

115TH CONGRESS
2D SESSION

S. 3429

To require the Secretary of Health and Human Services to issue guidance to States to improve care for infants with neonatal abstinence syndrome and their mothers and fathers or guardians under Medicaid.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 12, 2018

Mr. MENENDEZ (for himself, Mr. CARPER, Mr. NELSON, and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To require the Secretary of Health and Human Services to issue guidance to States to improve care for infants with neonatal abstinence syndrome and their mothers and fathers or guardians 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 “Neonatal Abstinence
5 Intervention Act”.

1 **SEC. 2. IMPROVING CARE FOR INFANTS WITH NEONATAL**
2 **ABSTINENCE SYNDROME AND THEIR MOTH-**
3 **ERS AND FATHERS OR GUARDIANS.**

4 Not later than 1 year after the date of enactment
5 of this Act, the Secretary of Health and Human Services
6 shall issue guidance to States to improve care for infants
7 with neonatal abstinence syndrome and their mothers and
8 fathers or guardians. Such guidance shall include—

9 (1) the types of services, including post-dis-
10 charge services and parenting supports, for mothers
11 and fathers or guardians of infants with neonatal
12 abstinence syndrome that States may cover under
13 the Medicaid program under title XIX of the Social
14 Security Act (42 U.S.C. 1396 et seq.);

15 (2) best practices from States with respect to
16 innovative or evidenced-based payment models that
17 focus on prevention, screening, treatment, plans of
18 safe care, and post-discharge services for mothers
19 and fathers or guardians with substance use dis-
20 orders and infants with neonatal abstinence syn-
21 drome that improve care and clinical outcomes;

22 (3) recommendations for States on available fi-
23 nancing options under the Medicaid program, includ-
24 ing under a waiver of such program, for mothers
25 and fathers or guardians with substance use dis-

1 orders, infants with neonatal abstinence syndrome,
2 and home visiting services;

3 (4) recommendations and technical assistance
4 to State Medicaid agencies regarding additional
5 flexibilities and incentives related to screening, pre-
6 vention, and post-discharge services, including par-
7 enting supports, under contracts with Medicaid man-
8 aged care organizations; and

9 (5) terminology and suggested international
10 classification of diseases (ICD) codes to identify in-
11 fants with neonatal abstinence syndrome and neo-
12 natal opioid withdrawal.

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