

# Protecting Our Infants Act of 2015, S. 799/H.R. 1462: *A Section-by-Section Analysis*

*Senate Sponsors:* Sen. McConnell (R-KY), Sen. Casey (D-PA)

*House Sponsors:* Rep. Clark (D-MA), Rep. Stivers (R-OH), Rep. Barr (R-KY), Rep. Hastings (D-FL), Rep. Israel (D-NY), Rep. Keating (D-MA), Rep. Meng (D-NY), Rep. Moore (D-WI), Rep. Tsongas (D-MA), Rep. Yarmuth (D-KY)

---

## Section 1: Short Title

This section identifies the bill as the “Protecting Our Infants Act of 2015” (S. 799/H.R. 1462).

## Section 2: Findings

This section provides data that Congress has identified about opioid misuse. The findings include the increase in prescriptions for opioid pain relievers; increases in opioid overdose deaths; increases in the rates of neonatal abstinence syndrome (NAS); costs associated with treating infants born with NAS; appropriate, non-punitive responses to NAS; and findings from a report from the General Accountability Office (GAO) on federal agency coordination on NAS.

## Section 3: Developing Recommendations for Preventing and Treating Prenatal Opioid Abuse and Neonatal Abstinence Syndrome

This section authorizes the Secretary of Health and Human Services (HHS), via the Director of the Agency for Healthcare Research and Quality (AHRQ) to conduct a study and develop recommendations for preventing and treating prenatal opioid abuse and NAS. The AHRQ Director will solicit input from nongovernmental entities, including organizations that represent patients, providers, treatment facilities, hospitals, and others as appropriate.

The AHRQ Director will publish a report on the study and recommendations within 1 year after enactment of this law on the AHRQ website. The study and report will include:

- A comprehensive assessment of existing research on prevention, identification, treatment, and long-term outcomes of NAS. The assessment will also look at research on the identification and treatment of pregnant women or women who may become pregnant who use opioids or other substances.
- An evaluation of:
  - 1) The causes of and risk factors for opioid use disorders among women of reproductive age, including pregnant women;
  - 2) The barriers to identifying and treating opioid use disorders among reproductive-age women, including pregnant and postpartum women and women with young children;
  - 3) The current services available in the health care system to respond to and treat pregnant women with opioid use disorders and infants born with NAS;
  - 4) The medically indicated use of opioids during pregnancy;
  - 5) Treatment access for pregnant and postpartum women with opioid use disorders; and
  - 6) Treatment access for infants with NAS.
- Recommendations on preventing, identifying, and treating NAS; treating pregnant women who are dependent on opioids; and preventing opioid dependence among reproductive-age women, including pregnant women, who may be at risk.

## Section 4: Improving Prevention and Treatment for Prenatal Opioid Abuse and Neonatal Abstinence Syndrome

This section authorizes the Secretary of HHS to lead a review of planning and coordination efforts across HHS relating to prenatal opioid use and NAS. The HHS Secretary shall also develop a strategy to address gaps in research and programming efforts, including the gaps reported by the above mentioned AHRQ report. The

strategy shall address gaps in research, including the most appropriate treatment options for pregnant women with opioid use disorders, the most appropriate treatment and management of infants with NAS, and the long-term effects of prenatal opioid exposure on children. The strategy will also address gaps in programming including the availability of treatment programs for pregnant and postpartum women and for infants with NAS and guidance and coordination across federal efforts to address prenatal opioid use or NAS. Within 1 year after enactment, the HHS Secretary will submit a report on this review to the Senate Health, Education, Labor, and Pensions (HELP) Committee and the House Energy and Commerce Committee.

**Section 5: Improving Data on and Public Health Response to Neonatal Abstinence Syndrome**

The Director of the Centers for Disease Control and Prevention (CDC) shall provide technical assistance to States to improve the availability and quality of data collection and surveillance activities relating to NAS. This includes the incidence and prevalence of NAS; identification of causes for NAS, including new and emerging trends; and demographics and other relevant information associated with NAS. The CDC Director will also collect this surveillance data from States as applicable and make the data collected publically available on a website. Finally, the CDC Director will encourage increased utilization of effective public health measures to reduce NAS.

This bill does not authorize any funding.