

PROTECTING OUR INFANTS ACT OF 2015

SEPTEMBER 8, 2015.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. UPTON, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 1462]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1462) to combat the rise of prenatal opioid abuse and neonatal abstinence syndrome, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

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PURPOSE AND SUMMARY

H.R. 1462, Protecting Our Infants Act of 2015 was introduced by Rep. Clark (D-MA) and Rep. Stivers (R-OH), on March 19, 2015, to address the rising incidence of neonatal abstinence syndrome.

## BACKGROUND AND NEED FOR LEGISLATION

Neonatal abstinence syndrome (NAS) refers to medical issues associated with drug withdrawal in newborns due to exposure to opioids in utero. In the United States, the incidence of NAS has risen from 1.20 per 1,000 hospital births in 2000 to 3.39 per 1,000 hospital births in 2009. NAS can result from the use of prescription drugs as prescribed for medical reasons, abuse of prescription drugs, or the use of illegal opioids like heroin.

Addressing NAS effectively requires a focus on women of child-bearing age, pregnant women, and infants from preconception through early childhood. With little Federal coordination on the issue, it is important to improve the efficiency and effectiveness of planning and coordination of Federal efforts on prenatal opioid use and NAS.

H.R. 1462 would take needed steps towards addressing the increasing prevalence of NAS in the United States.

## HEARINGS

The Subcommittee on Health held a hearing on H.R. 1462 on June 25, 2015. The Subcommittee received testimony from:

- Joanne Kurtzberg, M.D., President, Cord Blood Association;
- Jeff Chell, M.D., Chief Executive Officer, National Marrow Donor Program;
- Patti Freemyer Martin, PhD, Director of Audiology and Speech Language Pathology, Arkansas Children's Hospital;
- Stephen W. Patrick, M.D., M.P.H., M.S., Assistant Professor of Pediatrics and Health Policy, Department of Pediatrics, Vanderbilt University School of Medicine; and,
- Mishka Terplan, M.D., M.P.H., FACOG, Medical Director, Behavior Health System Baltimore.

## COMMITTEE CONSIDERATION

On July 23, 2015 the Subcommittee on Health met in open markup session and forwarded H.R. 1462 to the full Committee, as amended by a voice vote. On July 29, 2015 the full Committee on Energy and Commerce met in open markup session and ordered H.R. 1462 reported to the House, without amendment, by a voice vote.

## COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 1462 reported. A motion by Mr. Upton to order H.R. 1462 reported to the House, without amendment, was agreed to by a voice vote.

## COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held hearings on this legislation.

## STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the goal of the legislation is to improve Federal coordination and develop recommendations for addressing the rise in neonatal abstinence syndrome.

## NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 1462 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

## EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 1462 contains no earmarks, limited tax benefits, or limited tariff benefits.

## COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

## CONGRESSIONAL BUDGET OFFICE ESTIMATE

At the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

## FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

## DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 1462 would establish nor reauthorize a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

## DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 1462 specifically directs to be completed no rule making within the meaning of 5 U.S.C. 551.

## ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

## APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

## SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Section 1. Short title*

Section 1 states that the legislation may be cited as the “Protecting Our Infants Act of 2015.”

*Section 2. Findings*

Section 2 includes relevant findings.

*Section 3. Developing recommendations for preventing and treating prenatal opioid abuse and neonatal abstinence syndrome*

Section 3 would direct the Agency for Healthcare Research and Quality (AHRQ) to conduct a study and develop recommendations for preventing and treating prenatal opioid abuse and NAS. One year after enactment, the Director of AHRQ would be required to release a report on the study and relevant recommendations.

*Section 4. Improving prevention and treatment for prenatal opioid abuse and neonatal abstinence syndrome*

Section 4 would instruct the Secretary of the Department of Health and Human Services to lead a review of planning and coordination within the department related to prenatal opioid use and NAS. The section also would direct the Secretary to submit a report to Congress on research and program gaps for NAS.

*Section 5. Improving data on and public health response to neonatal abstinence syndrome*

Section 5 would direct the Centers for Disease Control and Prevention to provide assistance to States to improve surveillance activities regarding NAS.