

114TH CONGRESS
1ST SESSION

H. R. 3865

To provide for alternative and updated certification requirements for participation under Medicaid State plans under title XIX of the Social Security Act in the case of certain facilities treating infants under one year of age with neonatal abstinence syndrome, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

OCTOBER 29, 2015

Mr. JENKINS of West Virginia (for himself, Ms. CLARK of Massachusetts, Mr. STIVERS, Mrs. WAGNER, Ms. KUSTER, Mrs. BLACKBURN, Mr. MCKINLEY, Mr. BOUSTANY, Mr. MOONEY of West Virginia, Mr. POLIQUIN, Mr. DOLD, Mr. MACARTHUR, Mr. LANCE, Mr. SALMON, Mr. GROTHMAN, Mr. TIBERI, Mr. JOLLY, Mr. WOMACK, Mr. RODNEY DAVIS of Illinois, Mr. TURNER, Mr. GUINTA, Mr. BYRNE, Ms. KAPTUR, and Mr. HIMES) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for alternative and updated certification requirements for participation under Medicaid State plans under title XIX of the Social Security Act in the case of certain facilities treating infants under one year of age with neonatal abstinence syndrome, 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 “Cradle Act”.

1 **SEC. 2. FINDINGS.**

2 Congress finds as follows:

3 (1) Neonatal abstinence syndrome (referred to
4 in this section as “NAS”) is a group of conditions
5 a newborn can have if the newborn was exposed to
6 drugs, including opioids while in the womb before
7 birth.

8 (2) According to a report of the Government
9 Accountability Office (referred to in this section as
10 the “GAO report”) symptoms of NAS include irrita-
11 bility, loud crying, stiffness, sweating, vomiting, di-
12 arrhea, poor feeding, seizures, and respiratory dis-
13 tress.

14 (3) According to the GAO report, it is rec-
15 ommended that newborns with NAS receive a thor-
16 ough evaluation and specialized and innovative treat-
17 ment, when warranted.

18 (4) According to the GAO report, there is a
19 program gap of available treatment programs for
20 both pregnant women and newborns with NAS.

21 (5) According to the GAO report, newborns
22 with NAS stayed in the hospital on average 16 days
23 with an average hospital bill of \$53,000.

24 (6) According to GAO reports, NAS has more
25 than quadrupled in the past decade, increasing from
26 1.2 per 1,000 hospital births per year in 2000 to 5.8

1 per 1,000 hospital births per year in 2012; and some
2 regional studies have reported much higher
3 incidences.

4 (7) Addressing the treatment of infants diag-
5 nosed with NAS will take innovative, specialized,
6 and collaborative efforts.

7 **SEC. 3. GUIDELINES FOR CERTIFICATION FOR PARTICIPA-**
8 **TION UNDER MEDICAID STATE PLANS OF**
9 **CERTAIN FACILITIES TREATING INFANTS**
10 **UNDER ONE YEAR OF AGE WITH NEONATAL**
11 **ABSTINENCE SYNDROME.**

12 (a) IN GENERAL.—Not later than six months after
13 the date of the enactment of this Act, the Secretary of
14 Health and Human Services shall establish guidelines, in
15 accordance with subsection (b), for State agencies and rec-
16 ognized national listing or accrediting bodies to follow for
17 purposes of certifying a residential pediatric recovery cen-
18 ter as qualifying for a provider agreement for participation
19 under a State plan under the Medicaid program under
20 title XIX of the Social Security Act. Notwithstanding any
21 other provision of law, a residential pediatric recovery cen-
22 ter may satisfy the requirements set forth in such guide-
23 lines, in lieu of any comparable requirements otherwise ap-
24 plicable to such a center for purposes of certification for
25 participation under such a State plan.

1 (b) GUIDELINES DESCRIBED.—The guidelines estab-
2 lished under subsection (a) shall—

3 (1) provide for physical environment require-
4 ments and other necessary requirements specifically
5 applicable to treating individuals who are under one
6 year of age with the diagnosis of neonatal abstinence
7 syndrome without any other significant medical risk
8 factors; and

9 (2) take into account that certain physical envi-
10 ronment requirements, and any other requirements,
11 needed for centers or facilities treating adults may
12 not be necessary for centers or facilities treating in-
13 dividuals described in paragraph (1).

14 (c) RESIDENTIAL PEDIATRIC RECOVERY CENTER.—
15 For purposes of this Act, the term “residential pediatric
16 recovery center” means a center or facility that furnishes
17 items and services to infants who are under one year of
18 age with the diagnosis of neonatal abstinence syndrome
19 without any other significant medical risk factors and
20 mothers of such infants.

21 **SEC. 4. STATE LAW LICENSURE OF CERTAIN FACILITIES**
22 **SATISFIES CERTIFICATION REQUIREMENTS.**

23 Notwithstanding any other provision of law, in the
24 case of a State that recognizes and licenses residential pe-
25 diatric recovery centers (as defined in section 3(c)), such

1 a center that is licensed, in accordance with such State
2 law, shall be treated as satisfying any comparable require-
3 ments otherwise applicable to such a center for purposes
4 of certification for participation under the State plan
5 under the Medicaid program under title XIX of the Social
6 Security Act.

7 **SEC. 5. SENSE OF CONGRESS.**

8 It is the sense of Congress that residential pediatric
9 recovery centers (as defined in section 3(c)) should offer
10 counseling and other services to mothers (and other appro-
11 priate family members and caretakers) of infants receiving
12 treatment at such centers. Such services may include the
13 following:

- 14 (1) Counseling or referrals for services.
- 15 (2) Activities to encourage mother-infant bond-
16 ing.
- 17 (3) Training on caring for such infants.
- 18 (4) Activities to encourage transparency of rel-
19 evant State mandatory reporting requirements.

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