

colorectal cancer. Every 9 minutes, someone dies from colorectal cancer. This is a disease that affects men and women equally. The more we talk about this disease and the more we encourage our family, our friends and our neighbors to get screened, the more lives we save. It is that simple.

Unfortunately, less than half of those who should be screened for colon cancer are screened. Not only do we need to increase awareness about colorectal cancer but we also need to increase Federal funding for early detection and screening. Along with my colleague from Rhode Island, PATRICK KENNEDY, I have introduced a bill that would authorize funding for early detection screenings and make preventive care a priority. Specifically, the Colorectal Cancer Detection, Early Detection, and Treatment Act, H.R. 1189, would establish a national screening program for colorectal cancer for individuals over 50 years of age or who are at high risk. It also authorizes State funding for those screenings and creates a public awareness and education campaign on colorectal cancer.

Despite scientific evidence supporting the benefits of screening, screenings for this disease in the U.S. remain low. Every 5 seconds, someone who should be screened for cancer is not. When it is diagnosed late, the survival rate for colorectal cancer is only 10 percent, but when it is diagnosed early, before it spreads to the lymph nodes and other organs, the survival rate is 90 percent.

Early detection and screening saves lives. If everyone over 50 years of age were screened regularly for colorectal cancer, the death rate for this disease could plummet by 80 percent. In addition to saving lives, early detection and screening saves money. Treatment costs for colorectal cancer are extremely high and could be greatly reduced if mass screenings occurred. Colorectal treatment costs totaled roughly \$8.4 billion for new cases in 2004. The cost of two-thirds of these colorectal cancer cases are borne by the Medicare program.

The Lewin Group recently conducted a comprehensive study of the potential cost savings to Medicare and found that every 10 years, a colorectal screening program will result in savings of about 1.5 years worth of Medicare expenditures. If screenings were increased among people 50 years of age and older in the United States, it would save billions of dollars in Medicare expenditures, and it would also save thousands of lives.

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

If you have not already, I urge you to cosponsor the Colorectal Cancer Prevention, Early Detection, and Treat-

ment Act, and join me in observing Colorectal Cancer Awareness Month. Observing Colorectal Cancer Awareness Month provides us with the opportunity to discuss the importance of early detection screenings. And it also gives recognition to all the groups who have helped in this, groups like the American Cancer Society, the Prevent Cancer Foundation, the Colon Cancer Alliance and C3: Colorectal Cancer Coalition. These groups have created "Earn a Blue Star Day" as a way for individuals and corporations to raise awareness of the importance of screening.

Mr. SCALISE. I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from Rhode Island, who has also been a champion on this issue, Mr. KENNEDY.

Mr. KENNEDY. Mr. Speaker, I would like to congratulate Representative GRANGER for her leadership on this issue and thank her very much for her outgoing efforts to bring this issue to the floor.

This is simply a matter of public awareness. And like so many issues, it is a matter of getting the word out. Screening is what it is about. Obviously, with respect to colorectal cancer, it is the stigma. No one wants to talk about it. So as a result, no one gets screened. And when people finally get screened, it is too late and they die. That is the reason it is the second leading cause of cancer death in this country.

And while the rates of death may be about the same for men and women, there is an enormous, an enormous disparity in the rates of death between minorities and whites in this country. The reason for that is that there are huge disparities in the access to health care between minority populations and the rest of the general population. And that shows among the greatest disparities in health disparity outcomes in this country.

So for the African American community, this is an enormous issue, this is an enormous issue because it is affecting the death and mortality rates for the African American community and the Hispanic community over and above the general population by an enormous amount. So colorectal cancer is something that everybody needs to pay attention to and wake up to.

Now, why is it so important that we have the screening and we pay for the screening? Because there is no health insurance out there. That's why we need health insurance reform. And that is why KAY GRANGER is such a champion, because she stepped up to the plate and signed on to legislation saying, it is good to talk about it, but unless we start talking about paying for it, it's not going to do us a lot of good. That is what we need. We need to pay for screening. And as she pointed out, the evidence backs us up. If we screen, we save Medicare money, because you can imagine trying to take care of

someone with cancer is a very costly, costly thing.

Now, first of all, we should do it because we don't want to see someone suffer. That should be good enough for all of us in Congress to want to pass this screening effort. But if it is not good enough for everybody to want to save a family the suffering of having to go through cancer treatment, then maybe we should want to do it because it saves dollars. And the Lewin group and others have said this saves dollars because when you detect it early, you don't have to spend all that money treating people for chemotherapy, radiation and all that expensive acute care treatment.

We have a sick care system, not a health care system. And we can do better in this country by taking care of people before they get sick if we screen them. And that is what we should do with colorectal cancer, screen people.

Sign on to H.R. 1189.

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

Mr. PALLONE. I yield back the balance of my time, Mr. Speaker, and urge passage of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 60.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

VISION CARE FOR KIDS ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 577) 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. 577

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 2009".

SEC. 2. GRANTS REGARDING VISION CARE FOR CHILDREN.

Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by adding at the end the following:

"SEC. 399Z-1. GRANTS REGARDING VISION CARE FOR CHILDREN.

"(a) IN GENERAL.—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 (as defined in subsection (i)) by a licensed optometrist or ophthalmologist for eligible children (as defined in subsection (b)) 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 to such children, subsequent to the examinations described in paragraph (1), that are 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) ELIGIBLE CHILDREN.—

“(1) IN GENERAL.—For purposes of this section, the term ‘eligible child’ means, with respect to an examination described in paragraph (1) of subsection (a) or a treatment or service described in paragraph (2) of such subsection and with respect to a State, a child who is a low-income child (as defined by the State) and who—

“(A) is not eligible for medical assistance under the State plan under title XIX of such Act;

“(B) subject to paragraph (2)(A), is not eligible for child health assistance under the State child health plan under title XXI of the Social Security Act;

“(C) subject to paragraph (2)(B), does not have health insurance coverage (as defined in section 2791) in the group market or in the individual market (as such terms are defined in such section) and is not a beneficiary or participant under a group health plan (as defined in such section); and

“(D) is not receiving assistance under any State health compensation program or under any other Federal or State health benefits program for such examination, treatment, or service, respectively.

“(2) INCLUSION OF CERTAIN LOW-INCOME CHILDREN WITH HEALTH BENEFITS.—With respect to an examination described in paragraph (1) of subsection (a) or a treatment or service described in paragraph (2) of such subsection and with respect to a State—

“(A) paragraph (1)(B) shall not apply to a child who is eligible for child health assistance under the State child health plan under title XXI of the Social Security Act (whether or not such child is enrolled under such plan), if such plan does not provide for coverage of such examination, treatment, or service, respectively; and

“(B) paragraph (1)(C) shall not apply to a child described in such paragraph if no amount is payable under the coverage or plan described in such paragraph for such examination, treatment, or service, respectively.

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

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

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

“(d) 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 an eligible child has been identified as provided for in subsection (a);

“(4) an assurance that funds will be used consistent with this section;

“(5) a description of how funds will be used to provide examinations, treatments, and services, consistent with this section; and

“(6) an assurance that, in providing examinations, treatments, and services through use of such grant, the State will give priority to eligible children with the lowest income.

“(e) 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.

“(f) LIMITATIONS IN EXPENDITURE OF GRANT.—A grant may be made under subsection (a) only if the State involved agrees that the State will expend amounts received under such grant as follows:

“(1) The State will expend at least 80 percent of such amounts for the purposes described in paragraphs (1) and (2) of such subsection.

“(2) The State will not expend more than 10 percent of such amounts to carry out the purpose described in paragraph (3) of such subsection.

“(3) The State will not expend more than 10 percent of such amounts for administrative purposes.

“(g) 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.

“(h) SUPPLEMENT NOT SUPPLANT.—A State that receives a grant under this section shall ensure that amounts received under such grant will be used to supplement, and not supplant, any other Federal, State, or local funds available to carry out activities of the type carried out under the grant.

“(i) DEFINITIONS.—For purposes of this section:

“(1) CHILD.—The term ‘child’ means an individual who—

“(A) has not attained 18 years of age; or

“(B) has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training).

“(2) COMPREHENSIVE EYE EXAMINATION.—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.

“(j) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated—

“(1) \$10,000,000 for fiscal year 2010;

“(2) \$13,000,000 for fiscal year 2011; and

“(3) \$14,000,000 for each of the fiscal years 2012 through 2014.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

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

There was no objection.

Mr. PALLONE. I yield myself such time as I may consume.

I rise in support of H.R. 577, the Vision Care for Kids Act of 2009. Vision problems are particularly challenging for children because they can cause developmental struggles which can lead to physical, emotional and social consequences. Vision impairment can cause a child to miss learning opportunities, for example, and vision-impaired children often have an inability to understand nonverbal cues, leading to difficulties with social interactions. Correcting vision problems at a young age, however, can improve outcomes. The Vision Care for Kids Act would address these problems by improving access to vision services for children. The bill amends the Public Health Services Act to give the Secretary of Health and Human Services the authority to award grants to States for first, comprehensive eye examinations for children previously identified as needing these services, second, treatment or services to correct vision problems, and third, development and dissemination of educational materials on recognizing signs of visual impairment.

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I’d like to thank my colleague, Representative GREEN, for his sponsorship and again his hard work on this issue.

I ask my colleagues to support the bill, and I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise today in support of H.R. 577, the Vision Care for Kids Act. This bipartisan legislation provides eye examinations and follow-up care for children who have been identified as needing vision care services. This legislation builds on State programs currently in place with a focus on helping low-income children.

Undiagnosed and untreated vision problems can pose learning problems for children. Vision problems can have effects on a child’s emotional, educational and physical development.

A majority of children entering school never have received a vision test and, for those who do receive a vision test and do not pass, many do not receive the recommended follow-up care. This legislation will enable more children to receive testing and the follow-up care, if necessary.

We need to continue to work towards a system by which roadblocks to a formative education for our children are eliminated. I stand in support of this legislation, and hope that my colleagues will join in.

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

Mr. PALLONE. Mr. Speaker, I yield 5 minutes to the sponsor, Mr. GENE GREEN of Texas.

Mr. GENE GREEN of Texas. Mr. Speaker, I thank my colleague, the Chair of our Health Subcommittee, for yielding to me.

I rise in support of H.R. 577, the Vision Care for Kids Act. The Vision Care For Kids Act creates a much needed grant program to provide follow-up vision care for children with vision disorders who do not have access to these services.

States have taken steps to identify children for potential vision disorders through mandatory vision screenings. However, most States do not mandate follow-up eye exams or treatment for children who fail these vision screenings.

Of the 36 States that require vision screenings, 26 of them do not require children who failed the screening to receive a follow-up exam. This lack of vision care jeopardizes a child's development and can, unfortunately, lead to lifelong vision impairment.

The Vision Care for Kids Act seeks to remedy this problem by authorizing a new grant program to complement State efforts to provide comprehensive eye exams for children who have been identified, through vision screenings or other eye exams, as having a potential vision disorder. The grant funding authorized under this bill can be used for specific treatments and services to correct the vision disorders identified through the eye exams.

Unless caught early and appropriately treated, vision disorders can lead to irreversible damage that can hinder a child's normal growth, development and opportunity to succeed. These children deserve a healthy start to their educational and social development. Yet the reality is that nearly two out of three children entering elementary school have never received preventive vision care.

Unfortunately, lack of health insurance presents a barrier to the delivery of appropriate vision care in this country. And for many children who are lucky to have health insurance for medical care, their policy doesn't cover vision coverage. This is precisely why this bill is necessary.

By targeting the program towards children who are school-aged, who do not have vision coverage for the services they require, and are at risk for vision disorders, the bill is designed to spend scarce health care dollars in the wisest manner.

A portion of the grant funds may also be used to increase education awareness of vision disorders, so that warning signs can be recognized and any problems can be detected in a timely fashion.

This bill has been crafted in a bipartisan manner with my colleague from Oklahoma (Mr. SULLIVAN), our leader on the Republican side. And I'd also

like to thank Representative ELIOT ENGEL, Representative BILL PASCRELL and Representative ROS-LEHTINEN for their continued support of this legislation.

I'd also like to thank the Congressional Vision Caucus for their support of the legislation. In 2003 I was joined by our colleagues, Congressman PRICE, Congresswoman ROS-LEHTINEN and Congressman TIBERI, in establishing the Congressional Vision Caucus. As a founding member of the Caucus, I'm particularly pleased to see this bill on the floor today, and consider it a milestone for our young caucus.

Today the Vision Caucus is comprised of more than 100 Members of Congress, both Republicans and Democrats, House Members and Senators. While our initial goal was to raise the awareness of vision disorders in Congress, the Caucus has developed and endorsed key pieces of vision legislation, including this bill, the Vision Care for Kids Act before us today.

I'd also like to thank Chairman WAXMAN, Ranking Member BARTON of the Energy and Commerce Committee, as well as the Chair and ranking member of the Health Subcommittee, Mr. PALLONE and Mr. DEAL, for their support.

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

Mr. SCALISE. Mr. Speaker, I yield 5 minutes to the gentleman from Oklahoma (Mr. SULLIVAN).

Mr. SULLIVAN. Mr. Speaker, I rise in strong support of H.R. 577, the Vision Care for Kids Act of 2009. I want to thank my colleague, Congressman GENE GREEN, the lead sponsor of this important legislation, and I am proud to be the lead Energy and Commerce Committee Republican on this bill.

This legislation will help complement existing State efforts by providing grants for eye examinations and follow-up treatment for uninsured children who fail a vision screening. It does this by authorizing \$65 million over 5 years in Federal grant funds.

Millions of children in the United States suffer from vision problems, many of which go undetected because of lack of access to affordable and proper eye care. This legislation will bridge a chief gap in vision care, children who face undetected vision problems versus children who are able to receive treatment for their vision problems before it's too late.

Vision problems in children range from common conditions, such as lazy eye and cross eye, to more serious conditions such as infantile cataracts. Also, many serious eye conditions are treatable if identified in preschool and early school-aged years. Early detection provides the best opportunity for effective treatment and lower public health care costs for the future.

According to the Center for Disease Control and Prevention, approximately 1.8 million children under the age of 18

are blind or have some form of visual impairment. Also, nearly two in three children do not receive any preventive vision care before starting elementary school. Children who have undiagnosed vision problems can have difficulties in school and be wrongly labeled with learning disorders. The Vision Care for Kids Act seeks to change that, and provide all kids the vision care they need.

Again, I encourage quick adoption of this bill today.

Mr. PALLONE. I have no additional speakers. I don't know if my colleague does.

Mr. SCALISE. Mr. Speaker, at this time I yield 5 minutes to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding, and I'm a very proud supporter of H.R. 577, the Vision Care for Kids Act of 2009. I want to commend Representative GREEN from Texas and Representative SULLIVAN from Oklahoma for bringing forward this bill.

The reason why I'm here, Mr. Speaker, speaking on this issue as a physician Member of the House, is because it's very personal to me.

My granddaughters, my oldest grandchildren, are now 11 years old. They are identical twin girls, Ali and Hannah Manning. And, Mr. Speaker, they were born prematurely. In fact, they were born immaturely, so premature at 26 weeks, that each of them weighed 1 pound, 12 ounces. And I thank God, Mr. Speaker, for the blessing, the double miracles of life and health. And really, they've done fine, except they had problems with vision. And that's because these young, premature, immature infants, need, Mr. Speaker, to receive so much oxygen therapy in their first weeks of life that it can damage the retina, and, in fact, that's what happened with our twin granddaughters. And they had to have multiple surgeries, laser surgeries. In fact, little Ali learned how to put a contact lens in her eye when she was only 5 years old. She could put it in and take it out.

And again, we are so blessed. Their parents are blessed. My daughter and son-in-law, and the grandparents, the Mannings, and we Gingreys are so thankful.

But we think every day about other children who cannot afford the care, maybe cannot afford to have vision screening. And if they do, Mr. Speaker, and if they're found to have limited vision, Mr. SULLIVAN talked about all the difficulties in school, both emotionally and physically and educationally that they have. If they can't afford then to have something done about their visual problem, what a shame that is.

So, for us to have a bill, a program where Federal grants are given through the CDC, working with the States to make sure that each and every child, not just those privileged few that happen to have good coverage, could get the care that they need so they could become good, strong students and

healthy and happy adults. So this is a wonderful program.

Again, I commend the committee, Energy and Commerce Committee. I commend Mr. GREEN, Mr. SULLIVAN, Mr. PALLONE, Mr. DEAL.

I recommend that all my colleagues, of course, support H.R. 577.

Mr. PASCRELL. I was pleased to introduce the Vision Care for Kids Act with my colleagues Congressmen GREEN, SULLIVAN, and ENGEL and Congresswoman ROS-LEHTINEN in both this Congress and in the previous Congress. This important legislation will establish a federal grant program to provide for timely diagnostic examination, treatment, and follow-up vision care for children, which will complement existing State programs and allow eye exams for a vulnerable pediatric population that do not qualify for Medicaid or SCHIP and do not have access to private health insurance.

This issue has long been near to my heart. In fact, in 2003, I first championed legislation to create a grant program to provide comprehensive eye exams and necessary follow-up care for children whose families do not have the resources for or access to such care. Preventive vision care is critically important to avoid vision loss, and even blindness, in our nation's children, which can affect a child's physical, emotional, and intellectual development.

The CDC states that approximately 1.8 million children under the age of 18 are blind or have some form of visual impairment. Fortunately, in most cases, vision loss can be avoided with early diagnosis and treatment. Eye health has a direct impact on learning and achievement, and unfortunately, many visual deficits are caught only after they have impaired a child's early and most critical education. Consequently, it is a national disgrace that only one in three children receive preventive vision care before they are enrolled in elementary school.

This essential legislation will provide the tools to significantly mitigate the effects of visual impairment. In fact, H.R. 577 has the potential to open up a new world of academic and social opportunity for approximately half a million of our youngest children nationwide. As Congress continues its work to improve the health care and educational opportunities available to children in this country, the need to remove outside impediments to learning must be addressed to achieve long-term success.

I would like to thank Chairman WAXMAN and Chairman PALLONE, for their thoughtful consideration and support for preventive vision care for children, and I urge my colleagues to vote in favor of the Vision Care for Kids Act. Finally, I encourage the Senate to expeditiously consider this essential legislation to provide necessary vision care to our nation's most vulnerable children.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H.R. 577 "Vision Care for Kids Act of 2009." I want to thank my colleague Congressman GENE GREEN of Texas for introducing this legislation.

Mr. Speaker, I rise today to tell my colleagues that our nation's children are our future. They should be the center of all of our legislative efforts to improve the lives of all Americans.

The Vision Care for Kids Act of 2009 is a necessary grant program aimed at bolstering

children's vision initiatives in the states and encouraging new community-based children's vision partnerships. This legislation amends the Public Health Service Act to authorize the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention (CDC), to award matching grants to states to complement existing state efforts to: (1) provide comprehensive eye examinations from 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, who do not otherwise have coverage for vision services, and who are low-income children, with priority given to children who are under the age of nine years; (2) provide treatment or services as necessary to correct identified vision problems; and (3) develop and disseminate to parents, teachers, and health care practitioners educational materials on recognizing signs of visual impairment in children.

We used to hold our child's hands when our child takes their first step. However, not many help our children to learn how to use their eyes properly, how to see properly, and how to relax their eyes and protect their vision. Today's education system requires our children to give close attention, read many books, add or subtract numbers or operate a computer for hours. Therefore, it is important to learn to guide our children to attain good child vision health at various stages of their development.

Ten million children suffer from vision disorders, according to the National Parent Teacher Association. Vision disorders are considered the fourth most common disability in the United States, and they are one of the most prevalent handicapping conditions in childhood. According to data from the Making the Grade: An analysis of state and federal children's vision care policy research study, 32 states require vision screenings for students, but 29 of them do not require children who fail the screening to have a comprehensive eye examination. Because up to two-thirds of children who fail vision screenings do not comply with recommended eye exams, many children enter school with uncorrected vision problems. Undetected and untreated vision deficiencies, particularly in children, can take a large toll. Studies have shown that the costs associated with adult vision problems in the U.S. are at \$51.4 billion.

Undiagnosed and untreated vision problems for children are serious issues. Vision problems can affect a child's cognitive, emotional, neurological and physical development. While vision disorders are considered the fourth most common disability in the United States, two-thirds of all children entering school have never received a vision test. For the one-third of children who do receive a vision test, approximately 40–67 percent who fail the test do not receive the recommended follow-up care.

I urge my colleagues to support the Vision Care for Kids Act of 2009 so that we can protect our children of America.

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

Mr. PALLONE. I also yield back and ask for passage, Mr. Speaker.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the

rules and pass the bill, H.R. 577, as amended.

The question was taken.

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

Mr. 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.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H. RES. 279, PROVIDING FOR EXPENSES OF CERTAIN COMMITTEES OF HOUSE OF REPRESENTATIVES IN 111TH CONGRESS

Mr. HASTINGS of Florida, from the Committee on Rules, submitted a privileged report (Rept. No. 111-63) on the resolution (H. Res. 294) providing for consideration of the resolution (H. Res. 279) providing for the expenses of certain committees of the House of Representatives in the One Hundred Eleventh Congress, which was referred to the House Calendar and ordered to be printed.

HIGHER EDUCATION TECHNICAL CORRECTIONS

Mr. HINOJOSA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1777) to make technical corrections to the Higher Education Act of 1965, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1777

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

- Sec. 1. Table of contents.
- Sec. 2. References.
- Sec. 3. Effective date.

TITLE I—GENERAL PROVISIONS

- Sec. 101. General provisions.

TITLE II—TEACHER QUALITY ENHANCEMENT

- Sec. 201. Teacher quality enhancement.

TITLE III—INSTITUTIONAL AID

- Sec. 301. Institutional aid.
- Sec. 302. Multiagency study of minority science programs.

TITLE IV—STUDENT ASSISTANCE

- Sec. 401. Grants to students in attendance at institutions of higher education.
- Sec. 402. Federal Family Education Loan Program.
- Sec. 403. Federal work-study programs.
- Sec. 404. Federal Direct Loan Program.
- Sec. 405. Federal Perkins Loans.
- Sec. 406. Need analysis.
- Sec. 407. General provisions of title IV.
- Sec. 408. Program integrity.
- Sec. 409. PLUS loan auction extension.

TITLE V—DEVELOPING INSTITUTIONS

- Sec. 501. Developing institutions.