

114TH CONGRESS
1ST SESSION

S. 799

AN ACT

To address problems related to prenatal opioid use.

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. ADDRESSING PROBLEMS RELATED TO PRENATAL**
5 **OPIOID USE.**

6 (a) REVIEW OF PROGRAMS.—The Secretary of
7 Health and Human Services (referred to in this Act as
8 the “Secretary”) shall conduct a review of planning and
9 coordination related to prenatal opioid use, including neo-
10 natal abstinence syndrome, within the agencies of the De-
11 partment of Health and Human Services.

12 (b) STRATEGY.—In carrying out subsection (a), the
13 Secretary shall develop a strategy to address gaps in re-
14 search and gaps, overlap, and duplication among Federal
15 programs, including those identified in findings made by
16 reports of the Government Accountability Office. Such
17 strategy shall address—

18 (1) gaps in research, including with respect
19 to—

20 (A) the most appropriate treatment of
21 pregnant women with opioid use disorders;

22 (B) the most appropriate treatment and
23 management of infants with neonatal absti-
24 nence syndrome; and

25 (C) the long-term effects of prenatal opioid
26 exposure on children;

1 (2) gaps, overlap, or duplication in—

2 (A) substance use disorder treatment pro-
3 grams for pregnant and postpartum women;
4 and

5 (B) treatment program options for
6 newborns with neonatal abstinence syndrome;

7 (3) gaps, overlap, or duplication in Federal ef-
8 forts related to education about, and prevention of,
9 neonatal abstinence syndrome; and

10 (4) coordination of Federal efforts to address
11 neonatal abstinence syndrome.

12 (c) REPORT.—Not later than 1 year after the date
13 of enactment of this Act, the Secretary shall submit to
14 the Committee on Health, Education, Labor, and Pen-
15 sions of the Senate and the Committee on Energy and
16 Commerce of the House of Representatives a report con-
17 cerning the findings of the review conducted under sub-
18 section (a) and the strategy developed under subsection
19 (b).

20 **SEC. 3. DEVELOPING RECOMMENDATIONS FOR PRE-**
21 **VENTING AND TREATING PRENATAL OPIOID**
22 **USE DISORDERS.**

23 (a) IN GENERAL.—The Secretary shall conduct a
24 study and develop recommendations for preventing and
25 treating prenatal opioid use disorders, including the ef-

1 facts of such disorders on infants. In carrying out this sub-
2 section the Secretary shall—

3 (1) take into consideration—

4 (A) the review and strategy conducted and
5 developed under section 2; and

6 (B) the lessons learned from previous
7 opioid epidemics; and

8 (2) solicit input from States, localities, and
9 Federally recognized Indian tribes or tribal organiza-
10 tions (as defined in the Indian Self-Determination
11 and Education Assistance Act (25 U.S.C. 450b)),
12 and nongovernmental entities, including organiza-
13 tions representing patients, health care providers,
14 hospitals, other treatment facilities, and other enti-
15 ties, as appropriate.

16 (b) REPORT.—Not later than 18 months after the
17 date of enactment of this Act, the Secretary shall make
18 available on the appropriate Internet Website of the De-
19 partment of Health and Human Services a report on the
20 recommendations under subsection (a). Such report shall
21 address each of the issues described in subsection (c).

22 (c) CONTENTS.—The recommendations described in
23 subsection (a) and the report under subsection (b) shall
24 include—

1 (1) a comprehensive assessment of existing re-
2 search with respect to the prevention, identification,
3 treatment, and long-term outcomes of neonatal ab-
4 stinence syndrome, including the identification and
5 treatment of pregnant women or women who may
6 become pregnant who use opioids or have opioid use
7 disorders;

8 (2) an evaluation of—

9 (A) the causes of, and risk factors for,
10 opioid use disorders among women of reproduc-
11 tive age, including pregnant women;

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

16 (C) current practices in the health care
17 system to respond to, and treat, pregnant
18 women with opioid use disorders and infants af-
19 fected by such disorders;

20 (D) medically indicated uses of opioids
21 during pregnancy;

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

24 (F) access to treatment for infants with
25 neonatal abstinence syndrome; and

1 (G) differences in prenatal opioid use and
2 use disorders in pregnant women between de-
3 mographic groups; and

4 (3) recommendations on—

5 (A) preventing, identifying, and treating
6 the effects of prenatal opioid use on infants;

7 (B) treating pregnant women who have
8 opioid use disorders;

9 (C) preventing opioid use disorders among
10 women of reproductive age, including pregnant
11 women, who may be at risk of developing opioid
12 use disorders; and

13 (D) reducing disparities in opioid use dis-
14 orders among pregnant women.

15 **SEC. 4. IMPROVING DATA AND THE PUBLIC HEALTH RE-**
16 **SPONSE.**

17 The Secretary may continue activities, as appro-
18 priate, related to—

19 (1) providing technical assistance to support
20 States and Federally recognized Indian Tribes in
21 collecting information on neonatal abstinence syn-
22 drome through the utilization of existing surveillance
23 systems and collaborating with States and Federally
24 recognized Indian Tribes to improve the quality,
25 consistency, and collection of such data; and

1 (2) providing technical assistance to support
2 States in implementing effective public health meas-
3 ures, such as disseminating information to educate
4 the public, health care providers, and other stake-
5 holders on prenatal opioid use and neonatal absti-
6 nence syndrome.

Passed the Senate October 22, 2015.

Attest:

Secretary.

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