

subjected to this practice; and we will not stop fighting for their right to dignity and respect.

Madam Speaker, I urge my colleagues to join me in supporting H. Res. 106, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. CASTRO) that the House suspend the rules and agree to the resolution, H. Res. 106.

The question was taken.

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

Mr. CASTRO of Texas. Madam 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, further proceedings on this motion will be postponed.

STRONGER CHILD ABUSE PREVENTION AND TREATMENT ACT

Ms. SCHRIER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2480) to reauthorize the Child Abuse Prevention and Treatment Act, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2480

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 “Stronger Child Abuse Prevention and Treatment Act”.

SEC. 2. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—GENERAL PROGRAM

Sec. 101. Repeal of findings.

Sec. 102. Repeal of Advisory Board on Child Abuse and Neglect.

Sec. 103. National clearinghouse for information relating to child abuse.

Sec. 104. Research and assistance activities.

Sec. 105. Grants to States, Indian Tribes or tribal organizations, and public or private agencies and organizations.

Sec. 106. Grants to States for child abuse or neglect prevention and treatment programs.

Sec. 107. Miscellaneous requirements.

Sec. 108. Reports.

Sec. 109. Authorization of appropriations.

Sec. 110. Monitoring and oversight.

Sec. 111. Electronic interstate data exchange system.

Sec. 112. Technical and conforming amendments.

TITLE II—COMMUNITY-BASED GRANTS FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

Sec. 201. Purpose and authority.

Sec. 202. Eligibility.

Sec. 203. Amount of grant.

Sec. 204. Application.

Sec. 205. Local program requirements.

Sec. 206. Performance measures.

Sec. 207. National network for community-based family resource programs.

Sec. 208. Definitions.

Sec. 209. Rule of construction.

Sec. 210. Authorization of appropriations.

Sec. 211. Study and report.

TITLE III—ADOPTION OPPORTUNITIES

Sec. 301. Purpose.

Sec. 302. Report and guidance on unregulated custody transfers.

Sec. 303. Information and services.

Sec. 304. Study and report on successful adoptions.

Sec. 305. Authorization of appropriations.

TITLE IV—AMENDMENTS TO OTHER LAWS

Sec. 401. Technical and conforming amendments to other laws.

TITLE I—GENERAL PROGRAM

SEC. 101. REPEAL OF FINDINGS.

Section 2 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note) is repealed.

SEC. 102. REPEAL OF ADVISORY BOARD ON CHILD ABUSE AND NEGLECT.

Section 102 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5102) is repealed.

SEC. 103. NATIONAL CLEARINGHOUSE FOR INFORMATION RELATING TO CHILD ABUSE.

Section 103 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5104) is amended—

(1) in subsection (b)(1), by inserting “early learning programs and” after “including”;

(2) in subsection (c)(1)(C)—

(A) in clause (iii), by striking “and” at the end;

(B) in clause (iv), by adding “and” at the end; and

(C) by adding at the end the following:

“(v) the number of child fatalities and near fatalities due to maltreatment, as reported by States in accordance with the uniform standards established pursuant to subsection (d), and any other relevant information related to such fatalities;”; and

(3) by adding at the end the following:

“(d) UNIFORM STANDARDS FOR TRACKING AND REPORTING OF CHILD FATALITIES RESULTING FROM MALTREATMENT.—

“(1) REGULATIONS REQUIRED.—Not later than 24 months after the date of the enactment of the Stronger Child Abuse Prevention and Treatment Act, the Secretary shall develop and issue final regulations establishing uniform standards for the tracking and reporting of child fatalities and near-fatalities resulting from maltreatment. As a condition on eligibility for receipt of funds under section 106, the standards established under this paragraph shall be used by States for the tracking and reporting of such fatalities under subsection (d) of such section.

“(2) MAINTENANCE OF STATE LAW.—Notwithstanding the uniform standards developed under paragraph (1), a State that defines or describes such fatalities for any purpose other than tracking and reporting under this subsection may continue to use that definition or description for such purpose.

“(3) NEGOTIATED RULEMAKING.—In developing regulations under paragraph (1), the Secretary shall submit such regulations to a negotiated rulemaking process, which shall include the participants described in paragraph (4).

“(4) PARTICIPANTS DESCRIBED.—The participants described in this paragraph are—

“(A) State and county officials responsible for administering the State plans under this Act and parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq., 670 et seq.);

“(B) child welfare professionals with field experience;

“(C) child welfare researchers;

“(D) domestic violence researchers;

“(E) domestic violence professionals;

“(F) child development professionals;

“(G) mental health professionals;

“(H) pediatric emergency medicine physicians;

“(I) child abuse pediatricians, as certified by the American Board of Pediatrics, who specialize in treating victims of child abuse;

“(J) forensic pathologists;

“(K) public health administrators;

“(L) public health researchers;

“(M) law enforcement;

“(N) family court judges;

“(O) prosecutors;

“(P) medical examiners and coroners;

“(Q) a representative from the National Center for Fatality Review and Prevention; and

“(R) such other individuals and entities as the Secretary determines to be appropriate.”.

SEC. 104. RESEARCH AND ASSISTANCE ACTIVITIES.

Section 104 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5105) is amended—

(1) in subsection (a)—

(A) by amending paragraph (1) to read as follows:

“(1) TOPICS.—The Secretary shall, in consultation with other Federal agencies and recognized experts in the field, carry out a continuing interdisciplinary program of research, including longitudinal research, that is designed to provide information needed to improve primary prevention of child abuse and neglect, better protect children from child abuse or neglect, and improve the well-being of victims of child abuse or neglect, with at least a portion of such research being field initiated. Such research program may focus on—

“(A) disseminating evidence-based treatment directed to individuals and families experiencing trauma due to child abuse and neglect, including efforts to improve the scalability of the treatments and programs being researched;

“(B) developing a set of evidence-based approaches to support child and family well-being and developing ways to identify, relieve, and mitigate stressors affecting families in rural, urban, and suburban communities;

“(C) establishing methods to promote racial equity in the child welfare system, including a focus on how neglect is defined, how services are provided, and the unique impact on Native American, Alaska Native, and Native Hawaiian communities;

“(D) improving service delivery or outcomes for child welfare service agencies engaged with families experiencing domestic violence, substance use disorder, or other complex needs;

“(E) the extent to which the number of unsubstantiated, unfounded, and false reported cases of child abuse or neglect have contributed to the inability of a State to respond effectively to serious cases of child abuse or neglect;

“(F) the extent to which the lack of adequate resources and the lack of adequate professional development of individuals required by law to report suspected cases of child abuse and neglect have contributed to the inability of a State to respond effectively to serious cases of child abuse and neglect;

“(G) the extent to which unsubstantiated reports return as more serious cases of child abuse or neglect;

“(H) the incidence and outcomes of child abuse and neglect allegations reported within the context of divorce, custody, or other

family court proceedings, and the interaction between family courts and the child protective services system;

“(I) the information on the national incidence of child abuse and neglect specified in clauses (i) through (xi) of subparagraph (J); and

“(J) the national incidence of child abuse and neglect, including—

“(i) the extent to which incidents of child abuse and neglect are increasing or decreasing in number and severity;

“(ii) the incidence of substantiated and unsubstantiated reported child abuse and neglect cases;

“(iii) the number of substantiated cases that result in a judicial finding of child abuse or neglect or related criminal court convictions;

“(iv) the extent to which the number of unsubstantiated, unfounded and false reported cases of child abuse or neglect have contributed to the inability of a State to respond effectively to serious cases of child abuse or neglect;

“(v) the extent to which the lack of adequate resources and the lack of adequate education of individuals required by law to report suspected cases of child abuse and neglect have contributed to the inability of a State to respond effectively to serious cases of child abuse and neglect;

“(vi) the number of unsubstantiated, false, or unfounded reports that have resulted in a child being placed in substitute care, and the duration of such placement;

“(vii) the extent to which unsubstantiated reports return as more serious cases of child abuse or neglect;

“(viii) the incidence and prevalence of physical, sexual, and emotional abuse and physical and emotional neglect in substitute care;

“(ix) the incidence and prevalence of child maltreatment by a wide array of demographic characteristics such as age, sex, race, family structure, household relationship (including the living arrangement of the resident parent and family size), school enrollment and education attainment, disability, grandparents as caregivers, labor force status, work status in previous year, and income in previous year;

“(x) the extent to which reports of suspected or known instances of child abuse or neglect involving a potential combination of jurisdictions, such as intrastate, interstate, Federal-State, and State-Tribal, are being screened out solely on the basis of the cross-jurisdictional complications; and

“(xi) the incidence and outcomes of child abuse and neglect allegations reported within the context of divorce, custody, or other family court proceedings, and the interaction between family courts and the child protective services system.”;

(B) in paragraph (2), by striking “paragraph (1)(O)” and inserting “paragraph (1)(J)”;

(C) by amending paragraph (3) to read as follows:

“(3) REPORTING REQUIREMENTS.—

“(A) IN GENERAL.—Not later than 4 years after the date of the enactment of the Stronger Child Abuse Prevention and Treatment Act, the Secretary shall prepare and submit to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate a report that contains the results of the research conducted under paragraph (2).

“(B) NATIONAL INCIDENCE.—The Secretary shall ensure that research conducted, and data collected, under paragraph (1)(J) are reported in a way that will allow longitudinal comparisons as well as comparisons to the

national incidence studies conducted under this title.”; and

(D) by striking the second paragraph (4);

(2) in subsection (b), by amending paragraph (2) to read as follows:

“(2) AREAS OF EMPHASIS.—Such technical assistance—

“(A) shall focus on—

“(i) implementing strategies that can leverage existing community-based and State funded resources to prevent child abuse and neglect and providing education for individuals involved in prevention activities;

“(ii) reducing racial bias in child welfare systems, including how such systems interact with health, law enforcement, and education systems;

“(iii) promoting best practices for families experiencing domestic violence, substance use disorder, or other complex needs; and

“(iv) providing professional development and other technical assistance to child welfare agencies to improve the understanding of and to help address the effects of trauma and adverse childhood experiences in parents and children in contact with the child welfare system; and

“(B) may include the identification of—

“(i) various methods and procedures for the investigation, assessment, and prosecution of child physical and sexual abuse cases;

“(ii) ways to mitigate psychological trauma to the child victim;

“(iii) effective programs carried out by the States under titles I and II; and

“(iv) effective approaches being utilized to link child protective service agencies with health care, mental health care, and developmental services and early intervention to improve forensic diagnosis and health evaluations, and barriers and shortages to such linkages.”;

(3) in subsection (c), by striking paragraph (3); and

(4) by striking subsection (e).

SEC. 105. GRANTS TO STATES, INDIAN TRIBES OR TRIBAL ORGANIZATIONS, AND PUBLIC OR PRIVATE AGENCIES AND ORGANIZATIONS.

Section 105 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106) is amended—

(1) in subsection (a)—

(A) by redesignating paragraph (7) as paragraph (11);

(B) by striking paragraphs (1) through (6) and inserting the following:

“(1) PREVENTION SERVICES.—The Secretary may award grants under this subsection to entities to establish or expand prevention services that reduce incidences of child maltreatment and strengthen families.

“(2) TRAUMATIC STRESS.—The Secretary may award grants under this subsection to entities to address instances of traumatic stress in families due to child abuse and neglect, especially for families with complex needs or families that exhibit high levels of adverse childhood experiences.

“(3) PROMOTING A HIGH-QUALITY WORKFORCE.—The Secretary may award grants under this subsection to entities to carry out programs or strategies that promote a high-quality workforce in the child welfare system through—

“(A) improvements to recruitment, support, or retention efforts; or

“(B) education for professionals and paraprofessionals in the prevention, identification, and treatment of child abuse and neglect.

“(4) IMPROVING COORDINATION.—The Secretary may award grants under this subsection to entities to carry out activities to improve intrastate coordination within the child welfare system. Such activities may include—

“(A) aligning information technology systems;

“(B) improving information sharing regarding child and family referrals; or

“(C) creating collaborative voluntary partnerships among public and private agencies, the State’s child protective services, local social service agencies, community-based family support programs, State and local legal agencies, developmental disability agencies, substance use disorder treatment providers, health care providers and agencies, domestic violence prevention programs, mental health services, schools and early learning providers, religious entities, and other community-based programs.

“(5) PRIMARY PREVENTION.—The Secretary may award grants under this subsection to entities to carry out or expand primary prevention programs or strategies that address family or community protective factors.

“(6) NEGLECT DUE TO ECONOMIC INSECURITY.—The Secretary may award grants under this subsection to entities to carry out programs or strategies that reduce findings of child neglect due in full or in part to family economic insecurity.

“(7) EDUCATION OF MANDATORY REPORTERS.—The Secretary may award grants under this subsection to entities for projects that involve research-based strategies for innovative education of mandated child abuse and neglect reporters, and for victims to understand mandatory reporting.

“(8) SENTINEL INJURIES.—The Secretary may award grants under this subsection to entities to identify and test effective practices to improve early detection and management of injuries indicative of potential abuse in infants to prevent future cases of child abuse and related fatalities.

“(9) INNOVATIVE PARTNERSHIPS.—The Secretary may award grants under this subsection to entities to carry out innovative programs or strategies to coordinate the delivery of services to help reduce child abuse and neglect via partnerships among health, mental health, education (including early learning and care programs as appropriate), and child welfare agencies and providers.

“(10) REDUCING CHILD ABUSE AND NEGLECT DUE TO THE SUBSTANCE USE DISORDER OF A PARENT OR CAREGIVER.—The Secretary may award grants under this subsection to entities to carry out activities to reduce child abuse and neglect due to the substance use disorder of a parent or caregiver.”; and

(C) by adding at the end the following:

“(12) NATIONAL CHILD ABUSE HOTLINE.—

“(A) IN GENERAL.—The Secretary may award a grant under this subsection to a nonprofit entity to provide for the ongoing operation of a 24-hour, national, toll-free telephone hotline to provide information and assistance to youth victims of child abuse or neglect, parents, caregivers, mandated reporters, and other concerned community members, including through alternative modalities for communications (such as texting or chat services) with such victims and other information seekers.

“(B) PRIORITY.—In awarding grants described in this paragraph, the Secretary shall give priority to applicants with experience in operating a hotline that provides assistance to victims of child abuse, parents, caregivers, and mandated reporters.

“(C) APPLICATION.—To be eligible to receive a grant described in this paragraph, a nonprofit entity shall submit an application to the Secretary that shall—

“(i) contain such assurances and information, be in such form, and be submitted in such manner, as the Secretary shall prescribe;

“(ii) include a complete description of the entity’s plan for the operation of a national

child abuse hotline, including descriptions of—

“(I) the professional development program for hotline personnel, including technology professional development to ensure that all persons affiliated with the hotline are able to effectively operate any technological systems used by the hotline;

“(II) the qualifications for hotline personnel;

“(III) the methods for the creation, maintenance, and updating of a comprehensive list of prevention and treatment service providers;

“(IV) a plan for publicizing the availability of the hotline throughout the United States;

“(V) a plan for providing service to non-English speaking callers, including service through hotline personnel who have non-English language capability;

“(VI) a plan for facilitating access to the hotline and alternative modality services by persons with hearing impairments and disabilities;

“(VII) a plan for providing crisis counseling, general assistance, and referrals to youth victims of child abuse; and

“(VIII) a plan to offer alternative services to calling, such as texting or live chat;

“(iii) demonstrate that the entity has the capacity and the expertise to maintain a child abuse hotline and a comprehensive list of service providers;

“(iv) demonstrate the ability to provide information and referrals for contacts, directly connect contacts to service providers, and employ crisis interventions;

“(v) demonstrate that the entity has a commitment to providing services to individuals in need; and

“(vi) demonstrate that the entity complies with State privacy laws and has established quality assurance practices.”; and

(2) by striking subsections (b) and (c) and inserting the following:

“(b) **GOALS AND PERFORMANCE.**—The Secretary shall ensure that each entity receiving a grant under this section—

“(1) establishes quantifiable goals for the outcome of the project funded with the grant; and

“(2) adequately measures the performance of the project relative to such goals.

“(c) **PERFORMANCE REPORT REQUIRED.**—

“(1) **IN GENERAL.**—Each entity that receives a grant under this section shall submit to the Secretary a performance report that includes—

“(A) an evaluation of the effectiveness of the project funded with the grant relative to the goals established for such project under subsection (b)(1); and

“(B) data supporting such evaluation.

“(2) **SUBMISSION.**—The report under paragraph (1) shall be submitted to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(d) **CONTINUING GRANTS.**—The Secretary may only award a continuing grant to an entity under this section if such entity submits a performance report required under subsection (c) that demonstrates effectiveness of the project funded.”.

SEC. 106. GRANTS TO STATES FOR CHILD ABUSE OR NEGLECT PREVENTION AND TREATMENT PROGRAMS.

(a) **DEVELOPMENT AND OPERATION GRANTS.**—Subsection (a) of section 106 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a) is amended to read as follows:

“(a) **DEVELOPMENT AND OPERATION GRANTS.**—The Secretary shall make grants to the States, from allotments under subsection (f) for each State that applies for a grant under this section, for purposes of assisting the States in improving and imple-

menting a child protective services system that is family-centered, integrates community services, and is capable of providing rapid response to high-risk cases, by carrying out the following:

“(1) Conducting the intake, assessment, screening, and investigation of reports of child abuse or neglect.

“(2) Ensuring that reports concerning a child's living arrangements or subsistence needs are addressed through services or benefits and that no child is separated from such child's parent for reasons of poverty.

“(3) Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance fair investigations; and improving legal preparation and representation.

“(4) Complying with the assurances in section 106(b)(2).

“(5) Establishing State and local networks of child and family service providers that support child and family well-being, which shall—

“(A) include child protective services, as well as agencies and service providers, that address family-strengthening, parenting skills, child development, early childhood care and learning, child advocacy, public health, mental health, substance use disorder treatment, domestic violence, developmental disabilities, housing, juvenile justice, elementary and secondary education, and child placement; and

“(B) address instances of child abuse and neglect by incorporating evaluations that assess the development of a child, including language and communication, cognitive, physical, and social and emotional development, the need for mental health services, including trauma-related services, trauma-informed care, and parental needs.

“(6) Ensuring child protective services is addressing the safety of children and responding to parent and family needs, which shall include—

“(A) family-oriented efforts that emphasize case assessment and follow up casework focused on child safety and child and parent well-being, which may include—

“(i) ensuring parents and children undergo physical and mental health assessments, as appropriate, and ongoing developmental monitoring;

“(ii) multidisciplinary approaches to assessing family needs and connecting the family with services, including prevention services under section 471 of the Social Security Act (42 U.S.C. 671);

“(iii) organizing a treatment team with the goal of preventing child abuse and neglect, and improving parent and child well-being;

“(iv) case monitoring that supports child well-being; and

“(v) differential response efforts; and

“(B) establishing and maintaining a rapid response system that responds promptly to all reports of child abuse or neglect, with special attention to cases involving children under 3 years of age.

“(7) Educating caseworkers, community service providers, attorneys, health care professionals, parents, and others engaged in the prevention, intervention, and treatment of child abuse and neglect, which shall include education on—

“(A) practices that help ensure child safety and well-being;

“(B) approaches to family-oriented prevention, intervention, and treatment of child abuse and neglect;

“(C) early childhood, child, and adolescent development, and the impact of adverse childhood experiences on such development;

“(D) the relationship between child abuse and domestic violence, and support for non-abusing parents;

“(E) strategies to work with families impacted by substance use disorder and mental health issues (and, when appropriate, be coordinated with prevention efforts funded under section 471 of the Social Security Act (42 U.S.C. 671));

“(F) effective use of multiple services to address family and child needs, including needs resulting from trauma;

“(G) efforts to improve family and child well-being;

“(H) support for child welfare workers affected by secondary trauma; and

“(I) supporting families and caregivers to combat and prevent unsubstantiated, unfounded, or false reports, including through education on the rights of families and caregivers.

“(8) Creating or improving data systems that allow for—

“(A) the identification of cases requiring prompt responses;

“(B) real-time case monitoring that tracks assessments, service referrals, follow-up, case reviews, and progress toward parent and child goals; and

“(C) sharing basic identifying data with law enforcement, as necessary.

“(9) Improving the general child protective system by developing, improving, and implementing safety assessment tools, providing that such tools, protocols, and systems shall not authorize the separation of any child from the legal parent or guardian of such child solely on the basis of poverty, or without a judicial order, except in the case of imminent harm.”.

(b) ELIGIBILITY REQUIREMENTS.—

(1) **STATE PLAN.**—Paragraph (1) of section 106(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)) is amended to read as follows:

“(1) **STATE PLAN.**—

“(A) **IN GENERAL.**—To be eligible to receive a grant under this section, a State shall submit to the Secretary a State plan that—

“(i) specifies how the grant will be used, and the State's strategic plan, to treat child abuse and neglect and enhance community-based, prevention-centered approaches that attempt to prevent child abuse and neglect while strengthening and supporting families whenever possible; and

“(ii) meets the requirements of this subsection.

“(B) **COORDINATION AND CONSULTATION.**—

“(i) **COORDINATION.**—Each State, to the maximum extent practicable, shall coordinate its State plan under this subsection with its State plan under part B of title IV of the Social Security Act (42 U.S.C. 621 et seq.) relating to child and family services and, in States electing to provide services under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.) relating to foster care prevention services, its State plan under such part E.

“(ii) **CONSULTATION.**—In developing a State plan under this subsection, a State shall consult with community-based prevention and service agencies, parents and families affected by child abuse or neglect in the State, law enforcement, family court judges, prosecutors who handle criminal child abuse cases, and medical professionals engaged in the treatment of child abuse and neglect.

“(C) **DURATION AND SUBMISSION OF PLAN.**—Each State plan shall—

“(i) be submitted not less than every 5 years; and

“(ii) if necessary, revised by the State to inform the Secretary of any substantive changes, including—

“(I) any changes to State law or regulations, relating to the prevention of child

abuse and neglect that may affect the eligibility of the State under this section; or

“(II) any changes in the State’s activities, strategies, or programs under this section.”.

(2) CONTENTS.—Paragraph (2) of section 106(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)) is amended to read as follows:

“(2) CONTENTS.—A State plan submitted under paragraph (1) shall contain a description of the activities that the State will carry out using amounts received under the grant to achieve the objectives of this title, including—

“(A) an assurance in the form of a certification by the Governor of the State that the State has in effect and is enforcing a State law, or has in effect and is operating a statewide program, relating to child abuse and neglect that includes—

“(i) provisions or procedures for an individual to report known and suspected instances of child abuse and neglect, including a State law for mandatory reporting by individuals required to report such instances;

“(ii) procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports of alleged abuse and neglect in order to ensure the well-being and safety of children;

“(iii) procedures for immediate steps to be taken to ensure and protect the safety of a victim of child abuse or neglect and of any other child under the same care who may also be in danger of child abuse or neglect and ensuring their placement in a safe environment;

“(iv) methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child’s parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of this Act shall only be made available to—

“(I) individuals who are the subject of the report;

“(II) Federal, State, or local government entities, or any agent of such entities, as described in clause (xi) of this subparagraph;

“(III) child abuse citizen review panels;

“(IV) child fatality review panels;

“(V) a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and

“(VI) other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose;

“(v) provisions and procedures requiring that in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem, who has received education appropriate to the role, including education in early childhood, child, and adolescent development, and domestic violence, and who may be an attorney or a court appointed special advocate who has received education appropriate to that role (or both), shall be appointed to represent the child (who, for purposes of this section, shall have any age limit elected by the State pursuant to section 475(8)(B)(iii) of the Social Security Act (42 U.S.C. 675(8)(B)(iii)) in such proceedings—

“(I) to obtain first-hand, a clear understanding of the situation and needs of such child; and

“(II) to make recommendations to the court concerning the best interests of such child;

“(vi) the establishment of citizen review panels in accordance with subsection (c);

“(vii) provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse or neglect investigation, advise the in-

dividual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the informant;

“(viii) provisions, procedures, and mechanisms—

“(I) for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and

“(II) by which individuals who disagree with an official finding of child abuse or neglect can appeal such finding;

“(ix) provisions addressing the professional development of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties (including providing such education in different languages if necessary), in order to protect the legal rights and safety of children and their parents and caregivers from the initial time of contact during investigation through treatment;

“(x) provisions for immunity from civil or criminal liability under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect, or who otherwise provide information or assistance, including medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good faith report of child abuse or neglect;

“(xi) provisions to require the State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibilities under law to protect children from child abuse and neglect;

“(xii) provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment;

“(xiii) provisions and procedures for requiring criminal background record checks that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household;

“(xiv) provisions for systems of technology that support the State child protective services system and track reports of child abuse and neglect from intake through final disposition;

“(xv) provisions and procedures requiring identification and assessment of all reports involving children known or suspected to be victims of sex trafficking (as defined in section 103(12) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102 (12)));

“(xvi) provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction—

“(I) to have committed murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;

“(II) to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction

of the United States) of another child of such parent;

“(III) to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter;

“(IV) to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent;

“(V) to have committed sexual abuse against the surviving child or another child of such parent; or

“(VI) to be required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a)); and

“(xvii) an assurance that, upon the implementation by the State of the provisions, procedures, and mechanisms under clause (xvi), conviction of any one of the felonies listed in clause (xvi) constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (although case-by-case determinations of whether or not to seek termination of parental rights shall be within the sole discretion of the State);

“(B) an assurance that the State has in place procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for—

“(i) coordination and consultation with individuals designated by and within appropriate health-care facilities;

“(ii) prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions); and

“(iii) authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions;

“(C) an assurance or certification that programs and education conducted under this title address the unique needs of unaccompanied homeless youth, including access to enrollment and support services and that such youth are eligible for under parts B and E of title IV of the Social Security Act (42 U.S.C. 621 et seq., 670 et seq.) and meet the requirements of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11301 et seq.);

“(D) a description of—

“(i) policies and procedures (including appropriate referrals to child welfare service systems and for other appropriate services (including home visiting services and mutual support and parent partner programs) determined by a family assessment) to address the needs of infants born with and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective welfare service system of the occurrence of such condition in such infants, except that—

“(I) child protective services shall undertake an investigation only when the findings of a family assessment warrant such investigation; and

“(II) such notification shall not be construed to—

“(aa) establish a definition under Federal law of what constitutes child abuse or neglect; or

“(bb) require prosecution for any illegal action;

“(ii) the development of a multi-disciplinary plan of safe care for the infant born and identified as being affected by substance use or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of health care providers, including through—

“(I) using a risk-based approach to develop each plan of safe care;

“(II) addressing, through coordinated service delivery, the health and substance use disorder treatment needs of the infant and affected family or caregiver as determined by a family assessment; and

“(III) the development and implementation by the State of monitoring systems regarding the implementation of such plans of safe care to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver;

“(iii) policies and procedures to make available to the public on the State website the data, findings, and information about all cases of child abuse or neglect resulting in a child fatality or near fatality, including a description of—

“(I) how the State will not create an exception to such public disclosure, except in a case in which—

“(aa) the State would like to delay public release of case-specific findings or information (including any previous reports of domestic violence and subsequent actions taken to assess and address such reports) while a criminal investigation or prosecution of such a fatality or near fatality is pending;

“(bb) the State is protecting the identity of a reporter of child abuse or neglect; or

“(cc) the State is withholding identifying information of members of the victim's family who are not perpetrators of the fatality or near fatality; and

“(II) how the State will ensure that in providing the public disclosure required under this clause, the State will include—

“(aa) the cause and circumstances of the fatality or near fatality;

“(bb) the age and gender of the child; and

“(cc) any previous reports of child abuse or neglect investigations that are relevant to the child abuse or neglect that led to the fatality or near fatality;

“(iv) how the State will use data collected on child abuse or neglect to prevent child fatalities and near fatalities;

“(v) how the State will implement efforts to prevent child fatalities and near fatalities;

“(vi) the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse and neglect;

“(vii) the steps the State will take to improve the professional development, retention, and supervision of caseworkers and how the State will measure the effectiveness of such efforts;

“(viii) the State's plan to ensure each child under the age of 3 who is involved in a substantiated case of child abuse or neglect will be referred to the State's child find system under section 635(a)(5) of the Individuals with Disabilities Education Act (20 U.S.C. 1435(a)(5)) in order to determine if the child is an infant or toddler with a disability (as defined in section 632(5) of such Act (20 U.S.C. 1432(5)));

“(ix) the State's plan to improve, as part of a comprehensive State strategy led by law enforcement, professional development for child protective services workers and their appropriate role in identifying, assessing, and providing comprehensive services for children who are sex trafficking victims, in coordination with law enforcement, juvenile justice agencies, runaway and homeless youth shelters, and health, mental health, and other social service agencies and providers;

“(x) the services to be provided under the grant to individuals, families, or communities, either directly or through referrals, aimed at preventing the occurrence of child abuse and neglect;

“(xi) the State's efforts to ensure professionals who are required to report suspected cases of child abuse and neglect are aware of their responsibilities under subparagraph (A)(i) and receive professional development relating to performing such responsibilities that is specific to their profession and workplace;

“(xii) policies and procedures encouraging the appropriate involvement of families in decisionmaking pertaining to children who experienced child abuse or neglect;

“(xiii) the State's efforts to improve appropriate collaboration among child protective services agencies, domestic violence services agencies, substance use disorder treatment agencies, and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families affected by child abuse or neglect, including children exposed to domestic violence, where appropriate;

“(xiv) policies and procedures regarding the use of differential response, as applicable, to improve outcomes for children; and

“(xv) the State's efforts to reduce racial bias in its child protective services system.”.

(3) LIMITATIONS.—Paragraph (3) of section 106(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)) is amended—

(A) in the paragraph heading, by striking “LIMITATION” and inserting “LIMITATIONS”;

(B) by striking “With regard to clauses (vi) and (vii) of paragraph (2)(B),” and inserting the following:

“(A) DISCLOSURE OF CERTAIN IDENTIFYING INFORMATION.—With regard to subparagraphs (A)(iv) and (D)(iii) of paragraph (2),”;

(C) by striking the period at the end and inserting “; and”;

(D) by adding at the end the following:

“(B) PUBLIC ACCESS TO COURT PROCEEDINGS.—Nothing in paragraph (2) shall be construed to limit the State's flexibility to determine State policies relating to public access to court proceedings to determine child abuse and neglect, except that such policies shall, at a minimum, ensure the safety and well-being of the child, parents, and families.”.

(4) DEFINITIONS.—Paragraph (4) of section 106(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)) is amended—

(A) in the paragraph heading, by striking “DEFINITIONS” and inserting “DEFINITION”;

(B) by striking “this subsection” and all that follows through “means an act” and inserting the following: “this subsection, the term ‘near fatality’ means an act”;

(C) by striking “; and” and inserting a period; and

(D) by striking subparagraph (B).

(c) CITIZEN REVIEW PANELS.—Section 106(c) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(c)) is amended—

(1) in paragraph (1)(B), by striking “EXCEPTIONS.” and all that follows through “A State may” and inserting “EXCEPTION.—A State may”;

(2) in paragraph (4)(A)—

(A) in the matter preceding clause (i), by striking “and where appropriate, specific cases,”; and

(B) in clause (iii)(I), by striking “foster care and adoption programs” and inserting “foster care, prevention, and permanency programs”;

(3) by amending the first sentence of paragraph (6) to read as follows: “Each panel established under paragraph (1) shall prepare and make available to the State and the public, on an annual basis, a report containing a summary of the activities of the panel, the criteria used for determining which activities the panel engaged in, and recommendations or observations to improve the child protective services system at the State and local levels, and the data upon which these recommendations or observations are based.”.

(d) ANNUAL STATE DATA REPORTS.—Section 106(d) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(d)) is amended—

(1) by amending paragraph (13) to read as follows:

“(13) The annual report containing the summary of the activities and recommendations of the citizen review panels of the State required by subsection (c)(6), and the actions taken by the State as a result of such recommendations.”;

(2) in paragraph (15), by striking “subsection (b)(2)(B)(ii)” and inserting “subsection (b)(2)(D)(i)”;

(3) in paragraph (16), by striking “subsection (b)(2)(B)(xxi)” and inserting “subsection (b)(2)(D)(viii)”;

(4) in paragraph (17), by striking “subsection (b)(2)(B)(xxiv)” and inserting “subsection (b)(2)(A)(xv)”;

(5) in paragraph (18)—

(A) in subparagraph (A), by striking “subsection (b)(2)(B)(ii)” and inserting “subsection (b)(2)(D)(i)”;

(B) in subparagraph (B), by striking “subsection (b)(2)(B)(iii)” and inserting “subsection (b)(2)(D)(ii)”;

(C) in subparagraph (C), by striking “subsection (b)(2)(B)(iii)” and inserting “subsection (b)(2)(D)(ii)”;

(6) by adding at the end the following:

“(19) The number of child fatalities and near fatalities from maltreatment and related information in accordance with the uniform standards established under section 103(d).”.

(e) ALLOTMENTS.—Section 106(f) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(f)) is amended by adding at the end the following:

“(6) LIMITATION.—For any fiscal year for which the amount allotted to a State or territory under this subsection exceeds the amount allotted to the State or territory under such subsection for fiscal year 2019, the State or territory may use not more than 2 percent of such excess amount for administrative expenses.”.

SEC. 107. MISCELLANEOUS REQUIREMENTS.

Section 108 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106d) is amended—

(1) in subsection (b), by inserting “Indian tribes, and tribal organizations,” after “States,”;

(2) by redesignating subsections (c) through (e) as subsections (d) through (f), respectively; and

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

“(c) PROTECTING AGAINST SYSTEMIC CHILD SEXUAL ABUSE.—

“(1) REPORTING AND TASK FORCE.—Not later than 24 months after the date of the enactment of the Stronger Child Abuse Prevention

and Treatment Act, each State task force established under section 107(c) and expanded as described in paragraph (2) shall study and make recommendations on the following, with a focus on preventing systemic child sexual abuse:

“(A) How to detect systemic child sexual abuse that occurs in an organization.

“(B) How to prevent child sexual abuse and systemic child sexual abuse from occurring in organizations, which shall include recommendations to improve—

“(i) practices and policies for the education of parents, caregivers, and victims, and age appropriate education of children, about risk factors or signs of potential child sexual abuse; and

“(ii) the efficacy of applicable State laws and the role such laws play in deterring or preventing incidences of child sexual abuse.

“(C) The feasibility of making available the disposition of a perpetrator within an organization to—

“(i) the child alleging sexual abuse or the child’s family; or

“(ii) an adult who was a child at the time of the sexual abuse claim in question or the adult’s family.

“(2) TASK FORCE COMPOSITION.—For purposes of this subsection, a State task force shall include—

“(A) the members of the State task force described in section 107(c) for the State; and

“(B) the following:

“(i) Family court judges.

“(ii) Individuals from religious organizations.

“(iii) Individuals from youth-serving organizations, including youth athletics organizations.

“(3) REPORTING ON RECOMMENDATIONS.—Not later than 6 months after a State task force makes recommendations under paragraph (1), the State maintaining such State task force shall—

“(A) make public the recommendations of such report;

“(B) report to the Secretary on the status of adopting such recommendations; and

“(C) in a case in which the State declines to adopt a particular recommendation, make public the explanation for such declination.

“(4) DEFINITIONS.—For purposes of this subsection—

“(A) the terms ‘child sexual abuse’ and ‘sexual abuse’ shall not be limited to an act or a failure to act on the part of a parent or caretaker;

“(B) the term ‘organization’ means any entity that serves children; and

“(C) the term ‘systemic child sexual abuse’ means—

“(i) a pattern of informal or formal policy or de facto policy to not follow State and local requirements to report instances of child sexual abuse in violation of State and local mandatory reporting laws or policy; or

“(ii) a pattern of assisting individual perpetrators in maintaining their careers despite substantiated evidence of child sexual abuse.”

SEC. 108. REPORTS.

(a) SCALING EVIDENCE-BASED TREATMENT OF CHILD ABUSE AND NEGLECT.—Section 110 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106f) is amended to read as follows:

“SEC. 110. STUDY AND REPORT RELATING TO SCALING EVIDENCE-BASED TREATMENT OF CHILD ABUSE AND NEGLECT; STUDY AND REPORT ON MARITAL AGE OF CONSENT; STUDY AND REPORT ON STATE MANDATORY REPORTING LAWS.

“(a) IN GENERAL.—The Secretary shall conduct a study that examines challenges to, and best practices for, the scalability of treatments that reduce the trauma resulting

from child abuse and neglect and reduce the risk of revictimization, such as those allowable under sections 105 and 106.

“(b) CONTENT OF STUDY.—The study described in subsection (a) shall be completed in a manner that considers the variability among treatment programs and among populations vulnerable to child abuse and neglect. The study shall include, at minimum:

“(1) A detailed synthesis of the existing research literature examining barriers and challenges to, and best practices for the scalability of child welfare programs and services as well as programs and services for vulnerable children and families in related fields, including healthcare and education.

“(2) Data describing state and local providers’ experiences with scaling treatments that reduce the trauma resulting from child abuse and neglect and reduce the risk of revictimization.

“(3) Consultation with experts in child welfare, healthcare, and education.

“(c) REPORT.—Not later than 3 years after the date of the enactment of the Stronger Child Abuse Prevention and Treatment Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and Labor of the House of Representatives a report that contains the results of the study conducted under subsection (a), including recommendations for best practices for scaling treatments that reduce the trauma resulting from child abuse and neglect and reduce the risk of revictimization.

“(d) STUDY AND REPORT ON MARITAL AGE OF CONSENT.—

“(1) STUDY.—The Secretary shall study, with respect to each State—

“(A) the State law regarding the minimum marriage age; and

“(B) the prevalence of marriage involving a child who is under the age of such minimum marriage age.

“(2) FACTORS.—The study required under paragraph (1) shall include an examination of—

“(A) the extent to which any statutory exceptions to the minimum marriage age in such laws contribute to the prevalence of marriage involving a child described in paragraph (1)(B);

“(B) whether such exceptions allow such a child to be married without the consent of such child; and

“(C) the impact of such exceptions on the safety of such children.

“(3) REPORT.—Not later than 1 year after the date of enactment of the Stronger Child Abuse Prevention and Treatment Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and Labor of the House of Representatives a report containing the findings of the study required by this subsection, including any best practices.

“(e) STUDY AND REPORT ON STATE MANDATORY REPORTING LAWS.—

“(1) STUDY.—The Secretary shall collect information on and otherwise study State laws for mandatory reporting of incidents of child abuse or neglect. Such study shall examine trends in referrals and investigations of child abuse and neglect due to differences in such State laws with respect to the inclusion, as mandatory reporters, of the following individuals:

“(A) Individuals licensed or certified to practice in any health-related field licensed by the State, employees of health care facilities or providers licensed by the State, who are engaged in the admission, examination, care or treatment of individuals, including mental health and emergency medical service providers.

“(B) Individuals employed by a school who have direct contact with children, including teachers, administrators, and independent contractors.

“(C) Peace officers and law enforcement personnel.

“(D) Clergy, including Christian Science practitioners, except where prohibited on account of clergy-penitent privilege.

“(E) Day care and child care operators and employees.

“(F) Employees of social services agencies who have direct contact with children in the course of employment.

“(G) Foster parents.

“(H) Court appointed special advocates (employees and volunteers).

“(I) Camp and after-school employees.

“(J) An individual, paid or unpaid, who, on the basis of the individual’s role as an integral part of a regularly scheduled program, activity, or service, accepts responsibility for a child.

“(2) REPORT.—Not later than 4 years after the date of enactment of the Stronger Child Abuse Prevention and Treatment Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and Labor of the House of Representatives a report containing the findings of the study required by this subsection, including any best practices related to the inclusion, as mandatory reporters, of individuals described in paragraph (1).”

(b) REPORT ON CHILD ABUSE AND NEGLECT IN INDIAN TRIBAL COMMUNITIES.—

(1) IN GENERAL.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General, in consultation with the Indian tribes from each of the 12 regions of the Bureau of Indian Affairs, shall study child abuse and neglect in Indian Tribal communities for the purpose of identifying vital information and making recommendations concerning issues relating to child abuse and neglect in such communities, and submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Indian Affairs of the Senate and the Committee on Education and Labor and the Committee on Natural Resources of the House of Representatives a report on such study, which shall include—

(A) the number of Indian tribes providing primary child abuse and neglect prevention activities;

(B) the number of Indian tribes providing secondary child abuse and neglect prevention activities;

(C) promising practices of Indian tribes with respect to child abuse and neglect prevention that are culturally-based or culturally-adapted;

(D) information and recommendations on how such culturally-based or culturally-adapted child abuse and neglect prevention activities could become evidence-based;

(E) the number of Indian tribes that have accessed Federal child abuse and neglect prevention programs;

(F) child abuse and neglect prevention activities that Indian tribes provide using State funds;

(G) child abuse and neglect prevention activities that Indian tribes provide using Tribal funds;

(H) Tribal access to State children’s trust fund resources, as described in section 202 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116a);

(I) how a children’s trust fund model could be used to support prevention efforts regarding child abuse and neglect of American Indian and Alaska Native children;

(J) Federal agency technical assistance efforts to address child abuse and neglect prevention and treatment of American Indian and Alaska Native children;

(K) Federal agency cross-system collaboration to address child abuse and neglect prevention and treatment of American Indian and Alaska Native children;

(L) Tribal access to child abuse and neglect prevention research and demonstration grants under the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.); and

(M) an examination of child abuse and neglect data systems to identify what Tribal data is being submitted, barriers to submitting data, and recommendations on improving the collection of data from Indian Tribes.

(2) DEFINITIONS.—In this subsection—

(A) the term “Alaska Native” has the meaning given the term in section 111 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106g); and

(B) the terms “child abuse and neglect” and “Indian tribe” have the meaning given the terms in section 3 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note).

SEC. 109. AUTHORIZATION OF APPROPRIATIONS.

Section 112(a) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106h(a)) is amended—

(1) in paragraph (1)—

(A) by striking “to carry out” through “fiscal year 2010” and inserting “to carry out this title \$270,000,000 for fiscal year 2020”; and

(B) by striking “2011 through 2015” and inserting “2021 through 2025”; and

(2) by striking paragraph (2)(A) and inserting the following:

“(A) IN GENERAL.—Of the amounts appropriated for a fiscal year under paragraph (1), the Secretary shall make available 30 percent of such amounts, or \$100,000,000, whichever is less, to fund discretionary activities under this title.”.

SEC. 110. MONITORING AND OVERSIGHT.

Section 114(1) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5108(1)) is amended—

(1) in each of subparagraphs (A) and (B), by striking “and” at the end; and

(2) by adding at the end the following:

“(C) include written guidance and technical assistance to support States, which shall include guidance on the requirements of this Act with respect to infants born with and identified as being affected by substance use or withdrawal symptoms, Neonatal Abstinence Syndrome, or Fetal Alcohol Spectrum Disorder, as described in clauses (i) and (ii) of section 106(b)(2)(D), including by—

“(i) enhancing States’ understanding of requirements and flexibilities under the law, including by clarifying key terms;

“(ii) addressing State-identified challenges with developing, implementing, and monitoring plans of safe care; and

“(iii) disseminating best practices on implementation of plans of safe care, on such topics as differential response, collaboration and coordination, and identification and delivery of services for different populations, while recognizing needs of different populations and varying community approaches across States; and

“(D) include the submission of a report to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate not later than one year after the date of the enactment of this Act that contains a description of the activities taken by the Secretary to comply with the requirements of subparagraph (C); and”.

SEC. 111. ELECTRONIC INTERSTATE DATA EXCHANGE SYSTEM.

Title I of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.) is amended by adding at the end the following:

“SEC. 115. ELECTRONIC INTERSTATE DATA EXCHANGE SYSTEM.

“(a) INTERSTATE DATA EXCHANGE SYSTEM.—

“(1) IN GENERAL.—The Secretary of Health and Human Services shall consider the recommendations included in the reports required under paragraph (8)(A) and subsection (b)(2) in developing an electronic interstate data exchange system that allows State entities responsible under State law for maintaining child abuse and neglect registries to communicate information across State lines.

“(2) STANDARDS.—In developing the electronic interstate data exchange system under paragraph (1), the Secretary shall—

“(A) use interoperable standards developed and maintained by intergovernmental partnerships, such as the National Information Exchange Model;

“(B) develop policies and governance standards that—

“(i) ensure consistency in types of information shared and not shared; and

“(ii) specify circumstances under which data should be shared through the interstate data exchange system; and

“(C) ensure that all standards and policies adhere to the privacy, security, and civil rights laws of each State and Federal law.

“(3) LIMITATION ON USE OF ELECTRONIC INTERSTATE DATA EXCHANGE SYSTEM.—The electronic interstate data exchange system may only be used for purposes relating to child safety.

“(4) PILOT PROGRAM.—

“(A) IMPLEMENTATION.—Not later than 6 months after the date of the enactment of this section, the Secretary of Health and Human Services shall begin implementation of a pilot program to generate recommendations for the full integration of the electronic interstate data exchange system. Such pilot program shall include not less than 10 States and not more than 15 States.

“(B) COMPLETION.—Not later than 30 months after the date of the enactment of this section, the Secretary of Health and Human Services shall complete the pilot program described in subparagraph (A).

“(5) INTEGRATION.—The Secretary of Health and Human Services may assist States in the integration of this system into the infrastructure of each State using funds appropriated under this subsection.

“(6) PARTICIPATION.—As a condition on eligibility for receipt of funds under section 106, each State shall—

“(A) participate in the electronic interstate data exchange system to the fullest extent possible in accordance with State law (as determined by the Secretary of Health and Human Services) not later than December 31, 2027; and

“(B) prior to the participation described in subparagraph (A), provide to the Secretary of Health and Human Services an assurance that the child abuse and neglect registry of such State provides procedural due process protections with respect to including individuals on such registry.

“(7) PROHIBITION.—The Secretary of Health and Human Services may not access or store data from the electronic interstate data exchange system, unless the State to which such data pertains voluntarily shares such data with the Secretary of Health and Human Services.

“(8) REPORTS.—The Secretary of Health and Human Services shall prepare and submit to Congress—

“(A) not later than 3 years after the date of the enactment of this section, a report on

the recommendations from the pilot program described in paragraph (4); and

“(B) not later than January 31, 2025, a report on the progress made in implementing this subsection.

“(9) AUTHORIZATION OF APPROPRIATIONS.—Of the funds appropriated under section 112 for a fiscal year—

“(A) for each of fiscal years 2020 and 2021, \$2,000,000 shall be reserved to carry out this section; and

“(B) for each of fiscal years 2022 through 2025, \$1,000,000 shall be reserved to carry out this section.

“(b) WORKING GROUP.—

“(1) IN GENERAL.—Not later than 60 days after the date of the enactment of this section, the Secretary of Health and Human Services shall convene a working group to study and make recommendations on the following:

“(A) The feasibility of making publicly available on the website of each State definitions and standards of substantiated child abuse and neglect for the State.

“(B) Whether background check requirements under this Act, the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858 et seq.), and part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.) are complementary or if there are discrepancies that need to be addressed.

“(C) How to improve communication between and across States, including through the use of technology and the use of the electronic interstate data exchange system established under subsection (a), to allow for more accurate and efficient exchange of child abuse and neglect records.

“(D) How to reduce barriers and establish best practices for the State to provide timely responses to requests from other States for information contained in the State’s child abuse and neglect registry through the electronic interstate data exchange system established under subsection (a).

“(E) How to ensure due process for any individual included in a State’s child abuse and neglect registry, including the following:

“(i) The level of evidence necessary for inclusion in the State’s child abuse and neglect registry.

“(ii) The process for notifying such individual of inclusion in the State’s child abuse and neglect registry and the implications of such inclusion.

“(iii) The process for providing such individual the opportunity to challenge such inclusion, and the procedures for resolving such challenge.

“(iv) The length of time an individual’s record is to remain in the State’s child abuse and neglect registry, and the process for removing such individual’s record.

“(v) The criteria for when such individual’s child abuse and neglect registry record may be—

“(I) made accessible to the general public; and

“(II) made available for purposes of an employment check; and

“(III) be shared for the purposes of participation in the electronic interstate data exchange system described in subsection (a).

“(2) REPORT.—Not later than 18 months after the date of the enactment of this section, the working group convened under paragraph (1) shall submit a report containing its recommendations to the Secretary of Health and Human Services, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Education and Labor of the House of Representatives.

“(3) CONSTRUCTION.—There shall be no requirement for any State to adopt the recommendations of the working group, nor shall the Secretary of Health and Human

Services incentivize or coerce any State to adopt any such recommendation.”.

SEC. 112. TECHNICAL AND CONFORMING AMENDMENTS.

(a) **TECHNICAL AMENDMENTS.**—The Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.), as amended by the preceding provisions of this Act, is further amended—

(1) by striking “Committee on Education and the Workforce” each place it appears and inserting “Committee on Education and Labor”;

(2) in section 103(c)(1)(F), by striking “abused and neglected children” and inserting “victims of child abuse or neglect”; and

(3) in section 107(f), by striking “(42 U.S.C. 10603a)” and inserting “(34 U.S.C. 20104)”.

(b) **CONFORMING AMENDMENTS.**—

(1) **SECTION 103.**—Section 103(b)(5) (42 U.S.C. 5104(b)(5)) is amended by striking “section 106(b)(2)(B)(iii)” and inserting “section 106(b)(2)(D)(ii)”.

(2) **SECTION 105.**—Section 105(a)(11) (42 U.S.C. 5106(a)(11)) (as redesignated by section 105(1)(A) of this Act) is amended—

(A) in subparagraph (A), by striking “section 106(b)(2)(B)(iii)” and inserting “section 106(b)(2)(D)(ii)”;

(B) in subparagraph (C)—

(i) in clause (i)(II), by striking “section 106(b)(2)(B)(iii)” and inserting “section 106(b)(2)(D)(ii)”;

(ii) in clause (i)(IV), by striking “section 106(b)(2)(B)(iii)(II)” and inserting “section 106(b)(2)(D)(ii)(II)”;

(iii) in clause (ii), by striking “clauses (ii) and (iii) of section 106(b)(2)(B)” and inserting “clauses (i) and (ii) of section 106(b)(2)(D)”;

(C) in subparagraph (D)—

(i) in clause (i)(I), by striking “section 106(b)(2)(B)(iii)(I)” and inserting “section 106(b)(2)(D)(ii)(I)”;

(ii) in clause (ii)(I), by striking “section 106(b)(2)(B)(ii)” and inserting “section 106(b)(2)(D)(i)”;

(iii) in clause (ii)(II), by striking “section 106(b)(2)(B)(iii)” and inserting “section 106(b)(2)(D)(ii)(I)”;

(iv) in clause (iii)(I), by striking “section 106(b)(2)(B)(i)” and inserting “section 106(b)(2)(A)(i)”;

(v) in clause (iii)(IV), by striking “section 106(b)(2)(B)(iii)” and inserting “section 106(b)(2)(D)(ii)”;

(vi) in clause (v), by striking “section 106(b)(2)(B)(iii)” and inserting “section 106(b)(2)(D)(ii)”;

(D) in subparagraph (E), by striking “section 106(b)(2)(B)(ii)” and inserting “section 106(b)(2)(D)(i)”;

(E) in subparagraph (G)(ii), by striking “clauses (ii) and (iii) of section 106(b)(2)(B)” and inserting “clauses (i) and (ii) of section 106(b)(2)(D)”.

(3) **SECTION 114.**—Section 114(1)(B) (42 U.S.C. 5108(1)(B)) is amended by striking “clauses (ii) and (iii) of section 106(b)(2)(B)” and inserting “clauses (i) and (ii) of section 106(b)(2)(D)”.

(4) **TABLE OF CONTENTS.**—The table of contents in section 1(b) of the Child Abuse Prevention and Treatment Act is amended—

(A) by striking the items relating to sections 2 and 102;

(B) by inserting after the item relating to section 114 the following:

“Sec. 115. Electronic interstate data exchange system.”; and

(C) by striking the item relating to section 110, and inserting the following:

“Sec. 110. Study and report relating to scaling evidence-based treatment of child abuse and neglect; study and report on marital age of consent; study and report on State mandatory reporting laws.”.

TITLE II—COMMUNITY-BASED GRANTS FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT

SEC. 201. PURPOSE AND AUTHORITY.

Subsections (a) and (b) of section 201 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116) are amended to read as follows:

“(a) **PURPOSE.**—The purposes of this title are—

“(1) to establish and maintain support for community-based family strengthening services and statewide systems-building approaches to the extent practicable, to ensure the development, operation, expansion, coordination, and evaluation of quality services, initiatives, programs, and activities to prevent child abuse and neglect; and

“(2) to promote improved access for diverse populations with demonstrated need, including low-income families, racial and ethnic minorities, families with children or caregivers with disabilities, underserved communities, and rural communities, to family strengthening services in order to more effectively prevent child abuse and neglect.

“(b) **AUTHORITY.**—The Secretary shall make grants under this title on a formula basis to the entity designated by the State as the lead entity (referred to in this title as the ‘lead entity’) under section 202(1) for the following purposes:

“(1) Providing programs, activities, and initiatives to help families build protective factors linked to the prevention of child abuse and neglect, such as knowledge of parenting and child development, parental resilience, social connections, time-limited and need-based concrete support, and social and emotional development of children, that—

“(A) are accessible to diverse populations, effective, and culturally appropriate;

“(B) build upon existing strengths;

“(C) offer assistance to families;

“(D) provide early, comprehensive support for parents;

“(E) promote the development of healthy familial relationships and parenting skills, especially in young parents and parents with very young children;

“(F) increase family stability;

“(G) improve family access to formal and informal community-based resources, including health and mental health services, time-limited and need-based concrete supports, and services and supports to meet the needs of families with children or caregivers with disabilities; and

“(H) support the additional needs of families with children with disabilities, including through respite care.

“(2) Fostering the development of a continuum of preventive services to strengthen families through State- and community-based collaborations and both public and private partnerships.

“(3) Financing the start-up, maintenance, expansion, or redesign of core services described in section 205, where communities have identified gaps and decided to prioritize the establishment of such services, to the extent practicable given funding levels and community priorities.

“(4) Maximizing funding through leveraging Federal, State, local, public, and private funds to carry out the purposes of this title.

“(5) Developing or enhancing statewide and local networks to operate, expand, or enhance community-based family strengthening services, initiatives, and activities that promote child, parent, family, and community health and well-being and prevent child abuse and neglect.

“(6) Promoting the development of, and coordination with, existing community coalitions of networks of family strengthening

services that utilize culturally responsive providers in order to enhance child, family, and community well-being and prevent child abuse and neglect in all families.

“(7) Financing public information activities that focus on parent and child development and child abuse and neglect prevention.

“(8) To the extent practicable—

“(A) promoting the development and implementation of a statewide systems-building strategy to address the unmet needs identified in the inventory described in section 204(3), including the participation of public and private stakeholders, community-based organizations, legislators, parents and other relevant stakeholders, and State agencies, including the child welfare agency, the public health agency, housing agency, and the State education agency, to scale evidence-based, evidence-informed, and promising programs that expand access to family strengthening services and reduce the numbers of children entering the foster care system;

“(B) developing comprehensive outreach strategies to engage families with various risk factors, including families who have experienced trauma or domestic violence, parents with substance use disorder, and families with children or caregivers with disabilities; and

“(C) providing capacity-building supports to local programs to improve desired outcomes for children and families, such as—

“(i) technical assistance, including support for local programs to collect outcome data that helps improve service delivery;

“(ii) professional development; and

“(iii) peer support networks, including through developing a problem-solving forum.”.

SEC. 202. ELIGIBILITY.

Section 202 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116a) is amended—

(1) in paragraph (1)—

(A) by striking subparagraph (A) and inserting the following:

“(A) the Governor of the State has designated a lead entity to administer funds under this title for the purposes identified under the authority of this title, including to develop, implement, operate, enhance, or expand community-based family strengthening services designed to prevent child abuse and neglect;”;

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

“(D) the Governor of the State has given consideration to the capacity and expertise of all entities requesting to be designated under subparagraph (A);”;

(2) in paragraph (3)—

(A) by striking subparagraph (A) and inserting the following:

“(A) has demonstrated ongoing meaningful partnerships with parents in the development, operation, and oversight of State- and community-based family strengthening services designed to prevent child abuse and neglect;”;

(B) in subparagraph (B), by striking “community-based and prevention-focused programs and activities designed to strengthen and support families” and inserting “community-based family strengthening services designed”;

(C) by striking subparagraph (C) and inserting the following:

“(C) has the capacity to provide operational support (both financial and programmatic), professional development, technical assistance, and evaluation assistance, to community-based organizations;”;

(D) by striking subparagraph (D) and inserting the following:

“(D) will integrate efforts with individuals and organizations experienced in working in

partnership with low-income families, racial and ethnic minorities, families with children or caregivers with disabilities, sexual and gender minority youth, victims of domestic violence, and with the child abuse and neglect prevention activities in the State, and demonstrate a financial commitment to those activities; and

“(E) will take into consideration access for diverse populations and unmet need when distributing funds to local programs under section 205.”.

SEC. 203. AMOUNT OF GRANT.

Section 203 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116b) is amended—

(1) by striking subsection (a) and inserting the following:

“(a) RESERVATION.—For the purpose of making allotments to Indian tribes and tribal organizations and migrant programs, the Secretary shall reserve 5 percent of the amount appropriated under section 210(a) for each fiscal year, except that, if making such reservation would cause the total amount allotted to States under this section for a fiscal year to be less than such total for fiscal year 2019, the Secretary shall reserve 1 percent of the amount appropriated under section 210(a) for the year for such purpose.”; and

(2) by adding at the end the following:

“(d) LIMITATION.—For any fiscal year for which the amount allotted to a State under subsection (b) exceeds the amount allotted to the State under such subsection for fiscal year 2019, the State’s lead entity may use not more than 10 percent of such excess amount for administrative expenses.”.

SEC. 204. APPLICATION.

Section 204 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116d) is amended—

(1) in the matter preceding paragraph (1), by striking “specified by the Secretary as essential to carrying out the provisions of section 202, including” and inserting “and assurances required in paragraphs (2) and (3) of section 202 and types of information specified by the Secretary as essential in carrying out the provisions of section 201(b), including”;

(2) in paragraphs (1), (2), and (4), by striking “community-based and prevention-focused programs and activities designed to strengthen and support families” and inserting “community-based family strengthening services designed”;

(3) in paragraph (3) by striking “community-based and prevention-focused programs and activities” and inserting “community-based family strengthening services designed”;

(4) in paragraph (5), by striking “and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect;” and inserting “services and statewide strategies designed to strengthen and support families to promote child, family, and community well-being and prevent child abuse and neglect;”;

(5) by striking paragraph (6) and inserting the following:

“(6) a description of the State’s capacity and commitment to ensure the meaningful involvement of parents who are or have been consumers of preventative supports, including the involvement of parents of diverse populations, such as low-income families, families with children or caregivers with disabilities, racial and ethnic minorities, and members of other underrepresented or underserved groups, family advocates, and adult victims of child abuse or neglect who can provide leadership in the planning, implementation, and evaluation of the programs and policy decisions of the applicant agency in accomplishing the desired outcomes for such efforts;”;

(6) by redesignating paragraph (12) as paragraph (15);

(7) by redesignating paragraphs (7) through (11) as paragraphs (8) through (12), respectively;

(8) by inserting after paragraph (6) the following:

“(7) a description of the process and criteria the lead entity will use to identify and select communities in which to build a continuum of family strengthening services, including an assurance that the process will ensure access for all families, including families in communities with high rates of child abuse and neglect relative to other communities in the State;”;

(9) by striking paragraph (9), as so redesignated, and inserting the following:

“(9) a description of outreach activities that the lead entity and local grantees will undertake to maximize the participation of low-income families, racial and ethnic minorities, families with children or caregivers with disabilities, sexual and gender minority youth, victims of domestic violence, homeless families and those at risk of homelessness, and members of other underserved or underrepresented groups;”.

(10) by striking paragraph (10), as so redesignated, and inserting the following:

“(10) a plan for providing operational support, professional development, and technical assistance to grantees, other State and local programs and providers, families, and other entities involved in strengthening families and preventing child abuse and neglect;”;

(11) in paragraph (11), as so redesignated, by striking “and its members (where appropriate)” and inserting “of community-based family strengthening services and statewide initiatives”; and

(12) by striking paragraph (12), as so redesignated, and inserting the following:

“(12) a description of the actions that the applicant entity will take to inform systemic changes in State policies, practices, procedures, and regulations to improve the delivery of community-based family strengthening services designed to promote child, family, and community well-being, and to prevent child abuse and neglect;”;

“(13) a description of how the lead entity will incorporate research evidence in its process for selecting community-based family strengthening services;”;

“(14) an assurance that, in issuing regulations to improve the delivery of community-based family strengthening services designed to promote child, family, and community well-being, and to prevent child abuse and neglect, the State will—

“(A) take into account how such regulations will impact activities funded under this Act; and

“(B) where appropriate, attempt to avoid duplication of efforts, minimize costs of compliance with such regulations, and maximize local flexibility with respect to such regulations; and”.

SEC. 205. LOCAL PROGRAM REQUIREMENTS.

Section 205 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116e) is amended to read as follows:

“SEC. 205. LOCAL PROGRAM REQUIREMENTS.

“(a) IN GENERAL.—Grants from the lead entity made under this title shall be used to develop, implement, operate, expand, and enhance community-based family strengthening services designed to prevent child abuse and neglect that—

“(1) assess community assets and needs and develop a strategy to create a comprehensive continuum of effective services that strengthen and support families to prevent child abuse and neglect, through a planning process involving parents, local and

public agencies, local nonprofit organizations and service providers, and private sector representatives in meaningful ways;

“(2) develop or enhance existing place-based family strengthening services, other parenting support services, and connections and coordination among key family services in the community by reaching spaces familiar to such families; and

“(3) help families build protective factors that support child and family well-being and help prevent child abuse and neglect, including knowledge of parenting and child development, parental resilience, social connections, time-limited and need-based concrete support, and social and emotional development of children.

“(b) LOCAL CONSIDERATION.—In awarding grants, the lead entity shall consider, consistent with the needs of the State and community, how the grantee—

“(1) demonstrates the ability to form collaborations across a range of services or initiatives and the commitment to engage in long-term planning and strategic development for community-based family strengthening services as well as provide on-going problem solving support;

“(2) involves parents, including parents of children with disabilities, diverse racial and ethnic groups, and members of other underrepresented or underserved populations, in the development, implementation, oversight, and evaluation of services;

“(3) addresses the need for place-based services and the need to reach families in hard-to-reach areas through approaches that provide core family strengthening services;

“(4) promotes improved access to family strengthening services for diverse populations and ensures that the services address identified needs of all families; and

“(5) demonstrates an understanding of the sources of child and family trauma and the strategies that mitigate the impact of and prevent adverse childhood experiences.

“(c) LOCAL USES OF FUNDS.—Grant funds from the lead entity shall be used for community-based family strengthening services designed to prevent child abuse and neglect, which may include the following:

“(1) Developing a strategy based on supporting a comprehensive continuum of preventive, family-centered services that strengthen and support families to prevent child abuse and neglect, especially to young parents, to parents with young children, and to parents who are adult victims of domestic violence or child abuse or neglect, through public-private partnerships.

“(2) Addressing the needs of families in hard-to-reach areas by creating access to place-based family strengthening services.

“(3) Performing an assessment of community needs, including by partnering, at the option of the grantee, with an organization that already has performed a needs assessment (such as a Maternal, Infant and Early Childhood Home Visiting program under section 511 of the Social Security Act (42 U.S.C. 711) or a Head Start program under the Head Start Act (42 U.S.C. 9831 et seq.).

“(4) Supporting outreach for services, including by coordinating with existing family strengthening services such as home visiting and other early intervention programs.

“(5) Providing, promoting the development or enhancement of, or connecting families to, core services that include—

“(A) parenting support and parent education programs, including services that help parents and other caregivers support children’s development;

“(B) parent leadership skills development programs that support parents’ personal growth as leaders in their families and communities;

“(C) mutual support groups for parents, children, and parent partners;

“(D) respite and crisis care; and

“(E) referrals to optional community and social services, including—

“(i) domestic violence services;

“(ii) screening and referrals to early intervention;

“(iii) voluntary home visiting programs;

“(iv) health and mental health services, including referrals for information on the State Medicaid plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

“(v) early care and learning programs including child care and Head Start programs and Early Head Start programs under the Head Start Act (42 U.S.C. 9831 et seq.);

“(vi) nutrition programs, including the special supplemental nutrition program for women, infants, and children established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) and the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.);

“(vii) education and workforce development programs, including adult literacy, child development, wellness, and family socioeconomic mobility programs; and

“(viii) services and supports to meet the needs of families with children or caregivers with disabilities, such as early intervention services for infants and toddlers with disabilities and their families, as early intervention services are defined in section 632 of the Individuals with Disabilities Education Act (20 U.S.C. 1432).

“(6) Providing leadership in mobilizing local public and private resources to support the provision of community-based family strengthening services designed to prevent child abuse and neglect.

“(7) Developing and maintaining meaningful partnerships with parents relating to the development, operation, evaluation, and oversight of the programs and services.

“(8) Coordinating with other community-based family strengthening services designed to prevent child abuse and neglect in the development, operation, and expansion of networks where appropriate.

“(d) **PRIORITY.**—When awarding grants, a lead entity shall give priority to effective community-based efforts that serve low-income communities and are focused on comprehensive approaches to serving young parents or parents with young children.”.

SEC. 206. PERFORMANCE MEASURES.

Section 206 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116f) is amended—

(1) in paragraphs (1), (5), (6), and (8), by striking “community-based and prevention-focused programs and activities designed to strengthen and support families” and inserting “community-based family strengthening services designed”;

(2) in paragraph (1), by striking “meets” and inserting “meet”;

(3) in paragraph (2), by striking “including core and optional services as described in section 202”;

(4) by striking paragraph (3) and inserting the following:

“(3) shall demonstrate how they have addressed unmet needs identified by the inventory required under section 204;”.

(5) by striking paragraph (4) and inserting the following:

“(4) shall describe the number of families served, including families with children or caregivers with disabilities, and the involvement of a diverse representation of families in the design, operation, and evaluation of both community-based family strengthening services and networks of such services;”.

(6) by striking paragraph (7) and inserting the following:

“(7) shall describe—

“(A) the number of programs funded disaggregated by urban, suburban, and rural community type;

“(B) the number of children and families served under each such program disaggregated by urban, suburban, and rural community type; and

“(C) the number of programs that partner with outside entities and the services such outside entities provide;”;

(7) in paragraph (8)—

(A) by striking “leadership of” and insert “partnership with”; and

(B) by striking the period at the end and inserting “; and”; and

(8) by adding at the end the following:

“(9) shall describe the extent to which there is evidence to support the effectiveness of activities conducted under this title for the program’s intended purpose, or, in instances where such evidence is not available, shall describe barriers and challenges to developing evidence of effectiveness.”.

SEC. 207. NATIONAL NETWORK FOR COMMUNITY-BASED FAMILY RESOURCE PROGRAMS.

Section 207 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116g) is amended—

(1) in the matter preceding paragraph (1), by striking “such sums as may be necessary” and inserting “not more than 5 percent”; and

(2) in paragraph (3), by striking “community-based and prevention-focused programs and activities designed to strengthen and support families” and inserting “community-based family strengthening services designed”.

SEC. 208. DEFINITIONS.

Section 208 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116h) is amended—

(1) by redesignating paragraphs (1) and (2) as paragraphs (2) and (1), respectively, and transferring paragraph (1) as redesignated to appear before paragraph (2) as redesignated; and

(2) by striking paragraph (1) (as so redesignated) and inserting the following:

“(1) **COMMUNITY-BASED FAMILY STRENGTHENING SERVICES.**—The term ‘community-based family strengthening services’ includes organizations such as family resource programs, family support programs, voluntary home visiting programs, respite care services, parenting education, mutual support groups for parents, children, parent partner programs, and other community programs or networks of such programs that provide activities that are designed to prevent child abuse and neglect.”.

SEC. 209. RULE OF CONSTRUCTION.

(a) **IN GENERAL.**—Title II of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116 et seq.) is amended—

(1) by redesignating section 209 as section 210; and

(2) by inserting after section 208 the following:

“SEC. 209. RULE OF CONSTRUCTION.

“Nothing in this title shall be construed to prohibit grandparents, kinship care providers, foster parents, adoptive parents, or any other individual in a parenting role from receiving or participating in services and programs under this title.”.

(b) **CONFORMING AMENDMENT.**—The table of contents in section 1(b) of the Child Abuse Prevention and Treatment Act is amended by striking the item relating to section 209 and inserting the following:

“Sec. 209. Rule of construction.

“Sec. 210. Authorization of appropriations.”.

SEC. 210. AUTHORIZATION OF APPROPRIATIONS.

Section 210 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116 et seq.), as

redesignated by section 209 of this Act, is amended—

(1) by striking “There are” and inserting the following:

“(a) **IN GENERAL.**—There are”;

(2) by striking “to carry out” through “fiscal year 2010” and inserting “to carry out this title \$270,000,000 for fiscal year 2020”;

(3) by striking “2011 through 2015” and inserting “2021 through 2025”; and

(4) by adding at the end the following:

“(b) **TREATMENT OF NON-FEDERAL FUNDS IN CERTAIN FISCAL YEARS.**—For any fiscal year for which the amount appropriated under subsection (a) exceeds the amount appropriated under such subsection for fiscal year 2019, the Secretary shall consider non-Federal funds and in-kind contributions as part of the State contribution for the activities specified in section 204(4).”.

SEC. 211. STUDY AND REPORT.

(a) **STUDY RELATING TO NEW PREVENTION PROGRAMS.**—

(1) **IN GENERAL.**—The Comptroller General of the United States shall complete a study, using data reported by States to the Secretary of Health and Human Services under section 206 of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116f), as amended by this Act—

(A) to determine how many families and children in the first 3 years after the date of the enactment of this Act are served annually through programs funded under title II of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116 et seq.); and

(B) to compare the number of such families and children served annually in the first 3 years after the date of the enactment of this Act to the number of such families and children served in fiscal year 2019.

(2) **CONTENTS.**—The study required under paragraph (1) shall include the following for each of the first 3 years after the date of the enactment of this Act:

(A) An examination of how many families received evidence-based programming under title II of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5116 et seq.).

(B) An examination of the extent to which local programs conduct evaluations using funds provided under such title and the findings of such evaluations.

(C) An examination of whether findings of effectiveness in evaluation studies vary by urban, suburban, or rural community type.

(D) An examination of whether programs partnering with other entities are more effective than those that do not partner with other entities.

(E) An examination of barriers to implement evidence-based programming or to conduct evaluations in instances where such activities do not occur.

(b) **REPORT.**—Not later than 4 years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and Labor of the House of Representatives a report that contains the results of the study conducted under paragraph (1).

TITLE III—ADOPTION OPPORTUNITIES

SEC. 301. PURPOSE.

Section 201 of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5111) is amended—

(1) in the section heading, by striking “CONGRESSIONAL FINDINGS AND DECLARATION OF PURPOSE” and inserting “PURPOSE”;

(2) by striking subsection (a); and

(3) in subsection (b)—

(A) by striking “(b) PURPOSE.”;

(B) in the matter preceding paragraph (1), by inserting “sexual and gender minority youth” after “particularly older children, minority children,”; and

(C) in paragraph (1), by inserting “services and,” after “post-legal adoption”.

SEC. 302. REPORT AND GUIDANCE ON UNREGULATED CUSTODY TRANSFERS.

The Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5111 et seq.) is amended by inserting after section 201 the following:

“SEC. 202. REPORT AND GUIDANCE ON UNREGULATED CUSTODY TRANSFERS.

“(a) SENSE OF CONGRESS.—It is the sense of Congress that:

“(1) Some adopted children may be at risk of experiencing an unregulated custody transfer because the challenges associated with adoptions (including the child’s mental health needs and the difficulties many families face in acquiring support services) may lead families to seek out unregulated custody transfers.

“(2) Some adopted children experience trauma, and the disruption and placement in another home by unregulated custody transfer creates additional trauma and instability for children.

“(3) Children who experience an unregulated custody transfer may be placed with families who have not completed required child welfare or criminal background checks or clearances.

“(4) Social services agencies and courts are often unaware of the placement of children through unregulated custody transfer and therefore do not conduct assessments on the child’s safety and well-being in such placements.

“(5) Such lack of placement oversight places a child at risk for future abuse and increases the chance that the child may experience—

“(A) abuse or neglect;

“(B) contact with unsafe adults or youth; and

“(C) exposure to unsafe or isolated environments.

“(6) The caregivers with whom a child is placed through unregulated custody transfer often have no legal responsibility with respect to such child, placing the child at risk for additional unregulated custody transfers.

“(7) Such caregivers also may not have complete records with respect to such child, including the child’s birth, medical, or immigration records.

“(8) A child adopted through intercountry adoption may be at risk of not acquiring United States citizenship if an unregulated custody transfer occurs before the adoptive parents complete all necessary steps to finalize the adoption of such child.

“(9) Engaging in, or offering to engage in, unregulated custody transfer places children at risk of harm.

“(b) REPORT TO CONGRESS.—

“(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this section, the Secretary of Health and Human Services shall provide to the Committee on Education and Labor of the House of Representatives, the Committee on Ways and Means of the House of Representatives, the Committee on Finance of the Senate, and the Committee on Health, Education, Labor and Pensions of the Senate a report on unregulated custody transfers of children, including of adopted children.

“(2) ELEMENTS.—The report required under paragraph (1) shall include—

“(A) the causes, methods, and characteristics of unregulated custody transfers, including the use of social media and the internet;

“(B) the effects of unregulated custody transfers on children, including the lack of assessment of a child’s safety and well-being by social services agencies and courts due to such unregulated custody transfer;

“(C) the prevalence of unregulated custody transfers within each State and across all States; and

“(D) recommended policies for preventing, identifying, and responding to unregulated custody transfers, including of adopted children, that include—

“(i) amendments to Federal and State law to address unregulated custody transfers;

“(ii) amendments to child protection practices to address unregulated custody transfers; and

“(iii) methods of providing the public information regarding adoption and child protection.

“(c) GUIDANCE TO STATES.—

“(1) IN GENERAL.—Not later than 180 days after the date specified in subsection (b)(1), the Secretary shall issue guidance and technical assistance to States related to preventing, identifying, and responding to unregulated custody transfers, including of adopted children.

“(2) ELEMENTS.—The guidance required under paragraph (1) shall include—

“(A) education materials related to preventing, identifying, and responding to unregulated custody transfers for employees of State, local, and Tribal agencies that provide child welfare services;

“(B) guidance on appropriate pre-adoption education and post-adoption services for domestic and international adoptive families to promote child permanency; and

“(C) the assistance available through the National Resource Center for Special Needs Adoption under section 203(b)(9).

“(d) DEFINITIONS.—In this section:

“(1) STATE.—The term ‘State’ means each of the several States, the District of Columbia, and any commonwealth, territory, or possession of the United States.

“(2) UNREGULATED CUSTODY TRANSFER.—The term ‘unregulated custody transfer’ means the abandonment of a child, by the child’s parent, legal guardian, or a person or entity acting on behalf, and with the consent, of such parent or guardian—

“(A) by placing a child with a person who is not—

“(i) the child’s parent, step-parent, grandparent, adult sibling, legal guardian, or other adult relative;

“(ii) a friend of the family who is an adult and with whom the child is familiar; or

“(iii) a member of the Federally recognized Indian tribe of which the child is also a member;

“(B) with the intent of severing the relationship between the child and the parent or guardian of such child; and

“(C) without—

“(i) reasonably ensuring the safety of the child and permanency of the placement of the child, including by conducting an official home study, background check, and supervision; and

“(ii) transferring the legal rights and responsibilities of parenthood or guardianship under applicable Federal and State law to a person described in subparagraph (A).”.

SEC. 303. INFORMATION AND SERVICES.

(a) NATIONAL RESOURCE CENTER FOR SPECIAL NEEDS ADOPTION.—Section 203(b)(9) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5113(b)(9)) is amended by inserting “not later than 2 years after the date of the enactment of the Stronger Child Abuse Prevention and Treatment Act, establish and” before “maintain”.

(b) PLACEMENT WITH ADOPTIVE FAMILIES.—Section 203(b)(11)(C) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5113(b)(11)(C)) is amended by striking “such children” and inserting “the children and youth described in the

matter preceding paragraph (1) of section 201”.

(c) PRE-ADOPTION SERVICES.—Section 203(c)(1) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5113(c)(1)) is amended by striking “post” and inserting “pre- and post-”.

(d) SERVICES.—Section 203(c)(2) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5113(c)(2)) is amended by inserting “and the development of such services,” after “not supplant, services”.

(e) ELIMINATION OF BARRIERS TO ADOPTION ACROSS JURISDICTIONAL BOUNDARIES.—Section 203(e)(1) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5113(e)(1)) is amended—

(1) by striking “with, States,” and inserting “with States, Indian Tribes,”; and

(2) by inserting “, including through the use of web-based tools such as the electronic interstate case-processing system referred to in section 437(g) of the Social Security Act (42 U.S.C. 629g(g))” before the period at the end.

SEC. 304. STUDY AND REPORT ON SUCCESSFUL ADOPTIONS.

Section 204 of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5114) is amended to read as follows:

“SEC. 204. STUDY AND REPORT ON SUCCESSFUL ADOPTIONS.

“(a) STUDY.—The Secretary shall conduct a study (directly or by grant to, or contract with, public or private nonprofit research agencies or organizations) on adoption outcomes and the factors (including parental substance use disorder) affecting those outcomes.

“(b) REPORT.—Not later than the date that is 36 months after the date of the enactment of the Stronger Child Abuse Prevention and Treatment Act the Secretary shall submit a report to Congress that includes the results of the study required under subsection (a).”.

SEC. 305. AUTHORIZATION OF APPROPRIATIONS.

Section 205(a) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978 (42 U.S.C. 5115(a)) is amended—

(1) by striking “fiscal year 2010” and inserting “fiscal year 2020”; and

(2) by striking “fiscal years 2011 through 2015” and inserting “fiscal years 2021 through 2025”.

TITLE IV—AMENDMENTS TO OTHER LAWS

SEC. 401. TECHNICAL AND CONFORMING AMENDMENTS TO OTHER LAWS.

(a) HEAD START ACT.—Section 658E(c)(2)(L) of the Head Start Act (42 U.S.C. 9858e(c)(2)(L)) is amended by striking “will comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i))” and inserting “will comply with the child abuse reporting requirements of section 106(b)(2)(A)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(A)(i))”.

(b) VICTIMS OF CRIME ACT OF 1984.—Section 1404A of the Victims of Crime Act of 1984 (34 U.S.C. 20104) is amended by striking “section 109” and inserting “section 107”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Washington (Ms. SCHRIER) and the gentleman from Kentucky (Mr. COMER) each will control 20 minutes.

The Chair recognizes the gentlewoman from Washington.

GENERAL LEAVE

Ms. SCHRIER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to

revise and extend their remarks and include extraneous material on the measure under consideration.

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

There was no objection.

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

Madam Speaker, I am excited that the House of Representatives is considering this bill, Stronger CAPTA, today, a bipartisan bill I urge my colleagues to support.

Stronger CAPTA is a reauthorization of the Child Abuse Prevention and Treatment Act, CAPTA, that will revamp already existing Federal supports for preventing child abuse and neglect.

It has been 9 years since Congress comprehensively reauthorized CAPTA. This Congress, I partnered with several of my Democratic and Republican colleagues to introduce the bipartisan Stronger CAPTA, which would help States and communities address the recent rise in cases of child neglect, abuse, and death, many of which can be linked to an increasing number of parents affected by substance abuse and the opioid crisis.

Stronger CAPTA will overhaul a prevention system that has always been overworked and underresourced. In Washington State, only 11 of about 125 programs that apply receive funding. The support my State gets from the Federal Government is about 50 cents per child per year.

□ 1700

Stronger CAPTA will increase funding so that more programs can ensure families in need receive their services.

It will also create a local system in which families who are seeking services but have not yet been identified as needing those services can receive the help they need.

Currently, a family who knows they need help can't get it unless something bad happens to the child. Parents are the most informed regarding the needs of their children, and we should not punish families who are proactively seeking assistance. Stronger CAPTA will help these families before harm occurs.

I am hopeful that, because of this legislation, Washington State will build on their efforts to support new mothers with parenting, help families teach social-emotional and early literacy skills, expand programs for Tribal families, counsel families and children exposed to violence and homelessness, and expand the countless other programs in place to help families seeking support.

I am also excited that the bill I introduced with my Republican colleague STEVE STIVERS, the Early Detection to Stop Infant Abuse and Prevent Fatalities Act, is included in this legislation. With passage of Stronger CAPTA, States will be able to help medical professionals, early childhood educators,

and others better identify early signs of infant abuse and neglect that might look harmless to the untrained eye.

As a pediatrician, I take care of the children and families we are talking about today. I want every parent to have the support they need to parent well. My bill will go a long way to making sure every family gets the support they need.

I thank my colleagues, Representatives TRAHAN, JOHNSON, STEFANIK, BONAMICI, and COMER; Chairman SCOTT, and Ranking Member FOXX, for co-leading this legislation with me.

The well-being of children and their opportunity to grow up in stable, loving environments will be improved with the passage of Stronger CAPTA.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, as lead Republican for the Subcommittee on Civil Rights and Human Services, and as its lead Republican sponsor, I am happy to rise today to celebrate this bipartisan legislation, the Stronger Child Abuse Prevention and Treatment Act. This legislation will help target, prevent, and treat child abuse and neglect.

The statistics of children in the United States who are abused and/or neglected are staggering. In 2016, child protective services determined approximately 676,000 children to be victims of abuse or neglect. This is simply heartbreaking.

CAPTA was originally enacted in 1974 to support the development of programs aimed at prevention, assessment, investigation, prosecution, and treatment of child abuse and neglect. Stronger CAPTA seeks to continue this important work while putting more emphasis on prevention so that abuse and neglect can be stopped before they happen.

Prevention takes a holistic approach to combating neglect and abuse by focusing on strengthening communities and educating parents and caregivers on how to keep their children safe. In addition to bolstering our prevention efforts, Stronger CAPTA streamlines current assurances and requirements so States can focus on serving and providing treatment to children rather than spending more time filling out paperwork.

State agencies benefit from increased flexibility that allows them to respond more swiftly and effectively to reports of abuse and neglect. We must equip States with the tools and resources needed to address maltreatment and keep kids safe.

I am very proud of the hard work done on both sides of the aisle to champion this bipartisan legislation aimed at protecting some of our most vulnerable citizens.

Keeping America's children safe from the detrimental harm of abuse and neglect is something we can all agree is paramount, and I am glad that we could work together on such an important initiative.

Madam Speaker, I reserve the balance of my time.

Ms. SCHRIER. Madam Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. Madam Speaker, I rise in support of H.R. 2480, the bipartisan Stronger Child Abuse Prevention and Treatment Act.

Child maltreatment is a public health crisis and a threat to our country. Although we have made progress toward reducing cases of child maltreatment since passage of the original CAPTA, in recent years, the rates at which children are abused and neglected have steadily increased. Evidence suggests that the opioid crisis is responsible for new challenges in protecting vulnerable children.

Stronger CAPTA is an important step toward making sure that all children grow up in safe and healthy environments that allow them to reach their full potential.

The bill will strengthen Federal investments in community-based prevention services so families across the country can receive help before children suffer.

It will build networks of wraparound services that lower the risk of child maltreatment by helping families navigate complex health, education, and financial hardships.

It will seek to reduce rates of child maltreatment exacerbated by the opioid crisis by supporting the development of best practices and strategies.

Importantly, the bill will streamline communication between and among States so child protection agencies across the country can work together and prevent cases of maltreatment from slipping through the cracks, no matter where they occur.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. SCHRIER. Madam Speaker, I yield the gentlewoman from Oregon an additional 15 seconds.

Ms. BONAMICI. Madam Speaker, I thank Chairman SCOTT and Ranking Member FOXX but also especially Ranking Member COMER of the subcommittee and Representatives SCHRIER, TRAHAN, JOHNSON, and STEFANIK for their leadership.

I strongly urge all my colleagues on both sides of the aisle to support this bill.

Mr. COMER. Madam Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. SMUCKER), ranking member of the Subcommittee on Higher Education and Workforce Investment.

Mr. SMUCKER. Madam Speaker, I thank my colleagues for the work that they have done on this bill, and I rise today in strong support of the Stronger Child Abuse Prevention and Treatment Act.

Not only will this bill strengthen our laws to help keep children safe, but this legislation also makes needed investments to help ensure children impacted by the opioid epidemic do not face abuse, maltreatment, and neglect.

Every one of our communities, sadly, has been impacted by the opioid epidemic. Sadly, our children are suffering the consequences.

This bill includes a bipartisan amendment that I was pleased to offer in committee with Representative UNDERWOOD to study and learn more about how parental substance abuse affects the outcomes on adoption. This study is necessary to help States better serve children in need, and I was proud to see it unanimously adopted.

Last Congress, I introduced legislation that was passed to reduce known barriers for foster placement, which was signed into law. This amendment builds on that important work to help States detect additional barriers to better serve children caught up by the opioid epidemic.

Madam Speaker, child abuse is not a partisan issue, and I am proud of the strong bipartisan work my colleagues have done on the Committee on Education and Labor to strengthen prevention efforts.

I urge my colleagues to support this legislation.

Ms. SCHRIER. Madam Speaker, I yield 2 minutes to the gentlewoman from Washington (Ms. JAYAPAL).

Ms. JAYAPAL. Madam Speaker, I rise in strong support of my colleague Representative SCHRIER's Stronger Child Abuse Prevention and Treatment Act, which increases funding for under-resourced child protection agencies.

I am particularly proud that we could reach bipartisan agreement on a top priority of mine in this bill, which is ensuring that State plans of safe care for infants exposed to substances in utero do not unfairly target pregnant women who need to remain on medication in order to stay healthy.

Prior to 2016, States only developed plans of safe care for infants exposed to illegal substances in utero. It became clear during the opioid crisis that we needed to look at the abuse of legal drugs during pregnancy.

In 2016, Congress updated the law to ensure that all infants and families impacted by substance abuse could get the care they need. Unfortunately, as an unintended consequence, some States are now referring all infants exposed to substances in utero to child protective services and opening CPS investigations even if the mom was using the substance in a treatment plan that was prescribed by a doctor.

In some States, new mothers using antidepressants during pregnancy are being referred automatically to CPS for investigation. This is not only unjust but also a waste of limited resources.

Untreated depression during pregnancy is linked to premature birth, low birth weight, and developmental problems, not to mention increased risk of postpartum depression and poor health for pregnant mothers.

There is already incredible stigma that prevents people from seeking treatment for mental illness, with

communities of color facing greater barriers to that treatment.

What is more, mothers who made a safe choice to transition to medication-assisted treatment for opioid withdrawal shouldn't automatically be investigated by CPS.

I am so grateful to Representative GUTHRIE on the other side of the aisle, the chair and ranking member, and experts in pediatric medicine for finding a solution. This bill clarifies that CPS will only undertake an investigation when the findings of a family assessment warrant it, not when moms are simply following their doctors' advice to stay healthy.

Stronger CAPTA will prevent unnecessary trauma to families.

Mr. COMER. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. TAYLOR).

Mr. TAYLOR. Madam Speaker, I rise today in support of H.R. 2480, the Stronger Child Abuse Prevention and Treatment Act, which includes my provision asking for a study of forced child marriages in the United States.

It is shocking to think that the Tahirih Justice Center estimates that, between 2000 and 2015, more than 207,000 children were married in this country. In Texas alone, 40,000 minors were married between 2000 and 2014.

I hope we can all agree that marriage should be between consenting individuals and that children should not be married without their consent.

I was proud, on a bipartisan basis in Texas, to end forced child marriages in Texas. I know that States, red and blue, have addressed this problem and solved it. But we need to work harder here in the United States Congress.

I am grateful to my colleague from Washington for accepting this amendment to work on studying forced child marriage in the 43 States that have not adjusted their laws to end what I would consider to be a barbaric practice.

I look forward to supporting this bill.

Ms. SCHRIER. Madam Speaker, I yield 1 minute to the gentlewoman from Georgia (Mrs. MCBATH).

Mrs. MCBATH. Madam Speaker, I thank the gentlewoman for yielding. I rise today in support of the Stronger Child Abuse Prevention and Treatment Act.

Children are our future teachers, doctors, police officers, and Members of Congress. It is our responsibility to ensure that they are able to live, learn, and grow in a safe environment.

My home State of Georgia ranked fifth in the Nation for the highest number of child abuse-related deaths in 2017 and third for calls to hotlines to report abuse.

I was proud to introduce an amendment in the Education and Labor Committee with my colleague, the gentlewoman from New York (Ms. STEFANIK), that would establish a national child abuse hotline.

Stronger CAPTA is bipartisan legislation that will provide critical protections and resources to families and

children across our Nation to prevent and end child abuse. Together, we can and we should ensure the safety of our Nation's children.

I encourage my colleagues to support this bill.

Mr. COMER. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. WRIGHT).

Mr. WRIGHT. Madam Speaker, today I rise in support of H.R. 2480. I thank all of those who had any part in drafting this important legislation.

The Stronger Child Abuse Prevention and Treatment Act takes an important step in improving the lives of children in every State.

This bill authorizes important programs that will provide essential support for child protective service systems and communities fighting against child abuse and neglect.

This legislation before us comes at a time when State child protective services around the country are seeing resources increasingly strained due to the opioid crisis. H.R. 2480 provides the resources and reforms needed for States to combat this crisis and ensure that abused or neglected children are getting the help they deserve.

Under this bill, States and local providers can focus on serving children and families by streamlining duplicative and burdensome paperwork requirements. It also ensures community and parent involvement in the planning, implementation, and evaluation of prevention services.

I am pleased that the bill before us today includes an amendment that I introduced with my colleague from Maryland (Mr. TRONE). The amendment ensures those working in the child welfare system are of the highest professional quality.

As has been said before, this work is critical. We want to ensure these people are ready to tackle this challenging work, and States need to know how to recruit the right people for the job.

The child welfare system contains some of the most vulnerable citizens in our society, which makes it so important that those working in the field get the education and professional development that is needed.

H.R. 2480 will allow State and local providers to better serve the almost 700,000 children who are victims of abuse and neglect every year.

Madam Speaker, I urge my colleagues to support this bill.

□ 1715

Ms. SCHRIER. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. UNDERWOOD).

Ms. UNDERWOOD. Madam Speaker, I rise today in support of this bipartisan bill. I thank Representative SCHRIER, an amazing woman, pediatrician, and fellow member of our freshman class, for leading this bipartisan effort.

Preventing child abuse is an issue that is front-of-mind for our community in Illinois' 14th District, with the recent death of AJ Freund, a 5-year-old

boy from Crystal Lake, who was tragically killed.

AJ's heartbreaking death was a result of a system that failed him. I am committed to honoring his life with action.

Child abuse prevention is an issue that calls for big policy solutions, and this bill offers those, as my colleagues have outlined.

Rates of child abuse have recently been rising as the opioid epidemic has devastated communities across the country; and children who are adopted after being removed from homes with substance abuse issues have special kinds of trauma.

My bipartisan amendment, with Representative SMUCKER, looks out for those kids. It would allow us to track their outcomes and ensure we have the information we need to make informed policy decisions to best serve them and set them up for success.

With my amendment, a Stronger Child Abuse Prevention and Treatment Act will help keep kids safe and make sure families get the services they need. I encourage my colleagues on both sides of the aisle to support this bill.

Mr. COMER. Madam Speaker, I yield 2 minutes to the gentlewoman from New York (Ms. STEFANK).

Ms. STEFANK. Madam Speaker, I rise today in strong support of the Stronger Child Abuse Prevention and Treatment Act.

In 2016, there were 4.1 million referrals to child protective services. Far too many children experience some form of abuse or neglect in their lifetime, a sad reality that deserves our utmost attention.

The Stronger Child Abuse Prevention and Treatment Act strengthens the original law in order to further protect our children. The bill provides for evidence-based support for the victims of abuse, establishes national reporting requirements to more accurately track child abuse trends, expands research into child welfare, and improves the grant funding process.

As Representatives in Congress, protecting our children and most vulnerable members of society is an obligation we each take very seriously. This issue rises above party lines and, as an original cosponsor of the bill, I am grateful for my colleagues coming together to support this important legislation.

I am also proud that this bill includes an amendment that I introduced with my colleague across the aisle, Mrs. MCBATH, to establish a National Abuse Hotline. This amendment offers grant funding to nonprofit entities to establish and maintain a 24-hour, national, toll-free, abuse hotline that gives at risk individuals the opportunity to report instances of abuse and receive immediate assistance without fear of retribution.

I thank my colleagues for the unanimous support of this amendment, and I encourage all of my colleagues today to support this lifesaving bill.

Ms. SCHRIER. Madam Speaker, I yield 1 minute to the gentleman from Maryland (Mr. TRONE).

Mr. TRONE. Madam Speaker, I rise today to show my support for a Stronger CAPTA.

The opioid crisis is devastating communities across the country, and we are seeing rising rates of child abuse and neglect as a result of this crisis. In order to reverse these trends, we must invest in smart primary prevention efforts like those included in this bill.

Passing Stronger CAPTA will mean stronger networks of prevention services that will benefit children and communities for decades to come.

It will also mean a stronger child welfare workforce. Some States see a 40 percent annual turnover rate among the child welfare workforce. We must do more to equip our workers to better serve our most vulnerable children and families.

That is why I am pleased this bill includes a provision I authored with the gentleman from Texas (Mr. WRIGHT), my colleague, that will help develop and retain a high-quality workforce in the child welfare system.

I urge a "yes" vote from my colleagues on this commonsense bill.

Mr. COMER. Madam Speaker, I yield 5 minutes to the gentlewoman from North Carolina (Ms. FOXX), ranking member of the Education and Labor Committee.

Ms. FOXX of North Carolina. Madam Speaker, I thank my colleague from Kentucky for yielding, and for handling this bill today. I also commend my friend, Representative COMER, for his outstanding leadership of the Republicans on the Civil Rights and Human Services Subcommittee, and for his leadership on this bill.

I have served on the committee under its different names for a long time. It was a great honor to serve as the Committee's chairwoman during the last Congress, and as Republican leader during this Congress because, from this perspective, I have seen just how much we are able to get done together that doesn't always capture the attention of the rest of this body or the public.

It should be a great encouragement to all of us that when it comes to serving the most vulnerable Americans, children and youth, Republicans and Democrats on the Education and Labor Committee have been able to come together on numerous occasions and produce bipartisan legislation that is forward-looking and aims at prevention first.

We did this last Congress with the Juvenile Justice Reform Act and with the reauthorization of the Missing Children's Assistance Act.

In a perfect world, we would not need laws addressing child abuse. We certainly would not need stronger laws addressing child abuse. But this world is far from perfect.

Today, members of the Education and Labor Committee have brought before the House an update to the Child

Abuse Prevention and Treatment Act which, since 1974, has helped States combat child abuse and neglect. This bill, aptly named Stronger CAPTA, looks to those who spend their professional and personal lives fulfilling what can only be described as a deep calling to stand between children and abuse, to lead us forward in our efforts to serve families.

Last year, we saw a House-wide effort to address the scourge of opioid abuse in communities across the country. As our committee met for hearings and worked to determine our own contributions to that effort, the impact opioid abuse and addiction is having on innocent children came in to sharper focus. In many ways, today's legislation has its roots in those informative proceedings.

This bill recognizes the power of community in supporting at-risk families. Leaders in Washington and in State capitals, more than anything, want to protect children in danger. But it is friends, neighbors, fellow church members, and community volunteers who can spot real trouble, hopefully, before it will start.

This legislation strengthens and expands coordination among local agencies to help ensure families have access to physical and mental health services, domestic violence prevention programs, disability supports, and substance abuse treatment, when necessary.

As opioid addiction continues its hold in communities in every single congressional district represented here, we must look at Stronger CAPTA as another way we can fight back.

This bill puts families and children before bureaucracies and paperwork. I am proud of the members of the Education and Labor Committee on both sides of the aisle who worked together to bring this bill to the floor.

I urge all Members to support the Stronger Child Abuse Prevention and Treatment Act.

Ms. SCHRIER. Madam Speaker, I yield 1 minute to the gentlewoman from Nevada (Mrs. LEE).

Mrs. LEE of Nevada. Madam Speaker, I thank Chairman SCOTT and Ranking Member FOXX for their work in bringing this bipartisan Stronger CAPTA to the floor; as well as Representative WATKINS, for drafting our bipartisan amendment that ensures that poverty alone cannot be used as evidence of abuse and neglect.

The fight against intergenerational poverty has many fronts, but one of the most important things we can do is preserve family stability for as many children as possible. Families struggling with poverty need supports to preserve stability, not additional toxic stress that can alter child development.

Let me be clear: Abuse and neglect know no socioeconomic barriers. Poverty alone is neither abuse nor neglect. I am proud that our amendment will ensure that no child is removed from

their family solely because that family is living in poverty.

Madam Speaker, I urge all of my colleagues to support this bipartisan bill.

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

Ms. SCHRIER. Madam Speaker, I yield 2 minutes to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE. Madam Speaker, I am so happy that H.R. 2480 includes several noteworthy improvements to the CAPTA Act. One is a bill that I introduced last Congress called Family Poverty is Not Child Neglect Act. It recognizes that 75 percent of child abuse referrals are not because of malicious abuse, but because of symptoms of poverty that officials categorize as neglect.

It would mandate States to treat those conditions of poverty with service-based remedies that will reduce the parental separation risk disproportionately affecting low-income children and families.

I am so pleased that federally-supported distinctions between poverty-based lack and parental maltreatment unrelated to poverty has been added to our Stronger CAPTA bill.

Poverty-related conditions should be met with poverty-alleviating solutions, not child separation.

Madam Speaker, I just want to share my own personal story. My own experience, at age 18, was that I was separated from my child, who was placed in foster care, because my scholarship money would not cover living expenses. And while she was placed in a loving foster home, this was traumatic for me, and constituted an adverse childhood experience for my daughter.

So I am so pleased to stand here today to say, as a witness, that we should do everything we can to avoid child separations, and this bill addresses it.

Madam Speaker, I thank all of the authors on both sides of the aisle.

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

Ms. SCHRIER. Madam Speaker, I yield 1½ minutes to the gentlewoman from Pennsylvania (Ms. WILD).

Ms. WILD. Madam Speaker, I rise today in proud support of the Stronger Child Abuse Prevention and Treatment Act, a bill that will help protect children from abuse and neglect.

Across our country, more than 670,000 children were reported to be victims of child abuse or neglect. In 2016, almost 1,500 children in the United States died as a result of abuse or neglect.

It is past time for us to act to prevent child abuse and neglect. That is why, earlier this month, I introduced the Speak Up to Protect Every Abused Kid Act. I am proud that portions of the Speak Up Act are included in the Stronger CAPTA Act.

The Speak Up Act would take commonsense steps to increase reporting of child abuse or neglect by requiring States to implement a consistent

standard for reporting suspected child abuse or neglect.

The Speak Up Act would require individuals with professional responsibilities over children to report suspected child abuse and neglect directly to State authorities. We have heard too many stories of children being abused or neglected and not getting the help they need because adults do not report it to the proper authorities.

I was proud to support the Stronger CAPTA Act in the Education and Labor Committee, and I am proud to vote for it on the floor today. I urge my colleagues to vote in support of this important bill.

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

Ms. SCHRIER. Madam Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. LANGEVIN).

□ 1730

Mr. LANGEVIN. Madam Speaker, I thank the gentlewoman for yielding.

Madam Speaker, I rise in support of Stronger CAPTA, which includes provisions from the Safe Home Act, which is bipartisan legislation I introduced with Representative DON BACON.

These provisions address unregulated custody transfers. This is the frightening practice of transferring a child, usually an adopted child, to a stranger outside the safeguards of the child welfare system.

Known as rehoming, this phenomenon occurs when parents lack the supports to meet their children's needs and, instead, place them with individuals who haven't undergone background checks, home studies or supervision, where they are at risk of further abuse.

Unregulated custody transfers are a form of child abuse and neglect, and Stronger CAPTA removes any ambiguity that might prevent child welfare agencies from being able to investigate these cases. So it will give States the tools to prevent, identify, and respond to such dangers so that they can safeguard our most vulnerable youth.

Madam Speaker, I thank Congresswoman SCHRIER for her leadership, and I urge my colleagues to support Stronger CAPTA.

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

Ms. SCHRIER. Madam Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. SCOTT), my colleague and the chair of our committee.

Mr. SCOTT of Virginia. Madam Speaker, I thank Dr. SCHRIER and Mr. COMER for sponsoring this important legislation.

Madam Speaker, I rise today in support of the Stronger Child Abuse Prevention and Treatment Act, or Stronger CAPTA.

Congress has a vital role in helping States protect children from physical injury and emotional trauma associated with child abuse and neglect.

Stronger CAPTA will fulfill that role by increasing investment in both treat-

ment of child abuse and neglect, and programs designed to prevent maltreatment from happening in the first place.

Specifically, this bill would provide States with resources to strengthen prevention programs, invest in child protective service agencies, and streamline communication between those agencies across this country. It would also build upon the bipartisan commitment to keep families together when it is in the best interests of the child.

Last Saturday, May 18, was the 1-year anniversary of the tragic death of Heaven Watkins, an 11-year-old girl in my community who lost her life because of child abuse. Had the reforms in this bill been in place, Heaven's death could have been prevented.

Specifically, investing in prevention strategies and improving the collection and sharing of vital information can help children like Heaven from slipping through the cracks.

Madam Speaker, I would like to thank, again, Dr. SCHRIER and Mr. COMER for their leadership, as well as Ms. BONAMICI, Mrs. TRAHAN, Mr. JOHNSON, Ms. STEFANIK, and, of course, the ranking member, Dr. FOXX, for their work in bringing this bill to the floor.

Madam Speaker, I urge my colleagues to support Stronger CAPTA.

Mr. COMER. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, I just want to conclude by again thanking everyone for working together in a bipartisan way on this bill. This is very important. This is something that we can do to prove Congress can work together, can come together on issues of the utmost importance, and preventing child abuse and neglect is an issue that is bipartisan and of the utmost importance.

This bill streamlines the process. It does just exactly the things that the States have asked us to do with the bill.

Madam Speaker, I encourage my colleagues to vote in favor of this bill, and I yield back the balance of my time.

Ms. SCHRIER. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, I include in the RECORD the following: first, a letter from the National Child Abuse Coalition supporting H.R. 2480, which praises the legislation's improvements to interstate data sharing and increases to authorization levels; second, a letter from the American Academy of Pediatrics endorsing H.R. 2480, which praises the legislation's public health focus; and third, a letter from the American Psychological Association supporting H.R. 2480, which praises this legislation's improvement to research on helping families experiencing substance use disorders.

NATIONAL CHILD ABUSE COALITION,
May 7, 2019.

Chairman BOBBY SCOTT,
House Committee on Education and Labor,
Washington, DC.
Representative KIM SCHRIER,
Washington, DC.
Ranking Member VIRGINIA FOXX,
House Committee on Education and Labor,
Washington, DC.
Representative JAMES COMER,
Washington, DC.

DEAR CHAIRMAN SCOTT, RANKING MEMBER FOXX, REPRESENTATIVE SCHRIER, and REPRESENTATIVE COMER: On behalf of the National Child Abuse Coalition, thank you for your outstanding leadership on the Stronger Child Abuse Prevention and Treatment Act. The reforms and funding levels you have proposed in this legislation are extremely important, and we strongly encourage all members of the House Committee on Education and Labor to support its passage. If appropriately funded, this legislation will reduce child abuse and neglect, strengthen families through community-driven solutions, improve local responses to child trauma, increase states' child safety tools, and bring much improved data and transparency around abuse and neglect fatalities so that states can make tailored reforms to prevent future fatalities. Though some changes to the bill are still needed, we look forward to continuing to work with you as the legislation moves forward.

In particular, we strongly support the following elements of the proposal:

Authorization levels. Meaningful increases to CAPTA funding are essential to ensure this bill's important reforms will make children safer and families stronger. For too long, Congress has sought key improvements to this law but has failed to appropriate the funds that would allow states to successfully implement them. The Coalition believes at least \$500 million for each title is critical, but we recognize the authorization levels in this legislation reflect your strong commitment to keeping children from being harmed. We were very disappointed to learn that the House Labor-H bill released today does not reflect the important investments you have included in the Stronger Child Abuse Prevention and Treatment Act. We look forward to working with you to ensure the funding levels included in this legislation are executed in the appropriations process. The reforms this Committee envisions for CAPTA will not be realized without robust increases to funding.

Emphasis on family strengthening. We also applaud the bill's focus on family strengthening, a clear reflection of what we know to be true: that healthy and strong families are key to ensuring children are healthy and can achieve their full potential. The Stronger Child Abuse Prevention and Treatment Act reflects the entire continuum of supports to families, starting with primary prevention at the heart of Title II and extending into the identification and treatment of abuse and neglect in Title I. All are essential to creating systems of support that both prevent child abuse and neglect and keep families together whenever possible, and also ensure timely and appropriate action when child abuse or neglect does occur.

Improvements to child protection systems to reduce child fatalities and near fatalities from abuse and neglect. Experts estimate nearly 3,000 children die every year from child abuse and neglect. Without proper data and disclosure, efforts to reduce these fatalities will not succeed. The legislation's reforms in Section 103 to develop uniform standards for tracking and reporting of child fatalities resulting from maltreatment are absolutely essential to making sure federal,

state, and local governments have the information they need to keep more vulnerable children alive. The bill's reforms to clarify and strengthen disclosure about fatalities and near fatalities in Section 106 are also very important to these efforts. Both of these reforms were proposed by the Commission to Eliminate Child Abuse and Neglect Fatalities, a bipartisan Commission devised by Congress to put an end to these tragic child deaths. We also commend you for taking steps to improve interstate data exchange.

Thoughtful attention to children and families impacted by substance use disorders. As the national rise in substance use disorders continues to drive more children and families into the child welfare system, we appreciate the thoughtful attention paid by the Committee to these issues. In particular, the bill incorporates new language reflecting the intersection between child abuse and neglect and substance use disorders, the needs of children and families with substance use disorders, and how critical collaboration across multiple public and community partners is to effectively connect families to needed treatment services.

Improved transparency, accountability, and focus on key priorities. We greatly appreciate the legislation's much-needed streamlining and updating of CAPTA in ways that will prioritize key needs from the experts working in states and communities, and that will improve transparency and accountability to ensure better implementation of the law. The revisions to Sections 104 and 105 reflect a more focused approach to key priorities in child welfare. The use of funds in Section 106 presents a much more cohesive and coordinated vision to help states in their efforts to prevent, treat, and intervene in child abuse and neglect. The bill's revisions specifying the state mandates in Section 106 will bring much-needed improvements to CAPTA's transparency and accountability.

Finally, as the bill advances, we look forward to working with you so that the following provisions in Title II strike the right balance to ensure effective use of taxpayer dollars, reduce bureaucratic requirements for states, and reflect the importance of a universal, or public health, approach to primary prevention:

Administrative cap. Thank you for working with the Coalition and its members on this provision in between introduction and mark-up. We appreciate your willingness to respond to deep concerns from the states that the initial proposed cap would hinder states' ability to carry out the provisions of the legislation. CBCAP lead agencies are committed to running their programs efficiently, and most of them operate as part of larger agencies and do not always control what shared expenses are charged to them. We heard from numerous CBCAP lead agencies that a four percent cap would greatly limit their ability to provide adequate oversight and support in implementing the bold vision that is proposed in the underlying legislation. As the legislation advances, we hope to work with you to ensure that the administrative cap is consistent with guidance from Office of Management and Budget related to federally negotiated indirect cost rates for federal funding, in a manner that does not undermine state flexibility to effectively implement the law.

70/30 funding formula. The Coalition urges Congress to simplify the Title II formula to be entirely population based. Currently, thirty percent of the funding formula is determined by a very complicated set of rules that burdens states with onerous bureaucracy, reduces state flexibility, produces accounting incentives that do not necessarily

reflect state investments, and creates a situation where states that might benefit the most are the least able to leverage funds. As a result, just three states receive nearly one-third of the funding from this portion of the formula. We hope that you will continue to work with us to create a more appropriate formula for this Title.

Public health approach. As the Committee repeatedly heard from the witnesses at its March 26th hearing, a universal approach to primary prevention services is essential to the success of Title II. Primary prevention of child abuse is most effective when it takes a universal approach to building protective factors and reducing risks in families and communities. It is important that CAPTA strike the right balance between emphasizing building a universal—or public health—approach and targeting higher risk communities. We look forward to working with you to make sure the final law addresses this in the best manner possible.

Thank you for your commitment to the prevention and treatment of child abuse and neglect, and to improving the lives of children and families in the United States. The National Child Abuse Coalition and its twenty-five organizational members stand ready to continue to help support your efforts as the critical bill moves through Congress.

Sincerely,

RUTH J. FRIEDMAN, Ph.D.,
Executive Director, National Child
Abuse Coalition.

AMERICAN ACADEMY OF PEDIATRICS,
May 8, 2019.

Hon. KIM SCHRIER,
House of Representatives,
Washington, DC.

Hon. JAMES COMER,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVES SCHRIER AND COMER: On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of 67,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults, I am writing to share our endorsement of the Stronger Child Abuse Prevention and Treatment Act of 2019 (H.R. 2480).

As many as 25 percent of children in the United States have experienced some form of maltreatment. Pediatricians have long supported the Child Abuse Prevention and Treatment Act (CAPTA) because it is an essential federal policy tool for preventing and responding to child maltreatment. CAPTA provides critical support to states and non-profit community-based organizations for services to prevent and treat child abuse and neglect. While CAPTA is critically important, limited federal funding has historically impeded its ability to create meaningful change for vulnerable children and families. This bipartisan legislation would create major progress and support efforts to apply a public health approach to preventing and addressing child maltreatment.

The Stronger Child Abuse Prevention and Treatment Act would reauthorize and strengthen CAPTA to better promote child health and well-being. Crucially, the bill authorizes \$270 million for Title I state grants and \$270 million for Title II community-based prevention and state system improvement in FY2020. The AAP strongly supports this critical funding increase, which would improve CAPTA's ability to create meaningful change for vulnerable children and families. In addition, the AAP supports the bill's restructuring of CAPTA to shift away from lists of state assurances to intentional strategic planning. This will improve the quality

and accountability of CAPTA-financed activities.

H.R. 2480 also shifts CAPTA toward a public health focus on prevention of child abuse. The bill streamlines CAPTA research topics to focus on understudied areas such as how to best address trauma, promote racial equity, and serve families with substance use disorders in child welfare systems. The Academy strongly supports the inclusion of a provision to allow funds for research into “sentinel” injuries. This will help develop practices for improving early detection and management of injuries indicative of potential abuse, preventing further maltreatment and fatalities.

The AAP also supports the bill’s requirement for the U.S. Department of Health and Human Services to create standardized definitions for fatalities and near-fatalities related to maltreatment, and to require data tracking on those incidents. These data will be essential to applying a public health approach to child maltreatment, enabling researchers, policymakers, and practitioners to learn how to better prevent maltreatment from studying the most tragic outcomes.

The AAP also supports the bill’s creation of a new interstate maltreatment registry system. This policy would support essential information sharing to ensure that information about maltreatment a child has experienced can cross state lines. Currently, states do not readily share this information, which can lead to missed opportunities to intervene and protect children from further harm. This is vital to protecting children and preventing child fatalities.

Child maltreatment is a preventable but pervasive public health problem. This bipartisan legislation offers critically needed innovative approaches to improving child welfare systems. The Academy supports this legislation and looks forward to working with you to advance these important policies.

Sincerely,
KYLE E. YASUDA, MD, FAAP,
President.

—
AMERICAN PSYCHOLOGICAL
ASSOCIATION SERVICES, INC.,
Washington, DC, May 9, 2019.

Chairman BOBBY SCOTT,
House Committee on Education and Labor,
Washington, DC.

Representative KIM SCHRIER,
Washington, DC.
Ranking Member VIRGINIA FOXX,
House Committee on Education and Labor,
Washington, DC.

Representative JAMES COMER,
Washington, DC.

DEAR CHAIRMAN SCOTT, RANKING MEMBER FOXX, REPRESENTATIVE SCHRIER, and REPRESENTATIVE COMER: On behalf of the nearly 118,400 members and affiliates of the American Psychological Association (APA), thank you for your extraordinary leadership on H.R. 2480, the Stronger Child Abuse Prevention and Treatment Act (Stronger CAPTA). The reforms in this legislation, in concert with the increased funding authorization, are powerful steps toward preventing child abuse and neglect and improving access to treatment and essential services for children and families, especially those recovering from trauma.

APA is a scientific and professional organization representing psychology, comprised of clinicians, researchers, educators, consultants and students across the United States and around the world. APA works to advance the creation, communication and application of psychological knowledge to benefit society and improve people’s lives. Many psychologists are specialized in child development and work across research and practice

to serve children and families, including children who have experienced abuse and neglect.

The Stronger Child Abuse Prevention and Treatment Act takes a streamlined and family-oriented approach to addressing key priorities in child welfare. The bill thoroughly emphasizes the importance of strengthening families through a continuum of services and supports including treating traumatic stress, connecting parents and children to mental and physical health services, programs to develop parenting skills, and other core services. Building on the Family First Prevention Services Act, the new Stronger CAPTA includes a greater focus on the prevention of child abuse and neglect. APA is particularly pleased to see trauma and adverse childhood experiences highlighted across the bill’s, research and technical assistance components, as well as the state grants in both Titles I and II. While there is much to be commended in the proposal, APA strongly supports the following elements:

IMPROVEMENTS IN RESEARCH AND DATA COLLECTION

The priorities set in section 104 focus on key areas of research to identify evidence-based approaches that improve primary prevention efforts, service delivery to children and families, and the wellbeing of victims of child abuse and neglect. The bill emphasizes scalability with an eye toward better serving more children and families, particularly those who have experienced trauma or have complex needs. APA strongly supports the promotion of racial equity within the child welfare system and the development of evidence-based approaches that consider the unique needs of rural, urban, and suburban families. In addition to streamlining research priorities, Stronger CAPTA enables much needed improvements in transparency and state data reporting through an update to the state plan mandates in section 106.

REDUCING FINDINGS OF NEGLECT DUE TO POVERTY

Consistent with APA’s Presidential Initiative on Deep Poverty, APA applauds the new provisions aimed at preventing and reducing findings of child neglect that result from a family’s economic insecurity. Keeping families together, whenever possible, is critically important for healthy development and children should not be separated from loving families due to poverty. As the section 106 grants suggest, families in financial need are better served by connecting them to services, such as nutrition assistance benefits.

ADDRESSING COMPLEX FAMILY NEEDS

GI Stronger CAPTA recognizes the challenges of adequately supporting and improving outcomes for families with complex needs. Some of America’s most vulnerable families are those with multiple risk factors for child abuse and neglect, such as parents with substance use disorders, parents who have experienced domestic violence, caregivers and children with disabilities, and young parents. Across both Titles, the bill encourages comprehensive outreach and treatment strategies to identify and support families with complex needs.

SUBSTANCE USE DISORDERS

The national epidemic of opioid use disorders has driven a substantial increase in findings of child abuse and neglect that has resulted in more children in the child welfare system. This bill acknowledges the intersection of substance use disorders and child maltreatment and incorporates new provisions to encourage interdisciplinary collaboration across community and public partners, with the goal of ensuring families are connected to the mental health services and additional supports that they need.

These reforms reflect a responsiveness to current needs identified by state and local agencies and service providers.

INCREASED AUTHORIZATION LEVELS

Congress has long sought myriad improvements to CAPTA but has historically failed to appropriate adequate funds for proper implementation. Additional funding is vital to ensure that the meaningful reforms of this legislation are fully realized, to the benefit of vulnerable children and families. The significant increases to authorization levels in H.R. 2480 illustrate a renewed commitment protecting children from harm. The importance of the increases proposed cannot be overstated, and the changes must be incorporated into the Fiscal Year 2020 appropriations legislation accordingly, so as to not risk delays in implementation.

The Stronger Child Abuse and Prevention and Treatment Act represents an encouraging federal commitment to preventing child abuse and neglect before it occurs and proving the best possible continuum of services to support to children and families who have experienced child abuse and neglect. We welcome opportunities to work together to strengthen and advance this legislation.

Sincerely,

KATHERINE MCGUIRE,
Chief Advocacy Officer.

Ms. SCHRIER. Madam Speaker, I urge my colleagues to support H.R. 2480. I am so pleased that we worked together in a bipartisan fashion.

Parenting is the hardest job we have, and yet we have no training for it. This bill ensures that parents will have the support they need. It will save lives and prevent child mistreatment, maltreatment, abuse, and neglect.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Washington (Ms. SCHRIER) that the House suspend the rules and pass the bill, H.R. 2480, as amended.

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

A motion to reconsider was laid on the table.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO THE STABILIZATION OF IRAQ—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 116-36)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days before the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the