

114TH CONGRESS
1ST SESSION

H. R. 1462

To combat the rise of prenatal opioid abuse and neonatal abstinence syndrome.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2015

Ms. CLARK of Massachusetts (for herself and Mr. STIVERS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To combat the rise of prenatal opioid abuse and 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 2015”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

8 (1) Opioid prescription rates have risen dra-
9 matically over the past several years. According to
10 the Centers for Disease Control and Prevention, in

1 some States, there are as many as 96 to 143 pre-
2 scriptions for opioids per 100 adults per year.

3 (2) In recent years, there has been a steady rise
4 in the number of overdose deaths involving heroin.
5 According to the Centers for Disease Control and
6 Prevention, the death rate for heroin overdose dou-
7 bled from 2010 to 2012.

8 (3) At the same time, there has been an in-
9 crease in cases of neonatal abstinence syndrome (re-
10 ferred to in this section as “NAS”). In the United
11 States, the incidence of NAS has risen from 1.20
12 per 1,000 hospital births in 2000 to 3.39 per 1,000
13 hospital births in 2009.

14 (4) NAS refers to medical issues associated
15 with drug withdrawal in newborns due to exposure
16 to opioids or other drugs in utero.

17 (5) The average cost of treatment in a hospital
18 for NAS increased from \$39,400 in 2000 to \$53,400
19 in 2009. Most of these costs are born by the Med-
20 icaid program.

21 (6) Preventing opioid abuse among pregnant
22 women and women of childbearing age is crucial.

23 (7) Medically appropriate opioid use in preg-
24 nancy is not uncommon, and opioids are often the

1 safest and most appropriate treatment for moderate
2 to severe pain for pregnant women.

3 (8) Addressing NAS effectively requires a focus
4 on women of childbearing age, pregnant women, and
5 infants from preconception through early childhood.

6 (9) NAS can result from the use of prescription
7 drugs as prescribed for medical reasons, from the
8 abuse of prescription drugs, or from the use of ille-
9 gal opioids like heroin.

10 (10) For pregnant women who are abusing
11 opioids, it is most appropriate to treat and manage
12 maternal substance use in a non-punitive manner.

13 (11) According to a report of the Government
14 Accountability Office (referred to in this section as
15 the “GAO report”), more research is needed to opti-
16 mize the identification and treatment of babies with
17 NAS and to better understand long-term impacts on
18 children.

19 (12) According to the GAO report, the Depart-
20 ment of Health and Human Services does not have
21 a focal point to lead planning and coordinating ef-
22 forts to address prenatal opioid use and NAS across
23 the department.

24 (13) According to the GAO report, “given the
25 increasing use of heroin and abuse of opioids pre-

1 scribed for pain management, as well as the in-
2 creased rate of NAS in the United States, it is im-
3 portant to improve the efficiency and effectiveness of
4 planning and coordination of Federal efforts on pre-
5 natal opioid use and NAS”.

6 **SEC. 3. DEVELOPING RECOMMENDATIONS FOR PRE-**
7 **VENTING AND TREATING PRENATAL OPIOID**
8 **ABUSE AND NEONATAL ABSTINENCE SYN-**
9 **DROME.**

10 (a) IN GENERAL.—The Secretary of Health and
11 Human Services (referred to in this Act as the “Sec-
12 retary”), acting through the Director of the Agency for
13 Healthcare Research and Quality (referred to in this sec-
14 tion as the “Director”), shall conduct a study and develop
15 recommendations for preventing and treating prenatal
16 opioid abuse and neonatal abstinence syndrome, soliciting
17 input from nongovernmental entities, including organiza-
18 tions representing patients, health care providers, hos-
19 pitals, other treatment facilities, and other entities, as ap-
20 propriate.

21 (b) REPORT.—Not later than 1 year after the date
22 of enactment of this Act, the Director shall publish on the
23 Internet Web site of the Agency for Healthcare Research
24 and Quality a report on the study and recommendations
25 under subsection (a). Such report shall address each of

1 the issues described in paragraphs (1) through (3) of sub-
2 section (c).

3 (c) CONTENTS.—The study described in subsection
4 (a) and the report under subsection (b) shall include—

5 (1) a comprehensive assessment of existing re-
6 search with respect to the prevention, identification,
7 treatment, and long-term outcomes of neonatal ab-
8 stinence syndrome, including the identification and
9 treatment of pregnant women or women who may
10 become pregnant who use opioids or other drugs;

11 (2) an evaluation of—

12 (A) the causes of and risk factors for
13 opioid use disorders among women of reproduc-
14 tive age, including pregnant women;

15 (B) the barriers to identifying and treating
16 opioid use disorders among women of reproduc-
17 tive age, including pregnant and postpartum
18 women and women with young children;

19 (C) current practices in the health care
20 system to respond to and treat pregnant women
21 with opioid use disorders and infants born with
22 neonatal abstinence syndrome;

23 (D) medically indicated use of opioids dur-
24 ing pregnancy;

1 (E) access to treatment for opioid use dis-
2 orders in pregnant and postpartum women; and

3 (F) access to treatment for infants with
4 neonatal abstinence syndrome; and

5 (3) recommendations on—

6 (A) preventing, identifying, and treating
7 neonatal abstinence syndrome in infants;

8 (B) treating pregnant women who are de-
9 pendent on opioids; and

10 (C) preventing opioid dependence among
11 women of reproductive age, including pregnant
12 women, who may be at risk of developing opioid
13 dependence.

14 **SEC. 4. IMPROVING PREVENTION AND TREATMENT FOR**
15 **PRENATAL OPIOID ABUSE AND NEONATAL**
16 **ABSTINENCE SYNDROME.**

17 (a) REVIEW OF PROGRAMS.—The Secretary shall
18 lead a review of planning and coordination within the De-
19 partment of Health and Human Services related to pre-
20 natal opioid use and neonatal abstinence syndrome.

21 (b) STRATEGY TO CLOSE GAPS IN RESEARCH AND
22 PROGRAMMING.—In carrying out subsection (a), the Sec-
23 retary shall develop a strategy to address research and
24 program gaps, including such gaps identified in findings

1 made by reports of the Government Accountability Office.

2 Such strategy shall address—

3 (1) gaps in research, including with respect

4 to—

5 (A) the most appropriate treatment of
6 pregnant women with opioid use disorders;

7 (B) the most appropriate treatment and
8 management of infants with neonatal absti-
9 nence syndrome; and

10 (C) the long-term effects of prenatal opioid
11 exposure on children; and

12 (2) gaps in programs, including—

13 (A) the availability of treatment programs
14 for pregnant and postpartum women and for
15 newborns with neonatal abstinence syndrome;
16 and

17 (B) guidance and coordination in Federal
18 efforts to address prenatal opioid use or neo-
19 natal abstinence syndrome.

20 (c) REPORT.—Not later than 1 year after the date
21 of enactment of this Act, the Secretary shall submit to
22 the Committee on Health, Education, Labor, and Pen-
23 sions of the Senate and the Committee on Energy and
24 Commerce of the House of Representatives a report on

1 the findings of the review described in subsection (a) and
2 the strategy developed under subsection (b).

3 **SEC. 5. IMPROVING DATA ON AND PUBLIC HEALTH RE-**
4 **SPONSE TO NEONATAL ABSTINENCE SYN-**
5 **DROME.**

6 (a) DATA AND SURVEILLANCE.—The Director of the
7 Centers for Disease Control and Prevention shall, as ap-
8 propriate—

9 (1) provide technical assistance to States to im-
10 prove the availability and quality of data collection
11 and surveillance activities regarding neonatal absti-
12 nence syndrome, including—

13 (A) the incidence and prevalence of neo-
14 natal abstinence syndrome;

15 (B) the identification of causes for neo-
16 natal abstinence syndrome, including new and
17 emerging trends; and

18 (C) the demographics and other relevant
19 information associated with neonatal abstinence
20 syndrome;

21 (2) collect available surveillance data described
22 in paragraph (1) from States, as applicable; and

23 (3) make surveillance data collected pursuant to
24 paragraph (2) publically available on an appropriate
25 Internet Web site.

1 (b) PUBLIC HEALTH RESPONSE.—The Director of
2 the Centers for Disease Control and Prevention shall en-
3 courage increased utilization of effective public health
4 measures to reduce neonatal abstinence syndrome.

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