Madison Street as the “Mary Alice (Ma) Henry Post Office Building.” Ma Henry was known as one of the leading activists on the West Side, dedicating her life to serving humanity and building her community. She developed a plan for a primary care clinic at Garfield Hospital and that was dedicated in 1993 as the Mary Alice “Ma” Henry Family Health Center, and it presently serves more than 20,000 patients yearly.

“Ma” Henry died in 1995.

Mr. LaFlore served in the Illinois General Assembly for 11 years and was known as a powerful voice for the disadvantaged and underprivileged. Prior to his death in 1993, Mr. LaFlore left behind legislation to help children and senior citizens. Mrthcoa

Mr. Speaker, this legislation has passed both the subcommittee and the committee levels. I urge all Members to support H.R. 1191, introduced by our distinguished colleague, the gentleman from Illinois (Mr. DAVIS).

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

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

Mr. ROGAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 441) to amend the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(H)(i)) by amending by striking “;” or “)” at the end and inserting the following: “, or (c) who is coming temporarily

The SPEAKER pro tempore. The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill passed.

A motion to reconsider was laid on the table.

Mr. ROGAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 441) to amend the Immigration and Nationality Act with respect to the requirements for the admission of nonimmigrant nurses who will practice in health professional shortage areas.

The Clerk read as follows:

H.R. 441
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 “Nursing Relief for Disadvantaged Areas Act of 1999”.

SEC. 2. REQUIREMENTS FOR ADMISSION OF NON-IMMIGRANT NURSES IN HEALTH PROFESSIONAL SHORTAGE AREAS DURING 4-YEAR PERIOD.

(a) ESTABLISHMENT OF A NEW NON-IMMIGRANT CLASSIFICATION FOR NON-IMMIGRANT NURSES IN HEALTH PROFESSIONAL SHORTAGE AREAS.—Section 101(a)(15)(H)(i) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(15)(H)(i)) is amended by striking “;” or “)” at the end and inserting the following: “, or (c) who is coming temporarily

Chairwoman of the Congressional Black Caucus.

Mr. DAVIS. Mr. Speaker, I am proud to join my colleagues in the Illinois delegation who share this sentiment.

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

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. DAVIS) that the House suspend the rules and pass the bill (H.R. 441).

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

[For text see H.R. 441]
to the United States to perform services as a registered nurse under the conditions described in section 212(m)(1), and with respect to whom the Secretary of Labor determines and certifies to the Attorney General that an unexpired attestation under section 101(a)(15)(H)(i)(c) for the facility (as defined in section 212(m)(6)) for which the alien will perform the services; or

(b) REQUIREMENTS.—Section 212(m) of the Immigration and Nationality Act (8 U.S.C. 1182(m)) is amended to read as follows:

"(ii) The employment of the alien will not
begin 90 days before and ending 90 days
after the date of filing of any visa petition,
"(iii) The alien employed by the facility shall not be
employed (in accordance with clause (ii)); and
"(iv) The facility has taken and is taking
timely and significant steps designed to re-
attest the alien from one worksite to another.

Nothing in clause (iv) shall be construed as requiring a facility to have taken significant steps before the date of the enactment of the Nursing Relief for Disadvantaged Areas Act of 1999. A copy of the attestation shall be provided, within 30 days of the date of filing, to registered nurses employed at the facility on the date of filing.

"(c) Subject to subparagraph (E), an attes-
"(i) shall expire on the date that is the
later of—
"(ii) the end of the period of admission
under section 101(a)(15)(H)(i)(c) of the last
alien with respect to whose admission it
was applied (in accordance with clause (i)); and
"(iii) under such process, the Secretary
determines that such a basis exists.

"(ii) shall apply to petitions filed during the
one-year period beginning on the date of its
filing with the Secretary of Labor if the
county in which the alien was employed on
the date of filing has a full and unrestricted license to practice professional nursing in the United States.

"(9) The Secretary shall not approve petitions
under this paragraph if an unexpired attestation
is on file to perform services at any worksite other than a worksite controlled by the facility;

"(iv) at any time, to operate a training program for registered nurses at the facility or financing (or providing participation in) a training pro-
gram for registered nurses elsewhere.

"(iv) The facility has taken and is taking
steps designed to re-
attest the alien from one worksite to another.

Nothing in clause (iv) shall be construed as requiring a facility to have taken significant steps before the date of the enactment of the Nursing Relief for Disadvantaged Areas Act of 1999. A copy of the attestation shall be provided, within 30 days of the date of filing, to registered nurses employed at the facility on the date of filing.

"(b) For purposes of subparagraph (A)( iv), each of the following shall be considered a significant step reasonably designed to recruit and retain registered nurses:

"(A) the alien from one worksite to another.

Nothing in this subparagraph shall be construed to be an exclusive list of the significant steps that may be taken to meet the conditions of subparagraph (A)(iv).

"(C) Subject to subparagraph (E), an attes-
tation under subparagraph (A) shall not be con-
"(i) Operating a training program for reg-
istered nurses at the facility or financing (or
providing participation in) a training pro-
gress or program for registered nurses elsewhere.

Nothing in this subparagraph shall be construed to be an exclusive list of the significant steps that may be taken to meet the conditions of subparagraph (A)(iv).

"(ii) The facility will not, at any time, employ aliens issued visas or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(c) that exceeds

33 percent of the total number of registered
registered nurses employed at the fac-
ility or, where there is no such bargaining representative, notice of the filing is provided to the registered
registered nurses employed at the facility through posting in conspicuous locations.

"(vii) The facility will not, at any time, employ aliens issued visas or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(c) that exceeds

33 percent of the total number of registered
registered nurses employed at the fac-
ility or, where there is no such bargaining representative, notice of the filing is provided to the registered
registered nurses employed at the facility through posting in conspicuous locations.

"(viii) The facility will not, with respect to any alien issued a visa or otherwise provided nonimmigrant status under section 101(a)(15)(H)(i)(c),
attest to the alien from one worksite to another.

Nothing in clause (iv) shall be construed as requiring a facility to have taken significant steps before the date of the enactment of the Nursing Relief for Disadvantaged Areas Act of 1999. A copy of the attestation shall be provided, within 30 days of the date of filing, to registered nurses employed at the facility on the date of filing.

"(9) The Secretary shall not approve petitions
under this paragraph if an unexpired attestation
is on file to perform services at any worksite other than a worksite controlled by the facility;

"(iv) at any time, to operate a training program for registered nurses at the facility or financing (or providing participation in) a training pro-
program for registered nurses elsewhere.

Nothing in this subparagraph shall be construed to be an exclusive list of the significant steps that may be taken to meet the conditions of subparagraph (A)(iv).

"(iv) The facility has taken and is taking
steps designed to re-
attest the alien from one worksite to another.

Nothing in clause (iv) shall be construed as requiring a facility to have taken significant steps before the date of the enactment of the Nursing Relief for Disadvantaged Areas Act of 1999. A copy of the attestation shall be provided, within 30 days of the date of filing, to registered nurses employed at the facility on the date of filing.
(B) For States with populations of 9,000,000 or more, based upon the 1990 decennial census of population, 50 visas.

(C) If the total number of visas available under this paragraph for a fiscal year quarter exceeds the number of qualified non-immigrants who may be issued such visas during those quarters, the visas made available under this paragraph shall be issued with the same numerical limitation as that set forth under subparagraph (A) or (B) of this paragraph during the last fiscal year quarter.

(5) A facility that has filed a petition under paragraph (3)(B) may, in any case, identify the nonimmigrant to perform nursing services for the facility.

(A) shall provide the nonimmigrant a wage rate and working conditions commensurate with those of nurses similarly employed by the facility;

and

(C) shall not interfere with the right of the nonimmigrant to join or organize a union.

(6) For purposes of this subsection and section 101(a)(15)(H)(1)(c), the term ‘facility’ means a subsection (d) hospital (as defined in section 1886(d)(1)(B) of the Social Security Act (42 U.S.C. 1395d(1)(B))) that meets the following requirements:

(A) As of March 31, 1997, the hospital was located in a health professional shortage area (as defined in section 322 of the Public Health Service Act (42 U.S.C. 234e)).

(B) Based on its settled cost report filed under title XVIII of the Social Security Act for its cost reporting period beginning during fiscal year 1994—

(i) the hospital has not less than 190 licensed acute care beds;

(ii) the number of the hospital’s inpatient days for such period which were made up of patients who (for such days) were entitled to medical assistance under a State plan approved under title XIX of the Social Security Act is not less than 28 percent of the total number of such hospital’s acute care inpatient days for such period; and

(iii) the number of the hospital’s inpatient days for such period which were made up of patients who (for such days) were eligible for medical assistance under a State plan approved under section 1902 of the Social Security Act, is not less than 28 percent of the total number of such hospital’s acute care inpatient days for such period.

(7) For purposes of paragraph (2)(A)(v), the term ‘lay off’, with respect to a worker—

(A) means to cause the worker’s loss of employment, other than through a discharge for inadequate performance, violation of workplace rules, cause, voluntary departure, voluntary retirement, or the expiration of a grant or contract; but

(B) does not include any situation in which the worker is offered, as an alternative to such loss of employment, a similar employment opportunity with the same employer at equivalent or higher compensation and benefits than the position from which the employee was discharged, regardless of whether or not the employee accepts the offer.

Nothing in this paragraph is intended to limit an employee’s or an employer’s rights under a collective bargaining agreement or other employment contract.

(c) Limiting application of nonimmigrant changes to 4-year period—The amendments made by this section shall apply to classification petitions filed for non-immigrant status only during the 4-year period beginning on the date that interim or final regulations are first promulgated under subsection (d).

SEC. 3. RECOMMENDATIONS FOR ALTERNATIVE REMEDY FOR NURSING SHORTAGE.

Not later than the last day of the 4-year period described in section 2(e), the Secretary of Health and Human Services and the Attorney General shall jointly submit to the Congress recommendations (including legislative specifications) with respect to the following:

(1) A program to eliminate the dependence on foreign nationals (as defined in section 101(a)(15)(H)(1)(c) of the Immigration and Nationality Act (as amended by section 2(b)) on nonimmigrant registered nurses by providing for a permanent solution of the shortage of registered nurses who are United States citizens or aliens lawfully admitted for permanent residence.

(2) A method of enforcing the requirements imposed on facilities under sections 101(a)(15)(H)(1)(c) and 212(m) of the Immigration and Nationality Act (as amended by section 2(c)) that would be more effective than the process described in section 212(m)(2)(E) of such Act (as so amended).

SEC. 4. CERTIFICATION FOR CERTAIN ALIEN NURSES.

(a) IN GENERAL.—

(1) Section 212 of the Immigration and Nationality Act (8 U.S.C. 1102) is amended by adding at the end the following new subsection:

‘‘(5)(C) which was in operation on or before the date of enactment of the Nursing Relief for Disadvantaged Areas Act of 1999; or

(ii) has been approved by unanimous agreement of such commission and any equivalent credentialing organizations which have been approved under subsection (a)(5)(C) for the certification of nurses under this subsection; and

(iii) designated by such commission not later than 3 years after the date of enactment of the Nursing Relief for Disadvantaged Areas Act of 1999, based on such commission’s assessment of the quality of nurses in that particular field of nursing education in that country, and the English language proficiency of those who complete such programs in that country, justify the country’s designation; or

(iv) designated by such commission not later than 5 years after the date of enactment of the Nursing Relief for Disadvantaged Areas Act of 1999, based on such commission’s assessment of the quality of nurses in that particular field of nursing education in that country, and the English language proficiency of those who complete such programs in that country, justify the country’s designation; and

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date of the enactment of this Act, without regard to whether or not final regulations to carry out such amendments have been promulgated by such date.

(c) ISSUANCE OF CERTIFIED STATEMENTS.—The Commission on Graduates of Foreign Nursing Schools, or any approved equivalent independent credentialing organization, shall issue certified statements pursuant to this section not later than 30 days after the receipt of a complete application for such a statement.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. Rogan) and the gentleman from Guam (Mr. Underwood) each will control 20 minutes.

The Chair recognizes the gentleman from California (Mr. Rogan).

Mr. Rogan. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 441.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California? There was no objection.

Mr. Rogan. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, because of a shortage of nurses in the late 1980’s, Congress passed the Immigration Nursing Relief Act of 1989. That act created for a period of 5 years the H–1A temporary visa program for registered nurses. When the H–1A program sunset, the House of Representatives decided against extending it.

There does not appear to be a national nursing shortage today, so there is no need to revise the H–1A program. However, a number of hospitals with unique circumstances are still experiencing great difficulty in attracting American nurses. Hospitals serving medically or economically disadvantaged Areas have special difficulties. So do certain hospitals in rural areas.

H.R. 441, the Nursing Relief for Disadvantaged Areas Act of 1999, introduced by the gentleman from Illinois (Mr. Rush), has been drafted very narrowly to help precisely these kind of hospitals. It will create a new temporary registered nurse visa program designated H–1C that would provide up
The legislation being considered today is nearly identical to the legislation the House approved last Congress. It would allow up to 500 fully qualified foreign nurses to enter the United States each year to work for 3-year periods at hospitals that have not been able to hire enough nurses from the American workforce.

Since there are facing a temporary shortage of workers, the legislation sunsets in 4 years. The bill also provides for a determination to be made on whether the hospitals are taking reasonable steps to recruit and retain registered nurses from the American workforce.

The legislation also includes a provision creating an abbreviated certification process for foreign nurses with experience and education standards. This change is needed to eliminate unnecessary and inappropriate steps in the certification process for ensuring the qualifications of these nurses to work in the United States.

I am a proud cosponsor of this bill, and I would certainly like to congratulate the work of the gentleman from Illinois (Mr. Rush), the gentleman from Illinois (Mr. Hyde), the gentlewoman from Michigan (Ms. Conyers), and, of course, the gentlewoman from Texas (Ms. Jackson-Lee) on H.R. 441.

On a note relating to Guam, unfortunately, does not qualify because the American hospitals to meet their staffing needs with nurses from the American workforce instead of continuing to rely on foreign labor.

Finally, the legislation also includes a provision creating an abbreviated certification process for foreign nurses with experience and education standards. This change is needed to eliminate unnecessary and inappropriate steps in the certification process for ensuring the qualifications of these nurses to work in the United States.

I yield such time as she may consume to the gentlewoman from Texas (Ms. Jackson-Lee).

Ms. Jackson-Lee of Texas, Mr. Speaker, I thank the distinguished gentleman from Guam, one, for his cosponsorship and leadership, and certainly appreciate his effort on behalf with respect to managing the time on this legislation.

The distinguished gentleman from California (Mr. Rogan) and, of course, the distinguished gentleman from Texas (Mr. Smith), the chairman of this committee, and myself are delighted to bring H.R. 441 to the floor of the House. We want to congratulate and applaud the gentleman from Illinois (Mr. RUSH), who had the insight and leadership to bring this legislation forward.

I would like to take the time, Mr. Speaker, to read into the record the words and comments of the American Nurses Association, and will subsequently have this letter submitted into the RECORD.
They have worked with us during this process to ensure that the process would be limited and, I believe, with the leadership of the gentleman from Illinois (Mr. Rush) and the gentleman from Texas (Chairman Smith), that we have come to a point where all of us can agree on this legislation.

The Registered Nurse Temporary Visa Program was created by the Immigration Nursing Relief Act of 1989 and expired in 1997. The Immigration Nursing Relief Act was enacted in response to a nationwide shortage of nurses sufficient to disrupt the delivery of services to patients in some of our health care institutions and to potentially place patients in jeopardy.

The program allowed health care institutions who attested there would be a substantial disruption in the provision of health care services without the help of the alien nurses to essentially sponsor such a nurse.

Nurses admitted under the program were permitted to stay in the United States for an initial period of 3 years, but that period was subject to a possible extension up to a total of 5 years. The New York City, Chicago, Houston, Los Angeles and Miami areas accounted for two-thirds of all petitions filed because of the enormous need in these communities.

I support H.R. 441 because it creates a new registered nurse temporary visa program that would sunset after 5 years in collaboration with the insight provided for us by the American Nurses Association. It would limit the number of visas that can be issued to 50 a year and hospitals would be able to petition for an alien nurse to those in need.

H.R. 441 would serve to decrease the nursing shortage in the United States and set up a new H–1C visa program.

I would also like to note, as I indicated earlier, that the American Nurses Association has offered themselves to work and collaborate with us on stabilizing the nursing profession. There is no greater asset to our hospital and health profession industry, if you will, or the nurturing of Americans that does not include our nursing professionals, whether it is in home care, whether it is in our community clinics, or whether it is in our hospitals. They are an important aspect of our medical system in this Nation.

So I am delighted that they are not opposing this legislation.

I also want to close, simply, Mr. Speaker, by acknowledging again the gentleman from Illinois (Mr. Rush) who has worked on this legislation for now two sessions, and we are delighted that we are able to bring it to the floor of the House.

I know that the gentleman from Illinois (Mr. Rush) was en route, but all of us has found ourselves struggling with the air traffic today. I know that he will want to submit his statement into the RECORD. I want to congratulate him.

Mr. UNDERWOOD. Mr. Speaker, I certainly would like to again reiterate our congratulations to the gentleman from Illinois (Mr. Rush) for his diligence in this, and I thank the majority for their cooperation.

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

Mr. RUSH. Mr. Speaker, I rise today to encourage my colleagues to vote for H.R. 441, the Nursing Relief for Disadvantaged Areas Act of 1999.

Today, there are some areas in this country which experience a scarcity of health professionals, even though numbers indicate that no nursing shortage exists nationally. Such an area exists in my district, the First Congressional District of Illinois. The Englewood community, a poor, urban neighborhood with a high incidence of crime, is primarily served by St. Bernard's Hospital. This small community hospital's emergency room averages approximately 31,000 visits per year; 50% of whose patients are Medicaid recipients and 35% receive Medicare.

The Immigration Nursing Relief Act of 1989 created the H–1A visa program in order to allow foreign educated nurses to work in the United States. It is estimated that the H–1A program, as acknowledged by the AFL–CIO, the American Nurses Association and others, was to address spot shortage areas. St. Bernard's Hospital utilized the H–1A program to maintain an adequate nursing staff level. The H–1A program was vital to St. Bernard's continued existence. Prior to this program, St. Bernard hired temporary nurses. As a result, the hospital's nursing expenditures increased by approximately $2 million in an effort to provide health care to its patients. This additional cost brought St. Bernard's close to closeness. The H–1A visa program expired on September 30 1997. Currently, no program exists that would assist hospitals such as St. Bernards in their effort to retain qualified nurses.

My legislation merely seeks to close the gap created by the expiration of the H–1A program. H.R. 441, the Nursing Relief for Disadvantaged Areas Act of 1999, prescribes that any hospital which seeks to hire foreign nurses under these provisions must meet the following criteria: (1) be located in a Health Professional Shortage Area; (2) have at least 190 acute care beds; (3) have a Medicare population of 35%; and (4) have a Medicaid population of at least 28%.

As some who has always fought for the American worker, I can assure you, that this proposal does not have a detrimental effect on American nurses. My legislation sets a cap on the number of new visas that may be issued annually and limits of 50 or 25 (depending on a state's population) on the numbers of nurses who can receive visas each year for employment by hospitals in any one state. The legislation includes an exception from per state limits to facilitate the potential use of otherwise unused visas—as long as the annual nationwide ceiling is not breached.

This narrowly focused program for nurses, which will sunset after a four period, addresses urgent needs that cannot be met in any other way. The House bill was introduced by our colleague from Illinois, Mr. Rush, with my cosponsorship—and its Senate counterpart was introduced by Senator Durbin with Senator Hatchison's cosponsorship.

I became involved in this effort to enact remedial legislation when Saint Bernard Hospital, located in the Englewood Community in Chicago, brought its precarious situation with regard to nursing shortages to my attention during the last Congress. Because I knew the continued functioning of Saint Bernard Hospital would be so essential to the residents of the Englewood Community, I decided to endorse an appropriately limited legislative remedy.

H.R. 441, like the bill that passed the House last year, clearly merits bipartisan congressional support. It provides relief to particularly vulnerable hospitals and incorporates many safeguards designed to protect American jobs. I commend the gentleman from Texas [Lamar Smith], Chairman of the Subcommittee on Immigration and Claims, and the gentleman form Michigan [John Conyers], Ranking Minority Member of our full committee, for their important contribution to this carefully crafted legislation. Because the language of the bill in its current form reflects a consensus among House and Senate members of both parties, I am hopeful that it can be enacted.
into law expeditiously. I urge my colleagues to support it.

Mr. CONyers. Mr. Speaker, I rise in support of this legislation, introduced by Mr. Rush, which addresses a pressing need for nurses at low income, inter-city hospitals.

When similar legislation was proposed last Congress, I expressed my concerns that it did not include adequate safeguards to protect American workers. Fortunately, the legislation was amended to specify that the relief was only temporary and to ensure that the US would move firmly in the direction of developing a more permanent solution to this problem that will utilize nurses from the American work force instead of continuing to rely on foreign labor. I supported the revised bill which passed the committee and the House last year, before we ran out of time in the Senate.

The legislation being considered today is nearly identical to the legislation the House approved last Congress. It would allow up to 500 fully qualified foreign nurses to enter the United States each year to work for three-year periods at hospitals that have not been able to hire enough nurses from the American work force. Since we are facing a temporary shortage of workers, the legislation sunsets in four years.

The bill also provides for a determination to be made on whether the hospitals are taking reasonable steps to recruit and retain nurses from the American work force. In addition, the Department of Labor and the Department of Health and Human Services would be required to conduct a study to establish ways for these hospitals to meet their nursing needs with nurses from the American work force instead of continuing to rely on foreign labor.

Finally, the legislation also includes a provision creating an abbreviated certification process for foreign nurses who meet specified qualification standards. This change is needed to eliminate unnecessary and inappropriate steps in the certification process for ensuring the qualifications of these nurses to work in the United States.

Mr. ROGAN. Mr. Speaker, I thank my colleagues for their comments.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. PEASE). The question is on the motion to proceed laid before the House the following message from the President of the United States (H. Doc. No. 106-88):

EDUCATIONAL EXCELLENCE FOR ALL CHILDREN ACT OF 1999—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 106-88)

The SPEAKER pro tempore laid before the House the following message from the President whereby he transmitted for your immediate consideration the "Educational Excellence for All Children Act of 1999," my Administration's proposal for reauthorization of the Elementary and Secondary Education Act of 1965 (ESEA) and other elementary and secondary education programs.

My proposal builds on the positive trends achieved under current law. The "Improving America's Schools Act of 1994," which reauthorized the ESEA 5 years ago, and the "Goals 2000: Educate America Act" gave States and school districts a framework for integrating Federal resources in support of State and local reforms based on high academic standards. In response, 48 States, the District of Columbia, and Puerto Rico have adopted State-level standards. Recent results of the National Assessment of Educational Progress (NAEP) show improved performance for the economically disadvantaged and other at-risk students who are the primary focus of ESEA programs. NAEP reading scores for 9-year-olds in high-poverty schools have improved significantly since 1992, while mathematics achievement has also increased nationally. Students in high-poverty schools and the lowest-performing students—the specific target populations for the ESEA Title I program—have registered gains in both reading and math achievement.

I am encouraged by these positive trends, but educational results for many children remain far below what they should be. My proposal to reauthorize the ESEA is based on four themes reflecting lessons from research and the experience of implementing the 1994 Act.

First, we would continue to focus on high academic standards for all children. The underlying purpose of every program within the ESEA is to help all children reach challenging State and local academic standards. States have largely completed the first stage of standards-based reform by developing content standards for all children. My bill would support the next stage of reform by helping States, school districts, schools, and teachers use these standards to guide classroom instruction and assessment.

My proposal for reauthorizing Title I, for example, would require States to hold school districts and schools accountable for student performance against State standards, including helping the lowest-performing students continually to improve. The bill also would continue to support elementary and secondary education resources on those students furthest from meeting State and local standards, with a particular emphasis on narrowing the gap in achievement between disadvantaged students and their more affluent peers. In this regard, my proposal would phase in equal treatment of Puerto Rico in ESEA funding formulas, so that poor children in Puerto Rico are treated similarly to those in the rest of the country for the purpose of formula allocations.

Second, my proposal responds to research showing that while qualified teachers are critical to improving student achievement, far too many teachers are not prepared to teach to high standards. Teacher quality is a particular problem in high-poverty schools, and the problem is often exacerbated by the use of paraprofessionals in instructional roles.

My bill addresses teacher quality by holding States accountable for stronger enforcement of their own certification and licensure requirements, while at the same time providing substantial support for State and local professional development efforts. The Teaching to High Standards initiative in Title II would help move challenging educational standards into every classroom by providing teachers with sustained and intensive high-quality professional development in core academic subjects, supporting new teachers during their first 3 years in the classroom, and ensuring that all teachers are proficient in relevant content knowledge and teaching skills.

The Technology for Education Initiative under Title III would expand the availability of educational technology as a tool to help teachers implement high standards in the classroom, particularly in high-poverty schools. My bill also would extend, over the next 7 years, the Class-Size Reduction initiative, which aims to reduce class sizes...