

114TH CONGRESS
2D SESSION

H. R. 4978

To require the Government Accountability Office to submit to Congress a report on neonatal abstinence syndrome (NAS) in the United States and its treatment under Medicaid.

IN THE HOUSE OF REPRESENTATIVES

APRIL 18, 2016

Mr. JENKINS of West Virginia (for himself, Mrs. BUSTOS, Mr. COSTELLO of Pennsylvania, Ms. KUSTER, Mrs. WAGNER, Mr. POLIQUIN, and Mr. WOMACK) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Government Accountability Office to submit to Congress a report on neonatal abstinence syndrome (NAS) in the United States and its treatment under Medicaid.

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 “Nurturing And Sup-
5 porting Healthy Babies Act” or as the “NAS Healthy Ba-
6 bies Act”.

1 **SEC. 2. GAO REPORT ON NEONATAL ABSTINENCE SYN-**
2 **DROME (NAS).**

3 (a) IN GENERAL.—Not later than one year after the
4 date of the enactment of this Act, the Comptroller General
5 of the United States shall submit to the Committee on
6 Energy and Commerce of the House of Representatives
7 and the Committee on Finance and the Committee on
8 Health, Education, Labor, and Pensions of the Senate a
9 report on neonatal abstinence syndrome (in this section
10 referred to as “NAS”) in the United States.

11 (b) INFORMATION TO BE INCLUDED IN REPORT.—
12 Such report shall include information on the following:

13 (1) The prevalence of NAS in the United
14 States, including the proportion of children born in
15 the United States with NAS who are eligible for
16 medical assistance under State Medicaid programs
17 under title XIX of the Social Security Act at birth
18 and the costs associated with NAS through such
19 programs.

20 (2) The services for which coverage is available
21 under State Medicaid programs for treatment of in-
22 fants with NAS.

23 (3) The settings (including inpatient, out-
24 patient, hospital-based, and other settings) for the
25 treatment of infants with NAS and the reimburse-

1 ment methodologies and costs associated with such
2 treatment in such settings.

3 (4) The prevalence of utilization of various care
4 settings under State Medicaid programs for treat-
5 ment of infants with NAS and any Federal barriers
6 to treating such infants under such programs, par-
7 ticularly in non-hospital-based settings.

8 (c) RECOMMENDATIONS.—Such report also shall in-
9 clude such recommendations as the Comptroller General
10 determines appropriate for improvements that will ensure
11 access to treatment for infants with NAS under State
12 Medicaid programs.

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