

[DISCUSSION DRAFT]

115TH CONGRESS
2^D SESSION

H. R. _____

To require the Secretary of Health and Human Services to develop a strategy implementing certain recommendations relating to the Protecting Our Infants Act of 2015, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

M____. _____ introduced the following bill; which was referred to the
Committee on _____

A BILL

To require the Secretary of Health and Human Services to develop a strategy implementing certain recommendations relating to the Protecting Our Infants Act of 2015, and for other purposes.

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 Neonatal
5 Abstinence Syndrome Babies Act” or the “Protecting
6 NAS Babies Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Neonatal abstinence syndrome (referred to
4 in this section as “NAS”) is a group of conditions
5 that can afflict a newborn who had in utero exposure
6 to drugs, including opioids.

7 (2) According to a report by the Government
8 Accountability Office, symptoms of NAS include irri-
9 tability, loud crying, stiffness, sweating, vomiting,
10 diarrhea, poor feeding, seizures, and respiratory dis-
11 tress.

12 (3) According to a 2016 study by the Centers
13 for Disease Control and Prevention, which was
14 based on data from 28 States, the incidence of NAS
15 increased 300 percent between 1999 and 2013.

16 (4) According to another study entitled, “Neo-
17 natal abstinence syndrome and associated health
18 care expenditures: United States, 2000–2009”, the
19 incidence rate of NAS in rural America rose from
20 1.2 per 1,000 hospital births in 2004 to 7.5 per
21 1,000 hospital births in 2013.

22 (5) Innovative, specialized, and collaborative ef-
23 forts are needed to address the treatment of infants
24 diagnosed with NAS.

25 (6) The Comprehensive Addiction and Recovery
26 Act of 2016 (Public Law 114–198), which was en-

1 acted in July 2016, required the Government Ac-
2 countability Office to examine treatment options for
3 infants with NAS (including options available under
4 State Medicaid plans under title XIX of the Social
5 Security Act (42 U.S.C. 1396 et seq.)), assesses dif-
6 ferent medical care models and settings for the
7 treatment of NAS, and prioritizes finding best prac-
8 tices for the treatment of infants with NAS.

9 (7) An October 2017 report by the Government
10 Accountability Office entitled, “Federal Action
11 Needed to Address Neonatal Abstinence Syndrome”,
12 recommended that the Department of Health and
13 Human Services should take action on its report en-
14 titled, “Protecting Our Infants Act: Final Strategy”.

15 **SEC. 3. STRATEGY IMPLEMENTING CERTAIN REC-**
16 **COMMENDATIONS RELATING TO PROTECTING**
17 **OUR INFANTS ACT.**

18 Not later than six months after the date of the enact-
19 ment of this Act, the Secretary of Health and Human
20 Services shall submit to Congress a strategy for imple-
21 menting recommendations under the “child” categories in
22 the Department of Health and Human Services Behav-
23 ioral Health Coordinating Council report entitled, “Pro-
24 tecting Our Infants Act: Final Strategy”. Such strategy
25 shall—

1 (1) include a timeline for the implementation of
2 each such recommendation;

3 (2) provide for the dissemination of information
4 to State health agencies on best practices and avail-
5 able resources and data with respect to imple-
6 menting each such recommendation; and

7 (3) include recommendations for any statutory
8 change, including providing for additional authori-
9 ties, that would help the Department of Health and
10 Human Services implement the strategy.