S.L.C.

To amend the Child Abuse Prevention and Treatment Act to improve plans of safe care for infants affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder, and for other purposes.

IN THE SENATE OF THE UNITED STATES

introduced the following bill; which was read twice and referred to the Committee on

A BILL

- To amend the Child Abuse Prevention and Treatment Act to improve plans of safe care for infants affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder, and for other purposes.
- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- This Act may be cited as the "Plan of Safe Care Im-
- 5 provement Act".

1	SEC. 2. STATE PLANS.
2	Section 106(b)(2)(B) of the Child Abuse Prevention
3	and Treatment Act (42 U.S.C. 5106a(b)(2)(B)) is amend-
4	ed by striking clause (iii) and inserting the following:
5	"(iii) policies and procedures that re-
6	quire—
7	"(I) the development of a multi-
8	disciplinary plan of safe care for an
9	infant born and identified as being af-
10	fected by substance abuse or with-
11	drawal symptoms or a Fetal Alcohol
12	Spectrum Disorder; and
13	"(II) the development and imple-
14	mentation by the State of monitoring
15	systems regarding the plan of safe
16	care to—
17	"(aa) ensure the safety and
18	well-being of children;
19	"(bb) address the health
20	treatment, including mental
21	health and substance use dis-
22	order treatment, needs of the
23	child, and of the family or af-
24	fected caregiver, involved; and
25	"(cc) determine whether and
26	to what extent local entities are

1	providing referrals to and deliv-
2	ery of appropriate services for
3	the child and family;".
4	SEC. 3. DATA REPORTS.
5	(a) In General.—Section 106(d) of the Child Abuse
6	Prevention and Treatment Act (42 U.S.C. 5106a(d)) is
7	amended by adding at the end the following:
8	"(18) The total number of infants identified
9	and the number of infants for whom a plan of safe
10	care, as referred to in subsection (b)(2)(B)(iii), was
11	developed.".
12	(b) Rule of Construction.—In section 802(b)(2)
13	of the Justice for Victims of Trafficking Act of 2015 (Pub-
14	lic Law 114–22; 129 Stat 264), the reference to "adding
15	at the end" shall be considered to refer to "inserting after
16	paragraph (16)".
17	SEC. 4. MONITORING.
18	Section 106 of the Child Abuse Prevention and
19	Treatment Act (42 U.S.C. 5106a) is amended by adding
20	at the end the following:
21	"(g) Monitoring.—The Secretary shall conduct
22	monitoring of States to ensure that each State's policies
23	and procedures meet the requirements of clauses (ii) and
24	(iii) of subsection (b)(2)(B), to improve outcomes among
25	infants described in subsection (b)(2)(B)(iii)(I).".

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appropriate cases.

1 SEC. 5. BEST PRACTICES FOR PLANS OF SAFE CARE.

2 Not later than 90 days after the date of enactment of this Act, the Secretary of Health and Human Services shall issue guidance to States regarding the requirements and best practices for the development and implementa-5 tion of plans of safe care, as referred to in section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(iii)). In developing the guidance, the Secretary shall seek and take into consideration input from all appropriate offices within the Department of Health and Human Services, including the Administration for Children and Families, the Centers for Medicare & Medicaid Services, the Centers for Disease 13 Control and Prevention, the Substance Abuse and Mental Health Services Administration, and the National Institutes of Health, and from the Department of Education. 17 In developing the guidance, the Secretary shall ensure that the guidance requirements are consistent with the guid-18

ance requirements under the Child Care and Development

Block Grant Act of 1990 (42 U.S.C. 9858 et seq.), in all