

115TH CONGRESS
2D SESSION

H. R. 5562

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

APRIL 18, 2018

Mr. JENKINS of West Virginia introduced the following bill; which was referred to the Committee on Energy and Commerce

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”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

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

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

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

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

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

23 (6) The Comprehensive Addiction and Recovery
24 Act of 2016 (Public Law 114–198), which was en-
25 acted in July 2016, required the Government Ac-

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

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

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

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

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