on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

INFANT PLAN OF SAFE CARE IMPROVEMENT ACT

Mr. BARLETTA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4843) to amend the Child Abuse Prevention and Treatment Act to require certain monitoring and oversight, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4843

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 ''Infant Plan of Safe Care Improvement Act''.

SEC. 2. BEST PRACTICES FOR DEVELOPMENT OF PLANS OF SAFE CARE.

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

(1) by redesignating paragraphs (5) through (8) as paragraphs (6) through (9), respectively; and

(2) by inserting after paragraph (4), the following:

''(5) maintain and disseminate information about the requirements of section 106(b)(2)(B)(iii) and best practices relating to the development of plans of safe care as described in such section for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder;''.

SEC. 3. STATE PLANS.

Section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(iii)) is amended by inserting before the semicolon at the end the following: ''to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through—''

''(I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and

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

SEC. 4. DATA REPORTS.

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

''(17)(A) The number of infants identified under subsection (b)(2)(B)(ii).

''(B) The number of infants for whom a plan of safe care was developed under subsection (b)(2)(B)(iii).

''(C) The number of infants for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).''.

(b) REDESIGNATION.—Effective on May 29, 2017, section 106(d) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(d)) is amended by redesignating paragraph (17) (as added by subsection (a)) as paragraph (18).

SEC. 5. MONITORING AND OVERSIGHT.

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

''SEC. 114. MONITORING AND OVERSIGHT.

''The Secretary shall conduct monitoring to ensure that each State that receives a grant under section 106 is in compliance with the requirements of section 106(b), which—

''(1) shall—

''(A) be in addition to the review of the State plan upon its submission under section 106(b)(1)(A); and

''(B) include monitoring of State policies and procedures required under clauses (ii) and (iii) of section 106(b)(2)(B); and

''(2) may include—

''(A) a comparison of activities carried out by the State to comply with the requirements of section 106(b) with the State plan most recently approved under section 432 of the Social Security Act;

''(B) a review of information available on the Website of the State relating to its compliance with the requirements of section 106(b);

''(C) site visits, as may be necessary to carry out such monitoring; and

''(D) a review of information available in the State's Annual Progress and Services Report most recently submitted under section 1357.16 of title 45, Code of Federal Regulations (or successor regulations).''.

(b) TABLE OF CONTENTS.—The table of contents in section 1(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note) is amended by inserting after the item relating to section 113, the following:

''Sec. 114. Monitoring and oversight.''.

SEC. 6. RULE OF CONSTRUCTION.

Nothing in this Act, or the amendments made by this Act, shall be construed to authorize the Secretary of Health and Human Services or any other officer of the Federal Government to add new requirements to section 106(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)), as amended by this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BARLETTA) and the gentlewoman from Massachusetts (Ms. CLARK) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BARLETTA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on H.R. 4843.

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

There was no objection.

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

I rise today in strong support of H.R. 4843, the Infant Plan of Safe Care Improvement Act.

Every 25 minutes in America, a baby is born suffering from opiate withdrawal. It is an eye-opening statistic. The more you consider what it really means, the more tragic it becomes.

Every 25 minutes a child enters the world having already been exposed to drugs. Every 25 minutes a newborn has to pay the price for something that he or she was defenseless against. Every 25 minutes another infant becomes a victim of the national opiate crisis.

These are the victims this bill will help protect. Federal policies, including the Child Abuse Prevention and Treatment Act, or CAPTA, have long supported State efforts to identify, assess, and treat children who are victims of abuse and neglect.

The law provides States with resources to improve their child protective services systems if they assure the Department of Health and Human Services that they have put in place certain child welfare policies, for example, requiring healthcare providers to notify child protective service agencies when a child is born with prenatal illegal substance exposure and requiring the development of something known as a safe care plan to keep these newborns and their caregivers healthy and safe.

Last year a Reuters investigation examined the care that infants receive when they are born to parents struggling with opiate addiction. The investigation detailed the heartbreaking consequences those infants had to endure, consequences like suffering through the physical pain of withdrawal and, in the most shocking cases, terrible deaths.

It is hard to imagine that stories like these could be any more tragic. Unfortunately, they are because they should have and, in many cases, could have been prevented. As Reuters revealed, HHS is providing Federal funds to States that do not have the necessary child welfare policies in place.

In short, the law is not being properly followed and enforced and some of our most vulnerable children and families are slipping through the cracks.

That is why Representative CLARK and I worked with a number of our colleagues on both sides of the aisle and introduced the legislation before us today. The bill requires HHS to better ensure States are meeting their legal responsibilities when it comes to preventing and responding to child abuse and neglect.

Through a number of commonsense measures, it strengthens protections for infants born with illegal substance exposure, improves accountability related to the care of infants and their families, and ensures States will have the best practices for developing plans to keep infants and their caregivers healthy and safe.

As the House works this week to fight the opiate epidemic that is destroying communities and lives across the country, these are commonsense reforms that we all should embrace. By working together and advancing this legislation, we can help ensure these children, their mothers, and their families have the help they need and the care that they deserve.

I urge my colleagues to support this bipartisan legislation.

I reserve the balance of my time.

Ms. CLARK of Massachusetts. Mr. Speaker, I yield myself such time as I may consume.

I am pleased to join with Representative BARLETTA to introduce this important bill to help the most vulnerable victims of the opioid epidemic.

In every corner of our country, the opioid crisis is having a devastating effect. In Massachusetts, last year 1,379 people succumbed to fatal overdoses. Nationwide, drug overdoses are the leading cause of accidental death and we lose 129 people a day to fatal drug overdoses. This epidemic doesn't see race, gender, income, or political ideology and does not spare newborns and infants.

We know that every 25 minutes a baby is born suffering from opioid withdrawal symptoms. This is a condition known as neonatal abstinence syndrome. While there is no silver bullet to address this crisis in our country, this bill takes important steps to help.

This bill, the Infant Plan of Safe Care Improvement Act, strengthens and updates the care plans required by the Child Abuse Prevention and Treatment Act of 1974, also known as CAPTA.

CAPTA itself is up for reauthorization. This is just one portion of that important legislation where timely reauthorization will protect children in many different and difficult situations.

This legislation will help infants by ensuring that States have access to the best practices for establishing safe care plans for newborns with prenatal substance exposure.

It will also improve accountability by collecting data on the incidence of babies born exposed to drugs and the care that is provided to them and their families.

Perhaps most importantly, it will prevent tragedies by ensuring that babies and their moms and their families have the supports they need to be healthy and to build a future. We know that children have the best opportunity to thrive when their parents and caregivers are at the center of care.

I am grateful to the partnership with Representative BARLETTA and glad that we are taking this important step with this bill to ensure that the whole family is healthy and successful and supported.

I urge my colleagues to support this bill.

I reserve the balance of my time.

Mr. BARLETTA. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. KLINE), the chairman of the Education and the Workforce Committee.

Mr. KLINE. Mr. Speaker, I thank Mr. BARLETTA for yielding the time and for his leadership on this issue.

Mr. Speaker, I rise today in strong support of the Infant Plan of Safe Care Improvement Act. Like many of the bills the House has slated to consider this week, this legislation will help address the growing opioid epidemic that has swept across America, focusing specifically on the most vulnerable among us.

This crisis has led to a number of painful consequences for individuals and families across the country. But few are as tragic as those suffered by infants born to parents struggling with an opioid addiction.

As is often the case with addiction, the parents' struggle affects those around them, including their newborns. In fact, according to a recent Reuters investigation mentioned earlier by Mr. BARLETTA, more than 130,000 babies born in the United States in the last decade entered the world addicted to drugs.

This report described the pain suffered by newborns going through withdrawal and told the stories of infants who actually lost their lives because of a terrible addiction. Many of the stories are too disturbing to even mention. But perhaps even more disturbing than the details is the fact that these deaths should have been prevented.

Current policies, including the Child Abuse Prevention and Treatment Act, are meant to prevent these tragedies from ever happening. The law is simple. If a State wants to receive Federal funding, then the State has to provide some basic assurances about their child welfare policies. The Department of Health and Human Services has a responsibility to ensure those policies are actually in place.

As we now know all too well, this important Federal law is not being properly followed and enforced. Earlier this year I sent a letter to the Department of Health and Human Services to better understand how it works with States to ensure they are meeting current child welfare requirements.

Not surprisingly, the Department passed the buck and suggested recent changes to the law somehow absolved them from their enforcement responsibilities, a disappointing response, to say the least.

Fortunately, thanks to the work of Mr. BARLETTA and Ms. CLARK, we are here today to consider our response to this preventable problem: the bill before us today. I appreciate their leadership in developing a bipartisan bill that will require the Department to do its job and assist States in their efforts to prevent and respond to child abuse and neglect.

I urge my colleagues to support this important legislation and to help ensure the most vulnerable victims of the opioid epidemic receive the help and care they desperately need.

Ms. CLARK of Massachusetts. Mr. Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT of Virginia. Mr. Speaker, I rise in support of H.R. 4843, the Infant Plan of Safe Care Improvement Act.

Mr. Speaker, one of our highest national priorities should be to ensure that children have early quality opportunities to remove barriers to success in future life. But children born dependent on addictive substances face severe obstacles to overcome, and we know that many of these obstacles can be removed.

The Child Abuse Prevention and Treatment Act, CAPTA, is meant to support infants born addicted to these illegal substances. Unfortunately, nearly every State fails to follow the CAPTA requirements, which work to ensure that children born of these circumstances have a plan of safe care that will help them grow up healthy.

H.R. 4843 is a strong positive first step to safeguard the well-being of our Nation's most vulnerable children. It will strengthen an infant's plan of safe care. It will help families and caregivers give the guidance and support they need in order to provide a nurturing environment for these children.

I welcome this bipartisan agreement to amend CAPTA as part of the comprehensive efforts to intervene and treat those affected by substance abuse. I therefore urge my colleagues to support H.R. 4843.

Ms. CLARK of Massachusetts. Mr. Speaker, I want to thank the gentleman from Virginia (Mr. SCOTT) for his leadership on this issue and so many involving the welfare and health of our children.

I reserve the balance of my time.

Mr. BARLETTA. Mr. Speaker, in response to an inquiry from the Education and the Workforce Committee Chairman KLINE and Chairman ROKITA of the Subcommittee on Early Childhood, Elementary, and Secondary Education, HHS indicated that it would request additional information from States regarding their child protective services notification processes and plans of safe care policies. HHS has started this process.

I include in the RECORD the HHS Children's Bureau Program Instruction requesting this additional information.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON CHILDREN, YOUTH AND FAMILIES

1. Log No: ACYF–CB–PI–16–03
2. Issuance Date: April 13, 2016
3. Originating Office: Children's Bureau
4. Key Words: Title IV–B Child and Family Services Plan; Annual Progress and Services Report; Child Abuse Prevention and Treatment Act State Plan; Chafee Foster Care Independence Program; Education and Training Vouchers Program

PROGRAM INSTRUCTION

To: State Agencies, Territories, and Insular Areas Administering or Supervising the Administration of Title IV–B, subparts 1 and 2, and Title IV–E of the Social Security Act (the Act); Organization Designated by the Governor to Apply for Child Abuse and Neglect Prevention and Treatment Programs State Grant Funds; State Independent Living and Education and Training Voucher Coordinators.

Subject: June 30, 2016, submission of: (1) the second Annual Progress and Services Report (APSR) to the 2015–2019 Child and Family Services Plan (CFSP) for the Stephanie Tubbs Jones Child Welfare Services (CWS), the Promoting Safe and Stable Families (PSSF) and Monthly Caseworker Visit Grant programs; and the Chafee Foster Care Independence Program (CFCIP) and the Education and Training Vouchers (ETV) Program; (2) the Child Abuse Prevention and Treatment Act (CAPTA) State Plan update; and (3) the CFS–101, Part I, Annual Budget Request, Part II, Annual Summary of Child and Family Services, and Part III, Annual Expenditure Report–Title IV–B, subparts 1 and 2, CFCIP, and ETV.

Legal and Related References: Title IV–B, subparts 1 and 2, sections 421–425, 428, 430–438, and title IV–E, section 477 of the Act; sections 106 and 108 of CAPTA (42 U.S.C. 5106a. and 5106d.), as amended by Public Law (P.L.) 111–320, the CAPTA Reauthorization Act of 2010; the Indian Child Welfare Act. (ICWA) of 1978 (P.L. 95–608); the Indian Self-Determination and Education Assistance Act (P.L. 93–638); 45 CFR Parts 1355 and 1357; The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110–351); the Patient Protection and Affordable Care Act (P.L. 111–148); the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112–34); the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113–183); and the Justice for Victims of Trafficking Act of 2015 (P.L. 114–22).

Purpose: This Program Instruction (PI) provides guidance to states, territories, and insular areas (hereafter ''states,'' unless otherwise noted) on actions they are required to take to receive their allotments for federal fiscal year (FY) 2017 (subject to the availability of appropriations) authorized under title IV–B, subparts 1 and 2, section 106 of CAPTA, CFCIP and ETV programs.

This PI summarizes the actions required in completion and submission of (1) the second APSR to the 2015–2019 CFSP, (2) the CAPTA Update, and (3) the CFS–101, Parts I, II, and III.

A separate PI addresses requirements for tribes, tribal consortia, and tribal organizations applying for funding under these programs.

We note that the title IV–B programs (subparts 1 and 2) are required to be reauthorized periodically by the Congress. The Child and Family Services Improvement and Innovation Act, signed into law on September 30, 2011, last reauthorized funding for these programs for five years through FY 2016. The guidance provided in this PI assumes that the programs will be extended without significant changes. Should new legislation be enacted that would affect the steps that states must take to receive funding for FY 2017, additional guidance will be provided.

INFORMATION: ORGANIZATION OF THE PROGRAM INSTRUCTION

Section A. Background

Section B. Continued Integration of the Child and Family Services Review Process with the CFSP/APSR

Section C. Requirements for 2017 APSR (Due June 30, 2016)

Section D. CAPTA State Plan Requirements and Update

Section E. Chafee Foster Care Independence Program

Section F. Updates to Targeted Plans within the 2015–2019 CFSP

Section G. Statistical and Supporting Information

Section H. Financial Information

Section I. Instructions for the Submission of the 2017 APSR for States, Puerto Rico, and the District of Columbia

Section J. Submittal Rule for Insular Areas

Attachments

SECTION D. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE

States submitted a plan for the CAPTA State Grant on June 30, 2011. Once approved by CB, the CAPTA State Plan remains in effect for the duration of the state's participation in the CAPTA State Grant program. However, section 108(e) of CAPTA requires states receiving a CAPTA State Grant to submit an annual report describing its use of the grant. To facilitate coordination between the CAPTA State Plan and the title IV–B plan, as required by section 106(b)(2)(A) of CAPTA, CB requires that the annual report describing use of CAPTA funds be submitted with the APSR. In addition, CB encourages states to use CAPTA State Grant funds in a manner that aligns with and supports their overall goals for the delivery and improvement of child welfare services, as they continue to implement their 2015–2019 CFSP and APSR goals.

IN THE STATE'S 2017 ANNUAL CAPTA REPORT

Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA State Grant (section 106(b)(1)(C)(i) of CAPTA). The state must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. (Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.)

Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

Describe how CAPTA State Grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2015 (section 108(e) of CAPTA).

Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies, as required by section 106(c)(6) of CAPTA.

Update on Services to Substance-Exposed Newborns

In addition to the information outlined above, CB requests an update from states on implementation of CAPTA provisions relating to substance-exposed newborns. Sections 106(b)(2)(B)(ii) and (iii) of CAPTA require states to have a statewide program relating to child abuse and neglect that includes:

—policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to—

I. establish a definition under Federal law of what constitutes child abuse or neglect; or

II. require prosecution for any illegal action.

—the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.

The most recent national data on child abuse and neglect from the National Child Abuse and Neglect Data System (NCANDS) showed increases in FY 2014 compared to FY 2013 in the number of children referred to CPS, the number of children who received a CPS investigation or alternative response and the number of children who were determined to be victims of child abuse and neglect. While increases nationally were relatively small, some states saw increases of 15 percent or more in the number of children determined to be victims. Nationally, states reported to NCANDS that more than one-quarter (27.4%) of victims were younger than 3 years and that the victimization rate was highest for children younger than 1 year (24.4 per 1,000 children in the population of the same age).

State commentary and data on risk factors associated with reports of abuse and neglect indicate that caretaker alcohol and drug abuse are significant factors associated with reports of child abuse and neglect. For states reporting to NCANDS, 9.2 percent of victims and 3.8 percent of nonvictims were reported with the alcohol abuse caregiver risk factor and 26.0 percent of victims and 8.2 percent of nonvictims were reported with the drug abuse caregiver risk factor. Beyond reports to NCANDS, increasing public attention is being paid to the significant effect of opioid addiction on individuals, families and communities.

In light of these trends, states are requested to provide an update on their implementation of these provisions of CAPTA.

IN THE 2017 CAPTA ANNUAL REPORT

Describe the policies and procedures the state has in place to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants (section 106(b)(2)(B)(ii) of CAPTA). We note that such notification should occur in any instance in which an infant is demonstrating withdrawal symptoms due to prenatal drug exposure, whether the drugs were obtained legally or illegally.

Describe the state's policies and procedures for developing a plan of safe care for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder (section 106(b)(2)(B)(iii)). Describe which agency or entity is responsible for developing a plan of safe care, how it is monitored and how follow-up is conducted to ensure the safety of these infants.

Describe any technical assistance the state needs to improve practice and implementation in these areas, including how to support mothers and families, as well as infants, through a plan of safe care.

Amendments to CAPTA made by P.L. 114–22, the Justice for Victims of Trafficking Act of 2015:

As noted in Section A of this PI, the Justice for Victims of Trafficking Act of 2015 included amendments to CAPTA that become effective on May 29, 2017.

The law amended CAPTA's definition of ''child abuse and neglect'' and ''sexual abuse'' by adding a special rule that a child shall be considered a victim of 'child abuse and neglect' and of 'sexual abuse' if the child is identified, by a state or local agency employee of the state or locality involved, as being a victim of sex trafficking or severe forms of trafficking (as defined in sections 103(9)(A) and (10) of the Trafficking Victims Protection Act (TVPA)).

—As defined in section 103(10) of TVPA, ''sex trafficking'' means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

—As defined in section 103(9)(A) of TVPA, ''severe forms of trafficking in persons'' means sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

The amendments also specify that, notwithstanding the general definition of a ''child'' in CAPTA, a state may opt to apply the sex trafficking portion of the definition of ''child abuse and neglect'' and ''sexual abuse'' to a person who has not attained age 24.

In addition to expanding the definitions of child abuse and neglect and sexual abuse applicable to the CAPTA State Grant, the law added new requirements to the list of assurances a state must provide to receive a CAPTA State Grant. Each state will now need to provide an assurance that the state has in effect and is operating a statewide program, relating to child abuse and neglect that includes:

—provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102)); and

—provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.

Finally, the amendments add to the list of data elements a state must annually report, to the maximum extent practicable, as a condition of receiving their CAPTA State Grant. Beginning with submission of FY 2018 data, the CB expects to ask states to report the number of children who are victims of sex trafficking. The CB anticipates collecting this information through NCANDS. Additional information on NCANDS data reporting will be provided separately from this PI.

IN THE 2017 CAPTA ANNUAL REPORT

Describe the steps that the state is taking or will need to take to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017.

Provide an assessment of the changes the state will need to make to its laws, policies or procedures to ensure that victims of sex trafficking, as defined in sections 103(9)(A) and (10) of the TVPA, are considered victims of child abuse and neglect and sexual abuse. We note that it is likely that some states will need to make changes to state laws to come into compliance. Indicate whether the state is electing to apply the sex trafficking portion of the definition of ''child abuse and neglect'' and ''sexual abuse'' to persons who are over age 18 but have not yet attained age 24.

Provide an update on the state's progress and planned activities in the coming year to develop provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims.

Provide an update on the state's progress and planned activities in the coming year to develop provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.

In addition, no later than May 29, 2017, states must submit the new CAPTA assurances relating to sex trafficking. These assurances are to be provided in the form of a certification signed by the State's Governor (see Attachment F). The signed assurance may be returned with the 2017 CAPTA Annual Report submitted with the APSR due June 30, 2016, if the state is ready to submit them by that time. If not, the state may submit the certification at a later date, but no later than May 29, 2017.

If the state anticipates it will be unable to submit these assurances by May 29, 2017, provide an explanation as to why that is the case.

Identify any technical assistance needs the state has identified relating to implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.

States must include all required information indicated above in their 2017 CAPTA Annual Report to be submitted as part of the 2017 APSR. Missing or incomplete information will result in the withholding of CAPTA funds until such time as approval can be granted by CB. Please note that compliance with the eligibility requirements for a CAPTA State Grant program is a prerequisite for eligibility to receive finding under the Children's Justice Act State Grant Program, authorized by section 107(a) of CAPTA.

Finally, to facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state's website.

Mr. BARLETTA. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. THOMPSON).

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise in support of H.R. 4843, the Infant Plan of Safe Care Improvement Act. Introduced by my colleague and friend, Mr. BARLETTA, this bill takes steps to strengthen protections for our Nation's most precious and vulnerable population: infants and children.

In Pennsylvania alone, nearly 8,000 infants were diagnosed with neonatal abstinence syndrome between 2010 and 2014, and that number is increasing every day.

□ 1545

Neonatal abstinence syndrome, or NAS, is defined by the National Institutes of Health as a set of problems that occurs in a newborn who was exposed to addictive opiate drugs while in the mother's womb. Infants experiencing NAS can endure fevers, rapid breathing, seizures, and even death.

While States are currently required to certify to the Department of Health and Human Services that they have developed a safe care plan for infants born under these conditions, it has come to light that HHS does not independently verify State plans unless there is a specific reason to do so.

My cosponsorship of this bill is a direct assertion of my belief that our Nation's infants deserve more from legislators, Federal agencies, and the administration. This valuable legislation will help clarify the intent of safe care plans, provide States with best practices for keeping infants safe, and improve accountability across the board.

Mr. Speaker, every district in every State in the United States has been affected by what has been referred to as a substance abuse epidemic. While there is hope in the fact that the House is taking up more than a dozen opioid bills this week, we must not lose sight of the long road ahead of us.

I urge my colleagues to support H.R. 4843 and join the fight to defend our Nation's children.

Ms. CLARK of Massachusetts. Mr. Speaker, I reserve the balance of my time.

Mr. BARLETTA. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. I thank the gentleman for yielding.

Mr. Speaker, I rise in support of H.R. 4843, the Infant Plan of Safe Care Improvement Act, because when newborn infants are tragically affected by illegal substance abuse, they deserve the best possible care and treatment.

The Child Abuse Prevention and Treatment Act, which was enacted in 1974, set the groundwork for Federal coordination in addressing the issues of neglect and child abuse that is present in our country. H.R. 4843 builds on that by updating and improving existing laws to ensure that States are utilizing Federal dollars in a safe and effective way in providing care for children who suffer from illegal substance abuse, withdrawal symptoms, or fetal alcohol spectrum disorders.

Under this bill, infants who are born with having had exposure to illegal substances will have strengthened protections through improved safe care plans and best practices. As a lifelong pharmacist and healthcare professional, I have seen firsthand families as they struggle to provide the care that is needed by infants who suffer from these conditions.

I commend Congressman BARLETTA and the Committee on Education and the Workforce for their leadership on this important legislation, and I encourage my colleagues to support this bill so we can care for precious newborn infants across the country.

Ms. CLARK of Massachusetts. Mr. Speaker, I reserve the balance of my time.

Mr. BARLETTA. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. I thank Mr. BARLETTA for what he is doing here today.

Mr. Speaker, I rise as a proud original cosponsor of H.R. 4843, the Infant Plan of Safe Care Improvement Act, which takes important steps in protecting our most vulnerable citizens from the damaging effects of addiction.

As communities in Michigan and around the country fight against the growing opioid epidemic, it is important for stakeholders at all levels to work together to reverse the trends of addiction and find solutions for the families who are swept up by this public health crisis. Tragically, we know that, every 25 minutes, a baby is born in our country having been exposed to drugs and suffering from opioid withdrawal.

A Federal law is already in place to help ensure these newborns have the necessary protections and care once they are born, but the system is still failing some of our most defenseless children and their families. Recent investigations have uncovered the failure of the Department of Health and Human Services to effectively monitor the implementation of State-level plans to prevent child abuse and neglect, and some States are still receiving taxpayer dollars despite their not following the laws that are in place to ensure the safe care of newborns.

The bill we are considering today would require HHS to review and confirm that States are properly following and enforcing the policies that are outlined in Federal law to protect infants who are affected by drug dependency. It also strengthens protections for infants who have been exposed to illegal substances, and it ensures best practices are disseminated to States for developing plans to keep infants and their caregivers safe.

Mr. Speaker, we must do better to provide these babies and their mothers with the help they need.

I thank my colleagues, Representatives BARLETTA and CLARK, for their leadership in crafting this bipartisan bill, and I encourage all of my colleagues to vote in support.

Ms. CLARK of Massachusetts. Mr. Speaker, I yield myself the balance of my time.

Again, many thanks to the gentleman from Pennsylvania for his partnership and his leadership on this issue.

Mr. Speaker, I am particularly proud that this legislation takes a comprehensive look at not only protecting our newborns and infants but at putting the supports in place to ensure that their mothers and fathers and grandparents and families have the services they need and deserve to have the best outcomes for these babies and children and their family units. I am very pleased that this bill is before us today, and I urge my colleagues to support this bill.

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

Mr. BARLETTA. Mr. Speaker, I yield myself the remainder of my time.

In closing, I reiterate the purpose and the importance of this legislation. No government, Federal or State, should be allowed to skirt its responsibilities on the taxpayers' dime, especially when those responsibilities involve the health and safety of children. We have seen what can happen when they do, and none of us should be okay with allowing those kinds of consequences to continue. Making sure they don't is a responsibility that we all share.

In the end, this bill is not about pointing fingers or about placing blame. It is about the kids who need help, not only the infants who are affected by the opioid crisis, but all of the victims of child abuse and neglect. This bill is about ensuring that we work together to strengthen the protections for our country's most vulnerable children and their families.

I urge my colleagues to support this legislation.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 4843, the ''Improving Safe Care for the Prevention of Infant Abuse and Neglect Act,'' approved by the Education and the Workforce Committee.

In the past decade and a half, the growth in the number of physicians prescribing opioids to help patients deal with pain from surgeries, dental work and chronic conditions has resulted in an increasing number of patients becoming dependent on the powerful and highly addictive painkillers—with patients not only abusing the use of those painkillers but often turning to heroin once their opioid prescription ended.

The Centers for Disease Control and Prevention reports that nearly 259 million opioid prescriptions were written in 2012, more than enough for every adult in the United States, and it is estimated that in 2013 nearly 4.5 million people in the United States without a valid medical need were using prescription painkillers.

The Health and Human Services Department estimates that the number of unintentional overdose deaths from prescription painkillers almost quadrupled between 1999 and 2013 and that abuse of prescription opioids now kills nearly 30,000 Americans each year.

The ''Child Abuse Prevention and Treatment Act'' (CAPTA; PL 93–247) was enacted in 1974 to coordinate federal and state efforts to prevent and respond to child abuse and neglect.

The law provides states with federal funds to improve their child protective services systems; however, to receive the funds, states are supposed to implement certain child welfare policies.

CAPTA was amended in 2003 by the ''Keeping Children and Families Safe Act,'' (PL 108–36) that requires health care providers to notify child protective services agencies when a child is born with prenatal substance exposure or addiction.

The protective services agencies are supposed to develop a ''safe care plan'' to protect the babies.

The law explicitly states that it is meant to protect drug-dependent newborns and not to punish mothers who are dealing with addiction.

In December 2015, Reuters published the first in a series of articles documenting the failure of health care providers and state child protective services to help these infants.

Based on information from 2013, the latest year for which data are available, there were 27,000 cases of drug-dependent babies born that year, up from 5,000 in 2003 when CAPTA's notification requirements were enacted.

However, more than 30 states do not require doctors to report cases of infants born with addictions.

Some states have interpreted the law to mean that only addiction to illegal substances need be reported.

This means that if the mother is taking prescribed drugs, even if the infant is born with an addiction, they do not require that the addiction be reported.

In addition, even in states where infants born with drug dependencies must be reported to child protective services agencies, these agencies often take no steps toward developing a safe care plan for these infants.

As a result, infants die because of neglect or abuse in their homes.

Reuters identified 110 fatalities since 2010 of babies and toddlers whose mother used opioids during pregnancy and who later died from causes that could have been prevented.

I recognize that infant mortality is at unprecedentedly high rates in our nation.

Seeking to right the same wrongs as H.R. 4843, the ''Improving Safe Care for the Prevention of Infant Abuse and Neglect Act,'' I introduced the ''Stop Infant Mortality and Recidivism Reduction Act of 2016,'' or the ''SIMARRA Act,'' which will help the Federal Bureau of Prisons to improve the effectiveness and efficiency of the Federal prison system for pregnant offenders, by establishing a pilot program of critical-stage, developmental nurseries in Federal prisons for children born to inmates.

It is time that our nation recognizes a long-persistent need to break the cycle of generational, institutional incarceration amongst mothers serving time for non-violent crimes and the children they birth behind prison bars.

H.R. 5130, the ''SIMARRA Act of 2016,'' gives those infants born to incarcerated mothers a chance to succeed in life.

''SIMARRA'' is not merely yet another second chance program, demanding leniency from the criminal justice system.

Instead, H.R. 5130 asks our national criminal justice system what it can do for those young Americans born and relegated to a life of nearly impossible odds of survival.

''SIMARRA'' provides that first chance—a first chance for American infants—that many of their mothers, born themselves to mothers behind bars, never received.

H.R. 4843 requires the Health and Human Services Department (HHS) to review and confirm that states have enacted and implemented the child protection policies required by the Child Abuse and Treatment Act, including the requirement that addicted newborns are cared for.

Specifically, in order to receive a grant for its child protective services system, a state must certify that it has a law or statewide program for child abuse and neglect that includes a safe care plan for an infant born with substance addiction after the infant is released from the care of health care providers.

HHS must monitor the compliance of each state that receives a grant.

Under the measure, states must also develop and implement monitoring systems to follow the safe care plans and determine whether local entities are providing referrals to, and delivery of, appropriate services for the infant and the affected family or caregiver.

States must include in their annual data reports the total number of affected infants for whom a safe care plan was developed and for whom there were referrals to appropriate services, including services for the affected family or caregiver.

The bill requires HHS to maintain and disseminate information regarding the requirements and best practices relating to the development of safe care plans for infants born with substance addiction.

H.R. 4843, the "Improving Safe Care for the Prevention of Infant Abuse and Neglect Act," is a valuable piece of legislation that I encourage my colleagues to support.

Additionally, I urge my colleagues to join me in sponsoring and supporting all legislation targeting the improvement of care for the prevention of infant abuse and neglect, such as H.R. 5130, the "Stop Infant Mortality and Recidivism Reduction Act of 2016" or the "SIMARRA Act."

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BARLETTA) that the House suspend the rules and pass the bill, H.R. 4843, as amended.

The question was taken.

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

Mr. BARLETTA. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Passage of H.R. 4641, and suspending the rules and passing H.R. 4843.

The first electronic vote will be conducted as a 15-minute vote. The second electronic vote will be conducted as a 5-minute vote.

ESTABLISHING PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

The SPEAKER pro tempore. The unfinished business is the vote on passage of the bill (H.R. 4641) to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the passage of the bill.

The vote was taken by electronic device, and there were—yeas 412, nays 4, not voting 17, as follows:

[Roll No. 184]

YEAS—412

Abraham
Adams
Aderholt
Aguilar
Allen
Amodei
Ashford
Babin
Barletta
Barr
Barton
Bass
Beatty
Becerra
Benishek
Bera
Beyer
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Blumenauer
Bonamici
Bost
Boyle, Brendan F.
Brady (PA)
Brady (TX)
Brat
Bridenstine
Brooks (IN)
Brown (FL)
Brownley (CA)
Buchanan
Buck
Bucshon
Burgess
Bustos
Butterfield
Byrne
Calvert
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Carter (GA)
Carter (TX)
Castro (TX)
Chabot
Chaffetz
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clawson (FL)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (NY)
Comstock
Conaway
Connolly
Conyers
Cook
Cooper
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Dold
Donovan
Doyle, Michael F.
Duckworth
Duffy
Duncan (SC)
Duncan (TN)
Edwards
Ellison
Ellmers (NC)
Emmer (MN)
Engel
Eshoo
Esty
Farenthold
Farr
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foster
Foxx
Frankel (FL)
Frelinghuysen
Fudge
Gabbard
Gallego
Garamendi
Garrett
Gibbs
Gibson
Gohmert
Gosar
Gowdy
Graham
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Grothman
Guinta
Guthrie
Gutiérrez
Hahn
Hanna
Hardy
Harper
Harris
Hartzler
Heck (NV)
Heck (WA)
Hensarling
Hice, Jody B.
Higgins
Hill
Himes
Hinojosa
Holding
Honda
Hoyer
Hudson
Huelskamp
Huffman
Huizenga (MI)
Hultgren
Hunter
Hurd (TX)
Hurt (VA)
Israel
Issa
Jackson Lee
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jolly
Jones
Jordan
Joyce
Kaptur
Katko
Keating
Kelly (IL)
Kelly (MS)
Kelly (PA)
Kennedy
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger (IL)
Kirkpatrick
Kline
Knight
Kuster
LaHood
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lummis
Lynch
MacArthur
Maloney, Sean
Marchant
Marino
Matsui
McCarthy
McCaul
McClintock
McCollum
McDermott
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meeks
Meng
Messer
Mica
Miller (FL)
Miller (MI)
Moolenaar
Moore
Moulton
Mullin
Mulvaney
Murphy (FL)
Murphy (PA)
Nadler
Napolitano
Neal
Neugebauer
Newhouse
Noem
Nolan
Norcross
Nugent
Nunes
O'Rourke
Olson
Palazzo
Pallone
Palmer
Pascrell
Paulsen
Payne
Pearce
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pocan
Poe (TX)
Poliquin
Polis
Pompeo
Posey
Price (NC)
Price, Tom
Quigley
Rangel
Ratcliffe
Reed
Reichert
Renacci
Ribble
Rice (NY)
Rice (SC)
Richmond
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce
Ruiz
Ruppersberger
Rush
Russell
Ryan (OH)
Salmon
Sánchez, Linda T.
Sanchez, Loretta
Sanford
Sarbanes
Scalise
Schakowsky
Schiff
Schrader
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sherman
Shimkus
Shuster
Simpson
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Speier
Stefanik
Stewart
Stivers
Stutzman
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tipton
Titus
Tonko
Torres
Trott
Tsongas
Turner
Upton
Valadao
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Westmoreland
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NAYS—4

Amash
Brooks (AL)
Labrador
Massie

NOT VOTING—17

Boustany
Cartwright
Castor (FL)
Collins (GA)
Fattah
Fincher
Franks (AZ)
Goodlatte
Hastings
Herrera Beutler
Latta
Maloney, Carolyn
Mooney (WV)
Pitts
Sewell (AL)
Takai
Whitfield

□ 1615

Mr. ELLISON, Ms. WASSERMAN SCHULTZ, and Mr. ENGEL changed their vote from "nay" to "yea."

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. BOUSTANY. Mr. Speaker, on rollcall No. 184, I was unavoidably detained. Had I been present, I would have voted "yes."

Mr. GOODLATTE. Mr. Speaker, on rollcall No. 184, I was unavoidably detained. Had I been present, I would have voted "yea."

INFANT PLAN OF SAFE CARE IMPROVEMENT ACT

The SPEAKER pro tempore (Mr. VALADAO). The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 4843) to amend the Child Abuse Prevention and Treatment Act to require certain monitoring and oversight, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BARLETTA) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 421, nays 0, not voting 12, as follows:

[Roll No. 185]

YEAS—421

Abraham
Adams
Aderholt
Aguilar
Allen
Amash
Amodei
Ashford
Babin