

110TH CONGRESS
1ST SESSION

H. R. 20

To provide for research on, and services for individuals with, postpartum depression and psychosis.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 4, 2007

Mr. RUSH introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for research on, and services for individuals with, postpartum depression and psychosis.

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 “Melanie Blocker-
5 Stokes Postpartum Depression Research and Care Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) Postpartum depression is a devastating
9 mood disorder which strikes many women during
10 and after pregnancy.

1 (2) Postpartum mood changes are common and
2 can be broken into three subgroups: “baby blues,”
3 which is an extremely common and the less severe
4 form of postpartum depression; postpartum mood
5 and anxiety disorders, which are more severe than
6 baby blues and can occur during pregnancy and any-
7 time within the first year of the infant’s birth; and
8 postpartum psychosis, which is the most extreme
9 form of postpartum depression and can occur during
10 pregnancy and up to twelve months after delivery.

11 (3) “Baby blues” is characterized by mood
12 swings, feelings of being overwhelmed, tearfulness,
13 irritability, poor sleep, mood changes, and a sense of
14 vulnerability.

15 (4) The symptoms of postpartum mood and
16 anxiety disorders are the worsening and the continu-
17 ation of the baby blues beyond the first days or
18 weeks after delivery.

19 (5) The symptoms of postpartum psychosis in-
20 clude losing touch with reality, distorted thinking,
21 delusions, auditory hallucinations, paranoia, hyper-
22 activity, and rapid speech or mania.

23 (6) Each year over 400,000 women suffer from
24 postpartum mood changes, with baby blues afflicting
25 up to 80 percent of new mothers; postpartum mood

1 and anxiety disorders impairing around 10–20 per-
2 cent of new mothers; and postpartum psychosis
3 striking 1 in 1,000 new mothers.

4 (7) The causes of postpartum depression are
5 complex and unknown at this time; however, theories
6 include a steep and rapid drop in hormone levels
7 after childbirth; difficulty during labor or pregnancy;
8 a premature birth; a miscarriage; feeling over-
9 whelmed, uncertain, frustrated or anxious about
10 one’s new role as a mother; a lack of support from
11 one’s spouse, friends or family; marital strife; stress-
12 ful events in life such as death of a loved one, finan-
13 cial problems, or physical or mental abuse; a family
14 history of depression or mood disorders; a previous
15 history of major depression or anxiety; or a prior
16 postpartum depression.

17 (8) Postpartum depression is a treatable dis-
18 order if promptly diagnosed by a trained provider
19 and attended to with a personalized regimen of care
20 including social support, therapy, medication, and
21 when necessary hospitalization.

22 (9) All too often postpartum depression goes
23 undiagnosed or untreated due to the social stigma
24 surrounding depression and mental illness, the myth
25 of motherhood, the new mother’s inability to self-di-

1 agnose her condition, the new mother’s shame or
 2 embarrassment over discussing her depression so
 3 near to the birth of her child, the lack of under-
 4 standing in society and the medical community of
 5 the complexity of postpartum depression, and eco-
 6 nomic pressures placed on hospitals and providers.

7 (10) Untreated, postpartum depression can lead
 8 to further depression, substance abuse, loss of em-
 9 ployment, divorce and further social alienation, self-
 10 destructive behavior, or even suicide.

11 (11) Untreated, postpartum depression impacts
 12 society through its affect on the infant’s physical
 13 and psychological development, child abuse, neglect
 14 or death of the infant or other siblings, and the dis-
 15 ruption of the family.

16 **TITLE I—RESEARCH ON**
 17 **POSTPARTUM DEPRESSION**
 18 **AND PSYCHOSIS**

19 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**
 20 **TIES OF NATIONAL INSTITUTE OF MENTAL**
 21 **HEALTH.**

22 (a) IN GENERAL.—The Secretary of Health and
 23 Human Services, acting through the Director of NIH and
 24 the Director of the National Institute of Mental Health
 25 (in this section referred to as the “Institute”), shall ex-

1 pand and intensify research and related activities of the
2 Institute with respect to postpartum depression and
3 postpartum psychosis (in this section referred to as
4 “postpartum conditions”).

5 (b) COORDINATION WITH OTHER INSTITUTES.—The
6 Director of the Institute shall coordinate the activities of
7 the Director under subsection (a) with similar activities
8 conducted by the other national research institutes and
9 agencies of the National Institutes of Health to the extent
10 that such Institutes and agencies have responsibilities that
11 are related to postpartum conditions.

12 (c) PROGRAMS FOR POSTPARTUM CONDITIONS.—In
13 carrying out subsection (a), the Director of the Institute
14 shall conduct or support research to expand the under-
15 standing of the causes of, and to find a cure for,
16 postpartum conditions. Activities under such subsection
17 shall include conducting and supporting the following:

18 (1) Basic research concerning the etiology and
19 causes of the conditions.

20 (2) Epidemiological studies to address the fre-
21 quency and natural history of the conditions and the
22 differences among racial and ethnic groups with re-
23 spect to the conditions.

24 (3) The development of improved diagnostic
25 techniques.

1 is a public or nonprofit private entity, which may include
2 a State or local government; a public or nonprofit private
3 hospital, community-based organization, hospice, ambula-
4 tory care facility, community health center, migrant health
5 center, or homeless health center; or other appropriate
6 public or nonprofit private entity.

7 (c) CERTAIN ACTIVITIES.—To the extent practicable
8 and appropriate, the Secretary shall ensure that projects
9 under subsection (a) provide services for the diagnosis and
10 management of postpartum conditions. Activities that the
11 Secretary may authorize for such projects may also in-
12 clude the following:

13 (1) Delivering or enhancing outpatient and
14 home-based health and support services, including
15 case management, screening and comprehensive
16 treatment services for individuals with or at risk for
17 postpartum conditions; and delivering or enhancing
18 support services for their families.

19 (2) Delivering or enhancing inpatient care man-
20 agement services that ensure the well being of the
21 mother and family and the future development of
22 the infant.

23 (3) Improving the quality, availability, and or-
24 ganization of health care and support services (in-
25 cluding transportation services, attendant care,

1 homemaker services, day or respite care, and pro-
2 viding counseling on financial assistance and insur-
3 ance) for individuals with postpartum conditions and
4 support services for their families.

5 (d) INTEGRATION WITH OTHER PROGRAMS.—To the
6 extent practicable and appropriate, the Secretary shall in-
7 tegrate the program under this title with other grant pro-
8 grams carried out by the Secretary, including the program
9 under section 330 of the Public Health Service Act.

10 **SEC. 202. CERTAIN REQUIREMENTS.**

11 A grant may be made under section 201 only if the
12 applicant involved makes the following agreements:

13 (1) Not more than 5 percent of the grant will
14 be used for administration, accounting, reporting,
15 and program oversight functions.

16 (2) The grant will be used to supplement and
17 not supplant funds from other sources related to the
18 treatment of postpartum conditions.

19 (3) The applicant will abide by any limitations
20 deemed appropriate by the Secretary on any charges
21 to individuals receiving services pursuant to the
22 grant. As deemed appropriate by the Secretary, such
23 limitations on charges may vary based on the finan-
24 cial circumstances of the individual receiving serv-
25 ices.

1 (4) The grant will not be expended to make
2 payment for services authorized under section
3 201(a) to the extent that payment has been made,
4 or can reasonably be expected to be made, with re-
5 spect to such services—

6 (A) under any State compensation pro-
7 gram, under an insurance policy, or under any
8 Federal or State health benefits program; or

9 (B) by an entity that provides health serv-
10 ices on a prepaid basis.

11 (5) The applicant will, at each site at which the
12 applicant provides services under section 201(a),
13 post a conspicuous notice informing individuals who
14 receive the services of any Federal policies that
15 apply to the applicant with respect to the imposition
16 of charges on such individuals.

17 **SEC. 203. TECHNICAL ASSISTANCE.**

18 The Secretary may provide technical assistance to as-
19 sist entities in complying with the requirements of this
20 title in order to make such entities eligible to receive
21 grants under section 201.

1 **SEC. 204. AUTHORIZATION OF APPROPRIATIONS.**

2 For the purpose of carrying out this title, there are
3 authorized to be appropriated such sums as may be nec-
4 essary for each of the fiscal years 2008 through 2010.

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