

Now to ensure compliance, the department will be empowered to carry out unannounced inspections and enforcement. And above all, this bill places the safety and well-being of the child above marketing hype and unscrupulous operators. In some cases, people have closed a program in one State and moved to another State. These programs that truly help children with a positive, uplifting experience will only benefit from this legislation.

There is no place in America for a program that hurts kids who are there trying to get help. This is not a bootstrap program, it is a dangerous program that should be changed or shut down, and I urge my colleagues to support this.

To allow children who are unable to control their own emotions and their own well-being to be in the hands of people who aren't thinking about them from their safety first is really a misguided program, and this bill will correct that.

Mr. MCKEON. Madam Chairman, I yield 3 minutes to the gentleman from Idaho (Mr. SALI).

Mr. SALI. Madam Chairman, child abuse is a horrendous evil. Such abuse is reported on an average of every 10 seconds in the United States. And three children die every day in our country as a result of abuse. Any abuse in residential treatment programs is an incredible travesty.

While fighting child abuse poses a tremendous challenge for us to overcome, this bill is not the answer. The manager's amendment makes great progress in improving the bill, yet there remain provisions that are simply unconscionable for those who respect the system of Federalism long established in our Nation. H.R. 5876 represents a dramatic expansion of the Federal oversight role in really an unprecedented area. Most States already have systems in place to check the abuse that this legislation would supposedly address. Yet this legislation would trump those systems. This bill provides a one-size-fits-all mandate for residential treatment facilities, inflexible to the needs of actual children and unresponsive to the local challenges faced by such youth treatment programs.

Residential treatment programs have had a great impact on youth in my district in Idaho. For instance, Cherry Gulch is a small, owner-operated treatment facility located on 220 acres of pristine land near Boise, Idaho. The ranch-style therapeutic boarding school is designed specifically for 10- to 14-year-old boys, and has made an incredible difference in the lives of the youth who have participated in those programs. Yet directors of these facilities have expressed grave concerns to me that their needs will not be met by H.R. 5876.

For instance, as one treatment program director pointed out, in a State like Idaho where usage of drugs like

methamphetamine has exploded, giving every child the undefined right to so-called "reasonable" access to a telephone creates direct and unreasonable risks. Why allow youth the opportunity to contact drug dealers when the entire point of being put in such a facility is to overcome their addictions?

There is kind of political hubris to this approach. The attitude of this bill is that we here on Capitol Hill know better than people in our home States how to address the needs of abused children. I find that stunning. I would invite any of my colleagues to go back to their districts and talk with the people who day in and day out work to bring hope and healing to children victimized by abuse. I believe they will find it, as I have, quite humbling. We don't have all of the answers in Washington, D.C., and we certainly would be wrong to impose a top-down system of Federal management on States and localities.

Overall, I am certain that we can agree that it is important that children in residential treatment programs be protected. However, I do not believe that another Federal intrusion into the affairs of all 50 States is the answer.

In Federalist No. 8, James Madison warned of the dangers of creeping Federal powers over the States. In his words: "Ambitious encroachments of the Federal Government on the authority of the State governments would be signals of great alarm."

The CHAIRMAN. The gentleman's time has expired.

Mr. MCKEON. I yield the gentleman an additional 1 minute.

Mr. SALI. When the Father of the Constitution issues such a warning, we should listen closely. Even more importantly, the Constitution of the United States says in the 10th amendment: "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved for the States respectively, or to the people."

In 1941, the New Deal Supreme Court, in *Darby v. United States*, commented that this amendment is mere "truism." Many of us here in this body would challenge that assertion. The authority of the States and their right to govern their own affairs is not a trite and archaic remark but an essential aspect of our Federal system. We diminish it to the peril of our system of Federalism which has been vital to our freedom as a Nation.

H.R. 5876 is not a solution looking for a problem, but it is a solution that I will submit solves fewer problems than it will create.

□ 1630

The CHAIRMAN. The Committee will rise informally.

The Speaker pro tempore (Mr. MCDERMOTT) assumed the chair.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was commu-

nicated to the House by Ms. Wanda Evans, one of his secretaries.

The SPEAKER pro tempore. The Committee will resume its sitting.

STOP CHILD ABUSE IN RESIDENTIAL PROGRAMS FOR TEENS ACT OF 2008

The Committee resumed its sitting.

Mr. GEORGE MILLER of California. Madam Chairman, I yield 3 minutes to the gentlewoman from New York (Mrs. MCCARTHY) who's been very, very involved in the drafting of this legislation and also in other matters before our committee to keep children safe in whatever setting they're in.

Mrs. MCCARTHY of New York. Madam Chairman, I want to start by saying congratulations to Chairman MILLER on this important day and thank him for his strong leadership over the many years that this has been an issue for him.

I also want to thank Chairman MILLER and the committee staff for working with me on this important legislation. When we started working on this issue in the committee, I became outraged over the testimony we heard. You see, children are dying.

I cannot forget the testimony of Bob Bacon, father of Aaron Bacon. Bob and his wife Sally were seeking the best alternative for their son, Aaron, who was struggling. They talked with therapists, counselors, pastors, and doctors, and were referred by friends to a particular program. They read, and I quote, in their very compelling brochure, spoke with the office on the phone, and met with the owners for a personal interview and chose this particular program for their son. They felt that the owners were caring people who had experience in counseling kids who were struggling with drugs and peer pressure.

He continued on in his testimony to our committee: "Of course, being normal, trusting, and honest people ourselves, we assumed we were being told the truth." They were not.

I will never forget the pain in the father's eyes when he told us that he regretted being talked into using the program's escort service, and here is why: At 5 a.m., Bob's son, Aaron, was taken from his bed under the threat of physical force if he resisted. Aaron was not permitted to speak to Bob or Sally, his mother, or father. His parents managed to hug him and tell him that it was for the best. The van backed out of the driveway, and Bob told us the pleading eyes of his son which begged them not to send him away haunt them today. They never spoke again.

Aaron died in the wilderness with the program's staff claiming he was faking the entire time. Aaron begged to be seen by a doctor. The criminal investigation illuminated 21 days, 21 days of physical and psychological abuse and neglect that Aaron experienced. There is no excuse for this.

This and many other stories are the cause of my outrage, and we should all

be outraged. There were many stories and testimony from parents that came to our committee and talked to us, but here is the bottom line. There are some good residential programs out there that are for the treatment of our young people that have problems. But the majority, I have to say, they go from State to State to State. When they close down in one State, they open up in another State, and they use their same abusive practices.

This is America. These are our most vulnerable children. And yes, as far as I'm concerned, it is a Federal duty to protect these children because these camps do go from State to State. And we should at least be able to give the parents the tools that they need to make sure that their children are getting the treatment and the care that they were promised.

I hope that this bill passes. I hope that those in Congress understand because only because we never know if that's going to happen to one of our children in our families or our grandchildren, and we want to make sure that we have the information that is out there to make sure that our children get the treatment that they need.

Chairman MILLER, I thank you for bringing this forward. I hope this goes forward. I hope we can protect the children of this country. I hope that we can set standards for the many camps around this country that unfortunately do not do what they say to help the children.

Mr. MCKEON. Madam Chairman, I yield 3 minutes to the gentleman from Pennsylvania (Mr. TIM MURPHY).

Mr. TIM MURPHY of Pennsylvania. Madam Chairman, I thank the gentleman from California for yielding, and I thank the House for taking up this important bill.

In my 25-plus years of practicing as a child psychologist, I have treated many of the types of children that we're talking about today: young men and women, young boys and girls, who oftentimes characteristically really have reached the point in living with their family where the family has lost all ability to control these children.

As one group of parents told me when I was working them once in a group, the mother said, You know, it's like walking on eggshells when you're around my son. Another mother said, No, it's like walking on glass. You have to be so careful. You never know when you're going to have harm.

And so it is. I know so many of them move me so much when I wrote my book about these children called "The Angry Child." I recognized what many of their characteristics are: They have difficulty solving problems; they tend to blame other people for their problems; their primary emotional reaction to difficulty is anger; they believe that anger is a source of power for them, and they have a great deal of destructive self-talk. It is so very, very difficult to change these children.

And thus it is important that we have residential treatment programs

available as an option because these parents have certainly gone through the whole gamut of possible treatment options through psychotherapy, counseling, sometimes hospitalizations, medication, et cetera. And they're so moved by their love and affection and hope for their child they're willing to try anything. But we have to make sure that "anything" does not involve situations that can lead to more harm and abuse.

One of the reasons this bill is so important is because parents have to know at a time when they feel they can no longer trust their child to control themselves and they no longer can trust their own ability to parent, they have to trust someone. And sound, residential treatment programs that are there with proper staff properly trained in therapy, not there to physically abuse or harm the child, of which a majority of these programs are good programs, but parents have to know there is something they can trust.

It is so terribly, terribly heart-breaking to work with these families and work with these children and know that they have destroyed a family. Their threats of violence, the risk for drug and alcohol abuse, their attacking other children, all just on this side of law so they don't end up in jail.

Parents are desperately trying to help them. I'm pleased this legislation is taking some steps to help restore some sense of trust for parents to know that the child can get some treatment to know the risks of harm are eliminated for them.

But still we have to recognize we must keep options open for these families who no longer know how to handle their very, very angry and difficult child.

Mr. GEORGE MILLER of California. Madam Chairman, I yield 3 minutes to the gentleman from New Jersey (Mr. ROTHMAN).

Mr. ROTHMAN. I thank our distinguished chairman.

Madam Chairman, I rise in support of the manager's amendment to the Stop Child Abuse in Residential Programs for Teens Act.

I want to begin by thanking our distinguished Chairman MILLER and his wonderful staff, as well as the ranking member and his outstanding staff, for putting together this bipartisan bill and for working with me to incorporate two provisions into this manager's amendment that will strengthen accountability measures in the bill.

Specifically, my provisions direct programs such as these to notify parents of any reports of abuse as soon as possible but absolutely no later than 48 hours after the incident.

Parents have the right to know when their child is in danger, and this amendment ensures that parents are informed expeditiously of any reports of child abuse or neglect. This amendment would also strengthen accountability in this way: The bill creates a publicly searchable Web site that will

contain information on these facilities such as death, reports of abuse, and violations of safety standards. My provisions require the Web site to disclose the cause of death.

This will help parents to make informed decisions about which residential facilities are safely caring for children as well as which have poor records on incidents of abuse and/or death.

It is a terrifying yet documented fact that such severe abuse occurs in these programs. The Government Accountability Office reports that precipitated this bill found that more than 1,600 cases of alleged abuse in 33 States occurred in 2005 alone. These alarming occurrences of cruelty and neglect must end, and this bill will establish new national safety standards and guidelines for private therapy facilities to reduce, if not eliminate, these incidents.

Again, I would like to thank Chairman MILLER and his outstanding staff for all of his help in including my thoughts on this measure. I thank again the ranking member and his staff for making this a very important bipartisan measure that deserves the support of all of our colleagues.

Mr. MCKEON. Madam Chairman, I reserve my time.

Mr. GEORGE MILLER of California. If the Chair might advise us of how much time we have remaining.

The CHAIRMAN. The gentleman from California (Mr. GEORGE MILLER) has 9 minutes. The gentleman from California (Mr. MCKEON) has 14 minutes.

Mr. GEORGE MILLER of California. If the gentleman has no further speakers, I would be happy to yield back the general debate time.

Mr. MCKEON. Madam Chairman, I yield myself the balance of my time.

I plan to support passage of H.R. 5876 today not because it's perfect but because Members on both sides of the aisle have acted in good faith to develop a package of reform that will help to protect the young people enrolled in residential treatment facilities.

I thank Chairman MILLER. I think that he knows that this is not the bill I would have written, and some concerns do remain, but he's made compromises and I have made compromises, and together we're working to develop a seamless system of oversight to ensure the teens in these programs, some of our most vulnerable young people, will be kept safe. I plan to continue working with the chairman in the coming months to improve the bill, avert unintended consequences, and ultimately achieve our goal of putting an end to the stories of abuse, neglect, and even death that have put a black mark on some of these programs.

I look forward to working more closely with the programs themselves as this legislation moves forward. I believe there are best practices out there that can be identified and replicated, and I take the expertise of these programs will be invaluable as we develop

programs that do not undercut their ability to treat troubled youth.

I'm also eager to work more closely with the States, some of whom are doing an excellent job of licensing and regulating these programs. Unfortunately, not all States are rising to the task, which is what this bill hopes to change.

So let me close by simply thanking Chairman MILLER by shining a spotlight on this issue and offering my assurances that I will continue to work with you to stop child abuse in residential programs for teens.

I yield back the balance of my time.

Mr. GEORGE MILLER of California. I want to thank the gentleman from California (Mr. MCKEON) for all of his assistance, for his remarks, and we all recognize that this is a bill that is a work in progress. I think certainly at this stage we have it about right, but we will continue those discussions. Again, I thank him for his assistance.

Ms. JACKSON-LEE of Texas. Madam Speaker, I rise today in strong support of H.R. 5876, "Stop the Child Abuse in Residential Programs for Teens." I would like to thank my colleagues on the Committee on Education and Labor for bringing this very important legislation to the floor.

On Capitol Hill we often debate matters that can address varying viewpoints. I believe that this legislation can only be looked at from two angles—right and wrong.

They are everybody's children, and nobody's children. They are the forgotten children in the Texas foster care and residential care system. Black, White, Hispanic, and Asian—they all need the love of a mother, the nurturing of a family, and the support of their community. Some of them find homes with caring foster parents or in treatment centers with experienced and caring providers. And some do not.

This legislation allows us to keep our children safe with:

New national standards for private and public residential programs—

Prohibit programs from physically, mentally, or sexually abusing children in their care;

Prohibit programs from denying children essential water, food, clothing, shelter, or medical care—whether as a form of punishment or for any other reason;

Require that programs only physically restrain children if it is necessary for their safety or the safety of others, and to do so in a way that is consistent with existing federal law on the use of restraints;

Require programs to provide children with reasonable access to a telephone and inform children of their right to use the phone;

Require programs to train staff in understanding what constitutes child abuse and neglect and how to report it; and

Require programs to have plans in place to provide emergency medical care.

Prevent deceptive marketing by residential programs for teens—

Require programs to disclose to parents the qualifications, roles, and responsibilities of all current staff members;

Require programs to notify parents of substantiated reports of child abuse or violations of health and safety laws; and

Require programs to include a link or web address for the website of the U.S. Depart-

ment of Health and Human Services, which will carry information on residential programs.

Hold teen residential programs accountable for violating the law—

Require states to inform the U.S. Department of Health and Human Services of reports of child abuse and neglect at covered programs and require HHS to conduct investigations of such programs to determine if a violation of the national standards has occurred; and

Give HHS the authority to assess civil penalties of up to \$50,000 against programs for every violation of the law.

Ask States to step in to protect teens in residential programs—

Three years after enactment, the legislation would provide certain Federal grant money to States only if they development their own licensing standards, that are at least strong as national standards, for public and private residential programs for teens and implement a monitoring and enforcement system, including conducting unannounced site inspections of all programs at least once every 2 years. The Department of Health and Human Services would continue to inspect programs where a child fatality has occurred or where a pattern of violations has emerged.

This legislation seeks to protect the unprotected—our children—from abuse, neglect and exploitation. Many of these children are not safe, and their futures are uncertain. The groups serving children and adolescents with mental health or substance use conditions need better regulation. The youth boot camps and other "alternative placement facilities" should be forced to provide greater transparency as to the policies and practices of their programs.

This legislation is a welcomed and needed response to numerous studies documenting the ineffectiveness of these programs and, in several instances, the tragic deaths as a result of child abuse and neglect as reported by the GAO in October 2007. Too many families struggle mightily in nearly every state to find placements, when appropriate, for their children that will address their complex mental health needs.

These facilities flourish, in part, because parents lack the necessary information about the operation and practices of these programs. The promise of help cannot be allowed to obscure the fact that these kinds of program are not science-based and have not been forthcoming about the incidence of neglect or abuse.

This addresses the challenges facing many families. It seeks relief from these risks by (1) establishing standards for these programs that are consistent with current child protection laws; (2) ensuring that personnel is qualified; (3) shifting these programs to be family-centered, as well as culturally and developmentally appropriate; (4) creating mechanisms for the monitoring and enforcement of these goals; (5) calling for greater transparency and accessibility to the compliance of these standards; and (6) providing grants to states for the prevention of child abuse and neglect and for the treatment of children's mental health or substance use conditions.

Additionally, the annual report to Congress is an effective tool in ensuring that these critical issues emerge from the shadows and see the light of day. I share the vision and commitment of Chairman MILLER and the Education

and Labor Committee in protecting our youth from such predators.

I urge my colleagues to vote for our children, vote for our families, and vote for H.R. 5876.

Mr. DAVIS of Illinois. Madam Chairman, I rise today to emphasize the need for standards and enforcement provisions that prevent and respond to allegations of child abuse and neglect at residential treatment facilities. These facilities include both public and private programs that serve teens with emotional, behavioral, and mental health problems; wilderness camps, boot camps, therapeutic boarding schools, and behavior modification facilities are all programs that serve this purpose. The Stop Child Abuse in Residential Programs for Teens Act, H.R. 5876, would require accountability and transparency from these programs. I strongly support this bill, which would help protect these vulnerable teens entrusted to their care.

Residential programs are meant to provide help and support to teenagers. However, in October 2007, the Government Accountability Office found numerous allegations of abuse, some of which led to death, connected to these programs between 1990 and 2007. Accounts of physical and sexual abuse have been publicized, although with difficulty given that these programs are not accountable to a Federal agency or other entity. It is unacceptable for Government to facilitate this secrecy. Parents trust that residential facilities will keep their child safe and care for their children properly; however, it is often found that this is not the case. I am proud that we are taking steps to implement Federal guidelines for treatment and care for these vulnerable youth.

H.R. 5876 works to end this abuse by enforcing national standards that provide for the basic health and safety of children, along with disseminating information about programs that will help ensure compliance. The bill requires States to inform the Department of Health and Human Services of incidences of child abuse, neglect, and fatalities at covered programs; it also requires HHS to investigate any allegations and will be authorized to financially penalize programs for these offenses. A Web site will summarize information on programs and any problems they have had, including whether the problems occurred under the same management but different program names. In addition, there will be a toll-free hotline to report child abuse and neglect at covered programs. I encourage Congress to fully support H.R. 5876 and, in turn, support the teens that it has been created to protect.

Mr. MATHESON, Madam Chairman, during my 8 years representing Utah's Second District, I have always worked to protect children. The press reports of abuse, neglect, and tragic deaths in some residential therapy programs for youth are very concerning to me. Over the years, many treatment centers have been established across the Nation, including in my home State of Utah. As a result, Utah has worked hard to license and regulate residential treatment programs over the past several years and my State meets many of the standards set forth in the legislation before us. It is my understanding that some States have not developed stringent requirements and that leads to a patchwork of regulations where kids can fall through the cracks.

I'd like to thank Chairman MILLER for working with me to include language in the manager's amendment requesting that HHS study

the outcomes of individuals in these types of programs through a longitudinal study. I feel this data is extremely useful to better understand the outcomes of individuals in these programs and the progress made towards the goals of the treatment programs to fully rehabilitate troubled youth and teens. I want to thank the chairman and ranking member of the committee for their leadership and efforts to establish a more standardized process for overseeing residential treatment centers for children. I believe a uniform set of standards makes sense, especially when it comes to meeting the needs of the most troubled children and their families. Those centers that service families well should not fear uniform standards because they will naturally comply. However, those who say the standards are burdensome fail to recognize that we all must perform at the highest possible standard to ensure the safety of all children. These measures seek to support good actors and encourage those who are not to become so.

Mr. GEORGE MILLER of California. I yield back the balance of my time.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the amendment in the nature of a substitute printed in the bill shall be considered as an original bill for the purpose of amendment under the 5-minute rule and shall be considered read.

The text of the committee amendment is as follows:

H.R. 5876

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 "Stop Child Abuse in Residential Programs for Teens Act of 2008".

SEC. 2. DEFINITIONS.

In this Act:

(1) ASSISTANT SECRETARY.—The term "Assistant Secretary" means the Assistant Secretary for Children and Families of the Department of Health and Human Services.

(2) CHILD.—The term "child" means an individual who has not attained the age of 18.

(3) CHILD ABUSE AND NEGLECT.—The term "child abuse and neglect" has the meaning given such term in section 111 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106g).

(4) COVERED PROGRAM.—

(A) IN GENERAL.—The term "covered program" means each location of a program not operated by a governmental entity that, with respect to one or more children who are unrelated to the owner or operator of the program—

(i) provides a residential environment, such as—

(I) a program with a wilderness or outdoor experience, expedition, or intervention;

(II) a boot camp experience or other experience designed to simulate characteristics of basic military training or correctional regimes;

(III) a therapeutic boarding school; or

(IV) a behavioral modification program; and

(ii) operates with a focus on serving children with—

(I) emotional, behavioral, or mental health problems or disorders; or

(II) problems with alcohol or substance abuse.

(B) EXCLUSION.—The term "covered program" does not include—

(i) a hospital licensed by the State;

(ii) a foster family home or group home that provides 24-hour substitute care for children place away from their parents or guardians and

for whom the State child welfare services agency has placement and care responsibility and that is licensed and regulated by the State as a foster family home or group home; or

(iii) a psychiatric residential treatment facility that is certified as meeting the requirements specified in regulations promulgated for such facilities under section 1905(h)(1)(A) of the Social Security Act and that provides psychiatric services for which medical assistance is available under a State plan under title XIX of such Act.

(5) PROTECTION AND ADVOCACY SYSTEM.—The term "protection and advocacy system" means a protection and advocacy system established under section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043).

(6) STATE.—The term "State" has the meaning given such term in section 111 of the Child Abuse Prevention and Treatment Act.

SEC. 3. STANDARDS AND ENFORCEMENT.

(a) MINIMUM STANDARDS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Assistant Secretary for Children and Families of the Department of Health and Human Services shall require each location of a covered program that individually or together with other locations has an effect on interstate commerce, in order to provide for the basic health and safety of children at such a program, to meet the following minimum standards:

(A) Child abuse and neglect shall be prohibited.

(B) Disciplinary techniques or other practices that involve the withholding of essential food, water, clothing, shelter, or medical care necessary to maintain physical health, mental health, and general safety, shall be prohibited.

(C) The protection and promotion of the right of each child at such a program to be free from physical and mechanical restraints and seclusion (as such terms are defined in section 595 of the Public Health Service Act (42 U.S.C. 290jj)) to the same extent and in the same manner as a non-medical, community-based facility for children and youth is required to protect and promote the right of its residents to be free from such restraints and seclusion under such section 595, including the prohibitions and limitations described in subsection (b)(3) of such section.

(D) Acts of physical or mental abuse designed to humiliate, degrade, or undermine a child's self-respect shall be prohibited.

(E) Each child at such a program shall have reasonable access to a telephone, and be informed of their right to such access, for making and receiving phone calls with as much privacy as possible, and shall have access to the appropriate State or local child abuse reporting hotline number, and the national hotline number referred to in subsection (c)(2).

(F) Each staff member, including volunteers, at such a program shall be required, as a condition of employment, to become familiar with what constitutes child abuse and neglect, as defined by State law.

(G) Each staff member, including volunteers, at such a program shall be required, as a condition of employment, to become familiar with the requirements, including with State law relating to mandated reporters, and procedures for reporting child abuse and neglect in the State in which such a program is located.

(H) Full disclosure, in writing, of staff qualifications and their roles and responsibilities at such program, including medical, emergency response, and mental health training, to parents or legal guardians of children at such a program, including providing information on any staff changes, including changes to any staff member's qualifications, roles, or responsibilities, not later than 10 days after such changes occur.

(I) Each staff member at a covered program described in subclause (I) or (II) of section 2(4)(A)(i) shall be required, as a condition of em-

ployment, to be familiar with the signs, symptoms, and appropriate responses associated with heatstroke, dehydration, and hypothermia.

(J) Each staff member, including volunteers, shall be required, as a condition of employment, to submit to a criminal history check, including a name-based search of the National Sex Offender Registry established pursuant to the Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248; 42 U.S.C. 16901 et seq.), a search of the State criminal registry or repository in the State in which the covered program is operating, and a Federal Bureau of Investigation fingerprint check. An individual shall be ineligible to serve in a position with any contact with children at a covered program if any such record check reveals a felony conviction for child abuse or neglect, spousal abuse, a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault, or homicide, but not including other physical assault or battery.

(K) Policies and procedures for the provision of emergency medical care, including policies for staff protocols for implementing emergency responses.

(L) All promotional and informational materials produced by such a program shall include a hyperlink to or the URL address of the website created by the Assistant Secretary pursuant to subsection (c)(1)(A).

(M) Policies to require parents or legal guardians of a child attending such a program—

(i) to notify, in writing, such program of any medication the child is taking;

(ii) to be notified within 24 hours of any changes to the child's medical treatment and the reason for such change; and

(iii) to be notified within 24 hours of any missed dosage of prescribed medication.

(N) Procedures for notifying parents or legal guardians with children at such a program of any—

(i) on-site investigation of a report of child abuse and neglect;

(ii) violation of the health and safety standards described in this paragraph; and

(iii) violation of State licensing standards developed pursuant to section 114(b)(1) of the Child Abuse Prevention and Treatment Act, as added by section 8 of this Act.

(O) Other standards the Assistant Secretary determines appropriate to provide for the basic health and safety of children at such a program.

(2) REGULATIONS.—

(A) INTERIM REGULATIONS.—Not later than 180 days after the date of the enactment of this Act, the Assistant Secretary shall promulgate and enforce interim regulations to carry out paragraph (1).

(B) PUBLIC COMMENT.—The Assistant Secretary shall, for a 90-day period beginning on the date of the promulgation of interim regulations under subparagraph (A) of this paragraph, solicit and accept public comment concerning such regulations. Such public comment shall be submitted in written form.

(C) FINAL REGULATIONS.—Not later than 90 days after the conclusion of the 90-day period referred to in subparagraph (B) of this paragraph, the Assistant Secretary shall promulgate and enforce final regulations to carry out paragraph (1).

(b) MONITORING AND ENFORCEMENT.—

(1) INSPECTIONS.—The Assistant Secretary shall establish a process for conducting unannounced site inspections of each location of a covered program to determine compliance with the standards required under subsection (a)(1). Such inspections shall—

(A) begin not later than the date on which the Assistant Secretary promulgates interim regulations under subsection (a)(2)(A); and

(B) be conducted at each location of each covered program not less often than once every two years, until such time as the Assistant Secretary has determined a State has appropriate health

and safety licensing requirements, monitoring, and enforcement of covered programs in such State, as determined in accordance with section 114(c) of the Child Abuse Prevention and Treatment Act, as added by section 8 of this Act.

(2) **ON-GOING REVIEW PROCESS.**—Not later than 180 days after the date of the enactment of this Act, the Assistant Secretary shall implement an on-going review process for investigating and evaluating reports of child abuse and neglect at covered programs received by the Assistant Secretary from the appropriate State, in accordance with section 114(b)(3) of the Child Abuse Prevention and Treatment Act, as added by section 8 of this Act. Such review process shall—

(A) include an investigation to determine if a violation of the standards required under subsection (a)(1) has occurred;

(B) include an assessment of the State's performance with respect to appropriateness of response to and investigation of reports of child abuse and neglect at covered programs and appropriateness of legal action against responsible parties in such cases;

(C) be completed not later than 60 days after receipt by the Assistant Secretary of such a report;

(D) not interfere with an investigation by the State or a subdivision thereof; and

(E) be implemented in each State in which a covered program operates until such time as each such State has satisfied the requirements under section 114(c) of the Child Abuse Prevention and Treatment Act, as added by section 8 of this Act, as determined by the Assistant Secretary, or two years has elapsed from the date that such review process is implemented, whichever is later.

(3) **CIVIL PENALTIES.**—Not later than 180 days after the date of the enactment of this Act, the Assistant Secretary shall promulgate regulations establishing civil penalties for violations of the standards required under subsection (a)(1). The regulations establishing such penalties shall incorporate the following:

(A) Any owner or operator of a covered program at which the Assistant Secretary has found a violation of the standards required under subsection (a)(1) may be assessed a civil penalty not to exceed \$50,000 per violation.

(B) All penalties collected under this subsection shall be deposited in the appropriate account of the Treasury of the United States.

(C) **DISSEMINATION OF INFORMATION.**—The Assistant Secretary shall establish, maintain, and disseminate information about the following:

(1) Websites made available to the public that contains, at a minimum, the following:

(A) The name and each location of each covered program, and the name of each owner and operator of each such program, operating in each State, and information regarding—

(i) each such program's history of violations of—

(I) regulations promulgated pursuant to subsection (a); and

(II) section 114(b)(1) of the Child Abuse Prevention and Treatment Act, as added by section 8 of this Act;

(ii) each such program's current status with the State licensing requirements under section 114(b)(1) of the Child Abuse Prevention and Treatment Act, as added by section 8 of this Act;

(iii) any deaths that occurred to a child while under the care of such a program, including any such deaths that occurred in the five year period immediately preceding the date of the enactment of this Act;

(iv) owners or operators of a covered program that was found to be in violation of the standards required under subsection (a)(1), or a violation of the licensing standards developed pursuant to section 114(b)(1) of the Child Abuse Prevention and Treatment Act, as added by section 8 of this Act, and who subsequently own or operate another covered program; and

(v) any penalties levied under subsection (b)(3), any judgments or orders issued by a court

pursuant to section 5, and any other penalties levied by the State, against each such program.

(B) Information on best practices for helping adolescents with mental health disorders, conditions, behavioral challenges, or alcohol or substance abuse, including information to help families access effective resources in their communities.

(2) A national toll-free telephone hotline to receive complaints of child abuse and neglect at covered programs and violations of the standards required under subsection (a)(1).

(d) **ACTION.**—The Assistant Secretary shall establish a process to—

(1) ensure complaints of child abuse and neglect received by the hotline established pursuant to subsection (c)(2) are promptly reviewed by persons with expertise in evaluating such types of complaints;

(2) immediately notify the State, appropriate local law enforcement, and the appropriate protection and advocacy system of any credible complaint of child abuse and neglect at a covered program received by the hotline;

(3) investigate any such credible complaint not later than 30 days after receiving such complaint to determine if a violation of the standards required under subsection (a)(1) has occurred; and

(4) ensure the collaboration and cooperation of the hotline established pursuant to subsection (c)(2) with other appropriate National, State, and regional hotlines, and, as appropriate and practicable, with other hotlines that might receive calls about child abuse and neglect at covered programs.

SEC. 4. ENFORCEMENT BY THE ATTORNEY GENERAL.

If the Assistant Secretary determines that a violation of subsection (a)(1) of section 3 has not been remedied through the enforcement process described in subsection (b)(3) of such section, the Assistant Secretary shall refer such violation to the Attorney General for appropriate action. Regardless of whether such a referral has been made, the Attorney General may, *sua sponte*, file a complaint in any court of competent jurisdiction seeking equitable relief or any other relief authorized by this Act for such violation.

SEC. 5. PRIVATE RIGHT OF ACTION.

(a) **MAINTENANCE OF ACTION.**—Any person suffering an injury-in-fact traceable to a violation of a regulation promulgated pursuant to section 3(a) may bring suit or a claim demanding relief.

(b) **RELIEF.**—A court hearing a claim or suit under subsection (a) may order any appropriate equitable remedy and award damages, including punitive damages and reasonable attorneys' fees, for a violation of a regulation promulgated pursuant to section 3(a).

(c) **LIMITATION.**—The provisions of section 7 of the Civil Rights of Institutionalized Persons Act (42 U.S.C. 1997e) shall not apply to any action brought under this Act.

SEC. 6. REPORT.

Not later than one year after the date of the enactment of this Act and annually thereafter, the Secretary of Health and Human Services, in coordination with the Attorney General shall submit to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, a report on the activities carried out by the Assistant Secretary and the Attorney General under this Act, including—

(1) a description of the number and types of covered programs inspected by the Assistant Secretary pursuant to section 3(b)(1);

(2) a description of types of violations of health and safety standards found by the Assistant Secretary and any penalties assessed;

(3) a summary of findings from on-going reviews conducted by the Assistant Secretary pursuant to section 3(b)(2);

(4) a summary of State progress in meeting the requirements of this Act, including the require-

ments under section 114 of the Child Abuse Prevention and Treatment Act, as added by section 8 of this Act; and

(5) a summary of the Secretary's oversight activities and findings conducted pursuant to subsection (d) of such section 114.

SEC. 7. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to the Secretary of Health and Human Services \$50,000,000 for each of fiscal years 2009 through 2013 to carry out this Act (excluding the amendment made by section 8 of this Act).

SEC. 8. ADDITIONAL ELIGIBILITY REQUIREMENTS FOR GRANTS TO STATES TO PREVENT CHILD ABUSE AND NEGLECT AT RESIDENTIAL PROGRAMS.

(a) **IN GENERAL.**—Title I of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.) is amended by adding at the end the following new section:

“SEC. 114. ADDITIONAL ELIGIBILITY REQUIREMENTS FOR GRANTS TO STATES TO PREVENT CHILD ABUSE AND NEGLECT AT RESIDENTIAL PROGRAMS.

“(a) **DEFINITIONS.**—In this section:

“(1) **CHILD.**—The term ‘child’ means an individual who has not attained the age of 18.

“(2) **COVERED PROGRAM.**—

“(A) **IN GENERAL.**—The term ‘covered program’ means each location of a program operated by a public or private entity that, with respect to one or more children who are unrelated to the owner or operator of the program—

“(i) provides a residential environment, such as—

“(I) a program with a wilderness or outdoor experience, expedition, or intervention;

“(II) a boot camp experience or other experience designed to simulate characteristics of basic military training or correctional regimes;

“(III) a therapeutic boarding school; or

“(IV) a behavioral modification program; and

“(ii) operates with a focus on serving children with—

“(I) emotional, behavioral, or mental health problems or disorders; or

“(II) problems with alcohol or substance abuse.

“(B) **EXCLUSION.**—The term ‘covered program’ does not include—

“(i) a hospital licensed by the State;

“(ii) a foster family home or group home that provides 24-hour substitute care for children place away from their parents or guardians and for whom the State child welfare services agency has placement and care responsibility and that is licensed and regulated by the State as a foster family home or group home; or

“(iii) a psychiatric residential treatment facility that is certified as meeting the requirements specified in regulations promulgated for such facilities under section 1905(h)(1)(A) of the Social Security Act and that provides psychiatric services for which medical assistance is available under a State plan under title XIX of such Act.

“(3) **PROTECTION AND ADVOCACY SYSTEM.**—The term ‘protection and advocacy system’ means a protection and advocacy system established under section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043).

“(b) **ELIGIBILITY REQUIREMENTS.**—To be eligible to receive a grant under section 106, a State shall—

“(1) not later than three years after the date of the enactment of this section, develop policies and procedures to prevent child abuse and neglect at covered programs operating in such State, including having in effect health and safety licensing requirements applicable to and necessary for the operation of each location of such covered programs that include, at a minimum—

“(A) standards that meet or exceed the standards required under section 3(a)(1) of the Stop Child Abuse in Residential Programs for Teens Act of 2008;

“(B) the provision of essential food, water, clothing, shelter, and medical care necessary to

maintain physical health, mental health, and general safety of children at such programs;

“(C) policies for emergency medical care preparedness and response, including minimum staff training and qualifications for such responses; and

“(D) notification to appropriate staff at covered programs if their position of employment meets the definition of mandated reporter, as defined by the State;

“(2) develop policies and procedures to monitor and enforce compliance with the licensing requirements developed in accordance with paragraph (1), including—

“(A) designating an agency to be responsible, in collaboration and consultation with State agencies providing human services (including child protective services, and services to children with emotional, psychological, developmental, or behavioral dysfunctions, impairments, disorders, or alcohol or substance abuse), State law enforcement officials, the appropriate protection and advocacy system, and courts of competent jurisdiction, for monitoring and enforcing such compliance;

“(B) a State licensing application process through which any individual seeking to operate a covered program would be required to disclose all previous substantiated reports of child abuse and neglect and all child deaths at any businesses previously or currently owned or operated by such individual, except that such reports shall not contain any personally identifiable information relating to the identity of individuals who were the victims of such child abuse and neglect;

“(C) conducting unannounced site inspections not less often than once every two years at each location of a covered program;

“(D) creating a database, to be integrated with the annual State data reports required under section 106(d), of reports of child abuse and neglect at covered programs operating in the State, except that such reports shall not contain any personally identifiable information relating to the identity of individuals who were the victims of such child abuse and neglect; and

“(E) implementing a policy of graduated sanctions, including fines and suspension and revocation of licenses, against covered programs operating in the State that are out of compliance with such health and safety licensing requirements;

“(3) if the State is not yet satisfying the requirements of this subsection, in accordance with a determination made pursuant to subsection (c), develop policies and procedures for notifying the Secretary and the appropriate protection and advocacy system of any report of child abuse and neglect at a covered program operating in the State not later than 30 days after the appropriate State entity, or subdivision thereof, determines such report should be investigated and not later than 48 hours in the event of a fatality;

“(4) if the Secretary determines that the State is satisfying the requirements of this subsection, in accordance with a determination made pursuant to subsection (c), develop policies and procedures for notifying the Secretary if—

“(A) the State determines there is evidence of a pattern of violations of the standards required under paragraph (1) at a covered program operating in the State or by an owner or operator of such a program; or

“(B) there is a child fatality at a covered program operating in the State;

“(5) develop policies and procedures for establishing and maintaining a publicly available database of all covered programs operating in the State, including the name and each location of each such program and the name of the owner and operator of each such program, information on reports of child abuse and neglect at such programs (except that such reports shall not contain any personally identifiable information relating to the identity of individuals who were the victims of such child abuse and ne-

glect), violations of standards required under paragraph (1), and all penalties levied against such programs;

“(6) annually submit to the Secretary a report that includes—

“(A) the name and each location of all covered programs, including the names of the owners and operators of such programs, operating in the State, and any violations of State licensing requirements developed pursuant to subsection (b)(1); and

“(B) a description of State activities to monitor and enforce such State licensing requirements, including the names of owners and operators of each covered program that underwent a site inspection by the State, and a summary of the results and any actions taken; and

“(7) if the Secretary determines that the State is satisfying the requirements of this subsection, in accordance with a determination made pursuant to subsection (c), develop and policies and procedures to report to the appropriate protection and advocacy system any case of the death of an individual under the control or supervision of a covered program not later than 48 hours after the State is informed of such death.

“(c) SECRETARIAL DETERMINATION.—The Secretary shall not determine that a State’s licensing requirements, monitoring, and enforcement of covered programs operating in the State satisfy the requirements of this subsection (b) unless—

“(1) the State implements licensing requirements for such covered programs that meet or exceed the standards required under subsection (b)(1);

“(2) the State designates an agency to be responsible for monitoring and enforcing compliance with such licensing requirements;

“(3) the State conducts unannounced site inspections of each location of such covered programs not less often than once every two years;

“(4) the State creates a database of such covered programs, to include information on reports of child abuse and neglect at such programs (except that such reports shall not contain any personally identifiable information relating to the identity of individuals who were the victims of such child abuse and neglect);

“(5) the State implements a policy of graduated sanctions, including fines and suspension and revocation of licenses against such covered programs that are out of compliance with the health and safety licensing requirements under subsection (b)(1); and

“(6) after a review of assessments conducted under section 3(b)(2)(B) of the Stop Child Abuse in Residential Programs for Teens Act of 2008, the Secretary determines the State is appropriately investigating and responding to allegations of child abuse and neglect at such covered programs.

“(d) OVERSIGHT.—

“(1) IN GENERAL.—Beginning two years after the date of the enactment of the Stop Child Abuse in Residential Programs for Teens Act of 2008, the Secretary shall implement a process for continued monitoring of each State that is determined to be satisfying the licensing, monitoring, and enforcement requirements of subsection (b), in accordance with a determination made pursuant to subsection (c), with respect to the performance of each such State regarding—

“(A) preventing child abuse and neglect at covered programs operating in each such State; and

“(B) enforcing the licensing standards described in subsection (b)(1).

“(2) EVALUATIONS.—The process required under paragraph (1) shall include in each State, at a minimum—

“(A) an investigation not later than 60 days after receipt by the Secretary of a report from a State, or a subdivision thereof, of child abuse and neglect at a covered program operating in the State, and submission of findings to appropriate law enforcement or other local entity where necessary, if the report indicates—

“(i) a child fatality at such program; or

“(ii) there is evidence of a pattern of violations of the standards required under subsection (b)(1) at such program or by an owner or operator of such program;

“(B) annually, a random sample of review of cases of reports of child abuse and neglect investigated at covered programs operating in the State to assess the State’s performance with respect to the appropriateness of response to and investigation of reports of child abuse and neglect at covered programs and the appropriateness of legal actions taken against responsible parties in such cases; and

“(C) unannounced site inspections of covered programs operating in the State to monitor compliance with the standards required under section 3(a) of the Stop Child Abuse in Residential Programs for Teens Act of 2008.

“(3) ENFORCEMENT.—If the Secretary determines, pursuant to an evaluation under this subsection, that a State is not adequately implementing, monitoring, and enforcing the licensing requirements of subsection (b)(1), the Secretary shall require, for a period of not less than one year, that—

“(A) the State shall inform the Secretary of each instance there is a report to be investigated of child abuse and neglect at a covered program operating in the State; and

“(B) the Secretary and the appropriate local agency shall jointly investigate such report.”

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 112(a)(1) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106h(a)(1)) is amended by inserting before the period at the end the following: “, and \$200,000,000 for each of fiscal years 2009 through 2013”.

(c) CONFORMING AMENDMENTS.—

(1) COORDINATION WITH AVAILABLE RESOURCES.—Section 103(c)(1)(D) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5104(c)(1)(D)) is amended by inserting after “specific” the following: “(including reports of child abuse and neglect occurring at covered programs (except that such reports shall not contain any personally identifiable information relating to the identity of individuals who were the victims of such child abuse and neglect), as such term is defined in section 114)”.

(2) FURTHER REQUIREMENT.—Section 106(b)(1) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(1)) is amended by adding at the end the following new subparagraph:

“(C) FURTHER REQUIREMENT.—To be eligible to receive a grant under this section, a State shall comply with the requirements under section 114(b) and shall include in the State plan submitted pursuant to subparagraph (A) a description of the activities the State will carry out to comply with the requirements under such section 114(b).”.

(3) ANNUAL STATE DATA REPORTS.—Section 106(d) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(d)) is amended—

(A) in paragraph (1), by inserting before the period at the end the following: “(including reports of child abuse and neglect occurring at covered programs (except that such reports shall not contain any personally identifiable information relating to the identity of individuals who were the victims of such child abuse and neglect), as such term is defined in section 114)”;

(B) in paragraph (6), by inserting before the period at the end the following: “or who were in the care of a covered program, as such term is defined in section 114”.

(d) CLERICAL AMENDMENT.—Section 1(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note) is amended by inserting after the item relating to section 113 the following new item:

“Sec. 114. Additional eligibility requirements for grants to States to prevent child abuse and neglect at residential programs.”.

The CHAIRMAN. No amendment to the committee amendment is in order except those printed in House Report 110-717. Each amendment may be offered only in the order printed in the report; by a Member designated in the report; shall be considered read; shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent of the amendment; shall not be subject to an amendment; and shall not be subject to a demand for division of the question.

□ 1645

AMENDMENT NO. 1 OFFERED BY MR. GEORGE MILLER OF CALIFORNIA

The CHAIRMAN. It is now in order to consider amendment No. 1 printed in House Report 110-717.

Mr. GEORGE MILLER of California. Madam Chairman, I have an amendment at the desk, the manager's amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Mr. GEORGE MILLER of California:

Page 2, line 20, strike "not".

Page 2, line 21, strike "governmental" and insert "public or private".

Page 3, line 20, insert "or" after the semicolon.

Page 3, beginning line 21, strike "or group home".

Page 3, line 23, strike "place" and insert "placed".

Page 4, line 3, strike "or group home; or" and insert a period.

Page 4, strike lines 4 through 11.

Page 9, line 4, after "program" insert "immediately, to the maximum extent practicable, but not later than within 48 hours".

Page 9, line 13, strike "section 8" and insert "section 7".

Page 10, strike line 13 through page 11, line 4.

Page 11, line 5, strike "(2)" and insert "(1)".

Page 11, line 13, strike "section 8" and insert "section 7".

Page 12, line 10, strike "section 8" and insert "section 7".

Page 12, line 15, strike "(3)" and insert "(2)".

Page 13, line 10, strike "contains" and insert "contain".

Page 13, line 21, strike "section 8" and insert "section 7".

Page 14, beginning line 1, strike "section 8" and insert "section 7".

Page 14, line 8, before the semicolon insert ", and including the cause of each such death".

Page 14, line 15, strike "section 8" and insert "section 7".

Page 14, beginning line 19, strike "(b)(3), any judgments or orders issued by a court pursuant to section 5," and insert "(b)(2)".

Page 16, line 8, strike "(b)(3)" and insert "(b)(2)".

Page 16, strike line 14 through page 17, line 2.

Page 17, line 3, strike "6" and insert "5".

Page 17, strike lines 13 through 21 and insert the following:

(1) a summary of findings from on-going reviews conducted by the Assistant Secretary pursuant to section 3(b)(1), including a description of the number and types of covered programs investigated by the Assistant Secretary pursuant to such section;

(2) a description of types of violations of health and safety standards found by the Assistant Secretary and any penalties assessed;

Page 17, line 22, strike "(4)" and insert "(3)".

Page 17, line 25, strike "section 8" and insert "section 7".

Page 17, line 25, strike "and" at the end.

Page 18, line 1, strike "(5)" and insert "(4)".

Page 18, line 3, strike the period and insert ", and".

Page 18, after line 3, insert the following:

(5) a description of the activities undertaken by the national toll-free telephone hotline established pursuant to section 3(c)(2).

Page 18, line 4, strike "7" and insert "6".

Page 18, line 6, strike "\$50,000,000" and insert "\$15,000,000".

Page 18, line 8, strike "section 8" and insert "section 7".

Page 18, line 8, after "of this Act" insert "and section 8 of this Act".

Page 18, line 9, strike "8" and insert "7".

Page 19, line 25, insert "or" after the semicolon.

Page 20, beginning line 1, strike "or group home".

Page 20, line 8, strike "or group home; or" and insert a period.

Page 20, strike lines 9 through 16.

Page 22, line 14, insert "establishing" after "(B)".

Page 22, line 20, strike "that such" and insert "that substantiated reports of child abuse and neglect may remain confidential and all".

Page 23, line 4, insert "non-public" before "database".

Page 24, line 21, insert "substantiated" before "child".

Page 24, line 25, insert "and that such database shall include and provide the definition of 'substantiated' used in compiling the data in cases that have not been finally adjudicated" after "neglect".

Page 25, line 20, strike "develop and" and insert "develop".

Page 26, line 15, insert "non-public" before "database".

Page 28, line 14, strike "annually, a random sample of review" and insert "an annual review by the Secretary".

Page 29, line 19, strike "\$200,000,000" and insert "\$235,000,000".

At the end of the bill, add the following new section:

SEC. 8. STUDY AND REPORT ON OUTCOMES IN COVERED PROGRAMS.

(a) STUDY.—The Secretary of Health and Human Services shall conduct a study, in consultation with relevant agencies and experts, to examine the outcomes for children in both private and public covered programs under this Act encompassing a broad representation of treatment facilities and geographic regions.

(b) REPORT.—The Secretary shall submit to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report that contains the results of the study conducted under subsection (a).

The CHAIRMAN. Pursuant to House Resolution 1276, the gentleman from California (Mr. GEORGE MILLER) and a Member opposed each will control 10 minutes.

The Chair recognizes the gentleman from California.

Mr. GEORGE MILLER of California. Madam Chairman, I yield myself 5 minutes.

I rise in strong support of this manager's amendment, and I offer this

manager's amendment on behalf of myself and Congressman MCKEON, who worked with us on this amendment to improve the legislation.

It is the intent, as you have just heard from the debate on this legislation, to ensure that children are safe no matter what settings they are in. And this amendment further refines the legislation to improve the legislation.

The main changes that are offered in this amendment—and Mr. MCKEON pushed for these changes and recognized the need for them—one is to broaden the Federal oversight to include public residential programs as well as private ones. It strikes the right provided under this Act for families to sue in Federal court for violations of the national standards. And it strikes the requirement that the Health and Human Services conduct site inspections of all covered programs at least every 2 years.

It was my belief that we continue and are able to maintain the intent and the purposes of this Act to make sure that children are safe in these varied settings, as we heard from Mr. MURPHY of Pennsylvania, children who are very difficult to handle in many instances and parents who have run out of the capacity to deal with these children seeking to have this care.

I believe that the manager's amendment further refines the legislation, strikes a better balance in the bill, and I want to again thank Mr. MCKEON.

I reserve the balance of my time on the manager's amendment.

Mr. MCKEON. I claim the time in opposition to the amendment, Madam Chairman, although I am not opposed.

The CHAIRMAN. Without objection, the gentleman from California is recognized for 10 minutes.

There was no objection.

Mr. MCKEON. Madam Chairman, I yield myself such time as I may consume.

After the devastating stories we heard of children dying at residential treatment facilities, every member of our committee wondered how this could have happened and what could have been done to prevent it. And being in Washington, it's easy to assume the answer lies here with the Federal Government.

But, Madam Chairman, we know the answer is not always the Federal Government. In fact, States may be better equipped to regulate, monitor, and enforce the safety protections that are needed for these programs. We can ensure stronger protections by resisting the urge to consolidate all responsibility inside the Beltway.

When this bill was brought before the committee, the Department of Health and Human Services said the following:

"The Federal Government has no oversight or rules governing child abuse and neglect investigations, as each State has its own process for defining and investigating child abuse and neglect, including the timeliness

and methods for responding to and completing investigations of allegations. As such, any Federal investigations of abuse and neglect would likely interfere and perhaps conflict with a State's procedures for the same."

The Miller-McKeon substitute will go a long way toward addressing this issue, and I want to once again thank Chairman MILLER for his willingness to consider our concerns. Some danger still remains that the specific requirements of this bill could conflict with State child protection laws, and I look forward to working in a bipartisan basis to resolve that issue as this bill moves forward.

There was also a practical problem with the top-down Federal regulation in the bill as it was drafted. It would have been virtually impossible for HHS to build up a new regulatory infrastructure and have the capacity to begin visiting each and every one of these programs in the time allotted. It is far more practical for the States, many of which are already licensing and regulating these programs, to take on that responsibility. This substitute ensures that States will do so.

The bill, as originally drafted, also included a new private right of action to sue in Federal court, something that I think would have provided a much greater benefit to trial lawyers than victimized youth. I'm pleased this provision has been removed. Victims of abuse still have the right to remedies in court, but our emphasis now is on protection and prevention instead of litigation.

And so, Madam Chairman, because of this substitute, the bill we will vote on later today is a considerable improvement over what was introduced. While it is still not perfect, I plan to support it and continue working with the Chairman to create strong protections for the young people enrolled in these programs.

I reserve the balance of my time.

Mr. GEORGE MILLER of California. I reserve the balance of my time.

Mr. MCKEON. Madam Chairman, I yield 3 minutes to the gentleman from Pennsylvania (Mr. PLATTS).

Mr. PLATTS. I appreciate the ranking member for yielding.

I rise in strong support of H.R. 5876, the Stop Child Abuse in Residential Programs for Teens Act. This legislation will create and enforce safety standards for residential treatment facilities that serve to rehabilitate troubled youth.

While many residential treatment facilities for teens, such as boot camps and substance abuse treatment programs, provide effective rehabilitation services for troubled youth, it is the few bad actors that bring us here today. Families send their teens to residential treatment facilities many times after all other options have been exhausted. Though many of these programs involve extreme physical activities as part of their treatment plans, no child should be forced to endure suf-

focation, dehydration, or other types of physical abuse that surfaced during hearings that the Committee on Education and Labor held earlier this year.

While I supported the original bill, I believe that this manager's amendment makes the bill even stronger, and I thank Chairman MILLER and Ranking Member MCKEON for working together on this very important issue.

The substitute places the responsibility of monitoring and enforcement of these safety standards in the hands of each State government, rather than officials here in Washington. In addition, the manager's amendment would ensure that all facilities that provide treatment to children, public or private, are subject to safety standards.

I want to stress that not all residential treatment facilities are abusive or bad actors—in fact, quite the opposite. Through the process of considering this legislation, I have heard from many facilities which are proud of the positive impacts that they have had on the lives of teens. I've also heard from graduates from these programs who believe that they owe their lives to a treatment facility.

This bill, the Stop Child Abuse in Residential Programs for Teens Act, aims to ensure that all programs are working in good faith to achieve these goals and do not use violence or intimidation under the guise of treatment.

Again, I'd like to thank Chairman MILLER and Ranking Member MCKEON for working together to improve this important piece of legislation. I urge my colleagues to support the manager's amendment and ultimately to support H.R. 5876, legislation that is critically important to the safety of our Nation's children.

Mr. GEORGE MILLER of California. I have no further requests for time if the gentleman would yield back.

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

Mr. GEORGE MILLER of California. I yield back the balance of my time.

The CHAIRMAN. The question is on the amendment offered by the gentleman from California (Mr. GEORGE MILLER).

The question was taken; and the Chairman announced that the ayes appeared to have it.

Mr. GEORGE MILLER of California. Madam Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from California will be postponed.

It is now in order to consider amendment No. 2 printed in House Report 110-717.

Pursuant to clause 6 of rule XVIII, the unfinished business is the demand for a recorded vote on amendment No. 1 printed in House Report 110-717 offered by the gentleman from California (Mr. GEORGE MILLER) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 422, noes 0, not voting 17, as follows:

[Roll No. 444]

AYES—422

Abercrombie	Cooper	Hare
Ackerman	Costa	Harman
Aderholt	Costello	Hastings (FL)
Akin	Courtney	Hastings (WA)
Alexander	Cramer	Hayes
Allen	Crenshaw	Heller
Altmire	Crowley	Hensarling
Andrews	Cubin	Heger
Arcuri	Cuellar	Herseth Sandlin
Baca	Culberson	Higgins
Bachmann	Cummings	Hill
Bachus	Davis (AL)	Hinches
Baird	Davis (GA)	Hinojosa
Baldwin	Davis (KY)	Hirono
Barrett (SC)	Davis, David	Hobson
Barrow	Davis, Lincoln	Hodes
Bartlett (MD)	Davis, Tom	Hoekstra
Barton (TX)	Deal (GA)	Holden
Bean	DeFazio	Holt
Becerra	DeGette	Honda
Berkley	Delahunt	Hooley
Berman	DeLauro	Hoyer
Berry	Dent	Hulshof
Biggart	Diaz-Balart, L.	Inglis (SC)
Bilirakis	Diaz-Balart, M.	Inslee
Bishop (GA)	Dicks	Israel
Bishop (NY)	Dingell	Issa
Bishop (UT)	Doggett	Jackson (IL)
Blackburn	Donnelly	Jackson-Lee
Blumenauer	Doolittle	(TX)
Blunt	Doyle	Jefferson
Boehner	Drake	Johnson (GA)
Bonner	Dreier	Johnson (IL)
Bono Mack	Duncan	Johnson, Sam
Boozman	Edwards (MD)	Jones (NC)
Bordallo	Edwards (TX)	Jones (OH)
Boren	Ehlers	Jordan
Boswell	Ellison	Kagen
Boucher	Ellsworth	Kanjorski
Boustany	Emanuel	Kaptur
Boyd (FL)	Emerson	Keller
Boyd (KS)	Engel	Kennedy
Brady (PA)	English (PA)	Kildee
Brady (TX)	Eshoo	Kilpatrick
Braley (IA)	Etheridge	Kind
Brown (GA)	Everett	King (IA)
Brown (SC)	Faleomavaega	King (NY)
Brown, Corrine	Fallin	Kingston
Brown-Waite,	Farr	Kirk
Ginny	Fattah	Klein (FL)
Buchanan	Feeney	Kline (MN)
Burgess	Ferguson	Knollenberg
Burton (IN)	Filner	Kucinich
Butterfield	Flake	Kuhl (NY)
Buyer	Forbes	LaHood
Calvert	Fortenberry	Lamborn
Camp (MI)	Fossella	Lampson
Campbell (CA)	Foster	Langevin
Cantor	Fox	Larsen (WA)
Capito	Frank (MA)	Larson (CT)
Capps	Franks (AZ)	Latham
Capuano	Frelinghuysen	LaTourette
Cardoza	Gallegly	Latta
Carnahan	Garrett (NJ)	Lee
Carney	Gerlach	Levin
Carson	Giffords	Lewis (CA)
Carter	Gilchrest	Lewis (GA)
Castle	Gillibrand	Lewis (KY)
Castor	Gingrey	Linder
Cazayoux	Gohmert	Lipinski
Chabot	Gonzalez	LoBiondo
Chandler	Goode	Loeb sack
Childers	Goodlatte	Loftgren, Zoe
Clarke	Gordon	Lowey
Clay	Granger	Lucas
Cleaver	Graves	Lungren, Daniel
Clyburn	Green, Al	E.
Coble	Green, Gene	Lynch
Cohen	Grijalva	Mack
Cole (OK)	Gutierrez	Mahoney (FL)
Conaway	Hall (NY)	Maloney (NY)
Conyers	Hall (TX)	Manzullo

Marchant	Petri	Skelton
Marshall	Pickering	Slaughter
Matheson	Pitts	Smith (NE)
Matsui	Platts	Smith (NJ)
McCarthy (CA)	Poe	Smith (TX)
McCarthy (NY)	Pomeroy	Smith (WA)
McCaul (TX)	Porter	Solis
McCollum (MN)	Price (GA)	Souder
McCotter	Price (NC)	Space
McCrery	Putnam	Spratt
McDermott	Radanovich	Stark
McGovern	Rahall	Stearns
McHenry	Ramstad	Stupak
McHugh	Rangel	Sullivan
McIntyre	Regula	Sutton
McKeon	Rehberg	Tancredo
McMorris	Reichert	Tanner
Rodgers	Renzi	Tauscher
McNerney	Reyes	Taylor
McNulty	Reynolds	Terry
Meek (FL)	Richardson	Thompson (CA)
Meeks (NY)	Rodriguez	Thompson (MS)
Melancon	Rogers (AL)	Thornberry
Mica	Rogers (KY)	Tiahrt
Michaud	Rogers (MI)	Tiberi
Miller (FL)	Rohrabacher	Tierney
Miller (MI)	Ros-Lehtinen	Towns
Miller (NC)	Roskam	Tsongas
Miller, Gary	Ross	Turner
Miller, George	Rothman	Udall (CO)
Mitchell	Roybal-Allard	Udall (NM)
Mollohan	Royce	Upton
Moore (KS)	Ruppersberger	Van Hollen
Moore (WI)	Ryan (OH)	Visclosky
Moran (KS)	Ryan (WI)	Walberg
Moran (VA)	Salazar	Walden (OR)
Murphy (CT)	Sali	Walsh (NY)
Murphy, Patrick	Sánchez, Linda	Walz (MN)
Murphy, Tim	T.	Wamp
Murtha	Sarbanes	Wasserman
Musgrave	Saxton	Schultz
Myrick	Scalise	Waters
Nadler	Schakowsky	Watson
Napolitano	Schiff	Watt
Neal (MA)	Schmidt	Waxman
Neugebauer	Schwartz	Weiner
Norton	Scott (GA)	Welch (VT)
Nunes	Scott (VA)	Weller
Oberstar	Sensenbrenner	Westmoreland
Obey	Serrano	Whitfield (KY)
Olver	Sessions	Wilson (NM)
Ortiz	Sestak	Wilson (OH)
Pallone	Shadegg	Wilson (SC)
Pascrell	Shays	Wittman (VA)
Pastor	Shea-Porter	Wolf
Paul	Sherman	Woolsey
Payne	Shimkus	Wu
Pearce	Shuler	Yarmuth
Perlmutter	Shuster	Young (AK)
Peterson (MN)	Simpson	Young (FL)
Peterson (PA)	Sires	

NOT VOTING—17

Bilbray	Johnson, E. B.	Snyder
Cannon	Markey	Speier
Christensen	Pence	Velázquez
Davis (IL)	Pryce (OH)	Weldon (FL)
Fortuño	Rush	Wexler
Hunter	Sanchez, Loretta	

□ 1720

Messrs. CANTOR, BAIRD, and POE changed their vote from “no” to “aye.” So the amendment was agreed to.

The result of the vote was announced as above recorded.

Ms. EDDIE BERNICE JOHNSON of Texas, Madam Chairman, on rollcall No. 444, I was delayed due to traffic—fundraising for DCCC. Had I been present, I would have voted “aye.”

The CHAIRMAN. The question is on the committee amendment in the nature of a substitute, as amended.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SERRANO) having assumed the chair, Ms. MCCOLLUM of Minnesota, Chairman

of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 5876) to require certain standards and enforcement provisions to prevent child abuse and neglect in residential programs, and for other purposes, pursuant to House Resolution 1276, she reported the bill back to the House with an amendment adopted by the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment to the amendment reported from the Committee of the Whole? If not, the question is on the amendment.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT OFFERED BY MRS. BACHMANN

Mrs. BACHMANN. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Mrs. BACHMANN. I am, Mr. Speaker, in its present form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mrs. Bachmann moves to recommit the bill H.R. 5876 to the Committee on Education and Labor with instructions to report the same back to the House promptly in the form to which perfected at the time of this motion, with the following amendment: On page 9, beginning on line 3, insert the following new subparagraph (and redesignate subsequent subparagraphs accordingly):

(N) Policies to require the consent of parents or legal guardians of a child, before any prescription medication (including contraception) not previously disclosed in writing pursuant to subparagraph (M)(i) by such parents or legal guardians, may be dispensed to such child.

The SPEAKER pro tempore. The gentlewoman from Minnesota is recognized for 5 minutes.

Mrs. BACHMANN. Mr. Speaker, today I rise to offer a motion which will ensure that parents of children in residential treatment facilities have control over any medication being prescribed to their child. While the bill as currently written would require a parent or a legal guardian to disclose to the facility any prescription drugs that their child is currently taking, the facility would not be required to receive parental consent for the child to be issued a prescription for any new medications.

As a mother and also as a foster mother, I strongly believe in the importance of the role of the parent or the legal guardian in a child's life. This is especially true, Mr. Speaker, when it comes to matters as serious as the health and well-being of a child.

Prescription drugs, such as medication to treat psychiatric conditions, can have a major impact on the mind and the body of an adult, let alone on the young mind and the young body of a child. Such a critical decision should only be made by a qualified medical doctor with the expressed consent of a parent or legal guardian. This is only common sense, Mr. Speaker.

Mr. Speaker, the bill before us today would allow residential treatment facilities to impose their will on children without affording those children the protection and guidance of their closest family. Whether the parent, whose intimate relationship and familiarity with their child is critical in choosing a treatment path, feels that it is in their child's best interest or not, any medication could be prescribed. For example, in its present form, this bill would allow a treatment facility to prescribe contraception to a child, who when properly informed and guided by a parent may have chosen to carry the baby to term, either raising it as their own or contacting an adoption agency, not terminating its life.

The purpose of this amendment is to protect children who are in a very vulnerable situation away from their families in a residential treatment facility where they are supposed to be receiving help for a very difficult problem. The parents and the guardians who have raised and cared for these children, who know and understand their children and their medical histories best, should know about any new or changed medications to exercise their role as primary medical decision makers for their children. The right of consent should be explicitly stated in this legislation meant to protect these vulnerable youth.

□ 1730

Mr. Speaker, one thing that I saw firsthand as a foster mother, there were too many children of color, minority children, who were overly prescribed for prescription drugs at a younger and younger age. This is a very disturbing issue and expressly underscores why parents or their guardians should have a say to actually give consent whether these children are given prescription drugs.

That being said, my motion, Mr. Speaker, does not infringe in any way on the role of the medical facility at a treatment facility. The expertise of the staff and the physicians would still be fully utilized in the diagnosis and, upon parental consent, the dispensing of prescription medication.

Moreover, my motion would not require parental notification for non-prescription drugs. A child in a residential treatment facility would not be hindered in obtaining any over-the-counter medication, such as aspirin. Only prescription drugs, which can have such far-reaching effects on a patient, would be applicable to the terms of this motion.

The prescription drugs often used in these facilities, especially the mental

health drugs, have very serious, and sometimes fatal side effects. This is no laughing matter, Mr. Speaker. These side effects for children, for children, Mr. Speaker, include suicide, homicide, psychosis, heart problems, tics, movement disorders, diabetes, even obesity.

Mr. Speaker, a parent is one of the most powerful influences in a child's life. I think this body agrees on that. In the case of a child in a residential treatment facility, with a very small voice and no ability to protect himself or herself, it is imperative that a parent or a legal guardian be given proper authority over the course of the treatment recommended by the treatment facility.

Mrs. BACHMANN. Mr. Speaker, today I rise to offer a motion which will ensure that parents of children in residential treatment facilities have control over any medication being prescribed to their child. While the bill, as currently written, would require a parent or legal guardian to disclose to the facility any prescription drugs their child is currently taking, the facility would not be required to receive parental consent for the child to be issued a prescription for any new medication.

This issue is very real for me. As a mother and a foster mother who has cared for children in similar situations, I strongly believe in the importance of the role of the parent or legal guardian in a child's life. This is especially true when it comes to matters as serious as the health and well-being of that child. Prescription drugs, such as medication to treat psychiatric conditions can have a major impact on the mind and body of an adult, let alone the young mind and body of a child. Our professionals deal with this on a regular basis in mental health facilities all across the nation. Especially tragic is the statistically high number of children of color who are placed on prescription psychotropic drugs, often with severe misgivings from parents or guardians. Such a critical decision should only be made by a qualified medical doctor and only after the expressed consent of a parent or legal guardian is given.

Mr. Speaker, the bill before us today would allow staff in residential treatment facilities to impose their will on children, without affording those children the protection and guidance of their closest family. Whether the parent, whose intimate relationship and familiarity with their child is critical in choosing a treatment path, feels it is in their child's best interest or not, any medication could be prescribed.

That is a historic leap in loss of parental rights over their children. Parents remain legally and financially liable for their children's mental and physical welfare yet this bill has government stripping parents of their right to consent to medical treatment via prescription drugs for their children. This bill says parents are good enough to pay the bill, but they can't be trusted to make decisions regarding their child's health. That is insulting, demeaning, and wrong.

The purpose of this amendment is to protect children who are in a very vulnerable situation away from their families in a residential treatment facility where they are supposed to be receiving help for very difficult problems. The parents and guardians that have raised and cared for these children, who know and understand their children and their medical histories

best, should know about any new or changed medications to exercise their role as primary medical decision makers for their offspring. The right of consent should be explicitly stated in this legislation meant to protect these vulnerable youth.

That being said, this motion does not infringe on the role of the medical faculty at a treatment facility. The expertise of the staff and physicians would still be fully utilized in the diagnosis, and upon parental consent, the dispensing of prescription medication. Moreover, this motion would not require parental notification for non-prescription medication. A child in a residential treatment facility would not be hindered in obtaining any over-the-counter (OTC) medication such as aspirin. Only prescription drugs, which can have such far-reaching effects on the patient, would be applicable to the terms of this motion.

The prescription drugs often used in these facilities, especially the mental health drugs, have extremely serious, and sometimes fatal side effects. These include suicide, homicide, psychosis, heart problems, tics and movement disorders, diabetes and obesity.

Mr. Speaker, Members understand, a parent is one of the most powerful influences in a child's life. In the case of a child in a residential treatment facility, it is imperative that his or her parent or legal guardian be given proper authority over the course of treatment recommended by the treatment facility.

I believe this is an important addition to this bill and I urge my colleagues to support the addition of this language.

The SPEAKER pro tempore. Pursuant to section 2 of House Resolution 1276, further proceedings on this bill are postponed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 6275, ALTERNATIVE MINIMUM TAX RELIEF ACT OF 2008

Mr. HASTINGS of Florida (during consideration of H.R. 5876), from the Committee on Rules, submitted a privileged report (Rept. No. 110-731) on the resolution (H. Res. 1297) providing for consideration of the bill (H.R. 6275) to amend the Internal Revenue Code of 1986 to provide individuals temporary relief from the alternative minimum tax, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2176, BAY MILLS INDIAN COMMUNITY LAND CLAIMS SETTLEMENT

Mr. HASTINGS of Florida (during consideration of H.R. 5876), from the Committee on Rules, submitted a privileged report (Rept. No. 110-732) on the resolution (H. Res. 1298) providing for consideration of the bill (H.R. 2176) to provide for and approve the settlement of certain land claims of the Bay Mills Indian Community, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3195, ADA AMENDMENTS ACT OF 2008

Mr. HASTINGS of Florida (during consideration of H.R. 5876), from the Committee on Rules, submitted a privileged report (Rept. No. 110-733) on the resolution (H. Res. 1299) providing for consideration of the bill (H.R. 3195) to restore the intent and protections of the Americans with Disabilities Act of 1990, which was referred to the House Calendar and ordered to be printed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order: adoption of House Concurrent Resolution 379; approval of the Journal; and motions to suspend the rules with regard to H.R. 6327 and H.R. 6346.

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

PROVIDING FOR AN ADJOURNMENT OR RECESS OF THE TWO HOUSES

The SPEAKER pro tempore. The unfinished business is the vote on adoption of House Concurrent Resolution 379, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the concurrent resolution.

The vote was taken by electronic device, and there were—yeas 225, nays 197, not voting 12, as follows:

[Roll No. 445]

YEAS—225

Abercrombie	Chandler	Etheridge
Ackerman	Clarke	Farr
Allen	Clay	Fattah
Altmire	Cleaver	Finer
Andrews	Clyburn	Foster
Arcuri	Cohen	Frank (MA)
Baca	Conyers	Giffords
Baird	Cooper	Gilchrest
Baldwin	Costa	Gillibrand
Barrow	Costello	Gonzalez
Bean	Courtney	Gordon
Becerra	Cramer	Green, Al
Berkley	Crowley	Green, Gene
Berman	Cummings	Grijalva
Berry	Davis (AL)	Gutierrez
Bishop (GA)	Davis (CA)	Hall (NY)
Bishop (NY)	Davis, Lincoln	Hare
Blumenauer	DeFazio	Harman
Boren	DeGette	Hastings (FL)
Boswell	Delahunt	Herseth Sandlin
Boucher	DeLauro	Higgins
Boyd (FL)	Dicks	Hill
Boyd (KS)	Dingell	Hinchey
Brady (PA)	Doggett	Hinojosa
Braley (IA)	Donnelly	Hirono
Brown, Corrine	Doyle	Hodes
Butterfield	Edwards (MD)	Holden
Capuano	Edwards (TX)	Holt
Cardoza	Ellison	Honda
Carnahan	Emanuel	Hooley
Carson	Engel	Hoyer
Castor	Eshoo	Inslee