

113TH CONGRESS  
1ST SESSION

# H. R. 3423

To ensure the safety and well-being of adopted children.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 30, 2013

Mr. LANGEVIN (for himself, Mr. WITTMAN, Ms. WILSON of Florida, Mr. SEAN PATRICK MALONEY of New York, Ms. NORTON, Ms. BASS, and Mr. GRIMM) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To ensure the safety and well-being of adopted children.

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. ADOPTION SUPPORT SERVICES.**

4 (a) ENSURING WELL-BEING OF ADOPTED CHILDREN  
5 AND ADOPTIVE FAMILIES.—Section 421 of the Social Se-  
6 curity Act (42 U.S.C. 621) is amended—

7 (1) in paragraph (4), by striking “and” at the  
8 end;

1           (2) by redesignating paragraph (5) as para-  
2           graph (6); and

3           (3) by inserting after paragraph (4) the fol-  
4           lowing new paragraph:

5           “(5) ensuring the well-being of adopted children  
6           and their adoptive families and promoting efforts to  
7           prevent such children from entering the foster care  
8           system through the provision of pre- and post-adop-  
9           tive support services; and”.

10          (b) PRE- AND POST-ADOPTIVE SUPPORT SERV-  
11          ICES.—Paragraph (8) of section 431(a) of such Act (42  
12          U.S.C. 629a(a)) is amended to read as follows:

13                 “(8) ADOPTION PROMOTION AND SUPPORT  
14          SERVICES.—

15                 “(A) IN GENERAL.—The term ‘adoption  
16                 promotion and support services’ means services  
17                 and activities designed to encourage more adop-  
18                 tions out of the foster care system and support  
19                 domestic adoptions and adoptions from other  
20                 countries, consistent with promoting the best  
21                 interests of adopted children and their adoptive  
22                 families. Such services and activities may in-  
23                 clude pre- and post-adoptive support services,  
24                 as described in subparagraph (B), that are de-

1 signed to support adopted children and their  
2 adoptive families.

3 “(B) PRE- AND POST-ADOPTIVE SUPPORT  
4 SERVICES.—The term ‘pre- and post-adoptive  
5 support services’ means the following:

6 “(i) Pre-adoptive support services,  
7 which may include—

8 “(I) direct services, including  
9 training, educational support, coun-  
10 seling, case management, and other  
11 services for adoptive parents and fam-  
12 ilies that address caregiver interests  
13 and concerns regarding common be-  
14 havioral issues, such as—

15 “(aa) issues relating to emo-  
16 tional, behavioral, or develop-  
17 mental health needs;

18 “(bb) issues relating to at-  
19 tachment, identity, abandonment,  
20 cultural differences, grief, and  
21 loss;

22 “(cc) issues resulting from  
23 birth defects due to fetal alcohol  
24 syndrome or any other substance

1 abuse-related developmental dis-  
2 order;

3 “(dd) the conditions that a  
4 child is being adopted from, and  
5 how this will influence the child’s  
6 emotional and social develop-  
7 ment; and

8 “(ee) adoptive families  
9 should receive full disclosure of  
10 the child’s background informa-  
11 tion (non-identifying and identi-  
12 fying when needed or when  
13 agreed upon in an open adop-  
14 tion). This information should in-  
15 clude but not be limited to infor-  
16 mation from family, agency,  
17 court, school, mental health, and  
18 medical files;

19 “(II) the provision of educational  
20 resources for adoptive parents regard-  
21 ing the geographic, ethnic, and cul-  
22 tural background of the adopted child;

23 “(III) peer-to-peer mentoring and  
24 support groups that permit a newly  
25 adoptive parent to communicate and

1 learn from more experienced adoptive  
2 parents, including programs that en-  
3 hance communication between adop-  
4 tive parents with children of similar  
5 geographic, ethnic, or cultural back-  
6 grounds; and

7 “(IV) the provision of informa-  
8 tional resources for adoptive parents,  
9 including—

10 “(aa) resources available  
11 through Federal and State agen-  
12 cies, including information re-  
13 garding benefits for children with  
14 a medical condition or a physical,  
15 mental, or emotional disability;

16 “(bb) newsletters, Web sites,  
17 and other informational resources  
18 regarding adoption-related serv-  
19 ices;

20 “(cc) the establishment of  
21 lending libraries containing infor-  
22 mation and resources for adop-  
23 tive parents; and

24 “(dd) conferences, parent  
25 support discussion groups, and

1 seminars that are available to  
2 adoptive parents and other rel-  
3 evant stakeholders.

4 “(ii) Post-adoptive support services,  
5 which may include—

6 “(I) continued provision to adop-  
7 tive parents of pre-adoptive support  
8 services described in clause (i);

9 “(II) the provision of accessible  
10 and reliable respite services for adop-  
11 tive parents;

12 “(III) direct services and coun-  
13 seling for adopted child and family,  
14 including, as appropriate—

15 “(aa) support services for an  
16 adopted child with emotional, be-  
17 havioral, or developmental health  
18 needs;

19 “(bb) support services that  
20 address issues relating to attach-  
21 ment, identity, abandonment, cul-  
22 tural differences, grief, and loss;  
23 and

24 “(cc) treatment services that  
25 are specialized for adopted chil-

1                   dren, including psychiatric resi-  
2                   dential services, outpatient men-  
3                   tal health services, social skills  
4                   training, intensive in-home super-  
5                   vision services, recreational ther-  
6                   apy, suicide prevention, and sub-  
7                   stance abuse treatment;

8                   “(IV) peer-to-peer mentoring and  
9                   support groups that allow adopted  
10                  children to communicate and socialize  
11                  with other adopted children, including  
12                  programs that provide for communica-  
13                  tion between adopted children from  
14                  similar geographic, ethnic, or cultural  
15                  backgrounds; and

16                  “(V) crisis and family preserva-  
17                  tion services, including respite care  
18                  and crisis counseling and a 24-hour  
19                  emergency hotline for adoptive par-  
20                  ents.”.

21 **SEC. 2. FUNDING FOR ADOPTION SUPPORT SERVICES.**

22                  Paragraph (8) of section 473(a) of the Social Secu-  
23                  rity Act (42 U.S.C. 673(a)) is amended to read as follows:

24                  “(8) With respect to the amount of savings (if any)  
25                  in State expenditures under this part resulting from the

1 application of paragraph (2)(A)(ii) to all applicable chil-  
2 dren for a fiscal year, a State shall—

3 “(A) spend a significant portion, not less than  
4 20 percent, of such amount to provide pre- and post-  
5 adoptive support services (as defined in section  
6 431(a)(8)(B));

7 “(B) spend the remainder of such amount to  
8 provide to children or families any other services  
9 that may be provided under this part or part B; and

10 “(C) on an annual basis, submit to the Sec-  
11 retary a report that provides a detailed account of  
12 any services that were funded pursuant to this para-  
13 graph.”.

14 **SEC. 3. FEDERAL GRANT PROGRAM FOR POST-ADOPTION**  
15 **MENTAL HEALTH SERVICES.**

16 Subpart 3 of part B of title V of the Public Health  
17 Service Act (42 U.S.C. 290bb–3 et seq.) is amended by  
18 adding at the end the following:

19 **“SEC. 520L. POST-ADOPTION MENTAL HEALTH SERVICES.**

20 “(a) IN GENERAL.—The Secretary, acting through  
21 the Administrator, shall award grants or cooperative  
22 agreements to eligible entities to—

23 “(1) develop and implement Statewide or tribal  
24 post-adoption mental health service programs for all  
25 adopted children;



1           “(2) support public organization and private  
2 nonprofit organizations actively involved in State-  
3 wide or tribal post-adoption mental health service  
4 programs;

5           “(3) collect and analyze data on State-spon-  
6 sored Statewide or tribal post-adoption mental  
7 health service programs that can be used to monitor  
8 the effectiveness of such services and for research,  
9 technical assistance, and policy development;

10           “(4) develop and provide educational and train-  
11 ing opportunities concerning the mental health needs  
12 of adopted children and their families for use by  
13 teachers, social workers, and other community men-  
14 tal health service providers; and

15           “(5) develop and provide materials for potential  
16 adoptive parents, both for domestic adoptions and  
17 adoptions from other countries, describing the pos-  
18 sible need for post-adoption mental health services  
19 and available resources.

20           “(b) ELIGIBLE ENTITY.—

21           “(1) DEFINITION.—In this section, the term  
22 ‘eligible entity’ means—

23                   “(A) a State;

24                   “(B) a public organization or private non-  
25 profit organization designated by a State to de-

1           velop or direct the State-sponsored Statewide  
2           post-adoption mental health service program  
3           under a grant under this section; and

4                   “(C) a Federally recognized Indian tribe or  
5           tribal organization (as defined in the Indian  
6           Self-Determination and Education Assistance  
7           Act (25 U.S.C. 450 et seq.)) or an urban In-  
8           dian organization (as defined in the Indian  
9           Health Care Improvement Act (25 U.S.C. 1601  
10          et seq.)) that is actively involved in the develop-  
11          ment and continuation of a post-adoption men-  
12          tal health service program.

13                   “(2) LIMITATION.—In carrying out this section,  
14          the Secretary shall ensure that each State is award-  
15          ed only 1 grant or cooperative agreement under this  
16          section. For purposes of the preceding sentence, a  
17          State shall be considered to have been awarded a  
18          grant or cooperative agreement if the eligible entity  
19          involved is the State or an entity designated by the  
20          State under paragraph (1)(B). Nothing in this para-  
21          graph shall be construed to apply to entities de-  
22          scribed in paragraph (1)(C).

23                   “(c) PREFERENCE.—In providing assistance under a  
24          grant or cooperative agreement under this section, the  
25          Secretary shall give preference to eligible entities that have

1 demonstrated success in increasing the level of adoption  
2 competency among mental health providers, adoption law-  
3 yers, social workers, case workers, and adoptive parents.

4 “(d) REQUIREMENT FOR DIRECT SERVICES.—Not  
5 less than 85 percent of funds received under a grant or  
6 cooperative agreement under this section shall be used to  
7 provide direct services, of which not less than 5 percent  
8 shall be used for activities authorized under subsection  
9 (a)(3).

10 “(e) COORDINATION AND COLLABORATION.—

11 “(1) IN GENERAL.—In carrying out this sec-  
12 tion, the Secretary shall collaborate with relevant  
13 Federal agencies and adoption-related working  
14 groups to promote interaction between domestic fos-  
15 ter care agencies and private adoption agencies in  
16 other countries.

17 “(2) CONSULTATION.—In carrying out this sec-  
18 tion, the Secretary shall consult with—

19 “(A) State and social service agencies en-  
20 gaged in the placement of children for adoption,  
21 domestically or from other countries;

22 “(B) local and national organizations that  
23 serve foster and adopted youth;

24 “(C) health and education specialists who  
25 focus on adoption and foster care medicine;

1           “(D) youth who have been in foster care or  
2           adopted, domestically or from other countries;

3           “(E) families and friends of youth who  
4           have been in foster care or adopted, domesti-  
5           cally or from other countries; and

6           “(F) qualified professionals who possess  
7           the specialized knowledge, skills, experience,  
8           and relevant attributes needed to serve adopted  
9           children and their families.

10          “(3) POLICY DEVELOPMENT.—In carrying out  
11          this section, the Secretary shall—

12                 “(A) coordinate and collaborate on policy  
13                 development with the Administration for Chil-  
14                 dren and Families and other relevant Depart-  
15                 ment of Health and Human Services agencies  
16                 and adoption-related working groups; and

17                 “(B) consult on policy development at the  
18                 Federal level with those in the private sector  
19                 engaged in the recruitment of foster and adop-  
20                 tive parents, the placement of children in foster  
21                 care and for adoption, and the provision of  
22                 post-adoption services.

23          “(f) EVALUATION AND REPORT.—

24                 “(1) EVALUATIONS BY ELIGIBLE ENTITIES.—

25          Not later than 18 months after receipt of a grant or

1 cooperative agreement under this section, an eligible  
2 entity shall submit to the Secretary the results of an  
3 evaluation to be conducted by the entity concerning  
4 the effectiveness of the activities carried out under  
5 the grant or agreement.

6 “(2) REPORT.—Not later than 2 years after the  
7 date of enactment of this section, the Secretary shall  
8 submit to the appropriate committees of Congress a  
9 report concerning the results of—

10 “(A) the evaluations conducted under  
11 paragraph (1); and

12 “(B) an evaluation conducted by the Sec-  
13 retary to analyze the effectiveness and efficacy  
14 of the activities conducted with grants, collabo-  
15 rations, and consultations under this section.

16 “(g) DEFINITIONS.—In this section:

17 “(1) ADOPTED CHILD.—The term ‘adopted  
18 child’ means an individual who is under 21 years of  
19 age and was adopted from foster care, through a  
20 private placement agency, or from another country.

21 “(2) ADOPTION COMPETENCY.—The term  
22 ‘adoption competency’ means an understanding of—

23 “(A) the nature of adoption as a form of  
24 family formation and the different types of  
25 adoption;

1           “(B) relevant emotional and physical  
2 issues involved in the adoption process, includ-  
3 ing issues relating to separation, loss, attach-  
4 ment, abuse, trauma, and neglect;

5           “(C) common developmental challenges as-  
6 sociated with adoption;

7           “(D) the characteristics and skills that  
8 allow for successful adoptive families;

9           “(E) proper sensitivity with respect to the  
10 different geographic, ethnic, or cultural back-  
11 grounds of adopted children and adoptive fami-  
12 lies; and

13           “(F) the necessary skills for effectively ad-  
14 vocating on behalf of birth and adoptive fami-  
15 lies.

16           “(3) POST-ADOPTION MENTAL HEALTH SERV-  
17 ICES.—The term ‘post-adoption mental health serv-  
18 ices’ includes—

19           “(A) adoption competent mental health di-  
20 rect services, including training, educational  
21 support, counseling, and other services for  
22 adoptive parents and families that address care-  
23 giver interests and concerns regarding child be-  
24 havioral issues that are common among adopted

1 children and children in foster care, including,  
2 as appropriate—

3 “(i) caring for an adopted child with  
4 emotional, behavioral, or developmental  
5 health needs; and

6 “(ii) providing for the emotional needs  
7 of an adopted child, including issues relat-  
8 ing to attachment, identity, abandonment,  
9 cultural differences, grief, and loss;

10 “(B) peer-to-peer mentoring and support  
11 groups that permit a newly adoptive parent to  
12 communicate and learn from more experienced  
13 adoptive parents;

14 “(C) the provision of informational re-  
15 sources and available services for adoptive par-  
16 ents;

17 “(D) direct services, including counseling,  
18 peer-to-peer mentoring and support groups, and  
19 other services for adopted children that address  
20 common behavioral and adjustment issues, in-  
21 cluding, as appropriate—

22 “(i) support services for an adopted  
23 child with emotional, behavioral, or devel-  
24 opmental health needs;

1                   “(ii) support services that address the  
2                   emotional needs of an adopted child, in-  
3                   cluding issues relating to attachment, iden-  
4                   tity, abandonment, cultural differences,  
5                   grief, and loss; and

6                   “(iii) treatment services that are spe-  
7                   cialized for adopted children, including  
8                   psychiatric residential services, outpatient  
9                   mental health services, social skills train-  
10                  ing, intensive in-home supervision services,  
11                  recreational therapy, suicide prevention,  
12                  and substance abuse treatment;

13                  “(E) peer-to-peer mentoring and support  
14                  groups that allow adopted children to commu-  
15                  nicate and socialize with other adopted children;  
16                  and

17                  “(F) crisis intervention and family preser-  
18                  vation services.

19                  “(h) FUNDING FOR POST-ADOPTION MENTAL  
20                  HEALTH SERVICES.—From amounts appropriated to  
21                  carry out titles III, V, or XIX of the Public Health Service  
22                  Act for each fiscal year, \$20,000,000 shall be used by the  
23                  Secretary in each such fiscal year to fund services and  
24                  programs authorized under this section.”.



1 **SEC. 4. DATA COLLECTION ON ADOPTION DISRUPTION AND**  
2 **DISSOLUTION.**

3 (a) IN GENERAL.—Section 479 of the Social Security  
4 Act (42 U.S.C. 679) is amended by adding at the end the  
5 following new subsection:

6 “(d)(1) Not later than 12 months after the date of  
7 enactment of this subsection, the Secretary shall, as part  
8 of the data collection system established under this sec-  
9 tion, promulgate final regulations providing for the collec-  
10 tion and analysis of information regarding children who  
11 enter into State custody as a result of the disruption of  
12 a placement for adoption or the dissolution of an adoption,  
13 which shall require States to collect and report—

14 “(A) information on children who are adopted  
15 within the United States or from other countries and  
16 who enter into State custody as a result of the dis-  
17 ruption of a placement for adoption or the dissolu-  
18 tion of an adoption, including—

19 “(i) the number of children who enter into  
20 State custody as a result of—

21 “(I) the disruption of placement for  
22 adoption; or

23 “(II) the dissolution of an adoption;  
24 and

25 “(ii) for each child identified under clause  
26 (i)—

1           “(I) as applicable, the country of birth  
2           for any child who was not born in the  
3           United States;

4           “(II) the length of the adoption place-  
5           ment prior to disruption or dissolution;

6           “(III) the age of the child at the time  
7           of the disruption or dissolution;

8           “(IV) the reason for the disruption or  
9           dissolution; and

10          “(V) the agencies who handled the  
11          placement for adoption; and

12          “(B) such other information as determined ap-  
13          propriate by the Secretary.

14          “(2) The regulations shall require a State that re-  
15          ports the information described in paragraph (1) to use  
16          the information—

17                 “(A) to consolidate and expand the collection of  
18                 information on adoption disruption and dissolution;

19                 “(B) to improve research and data collection  
20                 systems in order to more accurately determine and  
21                 measure the rates, outcomes, and causes of adoption  
22                 disruption and dissolution;

23                 “(C) to identify pre- and post-adoptive support  
24                 services (including services described in section

1 431(a)(8)(B)) that result in lower rates of disrup-  
2 tion and dissolution of adoptions;

3 “(D) to develop an understanding of the rela-  
4 tionship between the rate of incidence of adoption  
5 disruptions and dissolutions and the support services  
6 that are provided to adoptive families in order to  
7 identify and develop effective evidence-based strate-  
8 gies, programs, and support services that help to  
9 prevent adoption disruption and dissolution; and

10 “(E) to develop and enhance training and edu-  
11 cational services regarding strategies for prevention  
12 of adoption disruption and dissolution.

13 “(3)(A) Not later than 6 months after the date of  
14 enactment of this subsection, the Secretary shall, subject  
15 to subparagraph (B), establish an advisory committee to  
16 study methods to effectively collect data regarding disrup-  
17 tion and dissolution of adoptions that are not included in  
18 the data collection system established under this section,  
19 including—

20 “(i) data on children whose adoptions are dis-  
21 rupted or dissolved but do not enter into State cus-  
22 tody as a result of such disruption or dissolution;

23 “(ii) data on adoption displacements, whereby  
24 an adopted child is temporarily placed out of the  
25 home of an adoptive parent in order to receive med-

1 ical, mental health, behavioral, or other forms of  
2 treatment; and

3 “(iii) such other data as determined appropriate  
4 by the Secretary.

5 “(B) The membership and organization of the advi-  
6 sory committee described in subparagraph (A) shall be de-  
7 termined by the Secretary and shall include—

8 “(i) State and child welfare agencies that are  
9 engaged in the placement of children for adoption  
10 domestically or from other countries;

11 “(ii) local and national organizations that serve  
12 adopted children and children in foster care; and

13 “(iii) members of State and local judiciary and  
14 court staff.

15 “(C) Not later than 12 months after establishment  
16 of the advisory committee described in subparagraph (A),  
17 the Secretary shall submit to the appropriate committees  
18 of Congress a report containing recommendations of the  
19 advisory committee for improvement of the data collection  
20 system established under this section.”.

21 (b) ANNUAL REPORT.—Section 479A of the Social  
22 Security Act (42 U.S.C. 679b) is amended—

23 (1) in paragraph (5), by striking “and” after  
24 the semicolon;

1           (2) in paragraph (6), by striking the period at  
2           the end and inserting “; and”; and

3           (3) by adding at the end the following new  
4           paragraph:

5           “(7) include in the report submitted pursuant  
6           to paragraph (5) for fiscal year 2013 or any suc-  
7           ceeding fiscal year, national and State-by-State data  
8           on the numbers and rates of disruptions and dissolu-  
9           tions of adoptions, as collected pursuant to section  
10          479(d)(1).”.

11 **SEC. 5. GAO REPORT.**

12          Within 1 year after the date of the enactment of this  
13 Act, the Comptroller General of the United States shall  
14 submit to the Congress a written report on—

15           (1) how children are advertised online for adop-  
16           tion, the number of children so advertised, what  
17           happens to children so advertised, the reasons why  
18           children are so advertised, and the resources avail-  
19           able to the government to combat the advertising;

20           (2) how home studies of prospective parents  
21           vary, depending on whether the adoption is private,  
22           domestic, or international;

23           (3) how the type and amount of pre-adoptive  
24           training prospective parents receive varies;

1           (4) the availability of quality support for fami-  
2           lies to meet the post-adoption emotional and behav-  
3           ioral challenges faced by children; and

4           (5) the reasons for adoption disruptions and  
5           dissolutions, and for the sending of adopted children  
6           to live with new families without notice to the appro-  
7           priate authorities.

○