

GRASSLEY) and the Senator from North Carolina (Mr. BURR) were added as co-sponsors of amendment No. 1886 intended to be proposed to S. 1639, a bill to provide for comprehensive immigration reform and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KENNEDY (for himself, Mr. ENZI, Mrs. CLINTON, Mr. HATCH, Mr. OBAMA, Mr. GREGG, Mr. ALEXANDER, Mr. BURR, Mr. ROBERTS, Mr. ISAKSON):

S. 1693. A bill to enhance the adoption of a nationwide interoperable health information technology system and to improve the quality and reduce the costs of health care in the United States; to the Committee on Health, Education, Labor, and Pensions.

Mr. KENNEDY. Mr. President, it is long past time for the Nation's health care industry to adopt modern information technology. Such technology has revolutionized a wide array of American industries, and it holds the same promise for the health care industry. It has a clear capacity to increase efficiency and reduce costs at a time when the industry is being plagued by the alarming rise in health costs.

Staggering inefficiencies imbedded in our health care system prevent patients across the country from receiving the type of care they deserve. Forty percent of Americans have been victims of preventable medical errors, and as many as 100,000 patients die each year from such errors. In a Nation which already spends more on health care than any other country, a modest investment in health IT is a small price to pay for a safer and less costly health care system.

Some health facilities with resources at their disposal have already invested in IT systems with great success. Meanwhile, the most vulnerable institutions lag further and further behind in the adoption of necessary technology. It now costs a physician's office about \$40,000 to implement a new IT system. Providers with financial need deserve access to information technology to close the health IT gap, so that patients across the country have access to quality health care.

The Senate unanimously approved the Wired for Health Care Quality Act in the last Congress. Today, Senator ENZI, Senator HATCH, Senator CLINTON, and I are reintroducing that bill, and we urge its swift passage. By setting national standards for health information technology and by offering funds for IT investment, the legislation will help providers overcome both the technical and the financial barriers to adopting and implementing health IT systems.

Recognizing the financial challenges of such investments, our bill establishes several Federal funding mechanisms to encourage the adoption of this technology. The legislation authorizes Federal grants for providers in need

and funds low interest loans in order to ease the burden on health care professionals who invest in new systems for electronic medical records and other purposes. Since the ability of physicians to share information is essential to ensuring effective treatment and eliminating wasteful spending, our bill also provides financial assistance to establish regional and local health IT networks.

Rapid exchange of information is essential to ensuring that providers have complete patient information, but the adoption of such technology must be accompanied by strong patient privacy protection. Our bill specifies that the American Health Information Community will be a body to make recommendations to the Secretary of Health and Human Services on patient privacy, information security, and appropriate uses of the technology. In addition, the bill ensures that free-standing health information databases are subject to the same privacy rules as other health care entities and requires grant recipients to implement strong privacy protections themselves.

To encourage the implementation of modern health information systems across the Nation, the legislation codifies the role of the National Coordinator for Health Information Technology in the Department of Health and Human Services to coordinate and expedite the adoption of health IT by Federal agencies. In addition, the bill establishes a public-private partnership, the Partnership for Health Care Improvement, to streamline the nationwide implementation of health information systems by establishing standards for interoperability that must be adopted by grant recipients and Federal contractors.

Estimates indicate that the widespread adoption of electronic health records could save up to 30 percent in annual health spending, or more than \$600 billion a year. Since 45 million Americans are uninsured, we can't delay the nationwide adoption of health IT systems any longer. Interoperability standards will eliminate inefficiencies caused by lack of uniform technology. Increased funding will reduce the widening health IT gap, making the advances of the information age available to all health facilities. The savings generated by these initiatives have the potential to give all Americans access to the Nation's state-of-the-art health care industry.

I especially commend the work of my colleagues Senator ENZI, Senator CLINTON, and Senator HATCH in developing this needed legislation, and I look forward to its enactment as soon as possible.

Mr. ENZI. Mr. President, I rise today to speak about my commitment to improve the quality and reduce the cost of health care in this Nation.

Some of the most serious challenges facing health care today, medical errors, inconsistent quality, and rising costs, can be addressed through the ef-

fective application of available health information technology linking all elements of the health care system. Information sharing networks have the potential to enable decision support anywhere at any time, thus improving the quality of health care and reducing costs.

But what does this mean for patients? Well, first of all, the widespread use of health IT would allow medical data to move with people as they move. When someone goes to the doctor's office, he or she won't have to take the clipboard and write down everything they can remember about themselves. Better use of health IT also would cut down on medical errors with prescriptions, instead of trying to decipher the doctor's handwriting, a pharmacist could access the prescription information electronically.

The widespread use of health IT could also save lives. If someone is traveling and gets in a car wreck or gets hurt in some other way, the emergency room doctor would be able to find out everything he or she needs to know to make the right treatment decisions. If someone falls into a coma and can't tell a doctor or nurse about their medications, being able to access an electronic medical record could prevent dangerous drug reactions.

Beyond saving lives and saving time, more effective use of health IT also could save us a lot of money. A Rand study suggested that health IT has the potential to save the health care system \$162 billion a year. In order for these savings to be realized, we must create an infrastructure for interoperability. The bill I am introducing today is the first step toward building that infrastructure.

Last Congress, the Senate unanimously passed the Wired for Health Care Quality Act, which I wrote with Senator KENNEDY. We have worked with Senator HATCH and Senator CLINTON and are introducing an updated bill today. We plan to bring this revised bill before our committee this Wednesday.

This legislation addresses one of the primary barriers to widespread adoption of interoperable health IT, which is the lack of agreed-upon standards, common implementation guides, and a certification process. The bill directs the Secretary to establish and chair the public-private American Health Information Collaborative, which is composed of representatives of the public and private sectors. The greatest improvements in quality of health care and cost savings will be realized when all elements of the health care system are electronically connected and speak a common technical language; that is, they are interoperable.

In order to address the health information technology "adoption gap" in the U.S., the bill authorizes three grant programs that will carefully target financial support to health care providers and consortia for the purpose

of facilitating the adoption of interoperable health information technology.

Another barrier to greater adoption is cultural. I recognize that many physicians and hospitals are hesitant to move from paper-based systems to electronic systems. Some physicians have been writing prescriptions by hand for many years and may resist changing to electronic prescribing. One way to address this cultural barrier is to support teaching hospitals that integrate health information technology in the clinical education of health care professionals. Exposing students and residents to effective everyday uses of health IT will lead to a greater adoption by these students and residents when they graduate and begin practicing on their own.

The wise deployment of health IT is also critical for effective response in public health emergencies. Interoperable health IT systems will help to track infectious disease outbreaks and increase the Federal Government's rapid response in emergency situations.

I am eager to work with members of the Finance Committee to ensure we produce a bill that will pass the Senate unanimously once again this Congress. This bill ensures that avenues to measure and report the quality of care are available through health information technology. Improving the quality of care provided in this country is one of my top legislative priorities.

I look forward to passing this important legislation, which will help facilitate the widespread adoption of electronic health records to ultimately result in fewer mistakes, lower costs, better care, and greater patient participation in their health and well being. This is a great stride forward in the journey to improve our Nation's health care system. I look forward to seeing meaningful health information technology legislation signed into law this Congress.

Mrs. CLINTON. Mr. President, for several years now I have been promoting the adoption of health information technology as a means to improve our health care system. Modernizing our system will improve quality of care and reduce costs. A RAND study found that, as a nation, we could save more than \$77 billion annually through the widespread use of electronic medical records, and these savings could double with the addition of prevention and chronic disease management components.

I introduced comprehensive health quality and IT legislation in 2003 to set us on the path to creating a health IT infrastructure. Subsequently, the Senate unanimously passed bipartisan legislation that I worked on with Senators Frist, KENNEDY, and ENZI. We were unable to reach final agreement on that bill before the adjournment of the 109th Congress and today are reintroducing the Wired for Healthcare Quality Act to bring our health care system into the 21st century.

I am pleased to be working again on this critical effort with Senators KENNEDY and ENZI and want to welcome Senator HATCH and thank him for his work and contributions to the bill we are introducing today.

While there are a number of things I believe we need to do to improve our health care system, one of the most fundamental avenues for change is modernizing our system of care by developing a nationwide interoperable health information technology infrastructure that protects patient privacy. It is past time that our health care delivery system allow providers to easily manage their information needs and securely and privately manage the needs of their patients.

We have the most advanced medical system in the world, yet patient safety and quality is compromised because health care providers are treating patients without all the information they need. It happens in the emergency room or when you are seeing multiple doctors who are unaware of treatments you are receiving from others. Harnessing the potential of information technology will eliminate these problems and help reduce errors and improve quality in our health care system.

Interoperable health IT will also help eliminate inefficiency and duplication in the system. Every time patients see a doctor, they fill out forms, have to remember their medical history, their medications, immunizations, and previous test results. No wonder a study in California found that one out of every five lab tests and x rays were conducted solely because previous lab results were unavailable.

There is no reason why people's health files—their medical history, test results, lab records, x rays—can't be accessed securely and confidentially from a doctor's office or hospital. In fact, if all hospitals used a computerized physician order entry system, an estimated 200,000 fewer adverse drug events would occur, saving roughly \$1 billion per year.

We should also eliminate administrative inefficiencies that drive up health care costs. Today, processing paper claims costs an average of \$1.60 to \$2.20 per claim. It costs 85 cents for an electronic claim.

We can also use information technology to disseminate clinical research. A government study recently showed it takes 17 years from the time of a new medical discovery to the time clinicians actually incorporate that discovery into their practice at the bedside. Health IT will dramatically reduce this time and help drive improvements in care.

The Wired for Healthcare Quality Act is designed to address these issues through Federal leadership to develop and adopt the technology standards necessary to ensure that electronic medical records are fully portable and confidential for patients and accessible to their health care providers. The leg-

islation encourages the development of a private and secure nationwide interoperable health IT infrastructure through:

Codifying the role of the National Coordinator for Health Information Technology in coordinating the policies of federal agencies regarding health IT.

Establishing a public-private partnership known as the Partnership for Health Care Improvement to provide recommendations to the Secretary with regard to technical aspects of interoperability, standards, implementation specifications, and certification criteria for the exchange of health information.

Requiring all Federal IT purchases to conform to the standards recommended by the Partnership and adopted by the President.

Establishing the American Health Information Community as a body providing recommendations to the Secretary regarding policies to promote the development of a nationwide interoperable health information technology infrastructure. These include recommendations regarding patient privacy, information security, and appropriate uses of health information. A wide variety of stakeholders including patients, providers, insurers, employers, and experts in information technology, privacy, security, and quality—will have representation on the AHIC.

Establishing three competitive grant programs for the adoption and increased utilization of qualified health information technology systems. The first grant program would award funding to eligible entities, including non-profit hospitals, community health centers, and small physician practices to purchase, train, and use qualified health information technology systems and improve the management of chronic diseases. The second grant program would award funding to States to establish loan funds for the purchase of qualified systems, and the final competitive grant program would assist with the establishment of regional or local health information technology exchanges.

Ensuring privacy and security by delineating the rights of individuals to inspect and correct their records and take action to address fraud, as well as requiring breach notification and audit trails so patients can know who has accessed their information.

Establishing a Health Information Technology Resource Center to provide technical assistance and highlight best practices associated with the adoption, implementation and effective use of health information technology systems.

I am especially pleased by the focus that this legislation places on ensuring that information technology will improve the quality of care delivered in our Nation. The Wired for Healthcare Quality Act will prioritize quality through the following provisions: Developing quality and efficiency reports at the national, regional, and, when requested, institutional or individual

provider level, that will help to improve quality and efficiency and enhance the ability of consumers to evaluate the quality and delivery of healthcare services; Establishing a process through which to develop evidence-based, consensus health care quality measures, through which to determine the quality and efficiency of care received by patients; and adopting the quality measures established by such process and providing for the integration of these measures into the nationwide health IT infrastructure, thus fostering uniformity in quality measures across our healthcare system.

Information technology has radically changed business and other aspects of American life. It is time we use the power of the information age to improve health care. If we do, we can dramatically improve the quality of care we all receive. The Wired for Healthcare Quality Act is critical to this effort. Again I want to thank my colleagues, Senators KENNEDY, ENZI and HATCH for their partnership on this legislation, and I look forward to working with them and all of my colleagues to enact this important bill.

Mr. HATCH. Mr. President, I am proud to be an original cosponsor of S. 1693, the Wired for Healthcare Quality Act. The goal of achieving high quality health care is not reachable without use of information technology. For instance, the 21 quality measures that hospitals now report for Medicare must usually be manually extracted from paper charts. The Government Accountability Office reports that hospitals are near the limit of the number of quality measures that they can report by these antiquated techniques. Implementation of information technology is critical because with it there is no practical limit on the ability to measure quality.

Dr. Brent James, a national quality expert from Intermountain Healthcare of Salt Lake City, UT, tells me that a health care provider who wishes to improve performance starts by defining detailed measures of quality health care and then builds information technology around the measures so that routine, automatic reporting of compliance with the measures becomes part of the health information technology platform. The Wired for Healthcare Quality Act does not just impose standards for interoperability of information technology it creates a mechanism by which quality measures are embedded in those standards.

The legislation encourages the development of standards by codifying the office of the National Coordinator for Health Information Technology who coordinates the health information technology policies of Federal agencies.

It creates a public-private partnership, the Partnership for Health Care Improvement to advise the Secretary on technical aspects of interoperability, on standards, on implementation, and on certification of compliance with those standards.

The bill establishes the American Health Information Community as a body providing recommendations to the Secretary regarding the broad policy issues of implementation of technical standards created by the partnership. For instance, it will advise the Secretary on issues of patient privacy, information security, and appropriate uses of health information.

The bill directs the Secretary to provide for the development and use of quality measures in the health information technology platform by an arrangement with a private entity that establishes standards for measurement development and coordinates and harmonizes measures so that providers are able to use the same set of measures, if not the same measures, for all their patients.

The legislation requires that all Federal information technology purchases conform to the standards recommended by the Partnership and adopted by the President within 1 year and that all Federal agencies comply within 3 years. Adoption of these standards is voluntary for private entities except for functions they contract with the Federal Government.

The legislation encourages the adoption of qualified health information technology by providing grants for the purchase of health information technology systems to providers demonstrating financial needs, by providing low interest loans to states to help providers acquire health information technology systems, and by providing grants to facilitate the implementation of regional or local health information exchanges.

The legislation provides for the development of national reports of health care quality based on Federal health care data and private data that is publicly available. Reports are to be contracted to quality reporting organizations.

The legislation assures strong privacy protections for electronic health information by forbidding funding under the bill to any information technology system that lacks strong privacy and security protections, by requiring recipients of funding to notify patients if their medical information is wrongfully disclosed and by requiring that the national strategy on health information technology include strong privacy protections.

Before I close, I must raise a concern with the bill. Building a national, interoperable health care information technology platform is like building two houses with a common driveway. Federal programs such as Medicare and Medicaid are one house. Private health plans are the other. They both must share common standards for health information technology so that systems all talk with one another. They both must implement from a common pool of quality standards otherwise providers will be impossibly confused. The two houses will not look alike but they must share a common driveway and common building standards.

I use this analogy to emphasize that the rules for the quality measures used by the Medicare Program are the jurisdiction of the Senate Finance Committee on which I serve as a senior member. The rules for quality measures in a national health information technology standard, and private health insurance plans, are under the jurisdiction of the Health, Education, Labor and Pensions Committee. We must be certain that these distinctions are made with clarity to avoid confusing ourselves and the medical community. I look forward to working with Senators ENZI, KENNEDY, and CLINTON, and my colleagues Chairman MAX BAUCUS and Ranking Minority Member CHUCK GRASSLEY on the Finance Committee to ensure that these important distinctions are made.

If we do not accomplish the task of integrating quality and health information technology standards between public and private programs, providers will be placed in the impossible position of having one set of quality and information technology standards for publicly insured patients and other requirements for privately insured patients. If such a Tower of Babel is allowed to develop, providers will simply not be able to implement the improvements in care that we all want to see through the use of health information technology. We cannot miss this chance.

By Mr. REED (for himself and Mr. COCHRAN):

S. 1699. A bill to amend the provisions of the Elementary and Secondary Education Act of 1965 regarding school library media specialists, and for other purposes; to the Committee on Health, Education, Labor, and Pensions.

Mr. REED. Mr. President, today I am joined by Mr. COCHRAN in introducing important legislation, the Strengthening Kids' Interest in Learning and Libraries, SKILLS, Act, to support our Nation's school libraries and librarians. This legislation is also being introduced in the House of Representatives by Representative GRIJALVA and Representative EHLERS.

The SKILLS Act enhances the value of school libraries by reauthorizing and strengthening the Improving Literacy through School Libraries program of the No Child Left Behind Act. The Department of Education found that the Improving Literacy through School Libraries program is successful in improving the quality of school libraries receiving grants and school libraries are a critical component in improving student literacy skills and academic achievement by giving students access to up-to-date library materials, including well-equipped and technologically advanced school library media centers.

The SKILLS Act seeks to build on this success in several ways. It ensures that funds serve elementary, middle, and high school students. It encourages the hiring of highly qualified school library media specialists in our Nation's

school libraries. Additionally, it expands professional development to include information literacy instruction appropriate for all grade levels, an assessment of student literacy needs, the coordination of reading and writing instruction across content areas, and training in literacy strategies.

Today's librarians do so much more than catalogue collections and check out books, they are educators in every sense of the word.

They provide tech support, guidance, and social services to patrons in need. They help teach our children how to safely and effectively navigate electronic media like the Internet and help instill a love of learning and reading in young students. In short, school librarians and librarians play an essential role in helping students get the skills they need to succeed in an increasingly competitive world and this legislation provide the necessary support for that endeavor.

I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 1699

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 "Strengthening Kids' Interest in Learning and Libraries Act" or the "SKILLS Act".

TITLE I—SCHOOL LIBRARY MEDIA SPECIALIST REQUIREMENTS

SEC. 101. AUTHORIZATION OF APPROPRIATIONS.

Section 1002(b)(4) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6302) is amended by striking "2002" and inserting "2008".

SEC. 102. STATE PLANS.

Section 1111(b)(8) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311(b)(8)) is amended—

(1) in subparagraph (D), by striking "and" after the semicolon;

(2) by redesignating subparagraph (E) as subparagraph (F); and

(3) by inserting after subparagraph (D) the following:

"(E) how the State educational agency will meet the goal of ensuring that there is not less than 1 highly qualified school library media specialist in each school receiving funds under this part, as described in section 1119(h)(2); and"

SEC. 103. LOCAL EDUCATIONAL AGENCY PLANS.

Section 1112(b)(1)(N) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6312(b)(1)(N)) is amended by inserting ", including ensuring that there is not less than 1 highly qualified school library media specialist in each school" before the semicolon.

SEC. 104. SCHOOLWIDE PROGRAMS.

Section 1114(b)(1)(D) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6314(b)(1)(D)) is amended by inserting "school library media specialists," after "teachers,".

SEC. 105. TARGETED ASSISTANCE SCHOOLS.

Section 1115(c)(1)(F) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6315(c)(1)(F)) is amended by inserting "school library media specialists," after "teachers,".

SEC. 106. QUALIFICATIONS FOR TEACHERS, PARAPROFESSIONALS, AND SCHOOL LIBRARY MEDIA SPECIALISTS.

(a) IN GENERAL.—Section 1119 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6319) is amended—

(1) in the section heading, by striking "TEACHERS AND PARAPROFESSIONALS" and inserting "TEACHERS, PARAPROFESSIONALS, AND SCHOOL LIBRARY MEDIA SPECIALISTS";

(2) by redesignating subsections (h) through (l) as subsections (i) through (m), respectively;

(3) by inserting after subsection (g) the following:

"(h) SCHOOL LIBRARY MEDIA SPECIALISTS.—

"(1) LOCAL EDUCATIONAL AGENCY REQUIREMENT.—Each local educational agency receiving assistance under this part shall ensure, to the extent feasible, that each school that is served by the local educational agency and receives funds under this part employs not less than 1 highly qualified school library media specialist.

"(2) STATE GOAL.—Each State educational agency receiving assistance under this part shall—

"(A) establish a goal of having not less than 1 highly qualified school library media specialist in each public school that is served by the State educational agency and receives funds under this part; and

"(B) specify a date by which the State will reach this goal, which date shall be not later than the beginning of the 2010–2011 school year.";

(4) in subsection (i) (as redesignated by subsection (a)(2)), by striking "and paraprofessionals" and inserting ", paraprofessionals, and school library and media specialists";

(b) CONFORMING AMENDMENT.—Section 1119(1) of the Elementary and Secondary Education Act of 1965 (as redesignated by subsection (a)(2)) (20 U.S.C. 6319(1)) is amended by striking "subsection (1)" and inserting "subsection (m)".

SEC. 107. IMPROVING LITERACY THROUGH SCHOOL LIBRARIES.

Section 1251 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6383) is amended—

(1) in subsection (a), by striking "well-trained, professionally certified" and inserting "highly qualified";

(2) in subsection (e)(3)—

(A) by striking "DISTRIBUTION.—The" and inserting the following: "DISTRIBUTION.—

"(A) GEOGRAPHIC DISTRIBUTION.—The"; and

(B) by adding at the end the following:

"(B) BALANCE AMONG TYPES OF SCHOOLS.—In awarding grants under this subsection, the Secretary shall take into consideration whether funding is proportionally distributed among projects serving students in elementary, middle, and high schools.";

(3) in subsection (f)(2)—

(A) in subparagraph (A)—

(i) by inserting "the need for student literacy improvement at all grade levels," before "the need for"; and

(ii) by striking "well-trained, professionally certified" and inserting "highly qualified";

(4) by striking subparagraph (B) and inserting the following:

"(B) a needs assessment of which grade spans are served, ensuring funding is proportionally distributed to serve students in elementary, middle, and high schools.";

(5) in subsection (g)—

(A) in paragraph (1), by striking the semicolon at the end and inserting "and reading materials, such as books and materials that—

"(A) are appropriate for students in all grade levels to be served and for students

with special learning needs, including students who are limited English proficient; and

"(B) engage the interest of readers at all reading levels;" and

(B) in paragraph (4), by striking "professional development described in section 1222(d)(2)" and inserting "professional development in information literacy instruction that is appropriate for all grades, including the assessment of student literacy needs, the coordination of reading and writing instruction across content areas, and training in literacy strategies in all content areas".

TITLE II—PREPARING, TEACHING, AND RECRUITING HIGH QUALITY TEACHERS, SCHOOL LIBRARY MEDIA SPECIALISTS, AND PRINCIPALS

Section 2101(1) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6601 et seq.) is amended—

(1) in the title heading, by striking "HIGH QUALITY TEACHERS AND PRINCIPALS" and inserting "HIGH QUALITY TEACHERS, SCHOOL LIBRARY MEDIA SPECIALISTS, AND PRINCIPALS"; and

(2) in the part heading, by striking "TEACHER AND PRINCIPAL" and inserting "TEACHER, SCHOOL LIBRARY MEDIA SPECIALIST, AND PRINCIPAL".

SEC. 202. PURPOSE.

Section 2101(1) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6601(1)) is amended to read as follows:

"(1) increase student academic achievement through strategies such as—

"(A) improving teacher, school library media specialist, and principal quality; and

"(B) increasing the number of highly qualified teachers in the classroom, highly qualified school library media specialists in the library, and highly qualified principals and assistant principals in schools; and"

SEC. 203. STATE APPLICATIONS.

Section 2112(b) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6612(b)) is amended—

(1) in paragraph (4), by inserting ", school library media specialists," before "and principals"; and

(2) in paragraph (10), by inserting ", school library media specialist," before "and paraprofessional".

SEC. 204. STATE USE OF FUNDS.

Section 2113(c) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6613(c)) is amended—

(1) in paragraph (4)—

(A) in the matter preceding subparagraph (A), by inserting "highly qualified school library media specialists," before "principals"; and

(B) in subparagraph (B), by inserting ", highly qualified school library media specialists," before "and principals"; and

(2) in paragraph (6), by striking "teachers and principals" each place the term appears and inserting "teachers, school library media specialists, and principals".

SEC. 205. LOCAL USES OF FUNDS.

Section 2123(a) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6623(a)) is amended by inserting after paragraph (8) the following:

"(9)(A) Developing and implementing strategies to assist in recruiting and retaining highly qualified school library media specialists; and

"(B) providing appropriate professional development for such specialists, particularly related to skills necessary to assist students to improve the students' academic achievement, including skills related to information literacy.".

TITLE III—GENERAL PROVISIONS

SEC. 301. DEFINITIONS.

Section 9101(23) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801(23)) is amended—

(1) in subparagraph (B)(ii)(II), by striking “and” after the semicolon;

(2) in subparagraph (C)(ii)(VII), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(D) when used with respect to a school library media specialist employed in an elementary school or secondary school in a State, means that the school library media specialist—

“(i) holds at least a bachelor’s degree;

“(ii) has obtained full State certification as a school library media specialist or passed the State teacher licensing examination, with State certification in library media, in such State, except that when used with respect to any school library media specialist teaching in a public charter school, the term means that the school library media specialist meets the requirements set forth in the State’s public charter school law; and

“(iii) has not had certification or licensure requirements waived on an emergency, temporary, or provisional basis.”.

SEC. 302. CONFORMING AMENDMENTS.

(a) TABLE OF CONTENTS.—The table of contents in section 2 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 note) is amended—

(1) by striking the item relating to section 1119 and inserting the following:

“Sec. 1119. Qualifications for teachers, paraprofessionals, and school library media specialists.”;

(2) by striking the item relating to title II and inserting the following:

“TITLE II—PREPARING, TRAINING, AND RECRUITING HIGH QUALITY TEACHERS, SCHOOL LIBRARY MEDIA SPECIALISTS, AND PRINCIPALS”;

(3) by striking the item relating to part A of title II and inserting the following:

“PART A—TEACHER, SCHOOL LIBRARY MEDIA SPECIALIST, AND PRINCIPAL TRAINING AND RECRUITING FUND”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 255—RECOGNIZING AND SUPPORTING THE LONG DISTANCE RUNS THAT WILL TAKE PLACE IN THE PEOPLE’S REPUBLIC OF CHINA IN 2007 AND THE UNITED STATES IN 2008 TO PROMOTE FRIENDSHIP BETWEEN THE PEOPLES OF CHINA AND THE UNITED STATES

Mr. ISAKSON submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 255

Whereas, in 1984, American long distance runner Stan Cottrell of Tucker, Georgia, was welcomed into the People’s Republic of China where he completed the 2,125-mile Great Friendship Run along the Great Wall of China in 53 days, an event which was chronicled in the international press and serves as a sign of international friendship;

Whereas those involved in the Great Friendship Run over 2 decades ago are committed to running again to revisit the experience and to promote friendship between the peoples of China and the United States;

Whereas in China, a 2,200-mile run from the Great Wall of China to Hong Kong will take place October 15 to December 15, 2007;

Whereas in the United States, a 4,000-mile relay style run from San Francisco, California, to the United States Capitol Building in Washington, D.C., will take place May 7 to June 20, 2008, and cross the continent; and

Whereas 3 Chinese long distance runners will participate with Stan Cottrell and others in the run to take place in the United States: Now, therefore, be it

Resolved, That the Senate recognizes and supports the long distance runs that will take place in the People’s Republic of China in 2007 and the United States in 2008 to promote friendship between the peoples of China and the United States.

SENATE RESOLUTION 256—DESIGNATING JUNE 2007 AS “NATIONAL APHASIA AWARENESS MONTH” AND SUPPORTING EFFORTS TO INCREASE AWARENESS OF APHASIA

Mr. BIDEN (for himself and Mr. JOHNSON) submitted the following resolution; which was considered and agreed to:

S. RES. 256

Whereas aphasia is a communication impairment caused by brain damage, typically resulting from a stroke;

Whereas, while aphasia is most often the result of stroke or brain injury, it can also occur with other neurological disorders, such as in the case of a brain tumor;

Whereas many people with aphasia also have weakness or paralysis in their right leg and right arm, usually due to damage to the left hemisphere of the brain, which controls language and movement on the right side of the body;

Whereas the effects of aphasia may include a loss or reduction in ability to speak, comprehend, read, and write, while intelligence remains intact;

Whereas stroke is the 3rd leading cause of death in the United States, ranking behind heart disease and cancer;

Whereas stroke is a leading cause of serious, long-term disability in the United States;

Whereas there are about 5,000,000 stroke survivors in the United States;

Whereas it is estimated that there are about 750,000 strokes per year in the United States, with approximately 1/3 of these resulting in aphasia;

Whereas aphasia affects at least 1,000,000 people in the United States;

Whereas more than 200,000 Americans acquire the disorder each year;

Whereas the National Aphasia Association is unique and provides communication strategies, support, and education for people with aphasia and their caregivers throughout the United States;

Whereas as an advocacy organization for people with aphasia and their caregivers, the National Aphasia Association envisions a world that recognizes this “silent” disability and provides opportunity and fulfillment for those affected by aphasia; and

Whereas National Aphasia Awareness Month is commemorated in June 2007: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of, and encourages all Americans to observe, National Aphasia Awareness Month in June 2007;

(2) recognizes that strokes, a primary cause of aphasia, are the third largest cause of death and disability in the United States;

(3) acknowledges that aphasia deserves more attention and study in order to find new solutions for serving individuals experiencing aphasia and their caregivers; and

(4) must make the voices of those with aphasia heard because they are often unable to communicate their condition to others.

SENATE RESOLUTION 257—CONGRATULATING THE UNIVERSITY OF CALIFORNIA AT LOS ANGELES FOR BECOMING THE FIRST UNIVERSITY TO WIN 100 NATIONAL COLLEGIATE ATHLETIC ASSOCIATION DIVISION I TEAM TITLES

Mrs. FEINSTEIN (for herself and Mrs. BOXER) submitted the following resolution; which was considered and agreed to:

S. RES. 257

Whereas, on May 13, 2007, the University of California at Los Angeles (referred to in this preamble as the “Bruins”) won its 100th National Collegiate Athletic Association (NCAA) team title;

Whereas the Bruins won 70 NCAA championships in men’s sports between 1950 and 2007 and 30 NCAA championships in women’s sports between 1982 and 2007;

Whereas the Bruins won 60 NCAA championships in the 26 years since the inauguration of women’s collegiate sports championships in 1981, including 30 NCAA women’s titles and 30 NCAA men’s titles;

Whereas 16 separate athletic programs, including 9 men’s programs and 7 women’s programs, won 1 or more NCAA team championships for the Bruins:

(1) Men’s volleyball in 1970, 1971, 1972, 1974, 1975, 1976, 1979, 1981, 1982, 1983, 1984, 1987, 1989, 1993, 1995, 1996, 1998, 2000, and 2006.

(2) Men’s tennis in 1950, 1952, 1953, 1954, 1956, 1960, 1961, 1965, 1970, 1971, 1975, 1976, 1979, 1982, 1984, and 2005.

(3) Men’s basketball in 1964, 1965, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1975, and 1995.

(4) Softball in 1982, 1984, 1985, 1988, 1989, 1990, 1992, 1999, 2003, and 2004.

(5) Men’s track and field in 1956, 1966, 1971, 1973, 1978, 1972, 1987, and 1988.

(6) Men’s water polo in 1969, 1971, 1972, 1995, 1996, 1999, 2000, and 2004.

(7) Women’s water polo in 2001, 2003, 2005, 2006, and 2007.

(8) Women’s gymnastics in 1997, 2000, 2001, 2003, and 2004.

(9) Men’s soccer in 1985, 1990, 1997, and 2002.

(10) Women’s track and field in 1982, 1983, and 2004.

(11) Women’s volleyball in 1984, 1990, and 1991.

(12) Women’s indoor track and field in 2000 and 2001.

(13) Women’s golf in 1991 and 2004.

(14) Men’s gymnastics in 1984 and 1987.

(15) Men’s golf in 1988.

(16) Men’s swimming in 1982;

Whereas, under the direction of head coach Al Scates, the Bruins won 19 NCAA team titles in the sport of men’s volleyball between 1970 and 2006, tying the record for the most NCAA titles won by one coach in a single sport;

Whereas, between 1964 and 1975, under the direction of head coach John Robert Wooden, the Bruins won 10 NCAA team titles in the sport of men’s basketball, including an unprecedented seven straight titles between 1967 and 1973;

Whereas, on May 13, 2007, under the direction of head coach Adam Krikorian, the Bruins won their 5th Division I team title in 7 years in the sport of women’s water polo, and