



(Original Signature of Member)

115TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To require the Secretary of Health and Human Services to provide assistance to States in complying with, and implementing, certain provisions of section 106 of the Child Abuse Prevention and Treatment Act in order to promote better protections for young children and family-centered responses, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Mr. GARRETT (for himself and Mrs. MURPHY of Florida) introduced the following bill; which was referred to the Committee on

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**A BILL**

To require the Secretary of Health and Human Services to provide assistance to States in complying with, and implementing, certain provisions of section 106 of the Child Abuse Prevention and Treatment Act in order to promote better protections for young children and family-centered responses, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Assisting States’ Im-  
3 plementation of Plans of Safe Care Act”.

4 **SEC. 2. ASSISTING STATES WITH IMPLEMENTATION OF**  
5 **PLANS OF SAFE CARE.**

6 (a) **IN GENERAL.**—The Secretary of Health and  
7 Human Services shall provide written guidance and, if ap-  
8 propriate, technical assistance to support States in com-  
9 plying with, and implementing, subsections (b)(2)(B)(iii)  
10 and (d)(18) of section 106 of the Child Abuse Prevention  
11 and Treatment Act (42 U.S.C. 5106a) in order to promote  
12 better protections for young children and family-centered  
13 responses.

14 (b) **REQUIREMENTS.**—The guidance and technical as-  
15 sistance shall—

16 (1) enhance States’ understanding of require-  
17 ments and flexibilities under the law, including clari-  
18 fying key terms;

19 (2) address State-identified challenges with de-  
20 veloping, implementing, and monitoring plans of safe  
21 care;

22 (3) disseminate best practices related to devel-  
23 oping and implementing plans of safe care, including  
24 differential response, collaboration and coordination,  
25 and identification and delivery of services, while rec-

1       ognizing needs of different populations and varying  
2       community approaches across States;

3           (4) support collaboration between health care  
4       providers, social service agencies, public health agen-  
5       cies, and the child welfare system, to promote a fam-  
6       ily-centered treatment approach;

7           (5) prevent separation and support reunifica-  
8       tion of families if in the best interests of the child;

9           (6) recommend treatment approaches for serv-  
10      ing infants, pregnant women, and postpartum  
11      women whose infants may be affected by substance  
12      use that are designed to keep infants with their  
13      mothers and families whenever appropriate, includ-  
14      ing recommendations to encourage pregnant women  
15      to receive health and other support services during  
16      pregnancy;

17          (7) support State efforts to develop technology  
18      systems to manage and monitor implementation of  
19      plans of safe care; and

20          (8) help States improve the long-term safety  
21      and well-being of young children and their families.

22      (c) CONSTRUCTION.—The guidance and technical as-  
23      sistance shall not be construed to amend the requirements  
24      of the Child Abuse Prevention and Treatment Act (42  
25      U.S.C. 5101 et seq.).

1 (d) DEFINITION.—For purposes of this section, the  
2 term “State” has the meaning given such term in section  
3 3 of the Child Abuse Prevention and Treatment Act (42  
4 U.S.C. 5101 note).