

115TH CONGRESS  
1ST SESSION

# S. 1148

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 SENATE OF THE UNITED STATES

MAY 17, 2017

Mr. BROWN (for himself, Mrs. CAPITO, Mr. KING, and Mr. PORTMAN) introduced the following bill; which was read twice and referred to the Committee on Finance

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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 inci-  
 2 dences.

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 of 2016 (Public Law 114–  
 9 198), which includes provisions that call for exam-  
 10 ining how infants with NAS are cared for (including  
 11 available options through State Medicaid programs),  
 12 assessing the different medical care models and set-  
 13 tings to treat NAS, and prioritizing finding best  
 14 practices for treating infants with NAS.

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

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

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

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

1           (3) by inserting after paragraph (83), the fol-  
 2       lowing new paragraph:

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

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

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

21       (c) EFFECTIVE DATE.—The amendments made by  
 22   this section take effect on October 1, 2017, and shall apply  
 23   to medical assistance furnished on or after that date with-  
 24   out regard to whether or not final regulations to carry out  
 25   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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