large amounts or mixing it with alcohol. And already there have been too many deaths linked to the abuse of pure DXM. According to the DEA, abuse among adolescents is increasing. Abuse of DXM has been found in several forms, but has been increasingly found in an encapsulated powder form which is now being sold over the Internet. Currently, there are no restrictions, none, on the restriction of raw bulk dextromethorphan, and this bill would help to ensure that DXM is used only for legitimate purposes and stays out of the hands of drug dealers and adolescents. FDA would have the authority to seize bulk dextromethorphan if found in the possession of anyone not authorized to have it, and those measures would cut off the supply chain of unfinished DXM to those purchasing it on the Internet to get high or to sell it as a street drug.

This bill has been endorsed by the American Pharmacists Association, the Consumer Healthcare Products Association, the Food Marketing Institute, the National Association of Chain Drug Stores and Partnership for a Drug-Free America.

As the parent of two teenagers, I am certainly alarmed by the number of teens who are abusing cough syrup and pure DXM to get a high. They are under the false impression that getting high off this drug is harmless because it is an ingredient in cough syrup. Nothing can be further from the truth. Our kids are playing a game of Russian roulette every time they get high off this drug, and sooner or later someone will die, as they have already. Enough is enough.

This commonsense bipartisan piece of legislation will certainly put an end to the bulk sale of DXM on the Internet and will keep our kids safe from the dangers of this type of drug abuse. I hope that all of our colleagues can support this even on a voice vote, and I hope and pray that the Senate will take action as soon as they can so that we can get this bill to the President's desk where I expect him to sign it.

Ms. BALDWIN. Madam Speaker, I reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, let me again commend Mr. LARSEN, and of course Mr. UPTON and my colleague from Wisconsin, and urge the adoption.

I yield back the balance of my time.

Ms. BALDWIN. Madam Speaker, I want to state that this bill and its passage will certainly begin to curb the abuse of dextromethorphan. I would like to thank the gentleman also for his leadership on this bill and that of Mr. RICK LARSEN's. This will begin a process of educating about the harm that such abuse of over-the-counter drugs can cause, and I urge my colleagues to join me in supporting this bill.

Mr. LARSEN of Washington. Madam Speaker, our society tends to think of drugs only as illicit, illegal products sold on the street. Yet there are other dangers closer to home, in our own medicine cabinets and a click of the mouse away. Common household products, such as cough syrup, contain ingredients that can provide a high if taken in large enough doses.

The Partnership for a Drug Free America estimates that 1 in 10 teenagers or approximately 2.4 million young people have intentionally abused cough medicine in order to get high. The primary active ingredient in most cough medicines is dextromethorphan, also known as DXM.

While medicines containing DXM are used safely by millions of Americans each year, some teenagers are taking excessive amounts of over-the-counter cough medications in order to get high. Moreover, many teens are abusing the unfinished, pure form of DXM which under current law can be obtained legally over the Internet.

Pure DXM is extremely dangerous when taken in large amounts, and can cause hallucinations, seizures, brain damage, and even death. In 2005, two teenagers in my district died from overdosing on unfinished DXM, which they had obtained from a company over the Internet. In the same year three boys from Virginia and Florida died as a result of abusing unfinished DXM, which they had acquired through the same means. The loss of these children is a tragedy that will forever be felt by their families and their communities.

There is no need to risk the reoccurrence of these tragic events in the future. H.R. 970, the Dextromethorphan Distribution Act, will prohibit the distribution of unfinished DXM to anyone not registered to possess it. It will cut off the supply of unfinished DXM to those looking to use it to get high or sell it as a street drug.

This commonsense legislation will eliminate the abuse of unfinished DXM, while still allowing drug manufacturers and registered pharmacists to use the substance as it was intended.

I would like to thank my friend and colleague FRED UPTON for his leadership on this issue, and I applaud the House leadership for sending this bill to the House floor. I urge the Senate to act quickly to turn this commonsense bill into law.

Ms. BALDWIN. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and pass the bill, H.R. 970, as amended.

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

A motion to reconsider was laid on the table.

□ 1730

VISION CARE FOR KIDS ACT OF 2007

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 507) to establish a grant program to provide vision care to children, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 507

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 ''Vision Care for Kids Act of 2007''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Millions of children in the United States suffer from vision problems, many of which go undetected. Because children with vision problems can struggle developmentally, resulting in physical, emotional, and social consequences, good vision is essential for proper physical development and educational progress.

(2) Vision problems in children range from common conditions such as refractive errors, amblyopia, strabismus, ocular trauma, and infections, to rare but potentially life- or sight-threatening problems such as retinoblastoma, infantile cataracts, congenital glaucoma, and genetic or metabolic diseases of the eye.

(3) Since many serious ocular conditions are treatable if identified in the preschool and early school-age years, early detection provides the best opportunity for effective treatment and can have far-reaching implications for vision.

(4) Various identification methods, including vision screening and comprehensive eye examinations required by State laws, can be helpful in identifying children needing services. A child identified as needing services through vision screening should receive a comprehensive eye examination followed by subsequent treatment as needed. Any child identified as needing services should have access to subsequent treatment as needed.

(5) There is a need to increase public awareness about the prevalence and devastating consequences of vision disorders in children and to educate the public and health care providers about the warning signs and symptoms of ocular and vision disorders and the benefits of early detection, evaluation, and treatment.

SEC. 3. GRANTS REGARDING VISION CARE FOR CHILDREN.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), acting through the Director of the Centers for Disease Control and Prevention, may award grants to States on the basis of an established review process for the purpose of complementing existing State efforts for—

(1) providing comprehensive eye examinations by a licensed optometrist or ophthalmologist for children who have been previously identified through a vision screening or eye examination by a licensed health care provider or vision screener as needing such services, with priority given to children who are under the age of 9 years;

(2) providing treatment or services, subsequent to the examinations described in paragraph (1), necessary to correct vision problems; and

(3) developing and disseminating, to parents, teachers, and health care practitioners, educational materials on recognizing signs of visual impairment in children.

(b) CRITERIA AND COORDINATION.—

(1) CRITERIA.—The Secretary, in consultation with appropriate professional and patient organizations including individuals with knowledge of age appropriate vision services, shall develop criteria—

(A) governing the operation of the grant program under subsection (a); and

(B) for the collection of data related to vision assessment and the utilization of follow-up services.

(2) COORDINATION.—The Secretary shall, as appropriate, coordinate the program under subsection (a) with the program under section 330 of the Public Health Service Act (relating to health centers) (42 U.S.C. 254b), the program under title XIX of the Social Security Act (relating to the Medicaid program) (42 U.S.C. 1396 et

seq.), the program under title XXI of such Act (relating to the State children's health insurance program) (42 U.S.C. 1397aa et seq.), and with other Federal or State programs that provide services to children.

(c) APPLICATION.—To be eligible to receive a grant under subsection (a), a State shall submit to the Secretary an application in such form, made in such manner, and containing such information as the Secretary may require, including—

(1) information on existing Federal, Federal-State, or State-funded children's vision programs;

(2) a plan for the use of grant funds, including how funds will be used to complement existing State efforts (including possible partnerships with non-profit entities);

(3) a plan to determine if a grant eligible child has been identified as provided for in subsection (a); and

(4) a description of how funds will be used to provide items or services, only as a secondary payer—

(A) for an eligible child, to the extent that the child is not covered for the items or services under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(B) for an eligible child, to the extent that the child receives the items or services from an entity that provides health services on a prepaid basis.

(d) EVALUATIONS.—To be eligible to receive a grant under subsection (a), a State shall agree that, not later than 1 year after the date on which amounts under the grant are first received by the State, and annually thereafter while receiving amounts under the grant, the State will submit to the Secretary an evaluation of the operations and activities carried out under the grant, including—

(1) an assessment of the utilization of vision services and the status of children receiving these services as a result of the activities carried out under the grant;

(2) the collection, analysis, and reporting of children's vision data according to guidelines prescribed by the Secretary; and

(3) such other information as the Secretary may require.

(e) LIMITATIONS IN EXPENDITURE OF GRANT.—A grant may be made under subsection (a) only if the State involved agrees that the State will not expend more than 20 percent of the amount received under the grant to carry out the purpose described in paragraph (3) of such subsection.

(f) MATCHING FUNDS.—

(1) IN GENERAL.—With respect to the costs of the activities to be carried out with a grant under subsection (a), a condition for the receipt of the grant is that the State involved agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs.

(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(g) DEFINITION.—For purposes of this section, the term ''comprehensive eye examination'' includes an assessment of a patient's history, general medical observation, external and ophthalmoscopic examination, visual acuity, ocular alignment and motility, refraction, and as appropriate, binocular vision or gross visual fields, performed by an optometrist or an ophthalmologist.

(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $65,000,000 for the period of fiscal years 2009 through 2013.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Wisconsin (Ms. BALDWIN) and the gentleman from New York (Mr. FOSSELLA) each will control 20 minutes.

The Chair recognizes the gentlewoman from Wisconsin.

GENERAL LEAVE

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

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

There was no objection.

Ms. BALDWIN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 507, the Vision Care for Kids Act of 2007.

A small but significant portion of children have visual impairments. It is estimated that vision impairment affects approximately 1.2 out of every 1,000 8-year-olds. When detected early, many childhood vision abnormalities are treatable, but the potential for correction and normal visual development diminishes with age. Vision problems can occur at any point during a lifetime, but tend to be particularly damaging to school-age children.

Impaired vision can result in adverse physical, emotional, and social consequences. For instance, a child may miss learning opportunities by failing to explore his or her environment. Additionally, if a child is visually impaired, he or she may be unable to imitate social behavior or understand nonverbal cues.

Early recognition of eye disease results in more effective treatment and that can be sight saving and sometimes even life saving. Yet, many children under the age of five do not receive any vision screening at all.

The Vision Care for Kids Act of 2007 would authorize a grant program to provide comprehensive eye exams for uninsured children with vision disorders, with priority for children under the age of 9. Funds would be used for treatment and services to correct vision disorders identified through eye exams and to increase public awareness of visual impairment in children. H.R. 507 would require States receiving funds to contribute a 25 percent match of funds for each Federal dollar obtained through the program.

The bill before us today makes great strides in providing access to an array of vision-related services, including vision screening services that can help uninsured children in low- to moderate-income families.

I want to thank my colleagues for their commitment and strong support of this legislation, and particularly commend my dear friend and colleague, Representative GENE GREEN, for his unwavering dedication to this issue.

I urge my colleagues to support this vital and important legislation.

Madam Speaker, I reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, I rise in support of H.R. 507, the Vision Care for Kids Act, and join my colleague in asking for its adoption.

And at the outset, let me thank a few individuals for bringing this bill to the floor: of course, Chairman DINGELL and Ranking Member BARTON. I'd also like to thank Representatives GREEN, SULLIVAN, and ENGEL for their leadership and support in bringing the Vision Care for Kids Act to the floor, and Mr. PASCRELL, who's been very, very passionate about this issue for many years. I've had the privilege and pleasure of working with him, and I know how passionate he is, like so many of us, to get quality vision care for kids who need it.

We've been working on this bill for about 6 years; and after countless modifications, negotiations and compromise, I'm proud to say we have a bill that is unanimously supported by the entire vision community.

And my colleague from Wisconsin put it very simply: there are many kids today who have problems with their eyes; who have an inability to see properly; who, if left untreated, obviously, leads to negative consequence in social interaction, not to mention their poor performance in school and academic achievement because of their inability to see, and not to mention the fact that they're not getting the appropriate care that in some cases leads to greater illnesses and in some cases leads to death.

The legislation we hope to pass today represents the kind of quality, sound public policy that can only come about through the bipartisan cooperation and a willingness to compromise by many interested parties.

H.R. 507 represents a responsible and sensible approach to public health. It's well documented that without the adequate access to vision screening and treatment for eye disorders, a child's entire learning and development can be adversely affected. And we say that for children who do not qualify for a public program and did not have health insurance, our assisting in catching potentially eye disorders is critical.

The bill strikes an effective balance with a shared relationship between Federal and State governments. Once States have identified, through the screening mechanism of their choice, that a child may have an eye disorder, this legislation will provide Federal funding for follow-up comprehensive eye exam and the necessary treatment.

By incorporating a three-to-one Federal-State match, we maintain incentives for States to run their programs efficiently, providing additional assurances to taxpayers that we're maximizing the use of each dollar spent.

I'd like to thank the American Academy of Ophthalmology, the Vision Council of America, Prevent Blindness

of America, the American Optometric Association for their support of the legislation, that of my colleague, and know full well that if this bill does become law, there will be children who currently don't have access to quality treatment that will get the treatment they deserve and need so that they can live a more full and healthy and happy life.

Madam Speaker, I reserve the balance of my time.

Ms. BALDWIN. Madam Speaker, I am delighted to yield 5 minutes to the gentleman from New Jersey (Mr. PASCRELL), a passionate advocate of this legislation.

Mr. PASCRELL. Madam Speaker, I want to thank the gentlelady from Wisconsin (Ms. BALDWIN), who is a model of sensitivity to the needs of all of our children.

I want to thank Congressman FOSSELLA, who's been at the forefront of this.

Madam Speaker, I rise today regarding an issue that has long been near to my heart. I've been listening to these other bills that have been put forth in bipartisan fashion. This is a good example of what we can do together when it comes to our children, their health care and their education. This is critical. This is important. So anybody who says we can't do it is not listening today.

I also want to thank Chairman DINGELL, Chairman PALLONE for their thoughtful consideration and support for preventive vision care for children. Many a kid has been put in the back of the class or sent out of the room because it was misinterpreted, misunderstood, and many times, that child had a problem with vision, with seeing and was too embarrassed to say so, or couldn't recognize it within himself. So preventive vision care is critically important to avoid vision loss and blindness in our Nation's children.

Untreated vision problems can affect a child's physical, educational, and emotional development. That is why for many years, as my good friend from Staten Island has pointed out, we have fought for legislation to set up a grant program to provide comprehensive eye exams and the necessary follow-up care for children whose families do not have the resources or access to such care.

The Center for Disease Control states that approximately 1.8 million children under the age of 18 are blind or have some form of visual impairment. Fortunately, vision loss can be avoided with early diagnosis and treatment. That is not so revealing, is it? On any such disease, early vision, early problems affecting vision, early problems affecting hearing, early problems of detection of teeth, et cetera, et cetera, many of these visual deficits are caught only after they have impaired the child's early and most critical education. That's the rub.

Eye health has a direct impact on learning and achievement. That's the core of the fight that we have waged. It is a national disgrace, Madam Speaker, that only one in three children receive preventive vision care before they are enrolled in elementary school. That's not acceptable.

So I'm pleased to introduce this, along with Congressman GENE GREEN, and there are many others that we need to salute here who have fought this fight with us, and that is Representative ILEANA ROS-LEHTINEN, Representative JOHN BOOZMAN. Senator KIT BOND on the other side of the building has waged that fight over there. A truly bipartisan effort.

It's so easy. I know it's difficult for us as Congressmen to understand that, including myself. But it's so easy that we can come together when the problem is defined and we can work together, together on a solution.

Here's a perfect example. The seven bills, the eight bills that we just have gone through, Commerce, these affect people's lives. They're not esoteric. They're not up in the sky someplace. These affect people.

H.R. 507 will establish a Federal grant program to provide for timely diagnostic examination, treatment and follow-up vision care for children.

This legislation will complement existing State programs and allow eye exams for a vulnerable pediatric population that does not qualify for Medicaid and does not qualify for SCHIP and do not have access to private health insurance. Critical that we understand this. Very important here. Very significant for those families.

Better eye care will significantly mitigate the effects of visual impairment. So it's important to act now, Madam Speaker. The prevention is more than half the battle.

Madam Speaker, I urge my colleagues to vote in favor of the Vision Care for Kids Act. Kids out there are waiting for us in all 50 States to act on this.

Thank you, Mr. FOSSELLA. Thank you to my good friend, the gentlelady from Wisconsin. And I think that we've hit a home run here for the last hour and a half, thanks to you both.

Mr. FOSSELLA. Madam Speaker, I continue to reserve the balance of my time.

Ms. BALDWIN. Madam Speaker, I am pleased to yield 4 minutes to the lead author of this bill, the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Madam Speaker, I'd like to thank my colleague on our Energy and Commerce Committee and Health Subcommittee for allowing me to rush in from the airport to be able to put a statement on this bill.

I rise, obviously, in support of H.R. 507, the Vision Care for Kids Act. This bill has been crafted in a very bipartisan fashion with the leadership of my colleagues, Mr. FOSSELLA, Mr. PASCRELL, Mr. SULLIVAN, Mr. ENGEL, and Ms. ROS-LEHTINEN. I'd like to thank them for their dedication to children's vision issues in this legislation in particular.

The Vision Care for Kids Act establishes a much-needed grant program to provide follow-up vision care to uninsured children with vision disorders. As we tried to target the program to the children most in need, we learned very quickly that a child's access to vision screening and comprehensive vision care varies widely depending on individual State laws. For example, some States have no vision screening requirements, whereas 30 States currently mandate vision screening. Twenty-eight of these States with screening mandates, however, do not have or offer any guarantee that children who fail the screening will receive a follow-up eye exam.

On a nationwide basis, as many as 80 percent of the children who fail a vision screening do not get the follow-up care they need. Among the parents of these children, 25 percent cite financial constraints as a primary reason their child does not receive important follow-up care more than any other factor influencing their lack of care.

This lack of vision care jeopardizes a child's development and can unfortunately lead to lifelong vision impairment. These children deserve a healthy start to their educational and social development, yet the reality is that nearly two of three children entering elementary school have never received preventive vision care. Unfortunately, the lack of health experience presents a barrier to the delivery of appropriate vision care in this country. For many children who are lucky enough to have health insurance for medical care, their policy doesn't cover vision coverage. This is precisely why this bill is necessary.

□ 1745

By targeting the program toward children who are school age, uninsured, and at risk for vision disorders, the bill is designed to spend scarce health care dollars in the wisest manner possible. A portion of the grant funds will also be used to increase education and awareness of vision disorders so that the warning signs can be recognized and any problems can be detected in a timely fashion.

During the committee consideration of this legislation, we made several changes in the underlying bill. Specifically, we clarified that the Secretary should consult with professional and patient organizations when developing the criteria associated with the grant program's operations and data collection. This amendment also specifies an authorization level of $65 million over 5 years and includes a State-matching requirement of 25 percent.

The compromise could not have been developed without the dedication of key members of the vision community, including the American Academy of Ophthalmology, the American Optometric Association, the Vision Council of America, and Prevent Blindness America.

As a founding member of the Congressional Vision Caucus, I am particularly pleased to see this bill on the House floor today and consider it a milestone for our very young caucus. In 2003, I joined my colleagues DAVID PRICE, ILEANA ROS-LEHTINEN, and PAT TIBERI in establishing the Congressional Vision Caucus. Today the Vision Caucus is comprised of more than 100 Members of the House, both Republican and Democrat, House Members and Senators. While our initial goal was to raise the awareness of vision disorders in Congress, the caucus has developed and endorsed two key pieces of vision legislation, including the Vision Care for Kids Act before us today.

It is particularly gratifying to see our efforts result in legislative success, and I thank the members of the Vision Caucus and the 152 cosponsors of this legislation for their support. I would also like to thank Chairman DINGELL and Ranking Member BARTON of the Energy and Commerce Committee, as well as the chairman and ranking member of the Health Subcommittee, Mr. PALLONE and Mr. DEAL, for their support of this legislation.

And I would also like to thank John Ford and William Garner of the committee's majority staff for their expertise, as well as Ryan Long and Katherine Martin of the minority staff for their willingness to work with us in a bipartisan fashion on this legislation.

With that, I encourage my colleagues to join us in passing this important bill to improve vision care for America's children.

Mr. FOSSELLA. Madam Speaker, let me again, in closing, thank the sponsors, Mr. GREEN and, of course, Mr. PASCRELL for really helping us to get to this point. I failed to mention Ms. ROS-LEHTINEN before. She was instrumental as well, and Mr. SULLIVAN and Mr. ENGEL. Let me commend and thank my colleague Ms. BALDWIN for her eloquence in shepherding all these bills to the floor.

As it relates to this bill, early detection, early diagnosis, and early treatment, we know that those are the magical things that have to happen in order for a child to lead a more forward, healthy life. Without the access to the care that a child needs, we know that that life is going to be compromised in some way, shape, or form.

I think that this bill helps to get us to that point. I think it will help a lot of children who currently have no help and no access.

I would also like to thank Ryan McKee from my office, who has worked on this bill for several years in our efforts.

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

Ms. BALDWIN. Madam Speaker, in closing, visual impairments can have lifelong consequences for children. As we have heard, this bill will help identify these impairments early so that our kids can live up to their full potential. This bill and the others that preceded it are prime examples of bipartisan cooperation.

I urge my colleagues to support this bill and those that have preceded it. And I also thank the gentleman from New York (Mr. FOSSELLA) for his assistance in expeditiously, yet comprehensively, managing the nine vital important and bipartisan health bills that were before us this afternoon.

Mr. MURPHY of Connecticut. Madam Speaker, I rise today in strong support of H.R. 507, the Vision Care for Kids Act of 2007.

This issue is simple, Madam Speaker, kids can't learn if they can't see. Providing early vision screening for our nation's children will make sure they are all ready to learn when they enter school and the Vision Care for Kids Act will help provide states with the means to offer this important care.

When I was in the Connecticut State Senate, I championed an initiative which made school-based vision screening a priority through the mandated reporting of pediatric vision screening on school health assessment forms. The passage of today's legislation will enhance my state's ability to enhance vision programs for children by providing a much needed federal stream of funding. Importantly, it will allow Connecticut's children to receive followup care when uninsured children are identified through my state's existing vision screening program.

The passage of today's legislation is another example of how this Congress is actively working to provide health services to our nation's children. This week, as the House contemplates whether we should provide 10 million American children with health insurance through the SCHIP program, we should take today as an opportunity to affirm our commitment to comprehensive health screening and coverage for all American children.

Madam Speaker, I urge all my colleagues to support H.R. 507 and yield back the balance of my time.

Mr. CLYBURN. Madam Speaker, I rise today in strong support of H.R. 507 Care for Kids Act of 2007. As you know, this bill would award grants to states to: (1) provide comprehensive eye examinations by a licensed optometrist or ophthalmologist for children identified by a licensed health care provider or vision screener, with priority to children under age nine; (2) provide treatment or services to correct vision problems of such children; and (3) develop and disseminate educational materials on recognizing signs of visual impairment in children.

Madam Speaker, studies have shown that African-Americans were most likely to report that they do not have a regular eye care professional (21 percent). And Hispanics were least likely to have seen an eye care professional in the last year (43 percent).

Madam Speaker, like many diseases, vision problems can disproportionately affect certain ethnic groups. For example, African-Americans are five times more likely to have glaucoma, Hispanics are at the greatest risk for cataracts, and myopia or near-sightedness is much more common among Asians than other ethnic groups.

But the story doesn't end there, a new study by University of Michigan pediatricians suggests that poor, uninsured, black and Hispanic children are getting the least vision care services in this country. In all, non-Hispanic and non-black children were 47 percent more likely than Hispanic children—and 59 percent more likely than black children—to have received eye care in the last year. In addition, the study showed that uninsured black or Hispanic children were less likely than uninsured children of other races or ethnicities to have corrective lenses.

Madam speaker, we have to do better on providing care to these communities and giving these communities the healthcare professionals to deliverer such care. To date, the current enrollment percentages of African-American and Hispanic students in optometry school is dismal at best. In the United States, only 3.5 percent of currently enrolled optometry students are African American. Hispanics do not fare much better, when including the InterAmerican University of Puerto Rico, the enrollment of Hispanics in U.S. optometry schools and Canada is even lower than that of African Americans.

So Madam Speaker while I strongly support this bill we must do more to address these disparities. Thus, the reason behind my outspoken wish to mandate vision care to the State Child Health Insurance Program (SCHIP) reauthorization. The lack of vision care for children can not be tolerated in this country and I look forward to working with the Congress in bringing this issue to the forefront of our debate around SCHIP.

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

The SPEAKER pro tempore (Ms. BERKLEY). The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and pass the bill, H.R. 507, as amended.

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

A motion to reconsider was laid on the table.

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 5 o'clock and 49 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

AFTER RECESS

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H. Res. 738, by the yeas and nays;

H.R. 2089, by the yeas and nays;

H.R. 20, by the yeas and nays.