

develop guidelines for the placement of defibrillators in public buildings. It also directs Health and Human Services to consult with and counsel other Federal agencies where such devices are to be used.

Now, a number of agencies have initiated the program, including Labor, HHS, Commerce, GSA, and IRS. These public access defibrillation programs, PADs, vary with occupancy of the building, building size and other characteristics.

Since last winter, the gentlewoman from California (Mrs. CAPPS) and I have been working with the Architect of the Capitol and the Office of the Attending Physician to consider the implementation of a PAD program throughout the United States Capitol complex to help save lives for the people that visit our Capitol in and around this area. The hard-working staff, employees of the U.S. Congress, and the many visitors should be afforded the same protection as citizens employed by or visiting other Federal facilities implementing PAD programs.

We are finding that the biggest area of discussion from building supervisors at both the executive branch and here in the Capitol is the ongoing maintenance of the AEDs and the program once they are in place. Now, thanks to our persistence, I am pleased to share that each Chamber's Legislative Branch Appropriations bill for fiscal year 2005 has included \$1 million in funding for installation and annual maintenance of hundreds and hundreds of defibrillators around the Capitol complex.

This is good, good news, and I am very pleased to cosponsor the legislation of my colleague, the gentleman from Ohio (Mr. BROWN), and I commend him for his active participation on this.

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

Mr. BARTON of Texas. Madam Speaker, I yield myself such time as I may consume to just ask that we strongly support the Sherrod Brown bill.

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

The SPEAKER pro tempore (Mrs. MILLER of Michigan). The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 250.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

EXPRESSING SENSE OF CONGRESS THAT PRIVATE HEALTH INSURANCE COMPANIES SHOULD TAKE A PROACTIVE ROLE IN PROMOTING HEALTHY LIFESTYLES

Mr. BARTON of Texas. Madam Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 34) expressing the sense of the Congress that private health insurance companies should take a proactive role in promoting healthy lifestyles, and for other purposes, as amended.

The Clerk read as follows:

H. CON. RES. 34

Whereas Secretary of Health and Human Services Tommy Thompson acknowledges that \$270,000,000,000 in health costs are caused by preventable diseases, including \$183,000,000,000 for heart disease alone, and has called current policies of insurance companies "wrongheaded" for not doing more to encourage people to stay healthy to prevent expensive illnesses;

Whereas obesity increases the risk of illness from more than 30 medical conditions, including heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes, which account for 2/3 of all deaths in the United States;

Whereas 61 percent of adults in the United States (120,000,000 people) are above their target weight, and 13 percent of children and adolescents in the United States are obese or overweight, a figure that has tripled since 1980;

Whereas from age 50 to 70, those who do not perform strength training lose a quarter to a third of a pound of muscle every year and gain the same amount in body fat;

Whereas weight training is proven to increase bone density and reduce osteoporosis among men and women over 50 years old;

Whereas if the more than 88,000,000 inactive adults in the United States began regular exercise, national medical costs would decrease by more than \$76,000,000,000 each year;

Whereas on June 20, 2002, President George W. Bush launched the Healthier US fitness initiative to promote a healthy lifestyle and encourage people in the United States to increase their physical fitness; and

Whereas providing incentives for exercise and strength training would help more people become active and healthy and would decrease national medical costs: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That—

(1) the Congress commends Secretary of Health and Human Services Tommy Thompson for his efforts to encourage private health insurance companies to take action to encourage people in the United States to lead active lifestyles;

(2) it is the sense of the Congress that private health insurance companies should—

(A) do more to encourage people in the United States to lead a healthier and more active lifestyle to prevent expensive and painful illnesses;

(B) provide discounted premiums to those who exercise regularly; and

(C) encourage frequent screening for diseases that are easily treatable in their early stages; and

(3) the Congress applauds private health insurance companies that are already taking these actions.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BARTON) and the gentleman

from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BARTON).

GENERAL LEAVE

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H. Con. Res. 34, the bill now under consideration.

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

There was no objection.

Mr. BARTON of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I want to thank the gentlewoman from Missouri (Ms. MCCARTHY) for sponsoring this legislation. I think its basic intent, that is, as a Nation we need to do more ourselves to promote healthy lifestyles, is extremely sound. I know insurance companies are already doing just that in this area.

I believe that what the insurance companies are doing is being very constructive. I also know there are limitations on what we can legitimately expect insurance companies to do. Individual and family responsibility remains the key and cannot be replaced by laws and resolutions.

Having said that, I would like to take a moment to thank my good friend, the gentlewoman from Missouri (Ms. MCCARTHY), for her service to this House and her leadership on this issue. She will be leaving us after the conclusion of this Congress, and she will be missed. She has been a valuable member of the Committee on Energy and Commerce. Her brightness and her willingness to work in a bipartisan fashion across the aisle have helped move numerous pieces of legislation, and we will certainly miss her as we hopefully start the next Congress.

Today, we are here to support her as she brings this important resolution to the floor of the House of Representatives. She has been a tireless leader on this issue, and I think it is a fitting tribute to her that we bring this bill to the floor. The people of the Fifth District of Missouri should be very grateful for her service to the country.

Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Madam Speaker, I yield myself 2 minutes.

Madam Speaker, I want to join the gentleman from Texas (Mr. BARTON), our chairman, in thanking the gentlewoman from Missouri (Ms. MCCARTHY) for her good work, not just on this legislation, but her years of service to this Congress, and especially her years of participation on the Committee on Energy and Commerce and her good work there on a whole myriad of issues. I especially, as I said, want to thank her for her work on this resolution, which encourages private health insurance companies to take a more proactive role in promoting healthy lifestyles.

The number of Americans who are overweight and obese continues to rise. Obesity is problematic in large part because of the myriad of health complications it can cause.

It is appropriate that health insurance companies, along with doctors, public officials, and community leaders, encourage people in the United States to lead healthier lifestyles. Moderate weight loss of 5 to 10 pounds can lower the risk of cardiovascular disease, reduce high blood sugar, and help prevent other health conditions associated especially with obesity.

Making prevention work and encouraging healthy lifestyles requires cooperation from all parties involved in health care, including insurance carriers, and I am pleased to support the gentlewoman's resolution.

Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I yield 3 minutes to the gentleman from Tennessee (Mr. WAMP).

Mr. WAMP. Madam Speaker, I thank the distinguished chairman for yielding me this time, and the gentlewoman from Missouri (Ms. MCCARTHY) for her 10 years of service here in the House. I have been here the whole time she has been here. She has grace and is decent and kind and has done an outstanding job for her people back in Missouri.

This is a very important issue. I founded the Congressional Fitness Caucus 2 years ago, and cochair it with the gentleman from Colorado (Mr. UDALL) for this exact same purpose, to try to encourage healthier lifestyles all across the country, particularly with young people, but especially here, where health insurance companies can join us and fight the obesity epidemic. Madam Speaker, Type 2 diabetes is climbing in this country.

The human body is made to move. People need to watch what they eat and live healthier lives. We need to encourage it, and the entire health care delivery system needs to kind of change its approach to more preventive care; emphasizing maintenance, check-ups, and all kinds of ways to take better care of ourselves to lower health care costs.

There is no way Medicare and Medicaid, which are the Federal Government's responsibilities, can sustain the trends we see today in chronic health care problems associated with obesity. It is now on a par with tobacco as the number one killer in America, obesity-related illnesses. We have to get our arms around it. But I think it is going to take changing the paradigm and the culture, and it is going to take a national campaign.

I, too, want to commend Secretary Tommy Thompson. He got his own body in better shape and now he is leading by example and carrying this message. The President is probably the most fit President in the history of our country. We all need to use our own walk to exhort the advantages of just moderate increases in physical activity and better diet and nutrition.

Health insurance agencies or companies stand to gain a lot from their bottom line by promoting wellness, a holistic approach to better living. We can all take simple steps. America on the Move is a national program that Secretary Thompson helped start.

In Tennessee, where I am from, we are towards the bottom in terms of health. We are in the fried chicken belt. But we have Tennessee on the Move, which is a grass-roots effort to promote wellness and physical activity. Again, this is going to have to be done on a variety of fronts across the country, so that all these little fires will burn together for a healthier America.

I cannot think of a better legacy for my colleague from Missouri to leave than to encourage people to live a healthier life, to enjoy the quality of life, better sleep, increased productivity in the private sector and in all of our lives, but particularly with our children. They need to know the consequences early on of inactivity and a sedentary lifestyle. Get out of doors. Go play the game. Do not play it on the video; go play it yourself. We need to encourage more physical activity.

Again, this human body, all human bodies, were made to move. Burn more calories and ingest fewer calories. With small, simple steps we will not face the problems associated with obesity in the future.

Madam Speaker, this is a bipartisan effort and I thank the gentlewoman from Missouri for leading this effort.

Mr. BROWN of Ohio. Madam Speaker, I yield 7 minutes to the gentlewoman from Missouri (Ms. MCCARTHY).

Ms. MCCARTHY of Missouri. Madam Speaker, I rise today in support of House Concurrent Resolution 34, a sense of the Congress encouraging health insurance companies to take a more proactive role in promoting physical activity that prevents stroke, high blood pressure, and other life-threatening diseases.

The U.S. Department of Health and Human Services acknowledges that \$270 billion in health care costs are caused by preventable diseases, including \$180 billion for heart disease alone. Research by the Harvard School of Public Health noted that the closest thing to a magic bullet for treating this epidemic is exercise. It is estimated that if the more than 88 million inactive adults in the United States began regular exercise, national medical costs would decrease by more than \$76 billion each year.

According to the Department of Health and Human Services, two-thirds of all deaths in the United States are caused by obesity, a disease that increases the risk of illness for more than 30 medical conditions, including heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes.

□ 1545

Sixty-one percent of American adults are above their target weight, and 9

million school children are overweight, a figure that has tripled since 1980. A report by the Centers for Disease Control and Prevention found that walking and bicycling among children age 5 to 15 dropped 40 percent between 1977 and 1995, and school budget constraints have led to the suspension of physical education classes across America.

In 2003, the Centers for Disease Control and Prevention declared obesity the most important public health issue facing the United States. As Dr. Jeffrey Koplan, a former director of the Centers for Disease Control and Prevention, noted in a recent report on childhood obesity, "Obesity is a personal issue, but at the same time, families, communities and corporations all are adversely affected by obesity, and all bear responsibility for changing social norms to better promote healthier lifestyles." Children and teenagers are contracting diabetes at a rapidly increasing pace. Dr. Kenneth Cooper, one of the Nation's foremost experts on physical activity, noted, "We may have the first generation in which parents will outlive their kids," referring to the reduced life expectancy of children who develop diabetes before age 14.

The measure before us today expresses the sense of Congress that health insurance companies can do more to encourage healthier, more active lifestyles and urges them to consider incentives for those who choose to exercise regularly. I applaud the insurance providers and companies who already recognize the benefits of a healthy public, as does this resolution. These insurers offer incentives for getting active. Blue Cross and Blue Shield of Kansas City, for example, offers a free Walking Works program to employees and policyholders. In addition to helping plan a daily walking routine, Walking Works provides discounts on walking shoes and pedometers. Cigna offers discounts on subscriptions to health-related magazines, and Aetna provides discounts for home exercise equipment. Kaiser Permanente and Aetna here in Washington offer dues reductions of up to 60 percent at more than 90 area gyms. Obese Americans who take drastic, expensive action to lose weight under a doctor's orders are currently able to lighten their Federal tax load.

The Surgeon General recommends daily exercise consisting of 30 minutes of walking or the equivalent, but 75 percent of Americans fail to meet this standard. A recent Harvard study found that, among healthy people, exercise can raise levels of HDL, known as good cholesterol, which improves clotting factors, lowers blood pressure and decreases inflammation. The study found that there is nothing else that has stronger and quicker effects than physical activity for preventing diabetes. Exercise can change virtually every tissue in the body. A German study comparing exercise and Viagra in treating erectile dysfunction found that an exercise regimen consisting of

squatting exercises and pelvic and leg lifts is more effective in treating the condition than medication.

Health and Human Services Secretary Tommy Thompson has called the current policies of insurance companies "wrongheaded" for not doing more to encourage people to stay healthy to prevent expensive illnesses. H. Con. Res. 34 commends Secretary Thompson for his efforts to promote incentives for Americans to lead an active life. Just two weekends ago, Secretary Thompson, along with Agriculture Secretary Ann Veneman, Education Secretary Rod Paige and Surgeon General Richard Carmona, fanned out across our country announcing healthier U.S. grants. The Federal funds will aid in disease prevention or management programs, many aimed at promoting exercise, like an afterschool health club pilot program for children at risk for asthma, diabetes and obesity, and that is going to Philadelphia.

I would like to thank the gentleman from Texas (Mr. BARTON) of the Committee on Energy and Commerce for his kind remarks and help in this effort along with the gentleman from Michigan (Mr. DINGELL) and the gentleman from Ohio (Mr. BROWN), my cosponsors from both sides of the aisle like the gentleman from Kansas (Mr. RYUN) who spoke on behalf of this measure earlier in the day, and more than 20 organizations including the American Heart Association and the YMCA that support H. Con. Res. 34. I urge the House to adopt this measure and continue fiscally responsible policies to reduce the billions in health care costs currently spent on preventable diseases.

Mr. BROWN of Ohio. Madam Speaker, I yield 3 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. I thank the gentleman for yielding me this time.

Madam Speaker, I rise today to join the gentlewoman from Missouri (Ms. MCCARTHY) in urging the passage of House Concurrent Resolution 34, a resolution expressing the sense of Congress that private health insurance companies should take a proactive role in promoting healthy lifestyles.

Madam Speaker, we know as a society that our lifestyle choices disproportionately account for the excess death and disease burden in this country. Recent studies have documented that of the top 10 killers in America, many such as heart disease, injuries, diabetes, HIV/AIDS, strong perinatal conditions and lung diseases can be reduced or eliminated through healthy lifestyle choices.

I want to take this opportunity to commend and thank the gentlewoman from Missouri for introducing this important piece of legislation. As chair of the Health Brain Trust of the Congressional Black Caucus, I know that it can help my constituents, African-Americans in this country, all people of color and all Americans who are fortunate enough to have health insurance.

Recently, the Center for Research in Nutrition and Health Disparities at the University of South Carolina noted that, in the 20th century, public health advances eradicated diseases through sanitation, immunizations, health education and advances in medical technology. This led to enormous improvements in people's lives. However, the 21st century has brought a new set of public health challenges which include tobacco- and alcohol-related diseases as well as sexually transmitted ones. We have also seen that sedentary lifestyles and diets high in calorie-rich foods have produced a generation of Americans who are increasingly obese. The health problems associated with weight-related diseases are multiplying by epidemic proportions.

Madam Speaker, between 50 and 66 percent of African-American women can be classified as being overweight. More than 2.8 million, or 13 percent of African-Americans, also have diabetes. Finally, we and other people of color suffer disproportionately from complications and death due to this illness. We also know that lifestyle choices relating to poor nutrition and obesity can be associated with three of the other 10 leading causes of death, heart disease, stroke and cancer.

It is clear that we need all hands on deck to address this health care crisis in our country. That is why I am urging my colleagues to support House Concurrent Resolution 34 which urges private health insurance companies to do more to encourage people in the United States to lead a healthier and more active lifestyle to prevent expensive and painful illness; two, to provide discounted premiums to those who exercise regularly; and three, to encourage frequent screening for diseases that are easily treatable in their early stages. We still have to do more to cover everyone and to pay providers for their time spent in counseling patients on good disease prevention and health promotion, but, Madam Speaker, House Concurrent Resolution 34 is a step in the right direction by giving the insurance industry a stake in the fight to eliminate health care disparities, to ensure better health for all Americans and to reduce the skyrocketing costs of health care. I urge my colleagues to support it.

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

Mr. BARTON of Texas. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I want to support the bill of the gentlewoman from Missouri, but I also, as we wrap up, want to reflect on what we have just seen on the House floor. We have just debated nine bills on suspension that have come out of the Committee on Energy and Commerce, and in a year in which a lot of the public thinks that all we do is fight each other on the House floor and get enraged at each other and con-

front each other, I want the country to know that there is another side to this Congress. We can have equality and cooperation. We have seen that today.

We have just had nine bills put on the suspension calendar. When it goes on the suspension calendar, what it means is that the majority and the minority both at the committee level and at the leadership level agree to put the bill on the floor. It also means that you have to get a two-thirds vote to pass. In the nine bills that we have just debated, some of them are substantive bills. We have a bill that deals with asthma that I consider to be very substantive. We had a bill that deals with islet cell transplantation that is very substantive. We have a reauthorization of the Mammography Quality Control Screening Act by the gentleman from Michigan (Mr. DINGELL) that is obviously substantive. We have a brand new patient navigator bill that the gentleman from New York (Mr. TOWNS) and the gentlewoman from Ohio (Ms. PRYCE) put together. We have a bill for defibrillation that the gentleman from Ohio (Mr. BROWN) has authored. We have a prescription drug monitoring bill that the gentleman from Georgia (Mr. NORWOOD), the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. WHITFIELD) have worked together on in a bipartisan basis. These are substantive bills. It shows that we can cooperate. It shows that we can work together. We also had, it is not a health-related bill but the spyware bill that the gentlewoman from California (Mrs. BONO) and the gentleman from New York (Mr. TOWNS) worked on shows that, in the area of technology, we can work together.

I hope that we showed the country that the Committee on Energy and Commerce, the "e" and "c" does stand for equality and cooperation, and that this is a precursor of what is to come in the next Congress. I urge support of the McCarthy bill.

Ms. JACKSON-LEE of Texas. Madam Speaker, I join my colleagues today to support H. Con. Res. 34 calling for private health insurance companies to take action to encourage people in the United States to lead active lifestyles. A report from the Centers for Disease Control and Prevention, CDC, shows about one in five American adults engage in a high level of overall physical activity, including both activity at work and during leisure time. At the other end of the spectrum, about one in four American adults engage in little or no regular physical activity.

Physical activity whether it is walking the dog or simply taking the stairs at work is essential to good health. This CDC study helps give us an even fuller picture of our physical activity status. It confirms that we need to pay more attention to getting adequate physical activity and reversing the alarming rise in obesity that we've experienced nationally during the past decade.

Research has shown that people who are usually inactive can improve their health and

well-being by becoming even moderately active on a regular basis, and that physical activity need not be strenuous to achieve health benefits.

Insurance providers need to help to promote fitness activities to their patients. Statistics in the United States make this clear: 61 percent of adults in the United States are above their target weight, and 13 percent of children and adolescents in the United States are obese or overweight, a figure that has tripled since 1980. In addition to the health consequences, the economic projections are staggering. One study indicates that if the 88,000,000 inactive adults in the United States began regular exercise, national medical costs would decrease by more than \$76 billion.

The government and the insurance companies need to send a clear message that everybody benefits from improved fitness and exercise. While the Internal Revenue Code of 1986 provides tax incentives for taxpayers who are obese, it does not provide such incentives for those who are active and healthy.

I believe that insurance companies should my colleagues gathered here today to encourage people in the United States to lead a healthier and more active lifestyle to prevent expensive and painful illnesses; to provide discounted premiums to those who exercise regularly; and to cover and encourage frequent screening for diseases that are easily treatable in their early stages.

Mr. DAVIS of Illinois. Madam Speaker, the percentage of children and adolescents who are defined as overweight has more than doubled since the early 1970s with nearly 15 percent of children and adolescents now being overweight.

Congress has asked our schools to encourage health eating and physical activity to decrease the obesity epidemic in our Nation. We have encouraged our physicians to educate our constituents and parents to be better eating role models to their children. The CDC has even stated to begin to stop and reverse this upward obesity trend "will require effective collaboration among government, voluntary, and private sectors, as well as a commitment to action by individuals and communities across the Nation". It then only makes sense that we now ask the insurance industry to join us in the fight to reduce obesity in our country.

As we know, there are serious health consequences that are caused when an individual is overweight or obese such as high blood pressure, Type 2 diabetes, congestive heart failure, stroke, as well as some types of cancer. These can all be very costly diseases, especially if they are not managed correctly. According to a study of national costs attributed to both overweight and obesity, medical expenses accounted for 9.1 percent of total U.S. medical expenditures in 1998 and may have reached as high as \$78.5 billion. Approximately half of these costs were paid by Medicaid and Medicare.

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

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

The SPEAKER pro tempore (Mrs. MILLER of Michigan). The question is on the motion offered by the gentleman from Texas (Mr. BARTON) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 34, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the concurrent resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

SAFE AND TIMELY INTERSTATE PLACEMENT OF FOSTER CHILDREN ACT OF 2004

Mr. HERGER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4504) to improve protections for children and to hold States accountable for the orderly and timely placement of children across States lines, and for other purposes, as amended.

The Clerk read as follows:

H.R. 4504

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 "Safe and Timely Interstate Placement of Foster Children Act of 2004".

SEC. 2. SENSE OF THE CONGRESS.

(a) FINDING.—The Congress finds that the Interstate Compact on the Placement of Children (ICPC) was drafted more than 40 years ago, is outdated, and is a barrier to the timely placement of children across State lines.

(b) SENSE OF THE CONGRESS.—It is the sense of the Congress that the States should expeditiously revise the ICPC to better serve the interests of children and reduce unnecessary work, and that the revision should include—

- (1) limiting its applicability to children in foster care under the responsibility of a State, except those seeking placement in a licensed residential facility primarily to access clinical mental health services; and
- (2) providing for deadlines for the completion and approval of home studies as set forth in section 4.

SEC. 3. ORDERLY AND TIMELY PROCESS FOR INTERSTATE PLACEMENT OF CHILDREN.

Section 471(a) of the Social Security Act (42 U.S.C. 671(a)) is amended—

(1) by striking "and" at the end of paragraph (23);

(2) by striking the period at the end of paragraph (24) and inserting "; and"; and

(3) by adding at the end the following:

"(25) provide that the State shall have in effect procedures for the orderly and timely interstate placement of children; and procedures implemented in accordance with an interstate compact approved by the Secretary, if incorporating with the procedures prescribed by paragraph (26), shall be considered to satisfy the requirement of this paragraph."

SEC. 4. HOME STUDIES.

(a) ORDERLY PROCESS.—

(1) IN GENERAL.—Section 471(a) of the Social Security Act (42 U.S.C. 671(a)) is further amended—

(A) by striking "and" at the end of paragraph (24);

(B) by striking the period at the end of paragraph (25) and inserting "; and"; and

(C) by adding at the end the following:

"(26) provides that—

"(A)(i) within 60 days after the State receives from another State a request to conduct a study of a home environment for purposes of assessing the appropriateness of placing a child in the home, the State shall, directly or by contract—

"(I) conduct and complete the study; and

"(II) return to the other State a report on the results of the study, which shall address the extent to which placement in the home would meet the needs of the child; and

"(ii) in the case of a home study begun on or before September 30, 2006, if the State fails to comply with clause (i) within the 60-day period as a result of circumstances beyond the control of the State (such as a failure by a Federal agency to provide the results of a background check, or the failure by any entity to provide completed medical forms, requested by the State at least 45 days before the end of the 60-day period), the State shall have 75 days to comply with clause (i) if the State documents the circumstances involved and certifies that completing the home study is in the best interests of the child; except that

"(iii) this subparagraph shall not be construed to require the State to have completed, within the applicable period, the parts of the home study involving the education and training of the prospective foster or adoptive parents;

"(B) the State shall treat any report described in subparagraph (A) that is received from another State or an Indian tribe (or from a private agency under contract with another State) as meeting any requirements imposed by the State for the completion of a home study before placing a child in the home, unless, within 14 days after receipt of the report, the State determines, based on grounds that are specific to the content of the report, that making a decision in reliance on the report would be contrary to the welfare of the child; and

"(C) the State shall not impose any restriction on the ability of a State agency administering, or supervising the administration of, a State program operated under a State plan approved under this part to contract with a private agency for the conduct of a home study described in subparagraph (A)."

(2) SENSE OF THE CONGRESS.—It is the sense of the Congress that each State should—

(A) use private agencies to conduct home studies when doing so is necessary to meet the requirements of section 471(a)(26) of the Social Security Act; and

(B) give full faith and credit to any home study report completed by any other State or an Indian tribe with respect to the placement of a child in foster care or for adoption.

(b) TIMELY INTERSTATE HOME STUDY INCENTIVE PAYMENTS.—Part E of title IV of the Social Security Act (42 U.S.C. 670-679b) is amended by inserting after section 473A the following:

"SEC. 473B. TIMELY INTERSTATE HOME STUDY INCENTIVE PAYMENTS.

"(a) GRANT AUTHORITY.—The Secretary shall make a grant to each State that is a home study incentive-eligible State for a fiscal year in an amount equal to the timely interstate home study incentive payment payable to the State under this section for the fiscal year, which shall be payable in the immediately succeeding fiscal year.

"(b) HOME STUDY INCENTIVE-ELIGIBLE STATE.—A State is a home study incentive-eligible State for a fiscal year if—

"(1) the State has a plan approved under this part for the fiscal year;

"(2) the State is in compliance with subsection (c) for the fiscal year; and

"(3) based on data submitted and verified pursuant to subsection (c), the State has completed a timely interstate home study during the fiscal year.

"(c) DATA REQUIREMENTS.—

"(1) IN GENERAL.—A State is in compliance with this subsection for a fiscal year if the