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H. R. 1462

[Report No. 114-]

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

SEPTEMBER --, 2015

Committed to the Committee of the Whole House on the State of the Union,
and ordered to be printed

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

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

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

1 (4) NAS refers to medical issues associated
2 with drug withdrawal in newborns due to exposure
3 to opioids or other drugs in utero.

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

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

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

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

17 (9) NAS can result from the use of prescription
18 drugs as prescribed for medical reasons, from the
19 abuse of prescription drugs, or from the use of ille-
20 gal opioids like heroin.

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

24 (11) According to a report of the Government
25 Accountability Office (referred to in this section as

1 the “GAO report”), more research is needed to opti-
2 mize the identification and treatment of babies with
3 NAS and to better understand long-term impacts on
4 children.

5 (12) According to the GAO report, the Depart-
6 ment of Health and Human Services does not have
7 a focal point to lead planning and coordinating ef-
8 forts to address prenatal opioid use and NAS across
9 the department.

10 (13) According to the GAO report, “given the
11 increasing use of heroin and abuse of opioids pre-
12 scribed for pain management, as well as the in-
13 creased rate of NAS in the United States, it is im-
14 portant to improve the efficiency and effectiveness of
15 planning and coordination of Federal efforts on pre-
16 natal opioid use and NAS”.

17 **SEC. 3. DEVELOPING RECOMMENDATIONS FOR PRE-**
18 **VENTING AND TREATING PRENATAL OPIOID**
19 **ABUSE AND NEONATAL ABSTINENCE SYN-**
20 **DROME.**

21 (a) IN GENERAL.—The Secretary of Health and
22 Human Services (referred to in this Act as the “Sec-
23 retary”), acting through the Director of the Agency for
24 Healthcare Research and Quality (referred to in this sec-
25 tion as the “Director”), shall conduct a study and develop

1 recommendations for preventing and treating prenatal
2 opioid abuse and neonatal abstinence syndrome, soliciting
3 input from nongovernmental entities, including organiza-
4 tions representing patients, health care providers, hos-
5 pitals, other treatment facilities, and other entities, as ap-
6 propriate.

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

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

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

22 (2) an evaluation of—

23 (A) the causes of and risk factors for
24 opioid use disorders among women of reproduc-
25 tive age, including pregnant women;

1 (B) the barriers to identifying and treating
2 opioid use disorders among women of reproduc-
3 tive age, including pregnant and postpartum
4 women and women with young children;

5 (C) current practices in the health care
6 system to respond to and treat pregnant women
7 with opioid use disorders and infants born with
8 neonatal abstinence syndrome;

9 (D) medically indicated use of opioids dur-
10 ing pregnancy;

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

13 (F) access to treatment for infants with
14 neonatal abstinence syndrome; and

15 (3) recommendations on—

16 (A) preventing, identifying, and treating
17 neonatal abstinence syndrome in infants;

18 (B) treating pregnant women who are de-
19 pendent on opioids; and

20 (C) preventing opioid dependence among
21 women of reproductive age, including pregnant
22 women, who may be at risk of developing opioid
23 dependence.

1 **SEC. 4. IMPROVING PREVENTION AND TREATMENT FOR**
2 **PRENATAL OPIOID ABUSE AND NEONATAL**
3 **ABSTINENCE SYNDROME.**

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

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

14 (1) gaps in research, including with respect
15 to—

16 (A) the most appropriate treatment of
17 pregnant women with opioid use disorders;

18 (B) the most appropriate treatment and
19 management of infants with neonatal absti-
20 nence syndrome; and

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

23 (2) gaps in programs, including—

24 (A) the availability of treatment programs
25 for pregnant and postpartum women and for

1 newborns with neonatal abstinence syndrome;
2 and

3 (B) guidance and coordination in Federal
4 efforts to address prenatal opioid use or neo-
5 natal abstinence syndrome.

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

13 **SEC. 5. IMPROVING DATA ON AND PUBLIC HEALTH RE-**
14 **SPONSE TO NEONATAL ABSTINENCE SYN-**
15 **DROME.**

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

19 (1) provide technical assistance to States to im-
20 prove the availability and quality of data collection
21 and surveillance activities regarding neonatal absti-
22 nence syndrome, including—

23 (A) the incidence and prevalence of neo-
24 natal abstinence syndrome;

1 (B) the identification of causes for neo-
2 natal abstinence syndrome, including new and
3 emerging trends; and

4 (C) the demographics and other relevant
5 information associated with neonatal abstinence
6 syndrome;

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

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

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