

I reserve the balance of my time.

Mr. BISHOP of Utah. Mr. Speaker, I will simply yield back the balance of my time.

Ms. BORDALLO. I again urge Members to support the bill.

Mr. CALVERT. Mr. Speaker, the South Orange County Recycled Water Enhancement Act is a relatively modest, yet important step towards meeting the long-term water needs for the West.

Last week, Federal water managers said that they plan to cut off water, at least temporarily, to thousands of California farms as a result of the drought affecting the State. With the State and Federal reservoirs at their lowest levels since 1992, mandatory water rationing is just around the corner. In the midst of our dramatic economic downturn, the lack of water simply makes a bad economic situation worse. The passage of any legislation that enables communities in the West to be more drought-resistant could not be timelier.

The South Orange County Recycled Water Enhancement Act authorizes two water reclamation projects in the south Orange County portion of my district. South Orange County relies heavily on imported water from sources such as the Colorado River and Bay-Delta in northern California. Water reclamation projects, and other steps that reduce demand for imported water, benefit all regional water users.

The first project outlined in the legislation is the San Juan Capistrano Recycled Water System, which would enable the city of San Juan Capistrano to provide recycled water to users throughout the city and its neighboring communities. To meet the local demand, the city has developed a project that includes the construction of a water treatment facility as well as transmission infrastructure. I want to thank San Juan Capistrano Mayor Mark Nielsen and the rest of the city council for their dedication to this important project.

The second project is the San Clemente Reclaimed Water Project which would expand San Clemente's reclaimed water infrastructure by doubling its production capacity. When completed, San Clemente's Reclaimed Water Project will reduce the city's demand of domestic water by 3,300 acre-feet per year. I applaud San Clemente Mayor Lori Donchak and the entire city council for their continued commitment to water recycling.

Mr. Speaker, I think it is crucial that we recognize and assist communities that are working to reduce their reliance on imported water and I urge all of my colleagues to support the South Orange County Recycled Water Enhancement Act.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 637.

The question was taken.

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

Mr. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further

proceedings on this motion will be postponed.

STOP CHILD ABUSE IN RESIDENTIAL PROGRAMS FOR TEENS ACT OF 2009

Mrs. MCCARTHY of New York. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 911) to require certain standards and enforcement provisions to prevent child abuse and neglect in residential programs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 911

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 2009".

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 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; or

(ii) a foster family home that provides 24-hour substitute care for children placed 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.

(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 covered program, 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 employment, 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 immediately, to the maximum extent practicable, but not later than within 48 hours, 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 7 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) **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 7 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 require-

ments under section 114(c) of the Child Abuse Prevention and Treatment Act, as added by section 7 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.

(2) **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 contain, 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 7 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 7 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, and including the cause of each such death;

(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 7 of this Act, and who subsequently own or operate another covered program; and

(v) any penalties levied under subsection (b)(2) 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)(2) 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. 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 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;

(3) a summary of State progress in meeting the requirements of this Act, including the requirements under section 114 of the Child Abuse Prevention and Treatment Act, as added by section 7 of this Act;

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

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

SEC. 6. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to the Secretary of Health and Human Services \$15,000,000 for each of fiscal years 2010 through 2014 to carry out this Act (excluding the amendment made by section 7 of this Act and section 8 of this Act).

SEC. 7. 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; or“(ii) a foster family home that provides 24-hour substitute care for children placed 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.

“(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 2009;“(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) establishing 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 substantiated reports of child abuse and neglect may remain confidential and all 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 non-public 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 substantiated 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 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), 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 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 non-public 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 2009, 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 2009, 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) an annual review by the Secretary 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 2009.

“(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 \$235,000,000 for each of fiscal years 2010 through 2014”.

(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.”.

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 SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New York (Mrs. MCCARTHY) and the gentleman from California (Mr. MCKEON) each will control 20 minutes.

The Chair recognizes the gentlewoman from New York.

GENERAL LEAVE

Mrs. MCCARTHY of New York. Mr. Speaker, I request 5 legislative days during which time Members may revise and extend their remarks and insert extraneous material on H.R. 911 into the RECORD.

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

There was no objection.

Mrs. MCCARTHY of New York. I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 911, the Stop Child Abuse in Residential Programs for Teens Act of 2009. I want to thank Chairman MILLER and the committee staff for working with me on this important legislation, and for Mr. MILLER's personal leadership on this over the years. I would also like to thank Mr. PLATTS and Mr. MCKEON for all of the work that they have done on this important issue.

Over the years, far too many children have been abused in residential treatment facilities that were billed as places where parents could send their kids to help them overcome behavioral problems. What's even more disturbing is that, in many cases, children have died in the care of these facilities.

When we started working on this issue 2 years ago in committee, I became outraged over the testimony that we heard. In fact, the Government Accountability Office reportedly found thousands of cases of abuse and neglect at residential programs for teens. We heard gruesome accounts of abuse that occurred in residential treatment facilities.

These facilities often used highly deceptive marketing practices to bill themselves as safe and effective places for troubled teenagers to get the help that they need so they could get on with their life. Brochures would claim, for example, that counselors are highly trained survival experts, but as we heard from the GAO, these so-called highly trained survival experts did not recognize the signs of dehydration in a 15-year-old girl when she began complaining of blurred vision, stumbling, and vomiting 3 days into a hike. After the fifth day, she died. And she lay there dead in the road for almost 18 hours because the survival experts were not equipped with a radio.

In other examples, we heard of abuses that included staff members forcing children to remain in so-called stress

positions for hours at a time and to undergo extreme physical exertion without food, water, or rest. We even heard of a child that died as a result of being denied medically prescribed medication that could have saved his life.

Parents are sold a bill of goods about these facilities, are enticed by advertising schemes portraying these programs as safe with professional staff in highly qualified environments for their children.

I want to say, also, there are many good places that children go to, but these are the ones that obviously need to be regulated. When parents send their children to these facilities, they are often at the end of their ropes and see few, if any, alternatives.

We heard testimony from parents of children who died while in the care of residential treatment facilities. These parents thought they were doing the right thing by sending their children. They did research on where to send their children. Unfortunately, the information they were provided with was misleading. The GAO's investigation work has shown that a number of programs had deceptive marketing practices to appeal to parents and even uncovered deception, fraud, and conflicts of interests.

Corruption and deception has been a hallmark of many aspects of the system surrounding residential treatment centers. In fact, I recently read with disgust that two judges were charged after it was found that they sent their children to facilities in which they, themselves, had financial interests.

This is the height of corruption, and its impact is felt by the most vulnerable among us: children in trouble.

This bill will create necessary national standards on some very basic human rights. For example, we say that child abuse and neglect is prohibited. This should be common sense. We say that acts which humiliate a child are prohibited. This should be common sense. We say that staff must not deny children food and water. This should be common sense.

Another important provision is geared to help parents find good residential treatment facilities. We created a national Web site which will contain data on residential facilities and require programs to include information on their Web site in their marketing materials.

Finally, we will give money to States to help them create their own licensing procedures and a public database on programs.

This legislation is desperately needed to prevent anymore children from dying unnecessarily.

I urge my colleagues to support H.R. 911.

I reserve the balance of my time.

Mr. MCKEON. Mr. Speaker, residential treatment programs are unfamiliar to most of us. Sometimes referred to as “wilderness therapy” or “teen boot camps,” these programs serve a small number of extremely troubled youth.

While many teens and their families have benefited from residential treatment programs, those success stories have been overshadowed by instances of abuse, neglect, and worst of all, the loss of life.

The Education and Labor Committee has been investigating cases of abuse and neglect at these facilities for the last several years, and the result of that effort is the bill before us today.

No one in this Chamber condones abuse, neglect, or mistreatment of the young people enrolled in these programs. And we all want to find the best way to ensure that abuse is prevented and prosecuted if it does occur.

Because this issue is nonpartisan, we've been able to work together to find commonsense solutions. The bill before us today is not perfect, but it has improved at every step of the process.

I do wish the bill had been considered under a rule so Members—and particularly new Members who were not here in the last Congress when we debated this issue—would have had an opportunity to offer amendments. Unfortunately, that process has been cut short by considering this bill under suspension of the rules.

On a bill of this importance, I believe that regular order is necessary. There are complex issues that we have not yet resolved. For instance, we had a rigorous debate during the committee markup about how to balance parental rights with necessary treatment. Members on this side of the aisle, myself included, believe that more needs to be done to ensure that parents are fully informed of and involved with medical decisions made at these facilities. I hope that we can work on this issue as the bill moves forward and ensure that parental rights are protected.

Mr. Speaker, this bill attempts to address a serious problem. Chairman MILLER and Congresswoman MCCARTHY deserve credit for drawing attention to these intolerable instances of abuse and for attempting to find a solution. I supported this bill in committee, and I continue to do so today. But I am disappointed that the process has been short-circuited. We have another opportunity to work together as this bill moves to the other Chamber, and I look forward to doing so.

I reserve the balance of my time.

Mrs. MCCARTHY of New York. Mr. Speaker, I yield myself as much time as I may consume.

I thank Mr. McKEON for all of the work he did on the committee in working with us to bring this bill to the floor. I know that there are those that are expressing concern about the process. We have had several debates on this particular bill. It did pass last year overwhelmingly. We also had the markup last week where amendments were added.

But additionally, certainly I want to stress the bipartisan process in developing this legislation as an example to be followed to get the best product.

One of the best things that we need to understand is that we have many pressing needs that are coming through the Education Committee and many other committees. So this bill had been passed, and I support the bill, and I know Mr. McKEON supports the bill. Obviously, we never, never have a perfect bill, but the bottom line is we're putting forth procedures that will save children's lives. And I think that is the most important thing.

So I certainly encourage Members to vote for this piece of legislation.

With that, I reserve the balance of my time.

Mr. McKEON. Mr. Speaker, I am prepared to close, and I yield myself the balance of my time.

With this bill, we're trying to do the right thing, but we're doing it the wrong way. Through an open process marked by bipartisanship, we made considerable improvements to this bill. Unfortunately, flaws remain, including a failure to fully protect the rights of parents.

If this bill had been brought under regular order—we addressed this issue, but by rushing it to the floor under a suspension of the rules, we've been left with an imperfect, even incomplete product. I trust we will not make that same mistake again, and I look forward to addressing this issue as the bill moves forward.

I believe we need to protect the young people in these programs, and that's why I will vote "yes" today. But I do so with reservations because I believe this bill could have been much stronger and eventually, I believe it will be made stronger.

□ 1630

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

Mrs. MCCARTHY of New York. I yield myself as much time as I may consume.

I know there was a great debate in the committee during the markup and many amendments were brought up. And I also know that there were some Members that had wanted to insert certain language as far as for parents and their rights as far as medication. What we did know is that all States have different levels on what the law is for the parents to handle that kind of a situation. Many of us felt that it would have been too complicated to try to debate that on every single State.

The practices of many of these residential treatment facilities are shocking and outrageous. It is nearly impossible to believe that in the United States of America there are facilities that would employ child abuse as a teaching technique. This behavior goes beyond cruelty; children have died. The abuse has not only been carried out on children, who are defenseless in these circumstances, the abuse has also been carried out against parents who, through their best intentions, were trying to do everything they could to bring that child back into a natural setting.

There is a fundamental right in this country against abuse. That's why it is absolutely crucial that we make sure that children are kept safe when they are in these facilities by setting minimum safety standards. How can anyone oppose the setting of standards that assure the safety and well-being of children? How can anyone oppose stopping child abuse?

The bill before us today reflects a bipartisan compromise on legislation that we nearly finished last year. It passed the House by a bipartisan vote of 318-103, but unfortunately the Senate did not act. The legislation is supported by the American Association of Children's Residential Centers, the American Bar Association, the American Academy of Pediatrics, the American Psychological Association, the Child Welfare League of America, Children's Defense Fund, Easter Seals, Mental Health America, the National Child Abuse Coalition, and many other organizations.

I urge my colleagues to support this important legislation and end these practices once and for all.

Mr. ROE of Tennessee. Mr. Speaker, I urge support for H.R. 911 because I think, on balance, this bill will help states prevent further negligence at some "boot-camp" style facilities. Most programs, like the First Freewill Baptist Ministries in my district, do a lot to help troubled teens turn their lives around, but a few bad apples risk ruining their reputation. This legislation will ask states to strengthen their own oversight of these programs, but will not give the Federal government oversight.

While I will support the legislation, I am still concerned that this bill goes too far in taking away parents' rights to decide how their child will be medicated, and I hope the Chairman will work to improve this section before this bill becomes law.

As written, the legislation will allow residential programs for teens to change a child's prescriptions without parental consent. Many of these programs are quick to use psychotropic drugs to calm mood swings in these teens, and in some cases, the medicating may be warranted. I believe, however, that parents should always be given the right to help decide on best treatment options for their children, even if it is just to grant the facility a waiver to provide treatment. No parent should have no say in how their child is medicated, but as it is currently written, that would be the result of this bill.

So I hope we can improve this aspect of the bill, but again, I will support this legislation today to move the process forward.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today in strong support of H.R. 911, the "Stop Child Abuse in Residential Programs for Teen Acts of 2009."

Mr. Speaker, I urge my colleagues to support H.R. 911 and address the tragic circumstances that face some of our Nation's youth on a daily basis and to underscore our commitment to preventing child abuse and neglect so that all children can live in safety and security. I would first like to thank my distinguished colleague, Representative GEORGE MILLER of California, for introducing this important piece of legislation.

Mr. Speaker, H.R. 911 seeks to implement an ongoing review process for investigating

and evaluating reports of child abuse and neglect; establish public websites with information about each covered program, as well as a national toll-free telephone hotline to receive complaints; establish civil penalties for violations of standards; and establish a process to ensure that complaints received by the hotline are promptly reviewed by persons with appropriate expertise. Furthermore, this bill amends the Child Abuse Prevention and Treatment Act to establish additional eligibility requirements for grants to states to prevent child abuse and neglect at residential programs.

There are no greater crimes that an individual can commit than the crimes of child molestation and child abuse. The perpetrators of these crimes rob children of their innocence. Moreover, victims of child molestation are profoundly affected for the rest of their lives. As elected officials, we have an obligation to condemn this violence, work for stronger enforcement of the law and provide adequate funding for programs to assist children who may have experienced such abuse.

At least 1 in 5 adult women and 1 in 10 adult men report having been sexually abused as children. In Texas, there were more than 111,000 investigations of child abuse and neglect by the Child Protective Services in Texas, and of those cases 7,650 were sexual abuse.

The sexual victimization of children is great in magnitude and largely either unrecognized or underreported. Statistics show that 1 in 5 girls and 1 in 10 boys are sexually exploited before they reach adulthood. However it is believed that less than 35 percent of the incidents are reported to authorities.

It is estimated that approximately one-third of abused and neglected children grow up to victimize their own children. Child abuse and neglect can have long-term economical and societal costs. Community-based services to overburdened families are far less costly than the emotional and physical damage inflicted on children. These community-based services also outweigh potential costs of child protective services, law enforcement, courts, foster care, health care, and the treatment of adults recovering from child abuse. The annual estimated cost to the United States for not preventing child abuse and neglect is approximately \$104,000,000,000, according to a 2008 report by Prevent Child Abuse America.

Tens of thousands of American children and teens each year are placed into residential treatment programs. Many have been abused, neglected, and worse, some have died at the hands of those who were supposed to be there to care for them. Unscrupulous programs often hire unqualified, untrained, uncaring, misinformed, and often mean-spirited staff who do not have the qualifications to care for them. The number of children placed in residential treatment centers is growing exponentially. These modern-day orphanages now house more than 50,000 children nationwide. Once placed, these kids may have no meaningful contact with their families or friends for up to two years. Despite many documented cases of neglect and physical and sexual abuse, monitoring is inadequate to ensure that children are safe, healthy and receiving proper services in residential treatment centers.

It will take more than just stronger enforcement of the law to prevent child molestation and other forms of child abuse. In order to end

this serious epidemic that has plagued America, all segments of the community such as parents, educators, religious leaders, and community leaders must create a nurturing environment for children to develop within. The children must know that they are loved and the children deserve to be protected from violence and sexual abuse.

I express my support for the Stop Child Abuse in Residential Programs for Teens Act of 2009. I believe we should increase public awareness of child abuse and neglect prevention and should continue to work to reduce the incidence of child abuse and neglect. We should recognize that child abuse and neglect prevention programs reduce child maltreatment, strengthen families, reduce mental illness, deter criminal behavior, and contribute to children's positive emotional, academic, social and cognitive development, but we need more.

Mr. MATHESON. Mr. Speaker, I have always worked to protect children. The recent press reports of abuse, neglect, and tragically death, in some residential therapy programs for youth is very concerning to me. Over the years, many treatment centers have been established across the Nation, including Utah. As a result, Utah has worked hard to license and regulate residential treatment programs over the past several years and our state meets many of the standards set forth in the legislation passed by the House of Representatives.

It is my understanding that some states have not developed as stringent requirements as Utah and that leads to a patchwork of regulations where kids can fall through the cracks. 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. I am supportive of provisions in this bill which seek to support good actors and encourage those who are not to become so. I also feel that steps taken by Utah could be an example for other states implementing new requirements.

I was able to include language in the legislation which requested 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.

Mrs. MCCARTHY of New York. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CLAY). The question is on the motion offered by the gentlewoman from New York (Mrs. MCCARTHY) that the House suspend the rules and pass the bill, H.R. 911.

The question was taken.

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

Mr. McKEON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

RECESS

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

Accordingly (at 4 o'clock and 31 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1833

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CARSON of Indiana) at 6 o'clock and 33 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Votes will be taken in the following order:

H.R. 911, by the yeas and nays;

H.R. 44, by the yeas and nays;

H.R. 601, by the yeas and nays.

Remaining postponed votes will be taken later in the week.

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

STOP CHILD ABUSE IN RESIDENTIAL PROGRAMS FOR TEENS ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 911, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New York (Mrs. MCCARTHY) that the House suspend the rules and pass the bill, H.R. 911.

The vote was taken by electronic device, and there were—yeas 295, nays 102, not voting 35, as follows:

[Roll No. 72]

YEAS—295

Abercrombie	Boucher	Cleaver
Ackerman	Boyd	Clyburn
Adler (NJ)	Brady (PA)	Cohen
Altmire	Braley (IA)	Conaway
Andrews	Brown (SC)	Connolly (VA)
Arcuri	Brown, Corrine	Cooper
Austria	Brown-Waite,	Costa
Baca	Ginny	Costello
Baird	Buchanan	Courtney
Baldwin	Burgess	Crowley
Barrow	Butterfield	Cuellar
Bartlett	Buyer	Culberson
Becerra	Capito	Cummings
Berkley	Capps	Dahlkemper
Berman	Capuano	Davis (AL)
Berry	Cardoza	Davis (CA)
Biggert	Carnahan	Davis (IL)
Bilirakis	Carney	Davis (TN)
Bishop (GA)	Carson (IN)	DeFazio
Bishop (NY)	Castle	DeGette
Blumenauer	Castor (FL)	Delahunt
Bocciari	Chandler	DeLauro
Bono Mack	Childers	Dent
Boren	Clarke	Diaz-Balart, L.
Boswell	Clay	Diaz-Balart, M.