

115TH CONGRESS
2D SESSION

H. R. 5927

To amend the Public Health Service Act to expand, intensify, and coordinate research and other activities of the National Institutes of Health with respect to prenatal opioid exposure and neonatal abstinence syndrome.

IN THE HOUSE OF REPRESENTATIVES

MAY 23, 2018

Mr. SOTO (for himself and Mr. FITZPATRICK) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to expand, intensify, and coordinate research and other activities of the National Institutes of Health with respect to prenatal opioid exposure and neonatal abstinence syndrome.

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 “Neonatal Abstinence
5 Syndrome Best Practice Act”.

1 **SEC. 2. RESEARCH ON PRENATAL OPIOID EXPOSURE AND**
2 **NEONATAL ABSTINENCE SYNDROME.**

3 Part B of title IV of the Public Health Service Act
4 is amended by inserting after section 409J (42 U.S.C.
5 284q) the following new section:

6 **“SEC. 409K. PRENATAL OPIOID EXPOSURE AND NEONATAL**
7 **ABSTINENCE SYNDROME.**

8 “(a) RESEARCH.—The Director of NIH shall expand,
9 intensify, and coordinate research and other activities of
10 the National Institutes of Health with respect to the pre-
11 vention, identification, and treatment of prenatal opioid
12 exposure and neonatal abstinence syndrome. Such re-
13 search and activities shall include the evaluation of treat-
14 ment options, including with respect to—

15 “(1) the impact on short-term and long-term
16 clinical outcomes and costs of pharmacological and
17 non-pharmacological treatment options for infants
18 with opioid withdrawal syndrome; and

19 “(2) innovative care models to transition moth-
20 ers and babies affected by such exposure and syn-
21 drome out of the hospital through outpatient follow-
22 up programs and other interdisciplinary post-dis-
23 charge programs.

24 “(b) BEST PRACTICES.—Based on the research and
25 activities conducted pursuant to subsection (a), the Direc-
26 tor of NIH shall—

1 “(1) establish, and update as necessary, best
2 practices for screening and treating pregnant women
3 for opioid use disorder and for screening for neo-
4 natal abstinence syndrome and opioid withdrawal
5 syndrome among infants exposed to opioids during
6 pregnancy; and

7 “(2) disseminate such best practices to inter-
8 ested stakeholders.”.

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