

104<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 1263

To establish a program that would assist abandoned and medically fragile infants.

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IN THE HOUSE OF REPRESENTATIVES

MARCH 16, 1995

Mr. PAYNE of New Jersey introduced the following bill; which was referred to the Committee on Economic and Educational Opportunities

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## A BILL

To establish a program that would assist abandoned and medically fragile infants.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Abandoned and Medi-  
5 cally Fragile Infants Assistance Act of 1995”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds that—

8 (1) throughout the Nation, the number of in-  
9 fants and young children who have been exposed to

1 drugs taken by their mothers during pregnancy has  
2 increased dramatically;

3 (2) the inability of parents who abuse drugs to  
4 provide adequate care for such infants and young  
5 children and a lack of suitable shelter homes for  
6 such infants and young children have led to the  
7 abandonment of such infants and young children in  
8 hospitals for extended periods;

9 (3) an unacceptable number of these infants  
10 and young children will be medically cleared for dis-  
11 charge, yet remain in hospitals as boarder babies;

12 (4) hospital-based child care for these infants  
13 and young children is extremely costly and deprives  
14 them of an adequate nurturing environment;

15 (5) training is inadequate for foster care per-  
16 sonnel working with medically fragile infants and  
17 young children and infants and young children ex-  
18 posed to drugs;

19 (6) a particularly devastating development is  
20 the increase in the number of infants and young  
21 children who are infected with the human  
22 immunodeficiency virus (which is believed to cause  
23 acquired immune deficiency syndrome and which is  
24 commonly known as HIV) or who have been

1 perinatally exposed to the virus or to a dangerous  
2 drug;

3 (7) many such infants and young children have  
4 at least one parent who is an intravenous drug  
5 abuser;

6 (8) such infants and young children are par-  
7 ticularly difficult to place in foster homes, and are  
8 being abandoned in hospitals in increasing numbers  
9 by mothers dying of acquired immune deficiency  
10 syndrome, or by parents incapable of providing ade-  
11 quate care;

12 (9) there is a need for comprehensive services  
13 for such infants and young children, including foster  
14 family care services, case management services, fam-  
15 ily support services, respite and crisis intervention  
16 services, counseling services, and group residential  
17 home services;

18 (10) there is a need to support the families of  
19 such infants and young children through the provi-  
20 sion of services that will prevent the abandonment of  
21 the infants and children; and

22 (11) there is a need for the development of  
23 funding strategies that coordinate and make the op-  
24 timal use of all private resources, and Federal,

1 State, and local resources, to establish and maintain  
2 such services.

3 **SEC. 3. GRANTS FOR PROJECTS REGARDING ABANDON-**  
4 **MENT OF INFANTS AND YOUNG CHILDREN IN**  
5 **HOSPITALS.**

6 (a) IN GENERAL.—The Secretary of Health and  
7 Human Services may make grants to public and nonprofit  
8 private entities for the purpose of developing, implement-  
9 ing, and operating projects—

10 (1) to prevent the abandonment of infants and  
11 young children, including the provision of services to  
12 members of the natural family for any condition that  
13 increases the probability of abandonment of an in-  
14 fant or young child;

15 (2) to identify and address the needs of aban-  
16 doned infants and young children;

17 (3) to assist abandoned infants and young chil-  
18 dren to reside with their natural families or in foster  
19 care, as appropriate;

20 (4) to recruit, train, and retain foster families  
21 for abandoned infants and young children;

22 (5) to carry out residential care programs for  
23 abandoned infants and young children who are un-  
24 able to reside with their families or to be placed in  
25 foster care;

1           (6) to carry out programs of respite care for  
2 families and foster families of infants and young  
3 children described in subsection (b);

4           (7) to recruit and train health and social serv-  
5 ices personnel to work with families, foster care fam-  
6 ilies, and residential care programs for abandoned  
7 infants and young children; and

8           (8) to prevent the abandonment of infants and  
9 young children, and to care for the infants and  
10 young children who have been abandoned, through  
11 model programs providing health, educational, and  
12 social services at a single site in a geographic area  
13 in which a significant number of infants and young  
14 children described in subsection (b) reside (with spe-  
15 cial consideration given to applications from entities  
16 that will provide the services of the project through  
17 community-based organizations).

18       (b) PRIORITY IN PROVISION OF SERVICES.—The Sec-  
19 retary may not make a grant under subsection (a) unless  
20 the applicant for the grant agrees that, in carrying out  
21 the purpose described in subsection (a) (other than with  
22 respect to paragraph (6) of such subsection), the applicant  
23 will give priority to abandoned infants and young chil-  
24 dren—

1           (1) who are infected with the human  
2 immunodeficiency virus or who have been perinatally  
3 exposed to the virus; or

4           (2) who have been perinatally exposed to a dan-  
5 gerous drug.

6           (c) CASE PLAN WITH RESPECT TO FOSTER CARE.—

7 The Secretary may not make a grant under subsection (a)  
8 unless the applicant for the grant agrees that, if the appli-  
9 cant expends the grant to carry out any program of pro-  
10 viding care to infants and young children in foster homes  
11 or in other nonmedical residential settings away from their  
12 parents, the applicant will ensure that—

13           (1) a case plan of the type described in para-  
14 graph (1) of section 475 of the Social Security Act  
15 is developed for each such infant and young child (to  
16 the extent that such infant and young child is not  
17 otherwise covered by such a plan); and

18           (2) the program includes a case review system  
19 of the type described in paragraph (5) of such sec-  
20 tion (covering each such infant and young child who  
21 is not otherwise subject to such a system).

22           (d) ADMINISTRATION OF GRANT.—

23           (1) The Secretary may not make a grant under  
24 subsection (a) unless the applicant for the grant  
25 agrees—

1 (A) to use the funds provided under this  
2 section only for the purposes specified in the  
3 application submitted to, and approved by, the  
4 Secretary pursuant to subsection (e);

5 (B) to establish such fiscal control and  
6 fund accounting procedures as may be nec-  
7 essary to ensure proper disbursement and ac-  
8 counting of Federal funds paid to the applicant  
9 under this section; and

10 (C) to report to the Secretary annually on  
11 the utilization, cost, and outcome of activities  
12 conducted, and services furnished, under this  
13 section.

14 (e) REQUIREMENT OF APPLICATION.—The Secretary  
15 may not make a grant under subsection (a) unless—

16 (1) an application for the grant is submitted to  
17 the Secretary;

18 (2) with respect to carrying out the purpose for  
19 which the grant is to be made, the application pro-  
20 vides assurances of compliance satisfactory to the  
21 Secretary; and

22 (3) the application otherwise is in such form, is  
23 made in such manner, and contains such agree-  
24 ments, assurances, and information as the Secretary  
25 determines to be necessary to carry out this section.

1 **SEC. 4. GRANTS TO PROVIDE NURTURING HOME ENVIRON-**  
2 **MENTS AND FAMILY-CENTERED SERVICES**  
3 **FOR MEDICALLY FRAGILE INFANTS.**

4 The Secretary may make grants to public and non-  
5 profit entities for the purposes of developing, implement-  
6 ing, or operating—

7 (1) programs and activities to prevent the medi-  
8 cal neglect of disabled infants with life-threatening  
9 conditions;

10 (2) information, education, and training pro-  
11 grams designed to improve the provision of services  
12 to disabled infants with life-threatening conditions  
13 for—

14 (A) professional and paraprofessional per-  
15 sonnel concerned with the welfare of disabled  
16 infants with life-threatening conditions, includ-  
17 ing personnel employed in child protective serv-  
18 ices programs and health care facilities; and

19 (B) the parents of such infants; and

20 (3) programs to assist in obtaining or coordi-  
21 nating necessary services for families of disabled in-  
22 fants with life-threatening conditions, including—

23 (A) existing social and health services;

24 (B) financial assistance; and

1 (C) services necessary to facilitate adoptive  
2 placement of any such infant who is legally free  
3 for adoption.

4 **SEC. 5. EVALUATIONS, STUDIES, AND REPORTS BY SEC-**  
5 **RETARY.**

6 The Secretary shall, directly or through contracts  
7 with public and nonprofit private entities, provide for eval-  
8 uations of projects carried out under this Act and for the  
9 dissemination of information developed as result of such  
10 projects.

11 **SEC. 6. DEFINITIONS.**

12 For purposes of this Act:

13 (1) The terms “abandoned” and “abandon-  
14 ment”, with respect to infants and young children,  
15 mean that the infants and young children are medi-  
16 cally cleared for discharge from acute-care hospital  
17 settings, but remain hospitalized because of a lack of  
18 appropriate out-of-hospital placement alternatives.

19 (2) The term “dangerous drug” means a con-  
20 trolled substance, as defined in section 102 of the  
21 Controlled Substances Act (21 U.S.C. 802).

22 (3) The term “natural family” shall be broadly  
23 interpreted to include natural parents, grandparents,  
24 family members, guardians, children residing in the  
25 Household, and individuals residing in the household

1 on a continuing basis who are in a care-giving situa-  
2 tion with respect to infants and young children cov-  
3 ered under this Act.

4 (4) The term “acquired immune deficiency syn-  
5 drome” includes infection with the etiologic agent  
6 for such syndrome, any condition indicating that an  
7 individual is infected with such etiologic agent, and  
8 any condition arising from such etiologic agent.

9 (5) The term “Secretary” means the Secretary  
10 of Health and Human Services.

11 **SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

12 (a) IN GENERAL.—For the purpose of carrying out  
13 this Act, there are authorized to be appropriated  
14 \$15,000,000 for fiscal year 1996 and such sums as may  
15 be necessary for each of the fiscal years 1997, 1998, 1999,  
16 and 2000.

17 (b) AVAILABILITY OF FUNDS.—Amounts appro-  
18 priated under this section shall remain available until ex-  
19 pended.

20 (1) CONFORMING AMENDMENT.—Section  
21 421(7) of the Domestic Volunteer Service Act of  
22 1973 (42 U.S.C. 5061(7)) is amended to read as fol-  
23 lows:

1           “(7) the term ‘border baby’ means an infant de-  
2           scribed in section 6(1) of the Abandoned and Medi-  
3           cally Fragile Infants Assistance Act of 1995.’”.

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