

113<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4888

To provide for the identification and dissemination of best practices for medical professionals and other health care providers relative to neonatal abstinence syndrome, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

JUNE 18, 2014

Ms. CLARK of Massachusetts (for herself and Mr. STIVERS) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

## A BILL

To provide for the identification and dissemination of best practices for medical professionals and other health care providers relative to 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 “Coordinated Recovery  
5       Initiative for Babies Act of 2014” or the “CRIB Act of  
6       2014”.

1 **SEC. 2. IDENTIFICATION, TREATMENT, AND SURVEILLANCE**  
2 **OF NEONATAL ABSTINENCE SYNDROME.**

3 (a) STUDY.—The Secretary of Health and Human  
4 Services (in this Act referred to as the “Secretary”) shall  
5 conduct a study to identify—

6 (1) the most effective and beneficial methods  
7 that are currently available to identify the need for  
8 treating and best treatment methods for, infants di-  
9 agnosed with neonatal abstinence syndrome;

10 (2) barriers, including associated costs and limi-  
11 tations or disparities in the availability or scope of  
12 health insurance coverage, that may hinder the clin-  
13 ical use of best practices by medical professionals  
14 and other health care providers for the identification  
15 and treatment of neonatal abstinence syndrome;

16 (3) circumstances, such as populations with  
17 unique needs and health care settings with limited  
18 resources, that may require particularized best prac-  
19 tices for medical professionals and other health care  
20 providers for the identification and treatment of neo-  
21 natal abstinence syndrome;

22 (4) existing surveillance measures within the  
23 Department of Health and Human Services (in this  
24 Act referred to as the “Department”) and in State  
25 health agencies relating to neonatal abstinence syn-  
26 drome; and

1           (5) areas in which information on neonatal ab-  
2           stinence syndrome and its surrounding cir-  
3           cumstances is insufficient, incomplete, or requires  
4           further study or analysis.

5           (b) ADVISORY PANEL.—

6           (1) ESTABLISHMENT.—The Secretary shall con-  
7           vene an advisory panel (in this section referred to as  
8           the “Panel”) to identify and compile the best prac-  
9           tices under subsection (c). The Secretary shall re-  
10          convene the Panel for such purpose whenever the  
11          Secretary, with the advice of the Panel, determines  
12          updates are needed to the list of best practices under  
13          subsection (e), but no less than every 2 years.

14          (2) MEMBERS.—The Panel shall be composed  
15          of 19 members, all of whom shall be medical profes-  
16          sionals or health care providers with expertise in  
17          neonatal abstinence syndrome. Members shall rep-  
18          resent the broad range of such professionals and  
19          providers necessary to identify and compile the best  
20          practices for identification and treatment of neonatal  
21          abstinence syndrome, including representatives of—

22                   (A) The American Academy of Family  
23                   Physicians.

24                   (B) The American Academy of Pediatrics.

1 (C) The American Academy of Physician  
2 Assistants.

3 (D) The American College of Nurse-Mid-  
4 wives.

5 (E) The American College of Obstetricians  
6 and Gynecologists.

7 (F) The American Hospital Association.

8 (G) The American Medical Association.

9 (H) The American Nurses Association.

10 (I) The American Pharmacists Association.

11 (J) The American Public Health Associa-  
12 tion.

13 (K) The American Society for Addiction  
14 Medicine.

15 (L) The American Society of Anesthesiol-  
16 ogists.

17 (M) The Association of State and Terri-  
18 torial Health Professionals.

19 (N) The Association of Women's Health,  
20 Obstetric, and Neonatal Nurses.

21 (O) The Children's Hospital Association.

22 (P) The National Association of Medicaid  
23 Directors.

24 (Q) The National Association of Nurse  
25 Practitioners in Women's Health.

1 (R) The National Association of Pediatric  
2 Nurse Practitioners.

3 (S) The National Association of Social  
4 Workers.

5 (3) ADMINISTRATIVE SUPPORT.—The Secretary  
6 shall provide appropriate administrative support, in-  
7 cluding technical assistance, to the Panel.

8 (c) BEST PRACTICES; PLAN; REPORT.—Not later  
9 than 12 months after the date of enactment of this Act,  
10 the Secretary shall—

11 (1)(A) identify and compile the best practices  
12 for medical professionals and other health care pro-  
13 viders for identifying and treating neonatal absti-  
14 nence syndrome; and

15 (B) identify any gaps in best practices for med-  
16 ical professionals and other health care providers  
17 that may require additional research or analysis;

18 (2) develop and implement a plan for the co-  
19 ordination and, if necessary, expansion and enhance-  
20 ment of public health surveillance of neonatal absti-  
21 nence syndrome that—

22 (A) identifies the data necessary for a pub-  
23 lic health response to neonatal abstinence syn-  
24 drome;

1 (B) identifies any gaps in current surveil-  
2 lance or coordination that results in the lack of  
3 collection of such data, including a lack of time-  
4 liness or standardization of data reporting;

5 (C) makes recommendations and provides  
6 assistance to the States to implement effective  
7 measures to collect such necessary data by  
8 State health agencies; and

9 (D) designates an appropriate agency in  
10 the Department to coordinate such data; and

11 (3) not later than 18 months after the date of  
12 enactment of this Act, submit to the Congress a re-  
13 port containing the Secretary's findings and identi-  
14 fying issues that—

15 (A) relate to neonatal abstinence syn-  
16 drome, including its causes, identification,  
17 treatment, prevalence, and effects; and

18 (B) public health issues related to neonatal  
19 abstinence syndrome that would benefit from  
20 further study.

21 (d) DISSEMINATION OF BEST PRACTICES.—The Sec-  
22 retary—

23 (1) shall disseminate the best practices identi-  
24 fied and compiled under subsection (c), including  
25 any updates under subsection (e), directly or

1 through arrangements with nonprofit organizations,  
2 government agencies, or the media;

3 (2) shall post such best practices on the public  
4 Internet site of the Department; and

5 (3) may include in such dissemination any sup-  
6 plemental information which the Secretary deter-  
7 mines to be relevant and appropriate, in consultation  
8 with the Panel.

9 (e) UPDATES TO BEST PRACTICES.—The Secretary  
10 shall periodically, but no less often than every 2 years,  
11 review the best practices identified under subsection (c)  
12 to ensure that such best practices are up-to-date and re-  
13 flect the views of the medical community, including organi-  
14 zations listed in subsection (b)(2).

15 (f) APPROPRIATE AGENCY.—In designating an ap-  
16 propriate agency within the Department under subsection  
17 (c), the Secretary shall consider, among other factors,  
18 agency resources, purpose, expertise, and capability to  
19 conduct public health programs and research.

○