willi Syndrome Awareness Month.

Prader-Willi syndrome is a genetic disorder that occurs in approximately 1 in every 15,000 births. Individuals with this syndrome have lower metabolic rates and lack normal hunger and satiety cues. The combination of these factors results in morbid obesity and associated complications if gone untreated.

Individuals with Prader-Willi syndrome are also affected by nonobesity-related conditions such as cognitive and learning disabilities and some behavioral difficulties. The link between Prader-Willi syndrome and obesity is one that cannot be ignored. Obesity is one of the fastest-growing public health challenges in the United States.

The Centers for Disease Control and Prevention estimates that 16 percent of American children and one-third of American adults are obese. That's an astounding fact.

A recently released report supported by the United Health Foundation, the American Public Health Association, and the Partnership for Prevention concluded that, if current trends continue, over 100 million American adults will be obese by 2018. This would translate to over \$300 billion of health care costs attributable to obesity if the rates continue to increase at current trends.

As my colleagues are aware, obesity is a complex health issue. Behavioral, environmental, and genetic factors also contribute to this epidemic. Most often we talk about eating a healthy diet and exercising. In recent months, I am proud of how we have prioritized investments in community-level prevention and wellness activities.

Interventions in schools, workplaces, and other settings are essential to reinforce and facilitate individual efforts to maintain a healthy weight. The resolution we are considering today presents us with an opportunity to focus on how genes affect obesity.

I am pleased to join my colleagues in drawing attention to the Prader-Willi syndrome. I urge passage this resolution.

I want to thank my colleagues from California, Congressman ROYCE and Congresswoman HARMAN, for their leadership on this issue.

I reserve the balance of my time.

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

Mr. Speaker, I rise in support of House Resolution 55 and encourage the designation of National Prader-Willi Syndrome Awareness Month.

Prader-Willi syndrome is a complex genetic disorder that can cause life-threatening symptoms such as an extreme and insatiable appetite. Often resulting in morbid obesity, Prader-Willi syndrome occurs in males and females equally and in all races. Estimates of the prevalence of Prader-Willi syndrome vary, with the most likely figure being 1 out of every 15,000 children.

Children with PWS have sweet and loving personalities, but they are also characterized by weight-control issues and motor development delays, along with some behavior problems and unique medical issues. PWS typically causes low muscle tone, short stature if not treated with growth hormone, incomplete sexual development, and a chronic feeling of hunger that, coupled with a metabolism that utilizes drastically fewer calories than normal, can lead to excessive eating and life-threatening obesity. The food compulsion requires constant supervision on the part of the family members, along with regular attention to many of the other difficult symptoms.

It is the commitment of researchers and health professionals that has led to effective treatments and, hopefully, an eventual cure for the families afflicted by this disorder.

I would like to thank Representative ROYCE from California for his commitment to raising awareness about Prader-Willi syndrome. I encourage all of my colleagues to vote for this resolution.

At this time, I yield to the gentleman from California (Mr. ROYCE).

Mr. ROYCE. I thank the gentleman for yielding.

Mr. Speaker, I rise in support of House Resolution 55, authored by myself and my colleague from the State of California, Congresswoman JANE HARMAN.

This resolution calls for the establishment of a National Prader-Willi Syndrome Awareness Month, and it encourages continued Federal research of this syndrome. Now, this syndrome is recognized as a common genetic cause of childhood obesity, and for too many children, it is an affliction which causes them not even to be able to reach their teens. Many of them don't reach their 20th birthday as a result of this malady.

Mr. Speaker, 7½ years ago I was in the position of most Members of this House and most Americans in that I had never heard of Prader-Willi syndrome. Then a little girl named Abby Porter was born. I can still remember

that day and the phone call that came telling me that Abby had arrived but that something was wrong. Abby was sleeping almost 24 hours a day, was unable to eat on her own, and had almost no muscle tone at all.

Thanks to the persistence and strong will of Abby's parents, she was sent to Children's Hospital in Denver where she underwent extensive testing. At 2 weeks of age we all learned that Abby had a genetic disorder called Prader-Willi syndrome.

Many of you are now asking what I asked on that day of the phone call. What is Prader-Willi syndrome? In short, it is a complex condition characterized by morbid obesity, by insatiable appetite, by poor muscle tone and failure to thrive during infancy, among many other maladies. Twenty years ago a child with Prader-Willi syndrome was likely to die of morbid obesity before they reached adulthood. Most of these children were either never diagnosed or diagnosed later in life when treatment was far less effective.

Abby Porter is actually one of the lucky ones, as she received a very early diagnosis. As a result of this early diagnosis she was able to begin human growth hormone treatments at the age of 3 months. A relatively new treatment for Prader-Willi at the time of her birth, growth hormone enabled Abby to begin building the muscle tone she needed to eat, to hold up her head, to sit up, crawl, and finally to walk. As a result she was able to reach all of her developmental milestones at roughly the appropriate times. She was also able to develop cognitively at a more normal rate than she would have without this treatment.

Abby and I want every child with Prader-Willi syndrome to have this same opportunity. We want to increase awareness of this genetic disorder among health care providers and pediatricians and parents and teachers and communities. We want children to get diagnosed early so that they can begin immediate treatment.

We want parents to be able to find out the information that they need to make decisions about the treatment and development of their children. We want teachers to understand the cognitive and emotional struggles that come with Prader-Willi and that must be dealt with in order for these children to learn.

We want neighbors and community members to learn about this syndrome so that they will understand the actions and behavior of some of the children with Prader-Willi; thus, they will not reject them outright and will instead teach their own children about the acceptance of differences.

Abby and I want these families with Prader-Willi children to know that the families are not alone in this fight to search for cures and treatments that will improve the future of their children.

For that reason, we are both proud today to see this House call for a Na-

tional Prader-Willi Syndrome Awareness Month and to express support for further research in this disorder.

I want to again thank my colleague, Congresswoman JANE HARMAN from California, for her support and efforts on behalf of this resolution. I urge all my colleagues to support this bill.

Mrs. CAPPs. I am pleased now to yield whatever time she may consume to my colleague and friend from California, JANE HARMAN.

Ms. HARMAN. Let me first commend Mrs. CAPPs, who, as a registered nurse, has brought so much understanding and depth to our ongoing negotiations on health care in the Energy and Commerce Committee.

Second, let me commend a good friend and frequent partner, Mr. ROYCE, whose focus on this issue and personal compassion on behalf of his friend, Abby, and enormously caring staff, have brought this issue to my attention.

It resonates in my California congressional district, where there is an incredible community of activists who are committed to increasing awareness and supporting research on Prader-Willi syndrome. Two of those activists, Tom and Renay Compere, are parents of a child with PWS. They have brought other Prader-Willi families together with groups of students, teachers, and other members of the community to spread awareness and raise funds to combat this devastating disease.

Tom Compere says, "The thing that has kept us going over the years has been the optimism that a cure for PWS will be found and that our son will have a normal life. What a concept. A normal life was something, until recently, that I took for granted."

That's the goal of this resolution. By increasing awareness and promoting research at the national level, we can give the Compere family and thousands of families like them a chance to lead a normal life.

Two years ago, Mr. Speaker, I attended the annual walkathon for Prader-Willi research in Mar Vista, a wonderful community in my district. The warmth and excitement of the children I met there was touching, especially in the face of the challenges they face on a daily basis.

Prader-Willi patients suffer, as you have heard, from cognitive disabilities, poor muscle tone, and constant feelings of hunger. They often look different from other children, which makes it difficult to fit in or be accepted as a normal kid. Some cutting-edge treatments, like the ones Abby received, can improve the physical development of children with Prader-Willi so they can fit in, but this is contingent on early diagnosis and treatment, and that often doesn't happen.

By passing H. Res. 55 and raising the profile of this disease, this House can give these children better odds at doing something most of us take for granted: Living a normal life.

I urge passage of the resolution and again commend my friends from California for their role.

Mr. TERRY. We have no further speakers and, therefore, encourage the passage of this resolution.

I yield back the balance of my time.

Mrs. CAPPs. I wish to commend the personal commitment of our colleagues from California, Congressman ROYCE and Congresswoman JANE HARMAN, and I urge support for this resolution.

I yield back the balance of our time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Mrs. CAPPs) that the House suspend the rules and agree to the resolution, H. Res. 55.

The question was taken.

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

Mrs. CAPPs. 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.

□ 1445

DATA ACCOUNTABILITY AND TRUST ACT

Mr. RUSH. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2221) to protect consumers by requiring reasonable security policies and procedures to protect computerized data containing personal information, and to provide for nationwide notice in the event of a security breach, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2221

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 "Data Accountability and Trust Act".

SEC. 2. REQUIREMENTS FOR INFORMATION SECURITY.

(a) GENERAL SECURITY POLICIES AND PROCEDURES.—

(1) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, the Commission shall promulgate regulations under section 553 of title 5, United States Code, to require each person engaged in interstate commerce that owns or possesses data containing personal information, or contracts to have any third party entity maintain such data for such person, to establish and implement policies and procedures regarding information security practices for the treatment and protection of personal information taking into consideration—

(A) the size of, and the nature, scope, and complexity of the activities engaged in by, such person;

(B) the current state of the art in administrative, technical, and physical safeguards for protecting such information; and