

LOWER COLORADO RIVER MULTI-SPECIES CONSERVATION PROGRAM ACT

Mr. ABERCROMBIE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2515) to authorize appropriations for the Bureau of Reclamation to carry out the Lower Colorado River Multi-Species Conservation Program in the States of Arizona, California, and Nevada, and for other purposes, as amended.

The Clerk read the title of the bill.
The text of the bill is as follows:

H.R. 2515

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 "Lower Colorado River Multi-Species Conservation Program Act".

SEC. 2. DEFINITIONS.

In this Act:

(1) **LOWER COLORADO RIVER MULTI-SPECIES CONSERVATION PROGRAM.**—*The term "Lower Colorado River Multi-Species Conservation Program" or "LCR MSCP" means the cooperative effort on the Lower Colorado River between Federal and non-Federal entities in Arizona, California, and Nevada approved by the Secretary of the Interior on April 2, 2005.*

(2) **LOWER COLORADO RIVER.**—*The term "Lower Colorado River" means the Colorado River from Lake Mead to the Southerly International Boundary with Mexico, including its historic floodplain and its mainstem reservoirs to their full pool elevations.*

(3) **SECRETARY.**—*The term "Secretary" means the Secretary of the Interior.*

(4) **STATES.**—*The term "States" means each of the States of Arizona, California, and Nevada.*

SEC. 3. IMPLEMENTATION AND WATER ACCOUNTING.

(a) **IN GENERAL.**—*The Secretary is authorized to participate in the Lower Colorado River Multi-Species Conservation Program.*

(b) **WATER ACCOUNTING.**—*The Secretary is authorized to enter into an agreement with the States providing for the use of water from the Lower Colorado River for habitat creation and maintenance.*

SEC. 4. AUTHORIZATION OF APPROPRIATIONS.

(a) **IN GENERAL.**—*There is authorized to be appropriated to the Secretary such sums as may be necessary to participate in the Lower Colorado River Multi-Species Conservation Program, to remain available until expended.*

(b) **NONREIMBURSABLE AND NONRETURNABLE.**—*All amounts appropriated to and expended by the Secretary for the LCR MSCP shall be nonreimbursable and nonreturnable.*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Hawaii (Mr. ABERCROMBIE) and the gentleman from Utah (Mr. BISHOP) each will control 20 minutes.

The Chair recognizes the gentleman from Hawaii.

GENERAL LEAVE

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

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

There was no objection.

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

Madam Speaker, H.R. 2515, as introduced by our colleague and friend, Representative DEAN HELLER, would authorize the Secretary of the Interior to participate in the multi-species habitat conservation plan on the lower 400 miles of the Colorado River. The States of Nevada, Arizona and California, along with several major water districts, are participants and funding partners in this program.

As amended, this legislation is not controversial and should be supported. And I might say, Madam Speaker, exhibits the multiple responsibilities of the Resources Committee and the really extraordinary complications and details that have to be considered when such legislation comes forward. It is a tribute to the staffs of the members on the committee, and most particularly the professional staff of the Resources Committee, that this legislation is able to be compiled, understood and comprehended by the members, and then brought forward to the body as a whole in a way that advances the public interest.

With that, Madam Speaker, I reserve the balance of my time.

Mr. BISHOP of Utah. Madam Speaker, I yield myself such time as I may consume.

This particular bill helps solve the conundrum that we face in the protection and conservation of certain species: For example, the bony-tailed chub, the razorback sucker, and the humpback chub.

H.R. 2515, introduced by DEAN HELLER of Nevada and HARRY MITCHELL of Arizona, is an amended bipartisan measure aimed at protecting endangered species while keeping the waters running and the lights on for consumers in the Southwest.

As amended at the committee level, this bill has been scaled back, but still codifies a very popular multi-species habitat conservation plan on the Lower Colorado River. I note that some water and power supply organizations support key provisions taken out by the majority. However, in the interest of moving this bill forward, they support the passage of this bill with the hope that the final bill signed into law will better resemble the original legislation.

At a time when our water supply is being diminished due to a number of factors, this bill—although somewhat incomplete—is still a win-win for our water and power consumers.

I have no additional speakers, and I am prepared to yield back the balance of my time.

Mr. ABERCROMBIE. Madam Speaker, I observed that Mr. BISHOP was looking directly at me when he recited, with a look that I can only determine

as "gleeful," he cited the razorback sucker and the bonytail chub. I am not sure whether I was being categorized by him in the sucker category or the chub category, or he was gazing at me metaphorically.

Do you suppose he might be able to answer that for me.

Mr. BISHOP of Utah. Will the gentleman yield?

Mr. ABERCROMBIE. I will yield.

Mr. BISHOP of UTAH. I have certainly never thought of the gentleman as either a razorback or a bonytail.

Mr. ABERCROMBIE. Thank you very much.

Madam Speaker, it is now clear for me.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Hawaii (Mr. ABERCROMBIE) that the House suspend the rules and pass the bill, H.R. 2515, as amended.

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

A motion to reconsider was laid on the table.

□ 1500

SUPPORTING THE OBSERVANCE OF COLORECTAL CANCER AWARENESS MONTH

Mr. WYNN. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 302) supporting the observance of Colorectal Cancer Awareness Month, and for other purposes.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 302

Whereas colorectal cancer is the second most common cause of cancer deaths for men and women in the United States;

Whereas colorectal cancer affects men and women equally;

Whereas more than 148,810 people in the United States will be diagnosed with colon cancer this year;

Whereas over 49,960 people in the United States will die from colon cancer this year;

Whereas every 3.5 minutes, someone is diagnosed with colorectal cancer and every 9 minutes someone dies from colorectal cancer;

Whereas every 5 seconds someone who should be screened for colorectal cancer is not;

Whereas the vast majority of colon cancer deaths can be prevented through proper screening and early detection;

Whereas the survival rate of individuals who have colorectal cancer is 90 percent when detected in the early stages versus only a 10 percent survival rate when colorectal cancer is diagnosed after it has spread to distant organs;

Whereas only 39 percent of colorectal cancer patients have their cancers detected at an early stage;

Whereas uninsured Americans are more likely to be diagnosed with late stage colon cancer than patients with private insurance;

Whereas only 18.8 percent of those without health coverage in the United States have currently been properly screened for colorectal cancer;

Whereas if the majority of Americans age 50 or older were screened regularly for colorectal cancer, the death rate from this disease could plummet by up to 80 percent;

Whereas regular colorectal cancer screening has been ranked as one of the most cost effective screening interventions available, with the potential to save more than 30,000 lives a year;

Whereas treatment costs for colorectal cancer are extremely high, estimated at \$8,400,000,000 for 2004;

Whereas increasing the number of people between the ages of 50 years and 64 years of age who are regularly screened in the United States, would provide significant savings in billions of dollars to the Medicare program from cancer prevention and treatment costs;

Whereas the Blue Star, developed by the Members of the National Colorectal Cancer Roundtable, the American Cancer Society, the Colon Cancer Alliance, and C3: Colorectal Cancer Coalition represents the collective fight against colon cancer, the eternal memory of the people whose lives have already been lost to the disease, and the shining hope for a future free of colon cancer;

Whereas Coaches vs. Cancer (a partnership between the American Cancer Society and the National Association of Basketball Coaches), the Colon Cancer Alliance, and Ethicon Endo-Surgery have created "Earn a Blue Star Day" as a means for individuals and corporations to raise awareness of the importance of screening for colon cancer;

Whereas greater awareness of this cancer and the means to prevent it will save the lives of tens of thousands of Americans each year; and

Whereas observing a Colorectal Cancer Awareness Month during the month of March would provide a special opportunity to offer education on the importance of early detection and screening: Now, therefore, be it

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

(1) supports the observance of Colorectal Cancer Awareness Month in order to provide a special opportunity to offer education on the importance of early detection and screening;

(2) recognizes and applauds the national and community organizations for their work in promoting awareness about colorectal cancer, providing information on the importance of prevention and early detection through regular screening, and facilitating access to treatment for its sufferers; and

(3) urges organizations and health practitioners to "earn a Blue Star" by using this opportunity to promote awareness about colorectal cancer and to support early identification and removal of pre-cancerous polyps, detectable only through colorectal cancer screenings.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Maryland (Mr. WYNN) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from Maryland.

GENERAL LEAVE

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

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

There was no objection.

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

I rise today in strong support of H. Con. Res. 302. This bill does three things: First, it calls for the designation of March as Colorectal Cancer Awareness Month. Second, it recognizes national and community organizations for their work in promoting the importance of prevention and early detection through regular colorectal screenings. Third, it urges organizations and health practitioners to "earn a Blue Star" by using this opportunity to increase awareness about colorectal cancer. And I will talk more about the blue star in just a minute.

But first let me note that colorectal cancer is the third most common type of cancer and the second most deadly. Approximately 148,000 Americans will be diagnosed with colorectal cancer this year, and 49,000 will die from the disease.

Every 3 minutes a loved one is diagnosed with colorectal cancer. Every 9 minutes a loved one dies from the disease. Every 5 seconds a loved one who should be screened for colorectal cancer is not.

Colorectal cancer is a silent killer which often causes no symptoms until it reaches the latest stages. Colorectal screenings save lives by catching the disease in its earlier stages. If detected at an early stage, the 5-year survival rate for colorectal cancer is 90 percent. If it is not detected until the later stage, the 5-year survival rate plummets to just 10 percent.

This tragedy disproportionately affects minorities, particularly African Americans, who are less likely to have access to health insurance or see a doctor on a regular basis. As a result, African Americans are diagnosed later and are 40 percent more likely to die from the disease. In 2007, 1,600 cases of colorectal cancer occurred among African Americans.

Hoping to repeat the success of the red ribbon in symbolizing AIDS and the pink ribbon in symbolizing breast cancer, the National Colorectal Cancer Roundtable has selected a blue star to symbolize the fight against colorectal cancer. The star serves a dual purpose; it recognizes the eternal memory of those people whose lives have already been lost to the disease, and it is a shining hope for a future free of colon cancer.

This resolution recognizes the important work that national and commu-

nity organizations have already done in promoting awareness about colorectal cancer, including the creation of Earn a Blue Star day.

Additionally, the resolution encourages organizations and health care practitioners to earn a blue star by supporting early identification and removal of precancerous polyps.

Recognizing March as Colorectal Cancer Awareness Month provides us a special opportunity to focus on education about screening and early detection. As we continue to work to find a cure for colorectal cancer, it is vital that we work together to increase awareness about screening in order to prevent the disease from reaching its deadly conclusion.

Before I conclude, I want to thank my colleagues, Representative KAY GRANGER and Representative PATRICK KENNEDY, for their leadership on this issue. Although Representative GRANGER could not be here today, I know that she cares very deeply about this issue and has worked hard to bring this resolution to the floor.

I now want to urge my colleagues to join me in support of the adoption of this resolution.

Madam Speaker, I reserve the balance of my time.

Mr. BURGESS. Madam Speaker, I yield myself so much time as I may consume.

Madam Speaker, colorectal cancer is the third most commonly diagnosed cancer. It's the second most common cause of cancer deaths in the United States; clearly a major player in our cancer burden here in this country. Every 3½ minutes someone is diagnosed with colorectal cancer. Every 9 minutes someone dies from colorectal cancer.

This is a disease that affects men and women equally. This year, almost 150,000 new cases will be diagnosed, and almost 50,000 deaths will be caused by colorectal cancer. The real tragedy is that many of these cancer cases and deaths do not have to happen. The vast majority of colorectal cancer deaths can be prevented through proper screening and early detection. This resolution recognizes March as Colorectal Cancer Awareness Month.

My good friend from Maryland talked about disparities; indeed, disparities do occur. And one of the things we can do to diminish those disparities is to talk. We can talk more about this disease. And the more we encourage our family and friends, our neighbors to get screened, the more lives we can, in fact, save.

But recognizing Colorectal Cancer Awareness Month is not enough. We do need to increase Federal funding for early detection and screening. So, along with Congressman WYNN, Representative GRANGER has introduced a bill that would authorize funding for early detection screenings and make

preventive care a priority. Specifically, the Colorectal Cancer Prevention, Early Detection and Treatment Act, H.R. 738, would establish a national screening program for colorectal cancer for individuals over 50 years of age and/or who are at high risk. It would also authorize State funding for these screenings, and it would create a public awareness and education campaign for colorectal cancer.

Despite scientific evidence supporting the benefits of screenings, screenings remain low for this disease in the United States, and every 5 seconds someone who should be screened is not. When colorectal cancer is diagnosed late, the survival rate for cancer is only 10 percent, but if it's diagnosed early, before spread has occurred, the survival rate is in excess of 90 percent. Early detection and screening saves lives.

If everyone over 50 years of age were screened regularly for colon cancer, the death rate for this disease could plummet by 80 percent. In addition to saving lives, early detection and screening clearly would save money.

Treatment costs for colon cancer are extremely high and could be greatly reduced if mass screenings occurred. Colon cancer treatment costs totaled roughly \$8.5 billion for new cases in 2007. Let me say that again, almost \$8.5 billion for 2007. The costs of two-thirds of these cancer cases are borne by the Medicare program.

The Lewin Group recently conducted a comprehensive study of the potential cost savings to Medicare and found that every 10 years a colon cancer screening program will result in a savings of about 1½ years worth of Medicare expenditures. If screenings were increased among people 50 years of age and older in the United States, it would save billions of dollars in Medicare expenditures, not to mention the thousands of lives that would be spared.

The Colon Cancer Prevention, Early Detection and Treatment Act ensures that people who are screened will get the full continuum of cancer care, including the appropriate follow-up for abnormal tests, diagnostic and therapeutic services, and treatment for detected cancers.

Observing Colorectal Cancer Awareness Month provides us with the opportunity to discuss the importance of early detection and of screening. It also provides us the opportunity to thank the thousands of volunteers and the national and community organizations for their work in promoting awareness of this disease. Groups like the Prevent Cancer Foundation, the National Colorectal Cancer Society Roundtable, the American Cancer Society, the Colon Cancer Alliance, and C3: Colorectal Cancer Coalition, these groups have created the "Earn a Blue Star Day" as a way for individuals and

corporations to raise awareness of the importance of screening for this cancer.

I encourage my colleagues in the House to "earn a blue star" by using this opportunity to promote awareness of colon cancer and to support early detection and screening.

Madam Speaker, I reserve the balance of my time.

Mr. WYNN. Madam Speaker, I am pleased to yield 5 minutes to the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY. I would like to thank the gentleman from Maryland for his ambitious efforts on behalf of this issue. He has been tireless on behalf of spreading the word on the issue of prevention of colorectal cancer. I can recall for many years being invited to participate in events where he has been out there talking about prevention and prevention, prevention, prevention. I salute him for his efforts and thank him for his service to our country on behalf of this very important issue.

He said it as clear as anyone could say it, and that is that the most common reason people give for why they have not had a colorectal cancer screening is that it wasn't recommended to them. And the most common reason that people die of colorectal cancer is because they haven't been screened. So, what is the answer? The answer is we have to get people to recommend that they get a screening for colorectal cancer. If they get the recommendation that they get screened, then they have a 90 percent chance of survival. It's that simple.

Why are people dying of an illness that is so preventable? Because they're not being told, first, that the statistics are what they are, that this is preventable; and two, that the professions out there need to get about doing what they need to do to make those recommendations that people get the screening. If you're 50 and older, you need to get the screening. If you have it in your family, you need to get the screening. And these are the simple messages that we need to get out to the general public. And AL WYNN has been the leader in this Congress in making sure those messages get out to the public. And I want to thank KAY GRANGER for her efforts as well in sponsoring this bill.

But the fact of the matter is that we cannot sit idly by and think that this is something that simply is a matter of saving dollars. I want to thank my friend, Mr. BURGESS, for pointing out that we save lots of money if we screen early. He pointed out accurately that the Lewin Group said that we spent nearly \$8.5 billion just this last year treating colorectal cancer. Two-thirds of that will be paid by the Federal Government; two-thirds will be paid by our taxpayers. And imagine if we had screening, we could avoid that cost. If

we had screening, the cost of a screening could avoid all the heavy expenses of that treatment. But imagine all the lives that it will save? Imagine all the fathers and mothers and sons and daughters and brothers and sisters who would be spared the awful trauma of having to be treated with cancer.

This is the right thing to do. It's not only the right thing to do, you know, financially, which should be a no-brainer for us in Congress, we're looking for ways to save money, this is a money saver, but this is the right thing to do for our people in terms of saving them the heartache. So, what do we need to do? We need to cover people.

In my State of Rhode Island, we already mandate, our insurance coverage already requires it. But unfortunately, as the American Cancer Society is trying to do nationally, we have 47 million Americans without health insurance. And until we get more people covered with health insurance, there are going to continue to be people who fall off.

That's why this legislation is so important. It sets up grants to States so that we can target those who don't have health insurance so that they can get the screening. If we know that they have colorectal cancer polyps prescreening, then we know we can get in there and make sure that they get the treatment early so that we're not stuck as a society having to pay down the road for the most costly and expensive kinds of treatment through the Medicare and Medicaid programs.

So, my friends, this is something that we need to do. I salute all of those in the cancer community who have been trying to preach this message. This is a message that needs to be preached. And I think that every month ought to be Cancer Awareness Month. I'm just happy that we now finally are getting about focusing on an illness that has been too quiet, too quiet. When you compare it to breast cancer, cervical cancer, prostate cancer, colorectal cancer screenings are the lowest of all of them, the lowest, because it has been the most stigmatized of all cancers.

□ 1515

But colorectal cancer can no longer remain that way because too many people are dying as a result.

Mr. BURGESS. Madam Speaker, at this time I will reserve my time.

Mr. WYNN. Madam Speaker, at this time I recognize the distinguished gentlelady from Illinois (Ms. SCHAKOWSKY) for 2 minutes.

Ms. SCHAKOWSKY. Madam Speaker, first, I want to thank Congressman WYNN for his effort to bring this critical resolution to the floor today. I'm glad to be here to speak out in strong support of H. Con. Res. 302, a resolution to recognize March as Colorectal Cancer Awareness Month.

My family and my life, like so many others, have been touched by someone

with cancer. Two and a half years ago, after fighting courageously for a year, my amazing daughter-in-law, Fiona, died of colorectal cancer, leaving behind two young children, a husband and many loving family members and friends. At 38 years old, she died, not having a screening, and though, in retrospect, she had symptoms. Too many of us have either struggled with cancer ourselves or know of someone who has.

I recently saw a new study from the CDC saying that colorectal cancer testing has risen steadily since 2002, and this is very encouraging news. But another study that appeared in the *Journal of Cancer* at the end of last year is extremely troubling to me. It shows a significant underuse of colorectal cancer screening procedures among Medicare beneficiaries. In fact, only 25 percent of Medicare beneficiaries received recommended screening.

Mr. WYNN. The gentlelady is granted an additional 30 seconds.

Ms. SCHAKOWSKY. In fact, only 25 percent of Medicare patients received recommended screening during the study period.

We have to do better. We must work to expand public education and understanding of the benefits of screening. Congress needs to make it a priority to reduce the amount of out-of-pocket costs associated with cancer screening to ensure that those who may be at risk of developing colorectal cancer get screened. And as the richest country in the world, we need to act to make sure that everyone gets the medical care they need.

You've heard the statistics. If caught early the survival rate is 90 percent; if not, it's only 10 percent.

Through the establishment of Colorectal Cancer Awareness Month we will add to the over one million colorectal cancer survivors living in America today.

I urge my colleagues to support this wonderful resolution, and I thank the gentleman for introducing it.

Mr. BURGESS. Madam Speaker, I will yield myself 1 minute for the purpose of closing.

This is an important bill and I do encourage my colleagues to support this bill. Have the test, find the polyp, get the cure. It's really that simple.

One of the problems with serving in Congress is you recognize that we move so slowly on so many things. Madam Speaker, there are going to be new medicines, new tests. We're on the threshold of great things in all areas of medicine. The study of colon cancer is no small part of that.

But the reality is today there is a test, there is a test that can be easily done. A cure is just around the corner for someone who might suffer from this disease.

So I urge my colleagues to support this important legislation. I thank my friend from Maryland for bringing it

forward, and I'll yield back the balance of my time.

Mr. WYNN. Madam Speaker, I'd just like to take a moment to thank Dr. BURGESS for his support of this legislation. He expounded on it quite well, and we appreciate his support. Also Ms. GRANGER, who I indicated could not be here.

I particularly want to thank my colleagues on the Democratic side of the aisle, Ms. SCHAKOWSKY, who obviously has a tremendous personal story to tell in support of this legislation, and also Mr. KENNEDY, with whom I've worked with, and has had a tremendous passion in support of this measure.

Mr. GENE GREEN of Texas. Madam Speaker, I rise today in support of a resolution offered by a fellow Texan, Congresswoman GRANGER, recognizing the month of March as Colorectal Cancer Awareness Month.

There are few diagnoses that strike more fear into Americans than being diagnosed with cancer. More than 10 million Americans currently live with cancer. According to the American Cancer Society, more than 1.4 million new cancer cases will be diagnosed this year.

In the United States, colorectal cancer is the fourth most common cancer in men and women. If it is caught early, it is often curable. Regular colorectal cancer screening or testing is one of the best ways to prevent colorectal cancer.

Once abnormal cells start to grow, it takes approximately 10 to 15 years to develop into colorectal cancer. Regular colorectal cancer screening can prevent colorectal cancer altogether because some polyps and growths are identified and removed before they turn into cancer. Screening can also result in finding colorectal cancer early, when it is highly curable.

Houston's MD Anderson Cancer Center is located near my district so I have seen the effectiveness of research and treatments that have come from investment in cancer research programs. However, the easiest way to prevent, treat, and recover from cancer is to find it early.

That is why recognizing the month of March as Colorectal Cancer Awareness Month is important. Letting people know that they should be regularly tested for colorectal cancer is the first step in saving lives.

I want to thank my colleague, Representative GRANGER, and urge my colleagues to support this resolution.

Ms. JACKSON-LEE of Texas. Madam Speaker, I rise today in strong support of H. Con. Res. 302, supporting the observance of Colorectal Cancer Awareness Month, and for other purposes, introduced by my distinguished colleague from Texas, Representative KAY GRANGER. This important legislation recognizes the devastating effects of Colorectal Cancer, which kills 49,960 Americans each year, and raises awareness regarding the realities and severities of this disease.

Colorectal cancer includes both colon and rectal cancer and is the second most common cause of cancer deaths for both men and women within the United States. This form of cancer does not discriminate between men and women, race and ethnicity; however, the

rates of diagnoses are slightly higher among the African America Community. Despite the fact that every 3.5 minutes someone is diagnosed with colorectal cancer, every 5 seconds, someone who should be screened for this cancer is not.

That is why this legislation is so important; we know the devastating effects of this type of cancer, yet we have failed to apply the necessary steps to address the epidemic. The survival rate of those who have colorectal cancer is 90 percent when detected in its early stages, but that rate dramatically drops to only 10 percent when colorectal cancer is detected after it has spread to distant organs. The death rate of colorectal cancer could be reduced by up to 80 percent if the majority of Americans age 50 or older were screened regularly for colorectal cancer. It is not surprising to note that uninsured Americans are more likely to be diagnosed with late stage colon cancer than patients with private insurance, and that as such only 39 percent of colorectal cancer patients have their cancer detected at an early stage. Only 18.8 percent of Americans without health coverage in the United States have currently been properly screened for colorectal cancer.

Regular colorectal cancer screening makes economic sense because it has been ranked as one of the most cost effective screening interventions available, with the potential to save more than 30,000 lives a year. Treatment costs for colorectal cancer are extremely high and are estimated at \$8,400,000,000 for 2004; however, the risks associated with non-treatment are even higher.

The necessity of raising awareness about colorectal cancer cannot be overemphasized, and I applaud this legislation for supporting the observance of Colorectal Cancer Awareness Month. The potential deadly effects of colorectal cancer should encourage Americans from all walks of life to be tested and treated by their doctors. Colorectal cancer is the third most common form of cancer and the second leading cause of cancer-related death in the Western world. As such, colorectal cancer causes 655,000 deaths worldwide per year. Colorectal Cancer Awareness Month must also raise public awareness for the need of colorectal cancer testing for those Americans who are traditionally unable to afford such screening and seek ways to alleviate this disparity. It is imperative that Congress find a way to ensure every American at risk is tested and treated in the early stages to prevent an even higher death rate. Colorectal Cancer Awareness Month should be recognized by all Americans to focus on the special opportunity to offer education on the importance of early detection and screening.

I am proud to cosponsor this important legislation to support the observance of March as Colorectal Cancer Awareness Month. I strongly support H. Con. Res. 302 and urge all Members to do the same.

Mr. WYNN. Madam Speaker, I have no further requests for time, and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Maryland (Mr. WYNN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 302.

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

The yeas and nays were ordered.

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

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 3 o'clock and 20 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WELCH of Vermont) at 6 o'clock and 30 minutes p.m.

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:

H.R. 3352, by the yeas and nays;

H.R. 2675, by the yeas and nays;

H. Con. Res. 302, 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.

HYDROGRAPHIC SERVICES IMPROVEMENT ACT AMENDMENTS OF 2008

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 3352, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Hawaii (Mr. ABERCROMBIE) that the House suspend the rules and pass the bill, H.R. 3352, as amended.

The vote was taken by electronic device, and there were—yeas 308, nays 60, not voting 62, as follows:

[Roll No. 147]

YEAS—308

Abercrombie	Allen	Arcuri
Ackerman	Altmire	Baca
Alexander	Andrews	Bachus

Baird	Gerlach	Miller (NC)	Wasserman	Welch (VT)	Woolsey
Baldwin	Giffords	Miller, Gary	Schultz	Wexler	Wu
Barrow	Gillibrand	Miller, George	Waters	Wilson (NM)	Wynn
Bean	Gohmert	Mitchell	Watson	Wilson (OH)	Yarmuth
Becerra	Goodlatte	Moore (KS)	Watt	Wittman (VA)	Young (AK)
Berkley	Gordon	Murphy (CT)	Weiner	Wolf	Young (FL)
Berman	Graves	Murphy, Patrick			
Berry	Green, Al	Murphy, Tim			
Biggert	Green, Gene	Musgrave	Aderholt	Garrett (NJ)	Moran (KS)
Bilbray	Hall (NY)	Nadler	Akin	Gingrey	Myrick
Bilirakis	Hall (TX)	Napolitano	Barrett (SC)	Goode	Neugebauer
Bishop (GA)	Harman	Nunes	Bartlett (MD)	Hastings (WA)	Paul
Bishop (NY)	Hastings (FL)	Oberstar	Barton (TX)	Hensarling	Pence
Bishop (UT)	Hayes	Obey	Blackburn	Hoekstra	Pitts
Blumenauer	Heller	Olver	Brady (TX)	Inglis (SC)	Poe
Bonner	Herger	Ortiz	Broun (GA)	Issa	Price (GA)
Bono Mack	Herseth Sandlin	Pallone	Burton (IN)	Johnson, Sam	Royce
Boozman	Higgins	Pascrell	Campbell (CA)	Jordan	Ryan (WI)
Boren	Hill	Pastor	Carter	King (IA)	Sali
Boswell	Hinojosa	Payne	Chabot	Kline (MN)	Sensenbrenner
Boucher	Hirono	Pearce	Conaway	Lamborn	Sessions
Boustany	Hodes	Perlmutter	Culberson	Linder	Stearns
Boyd (FL)	Holden	Peterson (MN)	Deal (GA)	Mack	Sullivan
Boyd (KS)	Holt	Petri	Duncan	Manullo	Tancredo
Brady (PA)	Hookey	Platts	Everett	Marchant	Tiberi
Brown (SC)	Hoyer	Porter	Flake	McCaul (TX)	Wamp
Brown-Waite,	Hunter	Price (NC)	Fox	McHenry	Westmoreland
Ginny	Inslee	Putnam	Franks (AZ)	Miller (FL)	Wilson (SC)
Buchanan	Israel	Radanovich			
Burgess	Jackson (IL)	Rahall	Bachmann	Grijalva	Rangel
Butterfield	Jackson-Lee	Ramstad	Blunt	Gutierrez	Reynolds
Buyer	(TX)	Regula	Boehner	Hare	Rohrabacher
Calvert	Johnson (IL)	Rehberg	Braley (IA)	Hinche	Rothman
Camp (MI)	Johnson, E. B.	Reichert	Brown, Corrine	Hobson	Rush
Capito	Jones (NC)	Renzi	Cannon	Honda	Sanchez, Loretta
Capps	Jones (OH)	Reyes	Cantor	Hulshof	Sarbanes
Capuano	Kagen	Richardson	Coble	Jefferson	Shadegg
Cardoza	Kanjorski	Rodriguez	Conyers	Johnson (GA)	Shuler
Carnahan	Kaptur	Rogers (AL)	Cubin	Kind	Stark
Carney	Keller	Rogers (KY)	Davis (IL)	Kingston	Sutton
Carson	Kennedy	Rogers (MI)	DeGette	Marshall	Tauscher
Castle	Kildee	Ros-Lehtinen	Dicks	Mollohan	Tiahrt
Castor	Kilpatrick	Roskam	Dingell	Moore (WI)	Udall (CO)
Chandler	King (NY)	Ross	Doolittle	Moran (VA)	Udall (NM)
Clarke	Kirk	Roybal-Allard	Etheridge	Murtha	Upton
Clay	Klein (FL)	Ruppersberger	Feeney	Neal (MA)	Waxman
Cleaver	Knollenberg	Ryan (OH)	Fossella	Peterson (PA)	Weldon (FL)
Clyburn	Kucinich	Salazar	Gilchrest	Pickering	Weller
Cohen	Kuhl (NY)	Sánchez, Linda	Gonzalez	Pomeroy	Whitfield (KY)
Cole (OK)	LaHood	T.	Granger	Pryce (OH)	
Cooper	Lampson	Saxton			
Costa	Langevin	Schakowsky			
Costello	Larsen (WA)	Schiff			
Courtney	Larson (CT)	Schmidt			
Cramer	Latham	Schwartz			
Crenshaw	LaTourette	Scott (GA)			
Crowley	Latta	Scott (VA)			
Cuellar	Lee	Serrano			
Cummings	Levin	Sestak			
Davis (AL)	Lewis (CA)	Shays			
Davis (CA)	Lewis (GA)	Shea-Porter			
Davis (KY)	Lewis (KY)	Sherman			
Davis, David	Lipinski	Shimkus			
Davis, Lincoln	LoBiondo	Shuster			
Davis, Tom	Loebsack	Simpson			
DeFazio	Lofgren, Zoe	Sires			
Delahunt	Lowey	Skelton			
DeLauro	Lucas	Slaughter			
Dent	Lungren, Daniel	Smith (NE)			
Diaz-Balart, L.	E.	Smith (NJ)			
Diaz-Balart, M.	Lynch	Smith (TX)			
Doggett	Mahoney (FL)	Smith (WA)			
Donnelly	Maloney (NY)	Snyder			
Doyle	Markey	Solis			
Drake	Matheson	Souder			
Dreier	Matsui	Space			
Edwards	McCarthy (CA)	Spratt			
Ehlers	McCarthy (NY)	Stupak			
Ellison	McCullum (MN)	Tanner			
Ellsworth	McCotter	Taylor			
Emanuel	McCrery	Terry			
Emerson	McDermott	Thompson (CA)			
Engel	McGovern	Thompson (MS)			
English (PA)	McHugh	Thornberry			
Eshoo	McIntyre	Tierney			
Fallin	McKeon	Towns			
Farr	McMorris	Tsongas			
Fattah	Rodgers	Turner			
Ferguson	McNerney	Van Hollen			
Filner	McNulty	Velázquez			
Forbes	Meek (FL)	Visclosky			
Fortenberry	Meeks (NY)	Walberg			
Foster	Melancon	Walden (OR)			
Frank (MA)	Mica	Walsh (NY)			
Frelinghuysen	Michaud	Walz (MN)			
Galeggly	Miller (MI)				

NAYS—60

Aderholt	Garrett (NJ)	Moran (KS)
Akin	Gingrey	Myrick
Barrett (SC)	Goode	Neugebauer
Bartlett (MD)	Hastings (WA)	Paul
Barton (TX)	Hensarling	Pence
Blackburn	Hoekstra	Pitts
Brady (TX)	Inglis (SC)	Poe
Broun (GA)	Issa	Price (GA)
Burton (IN)	Johnson, Sam	Royce
Campbell (CA)	Jordan	Ryan (WI)
Carter	King (IA)	Sali
Chabot	Kline (MN)	Sensenbrenner
Conaway	Lamborn	Sessions
Culberson	Linder	Stearns
Deal (GA)	Mack	Sullivan
Duncan	Manullo	Tancredo
Everett	Marchant	Tiberi
Flake	McCaul (TX)	Wamp
Fox	McHenry	Westmoreland
Franks (AZ)	Miller (FL)	Wilson (SC)

NOT VOTING—62

Bachmann	Grijalva	Rangel
Blunt	Gutierrez	Reynolds
Boehner	Hare	Rohrabacher
Braley (IA)	Hinche	Rothman
Brown, Corrine	Hobson	Rush
Cannon	Honda	Sanchez, Loretta
Cantor	Hulshof	Sarbanes
Coble	Jefferson	Shadegg
Conyers	Johnson (GA)	Shuler
Cubin	Kind	Stark
Davis (IL)	Kingston	Sutton
DeGette	Marshall	Tauscher
Dicks	Mollohan	Tiahrt
Dingell	Moore (WI)	Udall (CO)
Doolittle	Moran (VA)	Udall (NM)
Etheridge	Murtha	Upton
Feeney	Neal (MA)	Waxman
Fossella	Peterson (PA)	Weldon (FL)
Gilchrest	Pickering	Weller
Gonzalez	Pomeroy	Whitfield (KY)
Granger	Pryce (OH)	

□ 1856

Messrs. WAMP, WILSON of South Carolina, TANCREDO, BRADY of Texas, and ISSA changed their vote from "yea" to "nay."

Messrs. HERGER and JONES of North Carolina changed their vote from "nay" to "yea."

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

HALE SCOUTS ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 2675, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Hawaii (Mr. ABERCROMBIE) that the House suspend the rules and pass the bill, H.R. 2675, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 370, nays 2, not voting 58, as follows: