

I encourage all of my colleagues to support this bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I appreciate the gentleman from Maryland (Mr. SARBANES) bringing this forward and all the bipartisan work that was put into it. I urge my colleagues to support this legislation.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 3680 the "Co-Prescribing To Reduce Overdoses Act of 2015."

This bill requires the Department of Health and Human Services (HHS) to establish a grant program to support prescribing opioid overdose reversal drugs, such as naloxone, for patients at an elevated risk of overdose, including patients prescribed an opioid.

Opioids are drugs with effects similar to opium, such as heroin and certain pain medications.

The Centers for Disease Control and Prevention reports that nearly 259 million opioid prescriptions were written in 2012, more than enough for every adult in the United States.

In 2013 nearly 4.5 million people in the United States without a valid medical need were using prescription painkillers.

Both states and the federal government have begun responding to this growing public health crisis.

The Obama administration has awarded \$94 million to community health centers to improve and expand the delivery of substance abuse services.

H.R. 3680 would encourage and train health care providers to prescribe lifesaving overdose reversal drugs.

Enacting this legislation will help reduce drug overdoses across the country by giving at-risk patients better access to lifesaving overdose reversal drugs.

The plague of opioid overdose deaths across the nation is disturbing, but there are ways to combat this trend.

H.R. 3680 is supported by the American Medical Association, the American Society of Addiction Medicine and the Harm Reduction Coalition.

A party, or organization receiving a grant under this legislation will use the grant for the following reasons:

1. To establish a program for co-prescribing opioid overdose reversal drugs.
2. To train and provide resources for health care providers and pharmacists on the co-prescribing of opioid reversal drugs.
3. To establish mechanisms and processes for tracking patients participating in the program.
4. To purchase opioid overdose reversal drugs for distribution.
5. To offset the copays and other cost sharing associated with opioid overdose reversal drugs to ensure that cost is not a limiting factor for eligible patients.
6. To conduct community outreach, in conjunction with community based organizations, designed to raise awareness of co-prescribing practices and the availability of opioid overdose reversal drugs.
7. To establish protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medications assisted treatment and appropriate counseling and behavioral therapies.

Mr. Speaker, the mounting number of people adversely affected and the over 25,000 lives lost expressly demonstrates the need for this type of legislation.

H.R. 3680 is a positive step in the right direction and I urge all members to support this important legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 3680, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

NURTURING AND SUPPORTING HEALTHY BABIES ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4978) to require the Government Accountability Office to submit to Congress a report on neonatal abstinence syndrome (NAS) in the United States and its treatment under Medicaid, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4978

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Nurturing And Supporting Healthy Babies Act" or as the "NAS Healthy Babies Act".

SEC. 2. GAO REPORT ON NEONATAL ABSTINENCE SYNDROME (NAS).

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance and the Committee on Health, Education, Labor and Pensions of the Senate a report on neonatal abstinence syndrome (in this section referred to as "NAS") in the United States.

(b) INFORMATION TO BE INCLUDED IN REPORT.—Such report shall include information on the following:

- (1) The prevalence of NAS in the United States, including the proportion of children born in the United States with NAS who are eligible for medical assistance under State Medicaid programs under title XIX of the Social Security Act at birth and the costs associated with NAS through such programs.
- (2) The services for which coverage is available under State Medicaid programs for treatment of infants with NAS.
- (3) The settings (including inpatient, outpatient, hospital-based, and other settings) for the treatment of infants with NAS and the reimbursement methodologies and costs associated with such treatment in such settings.
- (4) The prevalence of utilization of various care settings under State Medicaid programs for treatment of infants with NAS and any Federal barriers to treating such infants under such programs, particularly in non-hospital-based settings.
- (5) What is known about best practices for treating infants with NAS.
- (c) RECOMMENDATIONS.—Such report also shall include such recommendations as the

Comptroller General determines appropriate for improvements that will ensure access to treatment for infants with NAS under State Medicaid programs.

SEC. 3. EXCLUDING ABUSE-DETERRENT FORMULATIONS OF PRESCRIPTION DRUGS FROM THE MEDICAID ADDITIONAL REBATE REQUIREMENT FOR NEW FORMULATIONS OF PRESCRIPTION DRUGS.

(a) IN GENERAL.—The last sentence of section 1927(c)(2)(C) of the Social Security Act (42 U.S.C. 1396r-8(c)(2)(C)) is amended by inserting before the period at the end the following: ", but does not include an abuse-deterrent formulation of the drug (as determined by the Secretary), regardless of whether such abuse-deterrent formulation is an extended release formulation".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to drugs that are paid for by a State in calendar quarters beginning on or after the date of the enactment of this Act.

SEC. 4. LIMITING DISCLOSURE OF PREDICTIVE MODELING AND OTHER ANALYTICS TECHNOLOGIES TO IDENTIFY AND PREVENT WASTE, FRAUD, AND ABUSE.

(a) IN GENERAL.—Title XI of the Social Security Act is amended by inserting after section 1128J (42 U.S.C. 1320a-7k) the following new section:

"SEC. 1128K. DISCLOSURE OF PREDICTIVE MODELING AND OTHER ANALYTICS TECHNOLOGIES TO IDENTIFY AND PREVENT WASTE, FRAUD, AND ABUSE.

"(a) REFERENCE TO PREDICTIVE MODELING TECHNOLOGIES REQUIREMENTS.—For provisions relating to the use of predictive modeling and other analytics technologies to identify and prevent waste, fraud, and abuse with respect to the Medicare program under title XVIII, the Medicaid program under title XIX, and the Children's Health Insurance Program under title XXI, see section 4241 of the Small Business Jobs Act of 2010 (42 U.S.C. 1320a-7m).

"(b) LIMITING DISCLOSURE OF PREDICTIVE MODELING TECHNOLOGIES.—In implementing such provisions under such section 4241 with respect to covered algorithms (as defined in subsection (c)), the following shall apply:

"(1) NONAPPLICATION OF FOIA.—The covered algorithms used or developed for purposes of such section (including by the Secretary or a State (or an entity operating under a contract with a State)) shall be exempt from disclosure under section 552(b)(3) of title 5, United States Code.

"(2) LIMITATION WITH RESPECT TO USE AND DISCLOSURE OF INFORMATION BY STATE AGENCIES.—

"(A) IN GENERAL.—A State agency may not use or disclose covered algorithms used or developed for purposes of such section except for purposes of administering the State plan (or a waiver of the plan) under the Medicaid program under title XIX or the State child health plan (or a waiver of the plan) under the Children's Health Insurance Program under title XXI, including by enabling an entity operating under a contract with a State to assist the State to identify or prevent waste, fraud, and abuse with respect to such programs.

"(B) INFORMATION SECURITY.—A State agency shall have in effect data security and control policies that the Secretary finds adequate to ensure the security of covered algorithms used or developed for purposes of such section 4241 and to ensure that access to such information is restricted to authorized persons for purposes of authorized uses and disclosures described in subparagraph (A).

"(C) PROCEDURAL REQUIREMENTS.—State agencies to which information is disclosed pursuant to such section 4241 shall adhere to

uniform procedures established by the Secretary.

“(c) COVERED ALGORITHM DEFINED.—In this section, the term ‘covered algorithm’—

“(1) means a predictive modeling or other analytics technology, as used for purposes of section 4241(a) of the Small Business Jobs Act of 2010 (42 U.S.C. 1320a-7m(a)) to identify and prevent waste, fraud, and abuse with respect to the Medicare program under title XVIII, the Medicaid program under title XIX, and the Children’s Health Insurance Program under title XXI; and

“(2) includes the mathematical expressions utilized in the application of such technology and the means by which such technology is developed.”.

(b) CONFORMING AMENDMENTS.—

(1) MEDICAID STATE PLAN REQUIREMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(A) in paragraph (80), by striking “and” at the end;

(B) in paragraph (81), by striking the period at the end and inserting “; and”; and

(C) by inserting after paragraph (81) the following new paragraph:

“(82) provide that the State agency responsible for administering the State plan under this title provides assurances to the Secretary that the State agency is in compliance with subparagraphs (A), (B), and (C) of section 1128K(b)(2).”.

(2) STATE CHILD HEALTH PLAN REQUIREMENT.—Section 2102(a)(7) of the Social Security Act (42 U.S.C. 1397bb(a)(7)) is amended—

(A) in subparagraph (A), by striking “, and” at the end and inserting a semicolon;

(B) in subparagraph (B), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following new subparagraph:

“(C) to ensure that the State agency involved is in compliance with subparagraphs (A), (B), and (C) of section 1128K(b)(2).”.

SEC. 5. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(1) of the Social Security Act (42 U.S.C. 1396w-1(b)(1)) is amended to read as follows:

“(1) IN GENERAL.—There shall be available to the Fund, for expenditures from the Fund for fiscal year 2021 and thereafter, \$5,000,000.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 4978, the Nurturing and Supporting Healthy Babies Act, sponsored by Representative EVAN JENKINS. This commonsense, bipartisan piece of legislation contains two important policies which will help strengthen our efforts to curb opioid abuse.

First, the bill requires the Government Accountability Office to carefully study ways to improve care for babies born with neonatal abstinence syndrome, NAS. NAS is a drug-withdrawal syndrome that most commonly occurs after an in-utero exposure to opioids that has, sadly, grown into prevalence in recent years.

As the New England Journal of Medicine noted last year, from 2000 through 2009, the incidence of neonatal abstinence syndrome in the United States

nearly tripled, with several States reporting even larger recent increases.

That same study noted that, in 2013, the number of NICU hospital days nationwide attributed to the care of infants with NAS was six to seven times greater than it was in 2004.

So this bill will expand our knowledge of care of NAS babies by requiring GAO to study what is known about the prevalence of NAS in the United States, the number of NAS babies covered by Medicaid, the settings for care of NAS babies, and access to care for NAS babies under State Medicaid programs.

Based on the recommendation of Representative ANDY BARR, the bill also directs GAO to identify what is known about best practices providing care for infants with NAS.

This comprehensive study, including the research focusing on best practices, can help us improve our efforts to provide care for some of the most vulnerable among us.

This bill takes a second important step to help combat opioid abuse by fixing an unintended consequence with the Medicaid drug rebate program that effectively discourages drug manufacturers from producing opioids that are harder to abuse.

Specifically, this second policy would exempt abuse-deterrent formulations of drugs from the definition of “line extension” for the purpose of calculating Medicaid rebates.

Abuse-deterrent formulations of drugs represent a critically important tool in the Federal policy toolbox. In its Opioids Action Plan, FDA said its goal is to “expand access to abuse-deterrent formulations to discourage abuse.” And in its ADF guidance to manufacturers, the agency said it “considers the development of these products a high public health priority.”

This policy enjoys bipartisan support, and was introduced by Representative BILIRAKIS previously. This policy was also included in the President’s FY 2017 budget, which noted that correcting the law would “incentivize continued development of abuse-deterrent formulations.”

This policy can help save lives. Currently, more than 4 million Americans misuse or abuse prescription painkillers and more than 16,000 individuals die from prescription painkiller overdoses each year. This change will help ensure there is continued investment in important abuse-deterrent drug technologies to help reduce the number of patients who abuse opioid drugs.

Finally, to help offset the cost of the Medicaid drug rebate change, this bill includes a third policy that was introduced by Representative BILIRAKIS in the past, and recently was included in the President’s 2017 budget.

It would protect from public disclosure the program integrity algorithms CMS uses to identify and predict waste, fraud, and abuse in Medicare, Medicaid, and CHIP.

Today the mathematical algorithms and predictive technologies that CMS uses in Medicare, Medicaid, and CHIP are vital to uncovering fraud, waste, and abuse.

However, if various aspects of these algorithms were to become publicly known, fraudsters could utilize the information to redirect their schemes to avoid detection.

This policy would simply prevent the disclosure of these anti-fraud tools from freedom of information-related laws while still allowing CMS and State Medicaid and CHIP programs to freely share algorithms and other predictive analytic tools. Doing so saves taxpayers money and offsets the cost of the rebate policy.

Mr. Speaker, this bill would enhance our knowledge about how to care for infants with NAS, encourage more abuse-deterrent formulations of drugs, and prevent powerful, anti-fraud tools from falling into the wrong hands.

I urge support for this commonsense, bipartisan piece of legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker and Members, I rise to voice my support for H.R. 4978, the Nurturing and Supporting Healthy Babies Act.

Nearly every community in every State has been impacted by heroin and opioid addiction. Tragically, newborns are the most vulnerable victims of this epidemic. It is estimated that every 25 minutes, a baby is born suffering from neonatal abstinence syndrome, or opioid withdrawal. According to a study by the New England Journal of Medicine, from 2004 to 2013, the incidence of NAS has quadrupled.

Neonatal abstinence syndrome, or NAS, arises from the exposure to opioids during pregnancy and impacts far too many of our Nation’s newborns. Maternal exposure to opioids can be caused by both nonprescription and prescription medication, and the subsequent neonatal withdrawal can result in extended hospital stays and severe, heartbreaking symptoms.

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NAS is associated with preterm births and low birth weight complications such as respiratory distress and seizures.

H.R. 4978, the Nurturing and Supporting Healthy Babies Act, is an important part of our efforts to combat drug abuse. The legislation will expand our knowledge of care and treatment for babies with NAS. It will direct the GAO to identify the prevalence of NAS and the number of cases covered by Medicaid, the setting of care for these infants, and identify access barriers to treatment. H.R. 4978 will further our ability to meet this crisis head-on and provide America’s children the healthy start they deserve.

I want to thank the bill’s sponsor, Representative CHERI BUSTOS, for her

leadership in introducing this bill and urge my colleagues to support the Nurturing and Supporting Healthy Babies Act.

Mr. Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from West Virginia (Mr. JENKINS), my friend and the sponsor of this legislation.

Mr. JENKINS of West Virginia. Mr. Speaker, as you have just heard, every 25 minutes in this Nation a baby is born who was exposed to drugs during pregnancy. This is called neonatal abstinence syndrome, or NAS, and it is a devastating way to begin one's life.

Today before the House is the Nurturing and Supporting Healthy Babies Act. I am proud to sponsor this bipartisan legislation that will expand our knowledge of care for babies born with NAS.

Hearing the sounds of babies crying as they experience drug withdrawal is heartbreaking. We can only truly address this crisis by working together. For the past 5 years, I have worked tirelessly in my hometown of Huntington, West Virginia, to help those treating newborns with NAS and to help find new and innovative treatment methods.

This firsthand experience highlighted the many challenges facing hospitals, doctors, nurses, and others seeking to treat these babies, and it has shown me the suffering these babies experience and just how much we need to help them. This bill will bring much-needed information on best practice models of care to our healthcare providers for the most vulnerable impacted by this drug crisis.

Through this bill, we will also learn more about just how many newborns are suffering from withdrawal and more about the Federal obstacles to treating them. This bill will bring us closer to guaranteeing a healthy and happy start to life for every newborn.

I thank the Energy and Commerce Committee's chairmen, Chairman UPTON and Chairman PITTS, for their tireless work to find solutions to the drug crisis and to help NAS babies start their lives healthy and happy. I thank Congresswoman CHERI BUSTOS for joining me in cosponsoring this legislation.

We are making progress. We must continue to strive for solutions to this tragic epidemic.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mrs. BUSTOS).

Mrs. BUSTOS. Mr. Speaker, I thank Congressman GENE GREEN for yielding me time and for working with me to find better treatment for babies born with neonatal abstinence syndrome, also known as NAS.

Mr. Speaker, every 25 minutes, as we have heard, every 25 minutes in America, another baby is born addicted to heroin or other deadly opioids. It results from their mother's struggle with addiction.

As the heroin epidemic sweeps our towns and our cities throughout the United States and impacts far too many families, many of the most overlooked victims have been the most vulnerable among us. It is heart-wrenching and it is terrible that an innocent newborn, trembling, crying uncontrollably, clenching her small fists, and gasping for air, again, is born every 25 minutes.

These are just a few of the symptoms babies face when they are born addicted to opioids, and nothing from my perspective as a mother and as a grandmother could be more demanding of our immediate attention. That is why I joined Congressman EVAN JENKINS from West Virginia to introduce the Nurturing and Supporting Healthy Babies Act.

This bipartisan legislation will improve care for babies born with neonatal abstinence syndrome. It will expand our knowledge of care for NAS babies, including its prevalence in the United States. It will also examine access to care for NAS babies under the State Medicaid programs and direct the Government Accountability Office to identify any Federal obstacles to care for NAS babies.

In short, this legislation will do a top-to-bottom review to make sure we are doing everything we can to help babies born with addiction and withdrawal.

Mr. Speaker, we must do our part to help all children reach their full potential.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), my friend and colleague from the Committee on Energy and Commerce.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of H.R. 4978, the Nurturing and Supporting Healthy Babies Act. This bill will help our most vulnerable Americans.

H.R. 4978 will require the GAO to study and report on the prevalence of neonatal abstinence syndrome to help determine the size and scope of this prescription drug problem and its impact on newborns.

Neonatal abstinence syndrome refers to a group of conditions that occur when a child is born addicted to narcotics and is going through withdrawal. This, unfortunately, affects my district in Florida and all over the country.

I visited babies in the hospital. In 2013, during a drug summit in Pasco County, health officials discussed the growing problem of babies born addicted to prescription drugs. Pinellas County, my home county, at that time ranked first in the State for babies born addicted. We must do all we can to help those struggling infants and their families.

This bill also includes two provisions I have worked on to reform Medicaid payments for abuse deterrent formulations and fight fraud in Medicare and Medicaid. Currently, Medicaid does not

sufficiently cover abuse deterrent formulations for generic drugs. During a hearing, I spoke to Secretary Burwell about this problem, and she expressed to me the need for a legislative fix to this payment issue. This bill provides a solution and helps prevent drug abuse within Medicaid.

This bill also includes a provision to protect the predictive analytic algorithm which identifies and prevents the payment of improper claims in Medicare. These tools, designed to prevent fraud, need to be protected from being disclosed to bad actors.

Back in 2013, I introduced legislation to protect these predictive analytic algorithms from the Freedom of Information Act disclosure, and H.R. 4978 includes this important legislation.

This legislation will help protect our newborns and all those facing prescription drug abuse and addiction.

Mr. Speaker, again, I thank Representative JENKINS and the Energy and Commerce Committee, and I urge my colleagues to support H.R. 4978.

Mr. GENE GREEN of Texas. Mr. Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. BARR), my good friend and fellow Kentuckian.

Mr. BARR. Mr. Speaker, I thank my colleague from Kentucky (Mr. GUTHRIE) for his leadership on this issue, and I want to thank my colleague from West Virginia (Mr. JENKINS) for his leadership on this important legislation.

Mr. Speaker, I rise today to encourage my colleagues to support his bill, H.R. 4978, the NAS Healthy Babies Act, which seeks to increase our understanding of neonatal abstinence syndrome and would help further strengthen best practices for treating this dangerous but preventable condition.

According to the National Institute on Drug Abuse, there has been a dramatic increase in maternal opioid use; and as a tragic result, a baby is born suffering from neonatal abstinence syndrome, or NAS, every 25 minutes in the United States.

To help address this public health challenge, this legislation contains language drafted in coordination with my constituent, University of Kentucky pediatrician, Dr. Henrietta Bada-Ellzey, and members of the Sixth Congressional District Drug Abuse Task Force. Specifically, this provision would mandate a study which would gain critical data about the specific treatment options given to newborns with NAS during and after their hospital stay and identify treatment outcomes. This vital information would help lead pediatricians to provide improved care for the most vulnerable in our society.

I would like to thank the leader's office and the Energy and Commerce Committee staff for giving me an opportunity to include this important recommendation from the Sixth Congressional District Drug Abuse Task

Force in this legislation. The opioid heroin crisis in America impacts every congressional district, and my district is not immune. So I am proud that the people's House is taking up a series of important measures to combat this scourge in our society, and I can't think of any more important measure than dealing with these innocent victims of NAS.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Missouri (Mrs. WAGNER), my good friend.

Mrs. WAGNER. I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the Nurturing and Supporting Healthy Babies Act, which will improve care for babies who are so sadly suffering from exposure to opioids while in their mother's womb.

Hospital usage for opioid overuse in Missouri increased 137 percent between 2005 and 2014, with the highest rates being in the St. Louis region. We must do everything we can to combat this epidemic from all angles.

Mr. Speaker, it is absolutely heart-breaking to stand in front of you knowing that in the United States an opioid-dependent baby is born every 20 minutes, immediately suffering from withdrawal: trembling, crying inconsolably, and clenching their tiny muscles as they gasp for breath.

My principal mission as a Member of this Chamber is to provide a voice to the voiceless, and it is our duty to defend the most vulnerable. Ensuring babies have access to care and allowing them to recover from these horrible physical and emotional circumstances is not only common sense, but, Mr. Speaker, it is simply the right thing to do.

Mr. Speaker, I urge the passage of H.R. 4978, and I thank Representative EVAN JENKINS for introducing this legislation.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), my good friend.

Mr. CARTER of Georgia. I thank the gentleman from Kentucky for yielding and for his work on this most important subject, as well as the gentleman from West Virginia.

Mr. Speaker, I rise today in support of H.R. 4978, the NAS Healthy Babies Act because newborn infants deserve every opportunity to live a happy and healthy life.

H.R. 4978 requires the Government Accountability Office to compile a report on the amount of babies born each year with NAS, Medicaid insurance coverage for families that have an NAS

baby, and Federal obstacles for children who seek treatments for NAS. With this new information, we can increase our understanding of NAS and our ability to provide care for babies born with NAS. This new understanding is vital, considering the number of newborns with NAS has increased with the rise in the number of Americans addicted to opioids.

As a lifelong pharmacist, I believe we should take every step possible to fight the addiction crisis in America, and the protection of our children should be our top priority. I encourage all of my colleagues to support this measure.

Mr. GUTHRIE. Mr. Speaker, I yield such time as he may consume to the gentleman from Maine (Mr. POLIQUIN).

Mr. POLIQUIN. Mr. Speaker, it cannot be said enough that every 25 minutes in this great country, there is a baby born addicted to drugs. Last year alone, 1,000 of those babies were born in the great State of Maine.

Now, 80 percent of these addicted infants are covered by Medicaid and treated at local hospitals, but our hospitals are overwhelmed. They are not equipped to provide the specialized care that these babies desperately need to recover from the drugs in their tiny bodies. I am very proud to serve as an original cosponsor of the Nurturing and Supporting Healthy Babies Act.

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I am thrilled that this bill, Mr. Speaker, is being considered today on the floor. I want to congratulate Congressman EVAN JENKINS from West Virginia, a Republican, and I want to congratulate Congresswoman BUSTOS from Illinois, a Democrat, for their leadership on this issue. This is not a political issue, Mr. Speaker. This is about our kids. This is about our babies. This is about that generation.

H.R. 4978 made sure that we get the information we need as to how hospitals and other medical facilities are currently treating these addicted babies, such that we can fill in the gap with Medicaid coverage.

Mr. Speaker, every baby born into this world deserves our compassion and our care. This bill offers real hope for a healthy and a safe and a loving start for thousands of American babies born addicted to drugs.

Let's all get together and get this done, Mr. Speaker. This is not a political issue. This is about our kids.

Mr. GENE GREEN from Texas. Mr. Speaker, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I appreciate my friend from West Virginia and our colleague from Illinois for moving this forward.

I urge the passage of H.R. 4978, and I would like for my colleagues to vote for this.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 4978, the "Nurturing & Supporting Healthy Babies Act," approved by the Energy and Commerce Committee.

In the past decade and a half, the growth in the number of physicians prescribing opioids to help patients deal with pain from surgeries, dental work and chronic conditions has resulted in an increasing number of patients becoming dependent on the powerful and highly addictive painkillers—with patients not only abusing the use of those painkillers but often turning to heroin once their opioid prescription ended.

The Centers for Disease Control and Prevention reports that nearly 259 million opioid prescriptions were written in 2012, more than enough for every adult in the United States.

It is estimated that in 2013 nearly 4.5 million people in the United States without a valid medical need were using prescription painkillers.

The Health and Human Services Department estimates that the number of unintentional overdose deaths from prescription painkillers almost quadrupled between 1999 and 2013 and that abuse of prescription opioids now kills nearly 30,000 Americans each year.

Both states and the federal government have begun responding to this growing public health crisis, with many states moving to make anti-overdose drugs more available and shield first-responders from liability in administering those drugs.

President Obama, meanwhile, has updated prescribing guidelines to encourage doctors to be more cautious when prescribing opioid painkillers and to emphasize non-opioid therapies for certain conditions.

Additionally, the Obama administration has awarded \$94 million to community health centers to improve and expand the delivery of substance abuse services.

In the president's FY 2017 budget the administration proposed \$1.1 billion to combat drug addiction and is also considering modifying certain rules to improve treatment.

Our counterparts in the Senate, on March 10, 2016, passed S. 524, an antiopioid abuse bill that would authorize grants for opioid treatment services and first-responder training in using anti-overdose drug by a 94–1 vote, as well as create a task force to review and update best practices for prescribing pain medication.

S. 524 also mandates investigations into heroin distribution and unlawful distribution of prescription opioids, and requires the creation of a national drug awareness campaign that takes into account the association between prescription opioid abuse and heroin use.

The science indicates that opioids can have particularly harrowing effects on infants whose mothers took the drugs during pregnancy, including medical issues stemming from drug withdrawal known as neonatal abstinence syndrome.

Advocacy groups note that the incidence of neonatal abstinence syndrome almost tripled from 1.20 per 1,000 hospital births in 2000 to 3.39 per 1,000 hospital births in 2009.

In conjunction with H.R. 4978, the "Nurturing & Supporting Healthy Babies Act," the Congressional Budget Office (CBO) has estimated that 45 percent of births in the United States are now covered by the joint federal-state Medicaid program.

This bill directs the Government Accountability Office (GAO) to report to Congress on neonatal abstinence syndrome among children covered by Medicaid, including any federal barriers to treating such infants.

The GAO must also provide recommendations for improvements that will ensure access to treatment for infants with neonatal abstinence syndrome under state Medicaid programs.

Additionally, the measure modifies Medicaid to provide incentives for the development of abuse-deterrent formulations of prescription drugs and to prevent disclosure of Medicaid anti-fraud algorithms.

The bill requires that GAO's report identify the prevalence of neonatal abstinence syndrome in the United States, including the proportion of affected children who are eligible for Medicaid at birth and the costs associated with neonatal abstinence syndrome.

GAO will also be required to examine Medicaid-eligible services that are available for treatment of infants with neonatal abstinence syndrome, settings for such treatment, related reimbursement methodologies and costs, and the utilization of various care settings under state Medicaid programs for such treatment.

This GAO's report must be submitted to Congress within one year of the bill's enactment.

Seeking to right the same wrongs as H.R. 4978, the "Nurturing And Supporting Healthy Babies Act," I introduced the, "Stop Infant Mortality and Recidivism Reduction Act of 2016," or the "SIMARRA Act," which will help the Federal Bureau of Prisons to improve the effectiveness and efficiency of the Federal prison system for pregnant offenders, by establishing a pilot program of critical-stage, developmental nurseries in Federal prisons for children born to inmates.

It is time that our nation recognizes a long-persistent need to break the cycle of generational, institutional incarceration amongst mothers serving time for non-violent crimes and the children they birth behind prison bars.

H.R. 5130, the, "SIMARRA Act of 2016," gives those infants born to incarcerated mothers a chance to succeed in life.

"SIMARRA" is not merely yet another second chance program, demanding leniency from the criminal justice system.

Instead, H.R. 5130 asks our national criminal justice system what it can do for those young Americans born and relegated to a life of nearly impossible odds of survival.

"SIMARRA" provides that first chance—a first chance for American infants—that many of their mothers, born themselves to mothers behind bars, never received.

The bill excludes abuse-deterrent formulations of prescription drugs from Medicaid's additional rebate requirement for new prescription drug formulations, which is intended to encourage the development of these drugs by allowing drug companies to reduce the rebates they otherwise must pay to Medicaid.

The measure also limits disclosure of predictive modeling and other analytics technologies that are used to identify and prevent waste, fraud and abuse in Medicaid, including by exempting covered program integrity algorithms from the Freedom of Information Act (FOIA) and requiring state Medicaid and Children's Health Insurance Program (CHIP) agencies to have adequate data security policies to ensure the security of covered algorithms.

Finally, the measure makes \$5 million available to the Medicaid Improvement Fund for expenditures for FY 2021 and beyond.

CBO estimates that enacting H.R. 4978 would not, on net, change direct spending over the 2017–2026 period.

While opponents argue that some provisions of the bill will increase direct spending by \$80 million over that period, I point out that other provisions would decrease direct spending by the same amount balancing the total cost.

Enacting the legislation would affect direct spending, rather than revenues.

Under current law, pharmaceutical manufacturers are required to pay rebates to states for prescription drugs provided through Medicaid.

The formula which determines rebate amounts in the Medicaid program has several components, with some components generating rebates that are paid to states and shared with the federal government, and others generating rebates that are paid to states and subsequently transferred in their entirety to the federal government.

Abuse deterrent formulation, or ADF, is a new technology that is being implemented by the pharmaceutical industry to prevent the abuse of prescription pain medications.

For example, some ADFs make it more difficult for an individual to crush, break, or dissolve a drug to inappropriately extract and use its active ingredient.

Under the bill, the component of the rebate formula that would no longer apply to ADFs of brand-name drugs is one that is paid to states and transferred in full to the federal government.

Therefore, states would not be directly affected by this section of the bill.

CBO estimates that this section would increase federal Medicaid costs by about \$75 million over the 2017–2026 period by reducing rebates.

CBO anticipates that an increasing number of ADFs of brand name drugs will launch over time; therefore, the component of the rebate affected by H.R. 4978 would also grow over time.

CBO estimates that enacting the legislation would not increase net direct spending or on-budget deficits by more than \$5 billion in any of the four consecutive 10-year periods beginning in 2026.

H.R. 4978 contains no intergovernmental or private-sector mandate as defined in UMRA and would impose no costs on state, local, or tribal governments.

In sum, H.R. 4978, the "Nurturing & Supporting Healthy Babies Act," is a valuable piece of legislation that I encourage my colleagues to support.

Additionally, I urge my colleagues to join me in sponsoring and supporting all legislation targeting the improvement of care for the prevention of infant abuse and neglect, such as H.R. 5130, the, "Stop Infant Mortality and Recidivism Reduction Act of 2016" or the "SIMARRA Act."

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 4978, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to require the Government Accountability Office to sub-

mit to Congress a report on neonatal abstinence syndrome (NAS) in the United States and its treatment under Medicaid, and for other purposes."

A motion to reconsider was laid on the table.

IMPROVING TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN ACT OF 2016

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3691) to amend the Public Health Service Act to reauthorize the residential treatment programs for pregnant and postpartum women and to establish a pilot program to provide grants to State substance abuse agencies to promote innovative service delivery models for such women, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3691

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Improving Treatment for Pregnant and Postpartum Women Act of 2016".

SEC. 2. REAUTHORIZATION OF RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.

Section 508 of the Public Health Service Act (42 U.S.C. 290bb-1) is amended—

(1) in subsection (p), in the first sentence, by inserting "(other than subsection (r))" after "section"; and

(2) in subsection (r), by striking "such sums" and all that follows through "2003" and inserting "\$16,900,000 for each of fiscal years 2017 through 2021".

SEC. 3. PILOT PROGRAM GRANTS FOR STATE SUBSTANCE ABUSE AGENCIES.

(a) IN GENERAL.—Section 508 of the Public Health Service Act (42 U.S.C. 290bb-1) is amended—

(1) by redesignating subsection (r), as amended by section 2, as subsection (s); and

(2) by inserting after subsection (q) the following new subsection:

"(r) PILOT PROGRAM FOR STATE SUBSTANCE ABUSE AGENCIES.—

"(1) IN GENERAL.—From amounts made available under subsection (s), the Director of the Center for Substance Abuse Treatment shall carry out a pilot program under which competitive grants are made by the Director to State substance abuse agencies to—

"(A) enhance flexibility in the use of funds designed to support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;

"(B) help State substance abuse agencies address identified gaps in services furnished to such women along the continuum of care, including services provided to women in nonresidential based settings; and

"(C) promote a coordinated, effective, and efficient State system managed by State substance abuse agencies by encouraging new approaches and models of service delivery.

"(2) REQUIREMENTS.—In carrying out the pilot program under this subsection, the Director shall—

"(A) require State substance abuse agencies to submit to the Director applications, in such form and manner and containing such information as specified by the Director, to be eligible to receive a grant under the program;

"(B) identify, based on such submitted applications, State substance abuse agencies that are eligible for such grants;