

113TH CONGRESS
2D SESSION

S. 2722

To facilitate identification and dissemination of evidence-informed recommendations for addressing maternal addiction and neonatal abstinence syndrome and to provide for studies with respect to neonatal abstinence syndrome.

IN THE SENATE OF THE UNITED STATES

JULY 31, 2014

Mr. McCONNELL introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To facilitate identification and dissemination of evidence-informed recommendations for addressing maternal addiction and neonatal abstinence syndrome and to provide for studies with respect to neonatal abstinence syndrome.

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 “Protecting Our Infants
5 Act of 2014”.

1 **SEC. 2. EVIDENCE-INFORMED RECOMMENDATIONS WITH**
2 **RESPECT TO MATERNAL ADDICTION AND**
3 **NEONATAL ABSTINENCE SYNDROME.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (referred to in this section as the “Sec-
6 retary”) shall coordinate and facilitate the—

7 (1) identification and compilation of evidence-
8 informed recommendations for physicians, nurses,
9 and hospital facilities with respect to neonatal absti-
10 nence syndrome; and

11 (2) identification of any gaps, as appropriate, in
12 such evidence-informed recommendations that may
13 require additional research or analysis with respect
14 to—

15 (A) screening and intervention for mater-
16 nal substance abuse, including the misuse or
17 abuse of prescription drugs in women of child-
18 bearing age and pregnant women;

19 (B) treatment for pregnant and postpar-
20 tum women with a substance use disorder, in-
21 cluding the misuse or abuse of prescription
22 drugs;

23 (C) screening of infants for neonatal absti-
24 nence syndrome and for the risk of developing
25 neonatal abstinence syndrome;

1 (D) treatment for infants with neonatal
2 abstinence syndrome, including evidence-in-
3 formed recommendations surrounding evalua-
4 tion and treatment with pharmacological and
5 non-pharmacological interventions; and

6 (E) ongoing treatment, services, and sup-
7 ports for postpartum women with a substance
8 use disorder, including misuse or abuse of pre-
9 scription drugs, and infants and children with
10 neonatal abstinence syndrome.

11 (b) INPUT.—In carrying out subsection (a), the Sec-
12 retary shall consider input from stakeholders, such as
13 health professionals, public health officials, and law en-
14 forcement.

15 (c) DISSEMINATION OF INFORMATION.—The Sec-
16 retary shall disseminate to appropriate stakeholders in
17 States and local communities the evidence-informed rec-
18 ommendations identified under subsection (a).

19 (d) ADDRESSING RESEARCH NEEDS FOR MATERNAL
20 ADDICTION AND NEONATAL ABSTINENCE SYNDROME.—
21 The Secretary shall conduct a study to evaluate—

22 (1) factors related to the increased prevalence
23 of maternal opiate misuse and abuse;

24 (2) factors related to maternal misuse and
25 abuse of opiates, including—

1 (A) barriers to identifying and treating
2 maternal misuse and abuse of opiates; and

3 (B) the most effective prevention and
4 treatment strategies for pregnant women and
5 other women of childbearing age who are at
6 risk for or dependent on opiates; and

7 (3) factors related to neonatal abstinence syn-
8 drome, including—

9 (A) epidemiological studies concerning neo-
10 natal abstinence syndrome;

11 (B) the most effective methods to diagnose
12 and treat neonatal abstinence syndrome; and

13 (C) the long-term effects of neonatal absti-
14 nence syndrome and the need for a longer-term
15 study on infants and children at risk for devel-
16 oping neonatal abstinence syndrome or diag-
17 nosed with neonatal abstinence syndrome.

18 (e) REPORT.—Not later than 1 year after the date
19 of enactment of this Act, the Secretary shall provide to
20 the Committee on Health, Education, Labor, and Pen-
21 sions of the Senate and the Committee on Energy and
22 Commerce of the House of Representatives the findings
23 from the study under subsection (d) and a report that
24 identifies the gaps in evidence-informed recommendations

1 that require additional research or analysis, and priority
2 areas for additional research.

3 **SEC. 3. IMPROVING DATA ON NEONATAL ABSTINENCE SYN-**
4 **DROME.**

5 The Secretary of Health and Human Services, acting
6 through the Director of the Centers for Disease Control
7 and Prevention, shall provide technical assistance to
8 States to improve the availability and quality of data col-
9 lection and surveillance activities regarding neonatal absti-
10 nence syndrome, including—

11 (1) incidence and prevalence of neonatal absti-
12 nence syndrome;

13 (2) the identification of causes for neonatal ab-
14 stinence syndrome, including new and emerging
15 trends; and

16 (3) the identification of demographics and other
17 relevant information associated with neonatal absti-
18 nence syndrome.

19 **SEC. 4. PAIN MANAGEMENT ALTERNATIVES.**

20 It is the sense of Congress that the Director of the
21 National Institutes of Health should continue research
22 with respect to pain management, including for women of
23 childbearing age.

1 **SEC. 5. GAO STUDY.**

2 Not later than 1 year after the date of enactment
3 of this Act, the Comptroller General of the United States
4 shall conduct a study evaluating—

5 (1) the availability and effectiveness of federally
6 facilitated substance abuse treatment programs for
7 pregnant women and their children;

8 (2) the availability and effectiveness of Federal
9 programs that encourage State adoption and imple-
10 mentation of programs to ensure—

11 (A) the safety and health of mothers who
12 have a substance use disorder; and

13 (B) the safety and health of children with
14 neonatal abstinence syndrome;

15 (3) the effectiveness of Federal data systems
16 and surveillance programs used to monitor or track
17 drug utilization and resulting trends, including
18 whether information on neonatal abstinence syn-
19 drome is incorporated into such data systems; and

20 (4) the identification of the use of all discre-
21 tionary funds to address maternal substance abuse,
22 including the misuse and abuse of prescription
23 drugs.

○