IDEA's 30th anniversary would be to fund IDEA at the levels authorized in the 2004 reauthorization, which passed the House and Senate with overwhelming bipartisan support.

Those levels would fully fund IDEA by 2011.

Unfortunately, less than a year later, the Republican-controlled House has passed an appropriations bill that falls nearly $4 billion short of the funding promised for this fiscal year.

At the rate of increase proposed by the Republican House for this fiscal year, we would never—never—reach full funding.

I hope that my colleagues will join me in supporting both this resolution and full funding for IDEA, so that the Federal Government finally will keep its promise to all students, their parents, and their teachers.

Mr. HOLT. Mr. Speaker, I rise today in support of H. Con. Res. 288, recognizing the 30th anniversary of the Education for All Handicapped Children Act. I am pleased to be an original cosponsor of this resolution.

First introduced in 1975 as the Education for All Handicapped Children Act and later as the Individuals with Disabilities Education Act, or IDEA, this legislation has continued to be a vital part of providing equal support for children with disabilities. Before its passage, children with disabilities were either segregated from other students or had little opportunity for education. Today, about 6.1 million children with disabilities are receiving special education and related services.

As a former educator and a member of the Committee on Education and the Workforce, I recognize the importance of continued Federal support of special education. Research shows that when we invest in the education of children with disabilities from birth throughout their school years, our entire society benefits. Giving these children the opportunities they deserve directly impacts their ability to live independently as contributing members of society.

Congress reauthorized IDEA almost a year ago, and it has continued to provide enormous support to children in dire need. However, as this resolution states, we have not yet met our commitment to fund 40 percent of the additional average pupil expenditure. Until we fulfill our responsibility, we are failing our Nation's children. This funding is needed by school districts that must make up the difference of what the Federal Government is not funding.

IDEA is a powerful civil rights law that was intended to provide education to more than one million children who were marginalized because of their disabilities. Today, it does much more. IDEA is based on the premise that children in our society are capable of success, and this law has raised the standards in education for all children. In doing so, it has also produced much improved results, proving that when we dedicate resources and attention to our children they can succeed.

IDEA requires teachers to be qualified and fair in their classrooms. IDEA also protects and supports the parents of children with disabilities. These parents have challenging, full-time jobs in raising their children. However, when given the support that they need, their children succeed. There cannot be a greater reward for a parent than this.

This law focuses on results. It strives to direct funding to where it makes a difference, to give teachers and schools the resources they need to help students. I believe that more funding will produce greater results. While we have, as a society, made great strides, we can not let these children fall behind. I urge my fellow Representatives to work towards full funding of this act.

We should be proud that we are now providing free and appropriate public education to every child with a disability. This law adds to the basic right of education the rights to fairness, support, and respect. I join my fellow Representatives in celebrating the 30th anniversary of the Education for All Handicapped Children Act.

Mr. HONDA. Mr. Speaker, I rise today in support of H. Con. Res. 288, a resolution commemorating the 30th anniversary of the legislation that led to the Individuals with Disabilities Education Act, IDEA.

On November 29, 1975, the Education for All Handicapped Children Act was signed into law. Enactment of that legislation was a historic achievement, ensuring for the first time access to education for children with disabilities, regardless of the nature or severity of their disability. Today, IDEA continues to provide for a free appropriate public education for children with disabilities in the least restrictive environment—in other words, it ensures educational opportunities for children with special needs.

The expansion of IDEA to cover preschool aged children through a grant program and to cover infants and toddlers through an early intervention program has enabled the program to reach many more students—currently IDEA serves an estimated 269,000 infants and toddlers, 679,000 preschoolers, and 6,000,000 children aged 6 to 21. Because these services are being delivered near their homes, IDEA has helped to dramatically reduce the number of children with developmental disabilities who must live in State institutions away from their families.

The success of IDEA has been overwhelming. Under IDEA, the number of children with disabilities who receive a high school diploma has increased significantly and the number of children who enroll in college has more than tripled. By promoting partnerships, between parents and educators in the design and implementation of special education and related :services for children with disabilities, IDEA helps these children to reach their full potential and prepares those children for employment or further education beyond high school.

As we recognize the 30th anniversary of IDEA today and reaffirm our support for the legislation, I must note that the Federal Government is still falling far short of its commitment to fully fund IDEA at 40 percent of the average per pupil expenditure. We are currently providing funding at only 18.6 percent, less than half of what we promised. While the teachers and students working under the auspices of IDEA have been able to accomplish many great things, we should think about all that is not being done, the students who are not reaching their full potential and the teachers who cannot do all that they want or need to do with their students, because IDEA is not being fully funded.

We must live up to our commitment and fully fund IDEA, so that it can truly live up to its potential and so that students with disabilities can live up to their potential.

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

The SPEAKER pro tempore (Mr. COLE of Oklahoma). The question is on the motion offered by the gentleman from Delaware (Mr. CASTLE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 288.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

CHILD MEDICATION SAFETY ACT OF 2005

Mr. KLINE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1790) to protect children and their parents from being coerced into administering a controlled substance or a psychotropic drug in order to attend school, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1790

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 ''Child Medication Safety Act of 2005''.

SEC. 2. REQUIRED POLICIES AND PROCEDURES.

(a) IN GENERAL.—As a condition of receiving funds under any program or activity administered by the Secretary of Education, not later than 1 year after the date of the enactment of this Act, each State shall develop and implement policies and procedures prohibiting school personnel from requiring a child to obtain a prescription for substances covered by section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school or receiving services.

(b) RULE OF CONSTRUCTION.—Nothing in subsection (a) shall be construed to create a Federal prohibition against teachers and other school personnel consulting or sharing classroom-based observations with parents or guardians regarding a student's academic performance or behavior in the classroom or school, or regarding the need for evaluation for special education or related services under section 612(a)(3) of the Individuals with Disabilities Education Act (20 U.S.C. 1412(a)(3)).

SEC. 3. DEFINITIONS.

In this Act:

(1) CHILD.—The term ''child'' means any person within the age limits for which the State provides free public education.

(2) STATE.—The term ''State'' means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

SEC. 4. GAO STUDY AND REVIEW.

(a) REVIEW.—The Comptroller General of the United States shall conduct a review of—

(1) the variation among States in definitions of psychotropic medication as used in regard to State jurisdiction over public education;

(2) the prescription rates of medications used in public schools to treat children diagnosed with attention deficit disorder, attention deficit hyperactivity disorder, and other disorders or illnesses;

(3) which medications used to treat such children in public schools are listed under the Controlled Substances Act; and

(4) which medications used to treat such children in public schools are not listed under the Controlled Substances Act, including the properties and effects of any such

medications and whether such medications have been considered for listing under the Controlled Substances Act.

(b) REPORT.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall prepare and submit a report that contains the results of the review under subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Minnesota (Mr. KLINE) and the gentleman from Texas (Mr. HINOJOSA) each will control 20 minutes.

The Chair recognizes the gentleman from Minnesota (Mr. KLINE).

GENERAL LEAVE

Mr. KLINE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 1790.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 1790, the Child Medication Safety Act. This common sense legislation will prevent school personnel from forcing parents to medicate their children in order to remain in the classroom.

I would first like to thank Chairman BOEHNER and Speaker HASTERT for their support of this legislation and staff members from my office and the Education Committee for their hard work on this bipartisan bill.

In recent decades, a growing number of children have been diagnosed with attention deficit disorder, ADD, or attention deficit hyperactivity disorder, ADHD, and treated with medication such as Ritalin or Adderall. When a licensed medical practitioner properly diagnoses a child as needing these drugs, the administration of the drugs may be beneficial. However, these medications also have the potential for serious harm and abuse, especially for children who do not need the medications.

Unfortunately, in some instances, school personnel freely offer diagnoses for ADD and ADHD disorders and urge parents to obtain drug treatment for their child. Sometimes, officials even attempt to force parents into choosing between medicating their child and allowing that child to remain in the classroom.

This is unconscionable. Parents should never be forced to medicate their child against their will and better judgment in order to ensure their child will receive educational services.

That is why I introduced the Child Medication Safety Act, a straightforward, sensible approach to remedy this growing problem. The Child Medication Safety Act calls on States to establish policies and procedures prohibiting school personnel from forcing parents to place their child on any drug intended to have an altering effect on perception, emotion, or behavior in order to attend school.

The bill before the House today also includes a provision to ensure that parents and teachers are not prohibited from having an open dialogue about any academic or behavior-related needs of their child. Teachers spend a great deal of time with students and observe a wide variety of situations. These men and women have a valuable perspective to offer to parents, and a candid dialogue between teachers and parents should be encouraged, not stifled. The Child Medication Safety Act makes clear that these constructive conversations can still take place.

This bill is not anti-school, anti-teacher, or anti-medication. This bill is pro-children and pro-parent. The Child Medication Safety Act is essential in protecting children and reinforcing parental control.

I urge my colleagues to support this bill that restores power to parents and puts children first.

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

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

Mr. Speaker, I rise in support of H.R. 1790, entitled the Child Medication Safety Act.

Later today, we will be considering a resolution. In fact, we just finished that resolution where we are celebrating the 30th anniversary of the Individuals with Disabilities Education Act. So it is fitting that we consider this bill to reaffirm parents' rights on this day, and I thank the gentleman from Minnesota (Mr. KLINE) for bringing this legislation forward.

One of the most difficult decisions for parents is choosing the best course of care for a child with mental health needs. Teachers and other school personnel often play a very important role in bringing problems to the attention of parents because children spend the majority of the day in the classroom. They help to identity children's mental health needs and behavioral problems and assist children and their families in overcoming these barriers toward academic achievement.

Mental health professionals often work with teachers and other school personnel to help create classroom environments that best support children's mental health needs. The information that school personnel provide to the health care professionals about a child's behavior in the classroom is critical to an accurate diagnosis of a child's emotional disorder, learning disability, or other disability. However, the decision to medicate a child to treat mental health problems such as attention deficit hyperactivity disorder, better known as ADHD, belongs solely to the parents. It is a matter between the child, his or her parents, and qualified health and mental health care professionals. That is what this suspension bill today is aimed at achieving.

I support this bill because it achieves this goal while especially recognizing the critical role of teachers and other school personnel in promoting positive child adjustment together with parents.

Mr. Speaker, our intent here today is not to cause school administrators to become overly cautious or to discourage teachers in aiding parents in the identification of children with serious emotional disorders but to ensure that the decision to use medication to treat serious problem behavior remains with the family.

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

Mr. KLINE. Mr. Speaker, I am very pleased to yield such time as he may consume to the gentleman from Ohio (Mr. BOEHNER), chairman of the Committee on Education and the Workforce.

Mr. BOEHNER. Mr. Speaker, I appreciate the chance to be here to support the bill offered by the gentleman from Minnesota (Mr. KLINE). An identical bill to this passed the last Congress 425–1.

Now, one would wonder, why do we need to be here doing this? There are children that do, in fact, have behavioral disorders, have mental health issues, other issues, and certainly teachers and school administrators have a role to play in terms of helping bring this to the attention of parents and, in many cases, urging them to seek qualified medical attention.

But what has come to our attention in a number of hearings that we have had on this issue over the last 4 or 5 years are the number of complaints from parents, grandparents and others where their children were going to be denied admission to school or denied services unless their child was put on medication.

As was noted by both of my colleagues earlier, that is a decision that should be left to the parents, and only to the parents. Certainly, school personnel and teachers can play a role in terms of helping the parents understand what is happening in the school, helping the medical professional in terms of what type of behavior is being exhibited, but, at the end of the day, parents of children ought to have the right to make that decision about whether their child should be on some prescription drug.

□ 1545

The bill is very simple, and I think it lays it out very clearly. Last year when we reauthorized IDEA, the special ed law, we put identical language in that law to protect the parents of special needs children. What this does is covers the rest of the children. I think it is a great step in the right direction, and I urge my colleagues to support it.

Mr. HINOJOSA. Mr. Speaker, I was delighted to participate in the discussion and debate on this legislation. I want to urge my colleagues to support and vote for H.R. 1790, the Child Medication Safety Act.

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

Mr. KLINE. Mr. Speaker, I yield myself such time as I may consume only to thank my colleague from Texas (Mr. HINOJOSA) and, of course, the chairman of the full committee, the gentleman from Ohio (Mr. BOEHNER), for their support on this very important bill and again to encourage all of my colleagues to pass this pro-parent, pro-child bill.

Mr. MURPHY. Mr. Speaker, I want to convey my appreciation to my distinguished colleague from Minnesota, Congressman JOHN KLINE, for his deep concern about our Nation's youth. I thank him for offering this legislation, and I also thank the distinguished Chairman of the Education Committee for his work. Let me be clear that I support H.R. 1790.

Mr. Speaker, during my career in elected office, I have worked to raise awareness that mental illnesses are real and they must be dealt with. Patients diagnosed with psychological disorders, like depression, have higher rates of chronic medical illness and use health care services more often. Untreated depression costs employers more than $51 billion per year in absenteeism and lost productivity, plus even higher medical and pharmaceutical costs. I have seen first-hand that medication can, indeed, be very successful to depression patients, especially when it is accompanied by proper psychotherapy by a trained and licensed professional.

That notwithstanding, I am concerned about some schools coercing parents to medicate their children without medical justification—exactly what this legislation aims to prevent. When I saw child patients as a psychologist, I was once strongly pressured by a school administrator to recommend medication for students. That sort of pressure is unethical, not to mention potentially leading to harm for children.

While I support H.R. 1790, please allow me to raise one concern that we should keep in mind as the bill moves forward. This bill would make Federal education funding to States contingent on their establishing a policy to prohibit school personnel from requiring a child to be medicated in order to attend school. I am concerned that an unintended consequence of this requirement would be that teachers will be less likely to report legitimate mental health illnesses and needs out of a fear of losing Federal funds.

The current language that would call for a GAO study does not address this problem. I believe, instead that the study should focus on schools that actively influence parents to have their children receive controlled substances. I have shared language that provides this focus with the author of the bill, and I know we can work together with our colleagues to adjust the direction of the GAO study.

Ultimately, we should be doing all we can to encourage parents, teachers and health personnel to communicate with each other whenever there are concerns about children. Our job is to support that communication in every way possible. Nothing in this bill should be construed to limit that important relationship.

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

The SPEAKER pro tempore (Mr. COLE of Oklahoma). The question is on the motion offered by the gentleman from Minnesota (Mr. KLINE) that the House suspend the rules and pass the bill, H.R. 1790, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. KLINE. 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 question 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 46 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1832

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. KLINE) at 6 o'clock and 32 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1065, UNITED STATES BOXING COMMISSION ACT

Mr. LINCOLN DIAZ-BALART of Florida, from the Committee on Rules, submitted a privileged report (Rept. No. 109–295) on the resolution (H. Res. 553) providing for consideration of the bill (H.R. 1065) to establish the United States Boxing Commission to protect the general welfare of boxers and to ensure fairness in the sport of professional boxing, which was referred to the House Calendar and ordered to be printed.

NOTIFICATION OF INTENTION TO ENTER INTO AGREEMENT ON TARIFF TREATMENT FOR MULTI-CHIP INTEGRATED CIRCUITS—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 109–70)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Ways and Means and ordered to be printed:

To the Congress of the United States:

Consistent with section 2103(a)(1) of the Trade Act of 2002, I am pleased to notify the Congress of my intention to enter into an agreement with the European Union, Japan, the Republic of Korea, and Taiwan on tariff treatment for multi-chip integrated circuits. Multi-chip integrated circuits are semiconductor devices used in computers, cell phones, and other high-technology products.

United States-based companies are the principal suppliers to the world of multi-chip integrated circuits. In 2004, global sales of finished multi-chip integrated circuits were estimated to be $4.2 billion, and U.S. semiconductor companies account for roughly half of those sales.

The United States, the European Union, the Republic of Korea, and Taiwan will apply zero duties on these products as of an agreed date. The target date for entry into force of the Agreement is January 1, 2006. Japan already applies zero duties on these products and expects to ratify the Agreement formally in 2006. Further, although all major producers of multi-chip integrated circuits will be parties to the Agreement, we will seek to build on this Agreement by joining together to work in the World Trade Organization to increase the number of countries granting duty-free treatment to these products.

GEORGE W. BUSH.

THE WHITE HOUSE, *November 14, 2005.*

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. 1564, by the yeas and nays;

H.R. 323, by the yeas and nays;

H.R. 856, by the yeas and nays.

The first and third electronic votes will be conducted as 15-minute votes. The second vote in this series will be a 5-minute vote.

Proceedings will resume on H.R. 1790 tomorrow.

YAKIMA-TIETON IRRIGATION DISTRICT CONVEYANCE ACT OF 2005

The SPEAKER pro tempore. The pending business is the question of suspending the rules and passing the bill, H.R. 1564.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Colorado (Mrs. MUSGRAVE) that the House suspend the rules and pass the bill, H.R. 1564, on which the yeas and nays are ordered.

The vote was taken by electronic device, and there were—yeas 420, nays 0, not voting 13, as follows:

[Roll No. 586]

YEAS—420

Abercrombie	Bartlett (MD)	Bishop (UT)
Ackerman	Barton (TX)	Blackburn
Aderholt	Bass	Blumenauer
Akin	Bean	Blunt
Alexander	Beauprez	Boehlert
Allen	Becerra	Boehner
Baca	Berkley	Bonilla
Bachus	Berman	Bonner
Baird	Berry	Bono
Baker	Biggert	Boozman
Baldwin	Bilirakis	Boren
Barrett (SC)	Bishop (GA)	Boucher
Barrow	Bishop (NY)	Boustany