

JENNA QUINN LAW OF 2024

NOVEMBER 26, 2024.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Ms. FOXX, from the Committee on Education and the Workforce,
submitted the following

R E P O R T

together with

ADDITIONAL VIEWS

[To accompany H.R. 7233]

[Including cost estimate of the Congressional Budget Office]

The Committee on Education and the Workforce, to whom was referred the bill (H.R. 7233) to amend the Child Abuse Prevention and Treatment Act to provide for grants in support of training and education to teachers and other school employees, students, and the community about how to prevent, recognize, respond to, and report child sexual abuse among primary and secondary school students, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Jenna Quinn Law of 2024”.

SEC. 2. CHILD SEXUAL ABUSE AWARENESS FIELD INITIATED GRANTS.

(a) IN GENERAL.—Section 105(a) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)) is amended by adding at the end the following:

“(8) CHILD SEXUAL ABUSE AWARENESS FIELD-INITIATED GRANTS.—

“(A) IN GENERAL.—The Secretary may award grants under this subsection to entities, for periods of up to 5 years, in support of field-initiated innovation projects that advance, establish, or implement comprehensive, innovative, evidence-based, or evidence-informed child sexual abuse awareness and prevention programs by—

“(i) improving student awareness of child sexual abuse in an age-appropriate manner, including how to recognize, prevent, and safely report child sexual abuse;

“(ii) training teachers, school employees, and other mandatory reporters and adults who work with children in a professional or volunteer capacity, including with respect to recognizing child sexual abuse and safely reporting child sexual abuse; or

“(iii) providing information to parents and guardians of students about child sexual abuse awareness and prevention, including how to prevent, recognize, respond to, and report child sexual abuse and how to discuss child sexual abuse with a child.

“(B) REPORTING.—Each entity receiving a grant under subparagraph (A) shall submit an annual report to the Secretary, for the duration of the grant period, on the projects carried out using such grant, including the number of participants, the services provided, and the outcomes of the projects, including participant evaluations.”.

(b) REPORT ON EFFECTIVENESS OF EXPENDITURES.—Not later than 5 years after the date on which the first grant is awarded under paragraph (8) of section 105(a) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)), as added by subsection (a), the Comptroller General of the United States shall—

(1) prepare a report that describes the projects for which funds are expended under paragraph (8) of such section 105(a) and evaluates the effectiveness of those projects; and

(2) submit the report to the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate and the Committee on Education and the Workforce and the Committee on Ways and Means of the House of Representatives.

(c) REPORT ON DUPLICATIVE NATURE OF EXPENDITURES.—Not later than 5 years after the date of enactment of this Act, the Comptroller General of the United States shall—

(1) prepare a report that examines whether the projects described in subsection (b) are duplicative of other activities supported by Federal funds; and

(2) submit the report to the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate and the Committee on Education and the Workforce and the Committee on Ways and Means of the House of Representatives.

PURPOSE

The purpose of H.R. 7233, the *Jenna Quinn Law of 2024*, is to amend the *Child Abuse Prevention and Treatment Act* (CAPTA) to provide for grants in support of education and professional development to teachers and other school employees, students, and the community about how to prevent, recognize, respond to, and report child sexual abuse among elementary and secondary school students.

COMMITTEE ACTION

118TH CONGRESS

Second Session—Hearings

On February 6, 2024, the Committee’s Subcommittee on Early Childhood, Elementary, and Secondary Education held a hearing on “Protecting Missing and Exploited Children.” The purpose of the hearing was to learn more about the National Center for Missing and Exploited Children and discuss reauthorization of the *Missing Children’s Assistance Act*. During the hearing, Representative Nathaniel Moran (R–TX) stated the importance of “ensuring mechanisms are in place to equip those who care for our children, to recognize and report abuse and sexual exploitation, and prevent child victimization.” He noted that that is why he introduced the *Jenna Quinn Law of 2024*. Testifying before the Subcommittee was Ms. Michelle DeLaune, President and CEO, The National Center for Missing & Exploited Children, Alexandria, VA.

On May 15, 2024, the Committee on Education and the Workforce held a hearing on “Examining the Policies and Priorities of the Department of Health and Human Services.” The purpose of the hearing was to review the Fiscal Year 2025 budget priorities of the Department of Health and Human Services (HHS). During the hearing, Representative Moran asked Secretary Becerra if “additional resources for teachers, school employees, and other caregivers would be helpful in these efforts for them to be able to identify and report so that we can combat sexual abuse.” Secretary Becerra agreed. Testifying before the Committee was the Honorable Xavier Becerra, Secretary, U.S. Department of Health and Human Services, Washington, D.C.

Legislative Action

On February 5, 2024, Representative Moran introduced H.R. 7233, the *Jenna Quinn Law of 2024*, with Representatives Michael McCaul (R–TX) and Susan Wild (D–PA) as original co-sponsors. On September 11, 2024, the Committee considered H.R. 7233 in a legislative session and reported it favorably, as amended, to the House of Representatives by a recorded vote of 33–0. The Committee considered the following amendment to H.R. 7233:

1. Representative Moran offered an amendment in the nature of a substitute that made two technical changes to the bill. The amendment was adopted by voice vote.

COMMITTEE VIEWS

INTRODUCTION

Children are the nation’s future, but sadly the life and bright future of hundreds of thousands of children are threatened each year by abuse and neglect. According to the Centers for Disease Control and Prevention, one in four girls and one in 20 boys in the United States are estimated to experience child abuse.¹ Furthermore, the National Children’s Alliance states “an estimated 558,899 children (unique incidents) were victims of abuse and neglect in 2022, the most recent year for which there is national data.”² Such statistics demonstrate the need for proactive measures to prevent child abuse before it occurs.

BACKGROUND

The *Child Abuse Prevention and Treatment Act* (CAPTA)³ is the federal law focused on protecting children from abuse and neglect by their primary caregivers. The main program authorizes grants to states to improve child protective services and to support community-based efforts to prevent child abuse and neglect. As a condition of receiving grant funds, states are required to have procedures in place for receiving and responding to allegations of abuse or neglect and for ensuring children’s safety.

But the effects of child abuse and neglect are not limited to reportable instances. Children who are abused and neglected may also suffer immediate or long-term physical injury or emotional or psychological negative effects, including the disruption of nor-

¹ <https://www.cdc.gov/child-abuse-neglect/about/about-child-sexual-abuse.html>.

² <https://www.nationalchildrensalliance.org/media-room/national-statistics-on-child-abuse/>.

³ P.L. 93–247.

mative development. In short, these victims represent futures that are being derailed often before they have a voice to describe the violence perpetrated against them. The federal CAPTA statute reflects the sobering truth of this child abuse crisis.

PREVENTION IS KEY TO CURBING INSTANCES OF CHILD ABUSE

Congress can make meaningful steps in preventing additional child abuse and neglect by providing states with the tools necessary to strengthen child abuse prevention services. The *Jenna Quinn Law of 2024* will allow for field-initiated grants for child sexual abuse awareness and prevention programs for up to five years to specifically educate students, parents, teachers, and other school employees to recognize, prevent, and safely report child sexual abuse. The bill does not authorize new funding to support these grants. Instead, the Department of Health and Human Services (HHS) would be expected to use existing CAPTA discretionary activities funding to support this work. Additionally, the bill would require the Comptroller General of the United States to prepare a report on the program(s) created, their effectiveness, and any duplication with other activities supported by federal funds, and would submit such report to the Senate Health, Education, Labor, and Pensions Committee and the House Committee on Education and the Workforce.

Education, combined with a comprehensive set of prevention policies, is an important tool to prevent child sexual abuse. According to the Children’s Bureau at HHS, school personnel represent the second highest group of child abuse report sources.⁴ The *Jenna Quinn Law of 2024* underscores the priority parents and education personnel should be given in child abuse awareness education due to their consistent presence in and interaction on a child’s life by directing grant awards toward this first line of defense.

Teachers, school nurses, counselors, and coaches are often the most trusted adults who children interact with the most outside their own homes. They are uniquely positioned to recognize changes in behavior or other warning signs of potential abuse. Unfortunately, many of these professional education personnel lack the access to necessary education to help recognize and respond to signs of abuse.

In equipping these education personnel with the tools to create a safe environment for all children, the *Jenna Quinn Law of 2024* vests children with the chance to be seen, heard, and helped in instances of abuse.

By intervening early, we can protect children both from immediate harm and from long-term effects later in life. In reporting the *Jenna Quinn Law of 2024*, the Committee has acted on a bipartisan effort to protect those who cannot protect themselves. Letters of support for H.R. 7233 were received by the Committee from Families Forward, Traffick911, Abuse Prevention, and UnboundNow.

⁴U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2024). Child Maltreatment 2022. Available from <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

CONCLUSION

Despite CAPTA and its associated programs being in place, child abuse remains a tragic epidemic in our country. CAPTA is ready for updates and enhancements to address child abuse and neglect in 2024. H.R. 7233 is one such improvement, directly addressing the pervasive issue of child sexual abuse in this country. This legislation acknowledges that parents, educators, and other school personnel are on the front lines in recognizing and reporting child abuse and therefore equips them with the knowledge of the signs of abuse and the tools to report abuse accurately and correctly. Protecting the nation's children is not a partisan issue: it is a moral imperative.

SUMMARY

H.R. 7233, the *Jenna Quinn Law of 2024*, amends CAPTA to allow for grants in support of education and professional development to teachers and other school employees, students, and parents about how to prevent, recognize, and report child sexual abuse.

H.R. 7233 SECTION-BY-SECTION SUMMARY

Section 1. Short title

- Names the bill as the “Jenna Quinn Law of 2024”

Section 2. Child sexual abuse awareness field initiated grants

- Amends the *Child Abuse Prevention and Treatment Act* to:
 - Permit the Secretary of Health and Human Services to award field-initiated grants for child sexual abuse awareness and prevention programs for up to five years to specifically educate students, parents, teachers, and other school employees to recognize, prevent, and safely report child sexual abuse.
 - Require entities receiving such grants to submit an annual report on number of participants, services provided, project outcomes, and participant evaluations.
 - Require the Comptroller General of the United States to prepare a report on the program(s) created, their effectiveness, and any duplication with other activities supported by federal funds and submit such report to the Senate Health, Education, Labor, and Pensions Committee and the House Committee on Education and the Workforce.

EXPLANATION OF AMENDMENTS

The amendments, including the amendment in the nature of a substitute, are explained in the body of this report.

APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Section 102(b)(3) of Public Law 104–1 requires a description of the application of this bill to the legislative branch. H.R. 7233 amends CAPTA to provide grants in support of training and education to teachers, school employees, students and the community about how to recognize and report child sexual abuse among primary and secondary school students. H.R. 7233 applies solely to

primary and secondary schools, and therefore does not apply to the Legislative Branch.

UNFUNDED MANDATE STATEMENT

Pursuant to Section 423 of the Congressional Budget and Impoundment Control Act of 1974, Pub. L. No. 93-344 (as amended by Section 101(a)(2) of the Unfunded Mandates Reform Act of 1995, Pub. L. No. 104-4), the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office (CBO) pursuant to section 402 of the Congressional Budget and Impoundment Control Act of 1974.

EARMARK STATEMENT

H.R. 7233 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of House rule XXI.

ROLL CALL VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee Report to include for each record vote on a motion to report the measure or matter and on any amendments offered to the measure or matter the total number of votes for and against and the names of the Members voting for and against.

Date 9/11/24

COMMITTEE ON EDUCATION AND THE WORKFORCE RECORD OF COMMITTEE VOTE

Roll Call 2 Bill H R 7233 Amendment Number n/a

Disposition Motion to Report H R 7233, as amended, passed by a Full Committee Roll

Call Vote (33 y – 0 n)

Sponsor/Amendment Rep Moran / ANS7233_01

Name & State	Aye	No	Not Voting	Name & State	Aye	No	Not Voting
Mrs FOXX (NC) (Chairwoman)	X			Mr SCOTT (VA) (Ranking)	X		
Mr WILSON (SC)			X	Mr GRIJALVA (AZ)			X
Mr THOMPSON (PA)	X			Mr COURTEY (CT)	X		
Mr WALBERG (MI)	X			Mr SABLON (MP)			X
Mr GROTHMAN (WI)			X	Ms WILSON (FL)			X
Ms STEFANIK (NY)	X			Ms BONAMICI (OR)	X		
Mr ALLEN (GA)	X			Mr TAKANO (CA)	X		
Mr BANKS (IN)	X			Ms ADAMS (NC)	X		
Mr COMER (KY)	X			Mr DESAULNIER (CA)	X		
Mr SMUCKER (PA)	X			Mr NORCROSS (NJ)	X		
Mr OWENS (UT)	X			Ms JAYAPAL (WA)			X
Mr GOOD (VA)	X			Ms WILD (PA)			X
Mrs MCCLAIN (MI)	X			Ms MCBATH (GA)			X
Mrs MILLER (IL)	X			Mrs HAYES (CT)	X		
Mrs STEEL (CA)	X			Ms OMAR (MN)			X
Mr ESTES (KS)			X	Ms STEVENS (MI)	X		
Ms LETLOW (LA)			X	Ms LEGER FERNÁNDEZ (NM)	X		
Mr KILEY (CA)	X			Ms MANNING (NC)	X		
Mr BEAN (FL)	X			Mr MRVAN (IN)	X		
Mr BURLISON (MO)	X			Mr BOWMAN (NY)			X
Mr MORAN (TX)	X						
Ms CHAVEZ-DEREMER (OR)	X						
Mr WILLIAMS (NY)	X						
Ms HOUGHIN (IN)	X						
Mr RULLI (OH)	X						

TOTALS Ayes 33

Nos 0

Not Voting 12

Total 45 / Quorum / Report

(25 R - 20 D)

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause (3)(c) of rule XIII of the Rules of the House of Representatives, the goal of H.R. 7233 is to provide grants for child sexual abuse awareness and prevention programs to educate teachers, students, school employees, and the community on how to respond to and report child sexual abuse.

DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 7233 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

STATEMENT OF OVERSIGHT FINDINGS AND RECOMMENDATIONS OF
THE COMMITTEE

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the body of this report.

REQUIRED COMMITTEE HEARING

In compliance with clause 3(c)(6) of rule XIII the following hearing held during the 118th Congress was used to develop or consider H.R. 7233: On February 6, 2024, the Committee on Education and the Workforce, Subcommittee on Early Childhood, Elementary, and Secondary Education held a hearing on “Protecting Missing and Exploited Children.”

NEW BUDGET AUTHORITY AND CBO COST ESTIMATE

With respect to the requirements of clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a) of the Congressional Budget Act of 1974 and with respect to requirements of clause 3(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the Congressional Budget Act of 1974, the Committee adopts as its own the cost estimate for the bill prepared by the Director of the Congressional Budget Office.

H.R. 7233, Jenna Quinn Law of 2024			
As ordered reported by the House Committee on Education and the Workforce on September 11, 2024			
By Fiscal Year, Millions of Dollars	2025	2025-2029	2025-2034
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	0	*	not estimated
Increases <i>net direct spending</i> in any of the four consecutive 10-year periods beginning in 2035?	No	Statutory pay-as-you-go procedures apply?	No
		Mandate Effects	
Increases <i>on-budget deficits</i> in any of the four consecutive 10-year periods beginning in 2035?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between zero and \$500,000.			

H.R. 7233 would amend the Child Abuse Prevention and Treatment Act (CAPTA) to allow the Department of Health and Human Services (HHS) to award grants to advance the awareness and prevention of child sexual abuse.

Using information from HHS about the costs of similar programs, CBO estimates that the department would need \$4 million annually for the new grants. Based on historical spending patterns for similar programs, CBO estimates that implementing those grants would cost \$10 million over the 2025–2029 period. However, those costs would not be attributable to the bill because the underlying authorization is expired. (Although authorizations for the programs in CAPTA expired at the end of 2015, lawmakers have continued to appropriate funds for them. In 2024, about \$214 million was allocated for CAPTA programs.)

H.R. 7233 also would require the Government Accountability Office (GAO) to report to the Congress on the effectiveness of grants for reducing child sexual abuse and on whether the projects are duplicative. On the basis of the cost of similar activities, CBO estimates that the costs to GAO to complete the report would be insignificant; any related spending would be subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Delaney Smith. The estimate was reviewed by Christina Hawley Anthony, Deputy Director of Budget Analysis.

PHILLIP L. SWAGEL,
Director, Congressional Budget Office.

COMMITTEE COST ESTIMATE

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison of the costs that would be incurred in carrying out H.R. 7233. However, clause 3(d)(2)(B) of that Rule provides that this requirement does not apply when, as with the present report, the Committee adopts as its own the cost estimate for the bill prepared by the Director of the Congressional Budget Office.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

CHILD ABUSE PREVENTION AND TREATMENT ACT

* * * * *

TITLE I—GENERAL PROGRAM

* * * * *

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

(a) GRANTS FOR PROGRAMS AND PROJECTS.—The Secretary may make grants to, and enter into contracts with, entities that are States, Indian tribes or tribal organizations, or public agencies or private agencies or organizations (or combinations of such entities) for programs and projects for the following purposes:

(1) TRAINING PROGRAMS.—The Secretary may award grants to public or private organizations under this subsection—

(A) for the training of professional and paraprofessional personnel in the fields of health care, medicine, law enforcement, judiciary, social work and child protection, education, child care, and other relevant fields, or individuals such as court appointed special advocates (CASAs) and guardian ad litem, who are engaged in, or intend to work in, the field of prevention, identification, and treatment of child abuse and neglect, including the links between domestic violence and child abuse and neglect;

(B) to improve the recruitment, selection, and training of volunteers serving in public and private children, youth, and family service organizations in order to prevent child abuse and neglect;

(C) for the establishment of resource centers for the purpose of providing information and training to professionals working in the field of child abuse and neglect;

(D) for training to enhance linkages among child protective service agencies and health care agencies, entities providing physical and mental health services, community resources, and developmental disability agencies, to improve screening, forensic diagnosis, and health and developmental evaluations, and for partnerships between child protective service agencies and health care agencies that support the coordinated use of existing Federal, State, local, and private funding to meet the health evaluation needs of children who have been subjects of substantiated cases of child abuse or neglect;

(E) for the training of personnel in best practices to meet the unique needs of children with disabilities, including promoting interagency collaboration;

(F) for the training of personnel in best practices to promote collaboration with the families from the initial time of contact during the investigation through treatment;

(G) for the training of personnel regarding the legal duties of such personnel and their responsibilities to protect the legal rights of children and families;

(H) for the training of personnel in childhood development including the unique needs of children under age 3;

(I) for improving the training of supervisory and non-supervisory child welfare workers;

(J) for enabling State child welfare agencies to coordinate the provision of services with State and local health care agencies, alcohol and drug abuse prevention and treatment agencies, mental health agencies, other public and private welfare agencies, and agencies that provide early intervention services to promote child safety, permanence, and family stability;

(K) for cross training for child protective service workers in research-based strategies for recognizing situations of substance abuse, domestic violence, and neglect;

(L) for developing, implementing, or operating information and education programs or training programs designed to improve the provision of services to infants or toddlers with disabilities with life-threatening conditions for—

(i) professionals and paraprofessional personnel concerned with the welfare of infants or toddlers with disabilities with life-threatening conditions, including personnel employed in child protective services programs and health care facilities; and

(ii) the parents of such infants; and

(M) for the training of personnel in best practices relating to the provision of differential response.

(2) **TRIAGE PROCEDURES.**—The Secretary may award grants under this subsection to public and private agencies that demonstrate innovation in responding to reports of child abuse and neglect, including programs of collaborative partnerships between the State child protective services agency, community social service agencies and family support programs, law enforcement agencies, developmental disability agencies, substance abuse treatment entities, health care entities, domestic violence prevention entities, mental health service entities, schools, churches and synagogues, and other community agencies, to allow for the establishment of a triage system that—

(A) accepts, screens, and assesses reports received to determine which such reports require an intensive intervention and which require voluntary referral to another agency, program, or project;

(B) provides, either directly or through referral, a variety of community-linked services to assist families in preventing child abuse and neglect; and

(C) provides further investigation and intensive intervention when the child's safety is in jeopardy.

(3) **MUTUAL SUPPORT PROGRAMS.**—The Secretary may award grants to private organizations to establish or maintain a na-

tional network of mutual support, leadership, and self-help programs as a means of strengthening families in partnership with their communities.

(4) KINSHIP CARE.—The Secretary may award grants to public and private entities to assist such entities in developing or implementing procedures using adult relatives as the preferred placement for children removed from their home, where such relatives are determined to be capable of providing a safe nurturing environment for the child and where such relatives comply with the State child protection standards.

(5) LINKAGES AMONG CHILD PROTECTIVE SERVICE AGENCIES AND PUBLIC HEALTH, MENTAL HEALTH, SUBSTANCE ABUSE, DEVELOPMENTAL DISABILITIES, AND DOMESTIC VIOLENCE SERVICE AGENCIES.—The Secretary may award grants to entities that provide linkages among State or local child protective service agencies and public health, mental health, substance abuse, developmental disabilities, and domestic violence service agencies, and entities that carry out community-based programs, for the purpose of establishing linkages that are designed to ensure that a greater number of substantiated victims of child maltreatment have their physical health, mental health, and developmental needs appropriately diagnosed and treated, in accordance with all applicable Federal and State privacy laws.

(6) COLLABORATIONS BETWEEN CHILD PROTECTIVE SERVICE ENTITIES AND DOMESTIC VIOLENCE SERVICE ENTITIES.—The Secretary may award grants to public or private agencies and organizations under this section to develop or expand effective collaborations between child protective service entities and domestic violence service entities to improve collaborative investigation and intervention procedures, provision for the safety of the nonabusing parent involved and children, and provision of services to children exposed to domestic violence that also support the caregiving role of the non-abusing parent.

(7) GRANTS TO STATES TO IMPROVE AND COORDINATE THEIR RESPONSE TO ENSURE THE SAFETY, PERMANENCY, AND WELL-BEING OF INFANTS AFFECTED BY SUBSTANCE USE.—

(A) PROGRAM AUTHORIZED.—The Secretary is authorized to make grants to States for the purpose of assisting child welfare agencies, social services agencies, substance use disorder treatment agencies, hospitals with labor and delivery units, medical staff, public health and mental health agencies, and maternal and child health agencies to facilitate collaboration in developing, updating, implementing, and monitoring plans of safe care described in section 106(b)(2)(B)(iii). Section 112(a)(2) shall not apply to the program authorized under this paragraph.

(B) DISTRIBUTION OF FUNDS.—

(i) RESERVATIONS.—Of the amounts made available to carry out subparagraph (A), the Secretary shall reserve—

(I) no more than 3 percent for the purposes described in subparagraph (G); and

(II) up to 3 percent for grants to Indian Tribes and tribal organizations to address the needs of infants born with, and identified as being affected

by, substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder and their families or caregivers, which to the extent practicable, shall be consistent with the uses of funds described under subparagraph (D).

(ii) ALLOTMENTS TO STATES AND TERRITORIES.—The Secretary shall allot the amount made available to carry out subparagraph (A) that remains after application of clause (i) to each State that applies for such a grant, in an amount equal to the sum of—

(I) \$500,000; and

(II) an amount that bears the same relationship to any funds made available to carry out subparagraph (A) and remaining after application of clause (i), as the number of live births in the State in the previous calendar year bears to the number of live births in all States in such year.

(iii) RATABLE REDUCTION.—If the amount made available to carry out subparagraph (A) is insufficient to satisfy the requirements of clause (ii), the Secretary shall ratably reduce each allotment to a State.

(C) APPLICATION.—A State desiring a grant under this paragraph shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

(i) a description of—

(I) the impact of substance use disorder in such State, including with respect to the substance or class of substances with the highest incidence of abuse in the previous year in such State, including—

(aa) the prevalence of substance use disorder in such State;

(bb) the aggregate rate of births in the State of infants affected by substance abuse or withdrawal symptoms or a fetal alcohol spectrum disorder (as determined by hospitals, insurance claims, claims submitted to the State Medicaid program, or other records), if available and to the extent practicable; and

(cc) the number of infants identified, for whom a plan of safe care was developed, and for whom a referral was made for appropriate services, as reported under section 106(d)(18);

(II) the challenges the State faces in developing, implementing, and monitoring plans of safe care in accordance with section 106(b)(2)(B)(iii);

(III) the State's lead agency for the grant program and how that agency will coordinate with relevant State entities and programs, including the child welfare agency, the substance use disorder treatment agency, hospitals with labor and delivery units, health care providers, the public health and mental health agencies, programs

funded by the Substance Abuse and Mental Health Services Administration that provide substance use disorder treatment for women, the State Medicaid program, the State agency administering the block grant program under title V of the Social Security Act (42 U.S.C. 701 et seq.), the State agency administering the programs funded under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), the maternal, infant, and early childhood home visiting program under section 511 of the Social Security Act (42 U.S.C. 711), the State judicial system, and other agencies, as determined by the Secretary, and Indian Tribes and tribal organizations, as appropriate, to implement the activities under this paragraph;

(IV) how the State will monitor local development and implementation of plans of safe care, in accordance with section 106(b)(2)(B)(iii)(II), including how the State will monitor to ensure plans of safe care address differences between substance use disorder and medically supervised substance use, including for the treatment of a substance use disorder;

(V) if applicable, how the State plans to utilize funding authorized under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.) to assist in carrying out any plan of safe care, including such funding authorized under section 471(e) of such Act (as in effect on October 1, 2018) for mental health and substance abuse prevention and treatment services and in-home parent skill-based programs and funding authorized under such section 472(j) (as in effect on October 1, 2018) for children with a parent in a licensed residential family-based treatment facility for substance abuse; and

(VI) an assessment of the treatment and other services and programs available in the State to effectively carry out any plan of safe care developed, including identification of needed treatment, and other services and programs to ensure the well-being of young children and their families affected by substance use disorder, such as programs carried out under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) and comprehensive early childhood development services and programs such as Head Start programs;

(ii) a description of how the State plans to use funds for activities described in subparagraph (D) for the purposes of ensuring State compliance with requirements under clauses (ii) and (iii) of section 106(b)(2)(B); and

(iii) an assurance that the State will comply with requirements to refer a child identified as substance-exposed to early intervention services as required pursuant to a grant under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

(D) USES OF FUNDS.—Funds awarded to a State under this paragraph may be used for the following activities, which may be carried out by the State directly, or through grants or subgrants, contracts, or cooperative agreements:

(i) Improving State and local systems with respect to the development and implementation of plans of safe care, which—

(I) shall include parent and caregiver engagement, as required under section 106(b)(2)(B)(iii)(I), regarding available treatment and service options, which may include resources available for pregnant, perinatal, and postnatal women; and

(II) may include activities such as—

(aa) developing policies, procedures, or protocols for the administration or development of evidence-based and validated screening tools for infants who may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder and pregnant, perinatal, and postnatal women whose infants may be affected by substance use withdrawal symptoms or a fetal alcohol spectrum disorder;

(bb) improving assessments used to determine the needs of the infant and family;

(cc) improving ongoing case management services;

(dd) improving access to treatment services, which may be prior to the pregnant woman's delivery date; and

(ee) keeping families safely together when it is in the best interest of the child.

(ii) Developing policies, procedures, or protocols in consultation and coordination with health professionals, public and private health facilities, and substance use disorder treatment agencies to ensure that—

(I) appropriate notification to child protective services is made in a timely manner, as required under section 106(b)(2)(B)(ii);

(II) a plan of safe care is in place, in accordance with section 106(b)(2)(B)(iii), before the infant is discharged from the birth or health care facility; and

(III) such health and related agency professionals are trained on how to follow such protocols and are aware of the supports that may be provided under a plan of safe care.

(iii) Training health professionals and health system leaders, child welfare workers, substance use disorder

treatment agencies, and other related professionals such as home visiting agency staff and law enforcement in relevant topics including—

(I) State mandatory reporting laws established under section 106(b)(2)(B)(i) and the referral and process requirements for notification to child protective services when child abuse or neglect reporting is not mandated;

(II) the co-occurrence of pregnancy and substance use disorder, and implications of prenatal exposure;

(III) the clinical guidance about treating substance use disorder in pregnant and postpartum women;

(IV) appropriate screening and interventions for infants affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder and the requirements under section 106(b)(2)(B)(iii); and

(V) appropriate multigenerational strategies to address the mental health needs of the parent and child together.

(iv) Establishing partnerships, agreements, or memoranda of understanding between the lead agency and other entities (including health professionals, health facilities, child welfare professionals, juvenile and family court judges, substance use and mental disorder treatment programs, early childhood education programs, maternal and child health and early intervention professionals (including home visiting providers), peer-to-peer recovery programs such as parent mentoring programs, and housing agencies) to facilitate the implementation of, and compliance with, section 106(b)(2) and clause (ii) of this subparagraph, in areas which may include—

(I) developing a comprehensive, multi-disciplinary assessment and intervention process for infants, pregnant women, and their families who are affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder, that includes meaningful engagement with and takes into account the unique needs of each family and addresses differences between medically supervised substance use, including for the treatment of substance use disorder, and substance use disorder;

(II) ensuring that treatment approaches for serving infants, pregnant women, and perinatal and postnatal women whose infants may be affected by substance use, withdrawal symptoms, or a fetal alcohol spectrum disorder, are designed to, where appropriate, keep infants with their mothers during both inpatient and outpatient treatment; and

(III) increasing access to all evidence-based medication-assisted treatment approved by the Food and Drug Administration, behavioral therapy, and counseling services for the treatment of substance use disorders, as appropriate.

(v) Developing and updating systems of technology for improved data collection and monitoring under section 106(b)(2)(B)(iii), including existing electronic medical records, to measure the outcomes achieved through the plans of safe care, including monitoring systems to meet the requirements of this Act and submission of performance measures.

(E) REPORTING.—Each State that receives funds under this paragraph, for each year such funds are received, shall submit a report to the Secretary, disaggregated by geographic location, economic status, and major racial and ethnic groups, except that such disaggregation shall not be required if the results would reveal personally identifiable information on, with respect to infants identified under section 106(b)(2)(B)(ii)—

(i) the number who experienced removal associated with parental substance use;

(ii) the number who experienced removal and subsequently are reunified with parents, and the length of time between such removal and reunification;

(iii) the number who are referred to community providers without a child protection case;

(iv) the number who receive services while in the care of their birth parents;

(v) the number who receive post-reunification services within 1 year after a reunification has occurred; and

(vi) the number who experienced a return to out-of-home care within 1 year after reunification.

(F) SECRETARY'S REPORT TO CONGRESS.—The Secretary shall submit an annual report to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Education and the Workforce and the Committee on Appropriations of the House of Representatives that includes the information described in subparagraph (E) and recommendations or observations on the challenges, successes, and lessons derived from implementation of the grant program.

(G) ASSISTING STATES' IMPLEMENTATION.—The Secretary shall use the amount reserved under subparagraph (B)(i)(I) to provide written guidance and technical assistance to support States in complying with and implementing this paragraph, which shall include—

(i) technical assistance, including programs of in-depth technical assistance, to additional States, territories, and Indian Tribes and tribal organizations in accordance with the substance-exposed infant initiative developed by the National Center on Substance Abuse and Child Welfare;

(ii) guidance on the requirements of this Act with respect to infants born with and identified as being affected by substance use or withdrawal symptoms or fetal alcohol spectrum disorder, as described in clauses (ii) and (iii) of section 106(b)(2)(B), 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, including those reported under subparagraph (C)(i)(II);

(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

(IV) helping States improve the long-term safety and well-being of young children and their families;

(iii) supporting State efforts to develop information technology systems to manage plans of safe care; and

(iv) preparing the Secretary's report to Congress described in subparagraph (F).

(H) SUNSET.—The authority under this paragraph shall sunset on September 30, 2023.

(8) *CHILD SEXUAL ABUSE AWARENESS FIELD-INITIATED GRANTS.*—

(A) *IN GENERAL.*—*The Secretary may award grants under this subsection to entities, for periods of up to 5 years, in support of field-initiated innovation projects that advance, establish, or implement comprehensive, innovative, evidence-based, or evidence-informed child sexual abuse awareness and prevention programs by—*

(i) improving student awareness of child sexual abuse in an age-appropriate manner, including how to recognize, prevent, and safely report child sexual abuse;

(ii) training teachers, school employees, and other mandatory reporters and adults who work with children in a professional or volunteer capacity, including with respect to recognizing child sexual abuse and safely reporting child sexual abuse; or

(iii) providing information to parents and guardians of students about child sexual abuse awareness and prevention, including how to prevent, recognize, respond to, and report child sexual abuse and how to discuss child sexual abuse with a child.

(B) *REPORTING.*—*Each entity receiving a grant under subparagraph (A) shall submit an annual report to the Secretary, for the duration of the grant period, on the projects carried out using such grant, including the number of participants, the services provided, and the outcomes of the projects, including participant evaluations.*

(b) DISCRETIONARY GRANTS.—In addition to grants or contracts made under subsection (a), grants or contracts under this section may be used for the following:

(1) Respite and crisis nursery programs provided by community-based organizations under the direction and supervision of hospitals.

(2) Respite and crisis nursery programs provided by community-based organizations.

(3) Programs based within children's hospitals or other pediatric and adolescent care facilities, that provide model approaches for improving medical diagnosis of child abuse and neglect and for health evaluations of children for whom a report of maltreatment has been substantiated.

(4)(A) Providing hospital-based information and referral services to—

(i) parents of children with disabilities; and

(ii) children who have been victims of child abuse or neglect and their parents.

(B) Except as provided in subparagraph (C)(iii), services provided under a grant received under this paragraph shall be provided at the hospital involved—

(i) upon the birth or admission of a child with disabilities; and

(ii) upon the treatment of a child for child abuse and neglect.

(C) Services, as determined as appropriate by the grantee, provided under a grant received under this paragraph shall be hospital-based and shall consist of—

(i) the provision of notice to parents that information relating to community services is available;

(ii) the provision of appropriate information to parents of a child with disabilities regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child;

(iii) the provision of appropriate information to parents of a child who has been a victim of child abuse or neglect regarding resources in the community, particularly parent training resources, that will assist such parents in caring for their child and reduce the possibility of child abuse and neglect;

(iv) the provision of appropriate follow-up services to parents of a child described in subparagraph (B) after the child has left the hospital; and

(v) where necessary, assistance in coordination of community services available to parents of children described in subparagraph (B).

The grantee shall assure that parental involvement described in this subparagraph is voluntary.

(D) For purposes of this paragraph, a qualified grantee is an acute care hospital that—

(i) is in a combination with—

(I) a health-care provider organization;

(II) a child welfare organization;

(III) a disability organization; and

(IV) a State child protection agency;

(ii) submits an application for a grant under this paragraph that is approved by the Secretary;

(iii) maintains an office in the hospital involved for purposes of providing services under such grant;

(iv) provides assurances to the Secretary that in the conduct of the project the confidentiality of medical, social, and personal information concerning any person described in subparagraph (A) or (B) shall be maintained, and shall be disclosed only to qualified persons providing required services described in subparagraph (C) for purposes relating to conduct of the project; and

(v) assumes legal responsibility for carrying out the terms and conditions of the grant.

(E) In awarding grants under this paragraph, the Secretary shall—

(i) give priority under this section for two grants under this paragraph, provided that one grant shall be made to provide services in an urban setting and one grant shall be made to provide services in rural setting; and

(ii) encourage qualified grantees to combine the amounts received under the grant with other funds available to such grantees.

(5) Such other innovative programs and projects that show promise of preventing and treating cases of child abuse and neglect as the Secretary may approve.

(c) EVALUATION.—In making grants for projects under this section, the Secretary shall require all such projects to be evaluated for their effectiveness. Funding for such evaluations shall be provided either as a stated percentage of a demonstration grant or as a separate grant or contract entered into by the Secretary for the purpose of evaluating a particular demonstration project or group of projects. In the case of an evaluation performed by the recipient of a grant, the Secretary shall make available technical assistance for the evaluation, where needed, including the use of a rigorous application of scientific evaluation techniques.

* * * * *

ADDITIONAL VIEWS

INTRODUCTION

H.R. 7233, the *Jenna Quinn Law of 2024*, amends the *Child Abuse Prevention and Treatment Act*, to further clarify that existing grant funds authorized under that law may be used to train children and those who work with children, including teachers and school staff, on child sexual assault prevention, awareness, and reporting.¹ This bill addresses one small but important part of the much broader *Child Abuse Prevention and Treatment Act* (CAPTA), which the Majority has not yet reauthorized this Congress. Many updates are needed to this important law, including the creation of an interstate data exchange to allow states to share information from their child abuse and neglect registries with other states for purposes of child safety. Therefore, while it is vitally important that we ensure that training to prevent sexual assault is available, we must not lose sight of the other updates that are needed to help prevent and treat child abuse.

JENNA QUINN LAW OF 2024

The *Jenna Quinn Law of 2024* follows the passage of Jenna's Law, a sexual abuse prevention education law passed in Texas in 2009 to protect children from sexual abuse.² The law was named after a child sexual abuse survivor, Jenna Quinn, who advocated for Texas state legislators to pass a law requiring schools to have a curriculum on child sexual abuse prevention.³

Research has shown that education and training geared towards adults is an effective way to prevent child sexual abuse.⁴ Adults in schools are often in position to notice signs of sexual abuse and thus report sexual abuse to authorities.⁵ According to a 2022 child maltreatment report from HHS, education personnel make up the second largest category of professionals reporting alleged child abuse or neglect.⁶ Preventing child sexual abuse not only has a positive impact on a child's welfare in the present, but also reduces

¹Jenna Quinn Law of 2024, H.R. 7233, 118th Cong. (2024).

²2009 Tex. Gen. Laws 3074.

³*Jenna's Law*, JENNA QUINN, <https://jennaquinn.net/jennas-law> (last visited Sept. 19, 2024).

⁴David Finkelhor & Jennifer Dziuba-Leatherman, *Victimization Prevention Programs: A National Survey of Children's Exposure and Reactions*, 19 CHILD ABUSE & NEGLECT, no. 2, 1995, 129–139.

⁵U.S. DEP'T OF HEALTH & HUM. SERV., ADMIN. FOR CHILD. & FAM., FOURTH NATIONAL INCIDENCE STUDY OF CHILD ABUSE AND NEGLECT (NIS-4): REPORT TO CONGRESS, EXECUTIVE SUMMARY (2010).

⁶U.S. DEP'T OF HEALTH & HUM. SERV., ADMIN. FOR CHILD. & FAM., CHILD. BUREAU, *Child Maltreatment*, 23 (2022) <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2022.pdf> [hereinafter *Child Maltreatment*].

incidents of depression, suicide, and substance abuse we know adult victims of child abuse are more likely suffer.⁷

It is worth noting that while H.R. 7233 would explicitly permit this new grant activity, it would not authorize any additional funding to implement any grant program. Additionally, the CAPTA provides the Department of Health and Human Services (HHS) with broad authority to support field-initiated or other research on the prevention of child abuse, which could include supporting education on child sexual abuse awareness.⁸ Therefore, while the *Jenna Quinn Law of 2024* does make this particular usage of fund explicit, it is arguable that current law already implicitly allows grant funds to be used for such purposes.

CAPTA REAUTHORIZATION

Not only is it vital that Congress provide resources to help prevent child sexual assault, it is also important for Congress to ensure that laws that aim to treat and prevent all types of child abuse are up to date to meet the current needs of children and families. CAPTA was first enacted in 1974 to provide a federal focus on the issue of child abuse and neglect. It has been described as the “front door” to the child welfare system.⁹ CAPTA authorizes grants to states to improve their services for identifying and responding to child abuse and neglect. Further, the act authorizes grants to support the provision of community-based child abuse and neglect prevention services. In addition to these formula grant programs, CAPTA authorizes support for competitive grants to support research on prevention, identification, assessment, and treatment of child abuse and neglect. HHS administers all CAPTA grant programs and is additionally charged under the law with maintaining a national clearinghouse of information on child abuse and neglect and facilitating national data collection on child abuse and neglect.

Since becoming law, CAPTA has been amended and reauthorized multiple times. Most recently the law was reauthorized through the *CAPTA Reauthorization Act of 2010*, which extended funding authority for CAPTA grants through fiscal year (FY) 2015.¹⁰ Although the bill hasn’t been reauthorized since 2010, CAPTA activities have continued to receive annual funding.

In both the 116th and 117th Congresses, the House passed a bipartisan CAPTA reauthorization bill, the *Stronger Child Abuse Prevention and Treatment Act* (Stronger CAPTA).¹¹ However, no further official action was taken and the law ultimately was not reauthorized.

A CAPTA reauthorization is crucial in order to strengthen federal programs to prevent and treat child abuse and neglect as well as provide states the tools and resources to adequately respond to

⁷ *Prevention of Child Sexual Abuse: A Policy Briefing*, Comm. for Child., 2 (2016) <https://www.cfchildren.org/wp-content/uploads/policy-advocacy/child-sexual-abuse-prevention-brief.pdf>.

⁸ Child Abuse Prevention and Treatment Act, Pub. L. No. 93–247.

⁹ *Id.*; Emilie Stoltzfus, *The Child Abuse Prevention and Treatment Act (CAPTA): Background, Programs, and Funding*, Cong. Rsch. Serv. (Nov. 4, 2009), <https://crsreports.congress.gov/product/pdf/R/R40899>.

¹⁰ CAPTA Reauthorization Act of 2010, Pub. L. No. 111–320, § 120, 124 Stat. 3459, 3477–78.

¹¹ Stronger Child Abuse Prevention and Treatment Act, H.R. 2480, 116th Cong. (2019). H.R. 485, Stronger Child Abuse Prevention and Treatment Act, H.R. 485, 117th Cong. (2021).

child maltreatment. It is also vital that Congress pass a CAPTA reauthorization that increases the authorization level for prevention services to match that of treatment services. This is in line with a growing research consensus that prevention services are critically important to keeping children safe from harm.¹² Additionally, the child abuse and neglect data infrastructure is in need of additional resources to both improve the integrity of available data and correct for shortcomings in current data sharing practices.

INTERSTATE DATA EXCHANGE

The most recent bipartisan House CAPTA reauthorization bill included a national interstate data exchange system that would allow states to share information from their child abuse and neglect registries with other states for the purposes of child safety.¹³ The structure of this data exchange system is modeled after an existing system for cross-state data sharing within the foster care system.¹⁴ This would mean that when a family comes to the attention of child protective services in one state, case workers would have the tools to immediately learn whether the family has a history of child abuse and neglect in their prior states of residence. Currently, states are not compelled to share information regarding children's experiences with abuse and neglect. Not only is there no requirement that states share such data with each other, there is no infrastructure to facilitate the sharing of this critical data that could help case workers make better informed decisions.¹⁵ A data exchange system would streamline communication between child protective services agencies across the country so that critical information is not lost across states. Such a system would help prevent further harm and needless deaths of children at the hands of abusive caregivers by providing case workers with additional information on a child's experience with maltreatment.

This provision in Stronger CAPTA was drafted in response to the death of Heaven Watkins, an 11-year-old girl who passed away in Virginia as a result of severe internal injuries sustained by continued abuse from her mother and her mother's boyfriend.¹⁶ In 2015, Heaven was removed from her mother's care in Minnesota and placed with relatives over concerns of physical abuse and neglect. In 2016, Heaven was returned to her mother after the courts decided that her mother had made significant improvements.¹⁷ After Heaven and her family moved to Virginia, they attracted the attention of Virginia social workers when Heaven was treated at the hospital for severe burns. However, it is unclear if Virginia case-

¹² Aysha E. Schomburg, *Thriving Children and Families: Prevention with Purpose*, U.S. DEP'T OF HEALTH & HUM. SERV., ADMIN. FOR CHILD. & FAM.: THE FAM. ROOM BLOG (Apr. 8, 2022), <https://www.acf.hhs.gov/blog/2022/04/thriving-children-and-families-prevention-purpose>.

¹³ Stronger Child Abuse Prevention and Treatment Act, H.R. 485, Sec. 111, 117th Cong. (2021).

¹⁴ U.S. DEP'T OF HEALTH & HUM. SERV., CHILD. BUREAU, OFF. OF THE ADMIN. FOR CHILD. & FAM., OPTIONS FOR NEICE: TWO STATES' PERSPECTIVES (2019) <https://www.acf.hhs.gov/cb/training-technical-assistance/options-neice-two-states-perspectives>.

¹⁵ U.S. DEP'T OF HEALTH & HUM. SERV., CHILD. BUREAU, OFF. OF THE ADMIN. FOR CHILD. & FAM., ABOUT NCANDS, <https://www.acf.hhs.gov/cb/fact-sheet/about-ncands>.

¹⁶ *Heaven Watkins*, DISABILITY DAY OF MOURNING (May 18, 2018), <https://disability-memorial.org/heaven-watkins>.

¹⁷ A.J. Lagoe & Steve Eckert, *KARE 11 Investigate: The Life and Death of Heaven*, KARE-TV (Nov. 8, 2018), <https://www.kare11.com/article/news/investigations/kare-11-investigates-heavens-tragic-life-and-death/89-611352180>.

workers were aware of the history of abuse in Minnesota. In 2018, Heaven was found beaten to death.¹⁸ The circumstances surrounding Heaven's death highlights the need for states to exchange information for purposes of child safety.

Heaven is not the only child whose death could have possibly been prevented if their local child welfare agency had been provided with information about previous abuse from caregivers in other states. Other children have experienced abuse in the hands of abusive caregivers. For example, in 2017 a two-year-old was found dead after neglect by his parents in Pennsylvania, and this came after years of reported neglect in Pennsylvania and other states.¹⁹ Another example is the death of a four-year-old in Texas who was killed by an adult in her life though the local protective services had been warned and her mother had run-ins with child protective services in another state.²⁰

DEMOCRATIC AMENDMENTS OFFERED DURING MARKUP OF H.R. 7233

Ranking Member Scott offered an amendment to require the Secretary of HHS to establish an electronic interstate data exchange system that allows states to share information from their child abuse and neglect registries with other states for purposes of child safety. The Majority ruled the amendment non-germane to H.R. 7233.

CONCLUSION

H.R. 7233, the *Jenna Quinn Law of 2024*, takes important steps to help with preventing, providing awareness of, and reporting child sexual abuse. However, CAPTA was last reauthorized over a decade ago and a timely reauthorization is greatly overdue.²¹ A CAPTA reauthorization would provide states with the resources to not only respond to child abuse and neglect but prevent maltreatment from occurring in the first place. A future reauthorization must include improvements to the child abuse and neglect data infrastructure to allow states to share critical information and streamline communication between child protective services agencies across the country.

ROBERT C. "BOBBY" SCOTT,
Ranking Member.



¹⁸Laura Geller, *After a Virginia Girl Was Beaten to Death, Her Child Abuse Case is Prompting Nationwide Legislation*, WUSA 9 (May 8, 2019), <https://www.wusa9.com/article/news/this-could-have-prevented-the-tragic-death-of-heaven-watkins-virginia-girls-child-abuse-case-prompts-nationwide-legislation/65-c8d210da-3c0c-4966-a88f-2bc921a73c49>.

¹⁹PA. DEPT OF HUM. SERV., OFF. OF CHILD. YOUTH & FAM., REPORT ON THE FATALITY: STEVEN KILLION JR. (2019), https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/child-fatality-near-fatality-reports/2017/Killion_Death_052917_C.pdf; John Beauge, *Lock Haven Couple Charged in Death of Toddler, Neglecting Teenage Boy*, PENN LIVE Patriot News (Mar. 8, 2018), https://www.pennlive.com/news/2018/03/post_170.html.

²⁰Tasha Tslaperas, *Grand Prairie 4-Year-Old Spent Final Day Beaten and Bound in a Closet, Her Mother Testifies at Boyfriend's Murder Trial*, The Dallas Morning News, (Oct. 10, 2018), <https://www.dallasnews.com/news/courts/2018/10/10/grand-prairie-4-year-old-spent-final-day-beaten-and-bound-in-a-closet-her-mother-testifies-at-boyfriend-s-murder-trial/>.

²¹CAPTA Reauthorization Act of 2010, Pub. L. No. 111-320, § 120, 124 Stat. 3459, 3477-78.