

115TH CONGRESS  
1ST SESSION

# H. R. 2501

To amend title XIX of the Social Security Act to provide States with the option of providing medical assistance at a residential pediatric recovery center to infants under 1 year of age with neonatal abstinence syndrome and their families.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 17, 2017

Mr. JENKINS of West Virginia (for himself, Mr. TURNER, Mr. RYAN of Ohio, and Ms. CLARK of Massachusetts) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend title XIX of the Social Security Act to provide States with the option of providing medical assistance at a residential pediatric recovery center to infants under 1 year of age with neonatal abstinence syndrome and their families.

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 “Caring Recovery for  
5 Infants and Babies Act” or the “CRIB Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

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

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

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

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

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

22           (6) According to GAO reports, NAS has more  
23 than quadrupled in the past decade, increasing from  
24 1.2 per 1,000 hospital births per year in 2000 to 5.8  
25 per 1,000 hospital births per year in 2012 and some

1 regional studies have reported much higher  
2 incidences.

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

6 (8) In July 2016, Congress passed, and the  
7 President signed into law, the Comprehensive Addic-  
8 tion and Recovery Act (Public Law 114–198), which  
9 examines how infants with NAS are cared for (in-  
10 cluding available options through State Medicaid  
11 programs), assesses the different medical care mod-  
12 els and settings to treat NAS, and prioritizes finding  
13 best practices for treating infants with NAS.

14 **SEC. 3. MEDICAID STATE PLAN OPTION TO ENTER INTO**  
15 **PROVIDER AGREEMENTS WITH RESIDENTIAL**  
16 **PEDIATRIC RECOVERY CENTERS.**

17 (a) STATE PLAN AMENDMENT.—Section 1902(a) of  
18 the Social Security Act (42 U.S.C. 1396a(a)) is amend-  
19 ed—

20 (1) in paragraph (82), by striking “and” after  
21 the semicolon;

22 (2) in paragraph (83), by striking the period at  
23 the end and inserting “; and”; and

24 (3) by inserting after paragraph (83), the fol-  
25 lowing new paragraph:

1           “(84) provide, at the option of the State, for  
2           making medical assistance available on an inpatient  
3           or outpatient basis at a residential pediatric recovery  
4           center (as defined in subsection (nn)) for infants  
5           who are under 1 year of age with neonatal absti-  
6           nence syndrome and their families.”.

7           (b) RESIDENTIAL PEDIATRIC RECOVERY CENTER  
8           DEFINED.—Section 1902 of such Act (42 U.S.C. 1396a)  
9           is amended by adding at the end the following new sub-  
10          section:

11          “(nn) RESIDENTIAL PEDIATRIC RECOVERY CENTER  
12          DEFINED.—For purposes of section 1902(a)(84), the  
13          term ‘residential pediatric recovery center’ means a center  
14          or facility that furnishes items and services for which med-  
15          ical assistance is available under the State plan to infants  
16          who are under 1 year of age with the diagnosis of neonatal  
17          abstinence syndrome without any other significant medical  
18          risk factors and to the families of such infants.”.

19          (c) EFFECTIVE DATE.—The amendments made by  
20          this section take effect on October 1, 2017, and shall apply  
21          to medical assistance furnished on or after that date with-  
22          out regard to whether or not final regulations to carry out  
23          such amendments have been promulgated by such date.

1 **SEC. 4. SENSE OF CONGRESS.**

2       It is the sense of Congress that residential pediatric  
3 recovery centers (as defined in section 1902(n) of the So-  
4 cial Security Act, as added by section 3(b)) should offer  
5 counseling and other services to mothers (and other appro-  
6 priate family members and caretakers) of infants receiving  
7 treatment at such centers. Such services may include the  
8 following:

- 9           (1) Counseling or referrals for services.
- 10           (2) Activities to encourage mother-infant bond-  
11       ing.
- 12           (3) Training on caring for such infants.

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