

114TH CONGRESS
1ST SESSION

H. R. 1462

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 9, 2015

Received

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Protecting Our Infants
3 Act of 2015”.

4 **SEC. 2. FINDINGS.**

5 Congress finds as follows:

6 (1) Opioid prescription rates have risen dra-
7 matically over the past several years. According to
8 the Centers for Disease Control and Prevention, in
9 some States, there are as many as 96 to 143 pre-
10 scriptions for opioids per 100 adults per year.

11 (2) In recent years, there has been a steady rise
12 in the number of overdose deaths involving heroin.
13 According to the Centers for Disease Control and
14 Prevention, the death rate for heroin overdose dou-
15 bled from 2010 to 2012.

16 (3) At the same time, there has been an in-
17 crease in cases of neonatal abstinence syndrome (re-
18 ferred to in this section as “NAS”). In the United
19 States, the incidence of NAS has risen from 1.20
20 per 1,000 hospital births in 2000 to 3.39 per 1,000
21 hospital births in 2009.

22 (4) NAS refers to medical issues associated
23 with drug withdrawal in newborns due to exposure
24 to opioids or other drugs in utero.

25 (5) The average cost of treatment in a hospital
26 for NAS increased from \$39,400 in 2000 to \$53,400

1 in 2009. Most of these costs are born by the Med-
2 icaid program.

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

5 (7) Medically appropriate opioid use in preg-
6 nancy is not uncommon, and opioids are often the
7 safest and most appropriate treatment for moderate
8 to severe pain for pregnant women.

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

12 (9) NAS can result from the use of prescription
13 drugs as prescribed for medical reasons, from the
14 abuse of prescription drugs, or from the use of ille-
15 gal opioids like heroin.

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

19 (11) According to a report of the Government
20 Accountability Office (referred to in this section as
21 the “GAO report”), more research is needed to opti-
22 mize the identification and treatment of babies with
23 NAS and to better understand long-term impacts on
24 children.

1 pitals, other treatment facilities, and other entities, as ap-
2 propriate.

3 (b) REPORT.—Not later than 1 year after the date
4 of enactment of this Act, the Director shall publish on the
5 Internet Web site of the Agency for Healthcare Research
6 and Quality a report on the study and recommendations
7 under subsection (a). Such report shall address each of
8 the issues described in paragraphs (1) through (3) of sub-
9 section (c).

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

12 (1) a comprehensive assessment of existing re-
13 search with respect to the prevention, identification,
14 treatment, and long-term outcomes of neonatal ab-
15 stinence syndrome, including the identification and
16 treatment of pregnant women or women who may
17 become pregnant who use opioids or other drugs;

18 (2) an evaluation of—

19 (A) the causes of and risk factors for
20 opioid use disorders among women of reproduc-
21 tive age, including pregnant women;

22 (B) the barriers to identifying and treating
23 opioid use disorders among women of reproduc-
24 tive age, including pregnant and postpartum
25 women and women with young children;

1 (C) current practices in the health care
2 system to respond to and treat pregnant women
3 with opioid use disorders and infants born with
4 neonatal abstinence syndrome;

5 (D) medically indicated use of opioids dur-
6 ing pregnancy;

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

9 (F) access to treatment for infants with
10 neonatal abstinence syndrome; and

11 (3) recommendations on—

12 (A) preventing, identifying, and treating
13 neonatal abstinence syndrome in infants;

14 (B) treating pregnant women who are de-
15 pendent on opioids; and

16 (C) preventing opioid dependence among
17 women of reproductive age, including pregnant
18 women, who may be at risk of developing opioid
19 dependence.

20 **SEC. 4. IMPROVING PREVENTION AND TREATMENT FOR**
21 **PRENATAL OPIOID ABUSE AND NEONATAL**
22 **ABSTINENCE SYNDROME.**

23 (a) REVIEW OF PROGRAMS.—The Secretary shall
24 lead a review of planning and coordination within the De-

1 partment of Health and Human Services related to pre-
2 natal opioid use and neonatal abstinence syndrome.

3 (b) STRATEGY TO CLOSE GAPS IN RESEARCH AND
4 PROGRAMMING.—In carrying out subsection (a), the Sec-
5 retary shall develop a strategy to address research and
6 program gaps, including such gaps identified in findings
7 made by reports of the Government Accountability Office.
8 Such strategy shall address—

9 (1) gaps in research, including with respect
10 to—

11 (A) the most appropriate treatment of
12 pregnant women with opioid use disorders;

13 (B) the most appropriate treatment and
14 management of infants with neonatal absti-
15 nence syndrome; and

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

18 (2) gaps in programs, including—

19 (A) the availability of treatment programs
20 for pregnant and postpartum women and for
21 newborns with neonatal abstinence syndrome;
22 and

23 (B) guidance and coordination in Federal
24 efforts to address prenatal opioid use or neo-
25 natal abstinence syndrome.

1 (c) REPORT.—Not later than 1 year after the date
2 of enactment of this Act, the Secretary shall submit to
3 the Committee on Health, Education, Labor, and Pen-
4 sions of the Senate and the Committee on Energy and
5 Commerce of the House of Representatives a report on
6 the findings of the review described in subsection (a) and
7 the strategy developed under subsection (b).

8 **SEC. 5. IMPROVING DATA ON AND PUBLIC HEALTH RE-**
9 **SPONSE TO NEONATAL ABSTINENCE SYN-**
10 **DROME.**

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

14 (1) provide technical assistance to States to im-
15 prove the availability and quality of data collection
16 and surveillance activities regarding neonatal absti-
17 nence syndrome, including—

18 (A) the incidence and prevalence of neo-
19 natal abstinence syndrome;

20 (B) the identification of causes for neo-
21 natal abstinence syndrome, including new and
22 emerging trends; and

23 (C) the demographics and other relevant
24 information associated with neonatal abstinence
25 syndrome;

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

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

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

 Passed the House of Representatives September 8,
2015.

Attest:

KAREN L. HAAS,

Clerk.