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1ST SESSION

H. R. 20

IN THE SENATE OF THE UNITED STATES

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Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Melanie Blocker-
3 Stokes Postpartum Depression Research and Care Act”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds as follows:

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

9 (2) Postpartum mood changes are common and
10 can be broken into three subgroups: “baby blues”,
11 which is an extremely common and the less severe
12 form of postpartum depression; postpartum mood
13 and anxiety disorders, which are more severe than
14 baby blues and can occur during pregnancy and any-
15 time within the first year of the infant’s birth; and
16 postpartum psychosis, which is the most extreme
17 form of postpartum depression and can occur during
18 pregnancy and up to 12 months after delivery.

19 (3) “Baby blues” is characterized by mood
20 swings, feelings of being overwhelmed, tearfulness,
21 irritability, poor sleep, mood changes, and a sense of
22 vulnerability.

23 (4) The symptoms of postpartum mood and
24 anxiety disorders are the worsening and the continu-
25 ation of the baby blues beyond the first days or
26 weeks after delivery.

1 (5) The symptoms of postpartum psychosis in-
2 clude losing touch with reality, distorted thinking,
3 delusions, auditory hallucinations, paranoia, hyper-
4 activity, and rapid speech or mania.

5 (6) Each year over 400,000 women suffer from
6 postpartum mood changes, with baby blues afflicting
7 up to 80 percent of new mothers; postpartum mood
8 and anxiety disorders impairing around 10 to 20
9 percent of new mothers; and postpartum psychosis
10 striking 1 in 1,000 new mothers.

11 (7) Postpartum depression is a treatable dis-
12 order if promptly diagnosed by a trained provider
13 and attended to with a personalized regimen of care
14 including social support, therapy, medication, and
15 when necessary hospitalization.

16 (8) All too often postpartum depression goes
17 undiagnosed or untreated due to the social stigma
18 surrounding depression and mental illness, the myth
19 of motherhood, the new mother's inability to self-di-
20 agnose her condition, the new mother's shame or
21 embarrassment over discussing her depression so
22 near to the birth of her child, the lack of under-
23 standing in society and the medical community of
24 the complexity of postpartum depression, and eco-
25 nomic pressures placed on hospitals and providers.

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

5 (10) Untreated, postpartum depression impacts
 6 society through its effect on the infant’s physical
 7 and psychological development, child abuse, neglect,
 8 or death of the infant or other siblings, and the dis-
 9 ruption of the family.

10 **TITLE I—RESEARCH ON**
 11 **POSTPARTUM DEPRESSION**
 12 **AND PSYCHOSIS**

13 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**
 14 **TIES.**

15 (a) IN GENERAL.—The Secretary of Health and
 16 Human Services, acting through the Director of the Na-
 17 tional Institutes of Health and the Director of the Na-
 18 tional Institute of Mental Health (in this title referred to
 19 as the “Institute”), is encouraged to continue aggressive
 20 work on postpartum depression and postpartum psychosis.

21 (b) COORDINATION WITH OTHER INSTITUTES.—The
 22 Director of the Institute should continue to coordinate ac-
 23 tivities of the Director under subsection (a) with similar
 24 activities conducted by the other national research insti-
 25 tutes and agencies of the National Institutes of Health

1 to the extent that such Institutes and agencies have re-
2 sponsibilities that are related to postpartum conditions.

3 (c) PROGRAMS FOR POSTPARTUM CONDITIONS.—In
4 carrying out subsection (a), the Director of the Institute
5 is encouraged to continue research to expand the under-
6 standing of the causes of, and to find a cure for,
7 postpartum conditions. Activities under such subsection
8 shall include conducting and supporting the following:

9 (1) Basic research concerning the etiology and
10 causes of the conditions.

11 (2) Epidemiological studies to address the fre-
12 quency and natural history of the conditions and the
13 differences among racial and ethnic groups with re-
14 spect to the conditions.

15 (3) The development of improved screening and
16 diagnostic techniques.

17 (4) Clinical research for the development and
18 evaluation of new treatments, including new biologi-
19 cal agents.

20 (5) Information and education programs for
21 health care professionals and the public.

22 **SEC. 102. NATIONAL PUBLIC AWARENESS CAMPAIGN.**

23 (a) IN GENERAL.—The Director of the National In-
24 stitutes of Health and the Administrator of the Health
25 Resources and Services Administration are encouraged to

1 carry out a coordinated national campaign to increase the
2 awareness and knowledge of postpartum depression and
3 postpartum psychosis.

4 (b) PUBLIC SERVICE ANNOUNCEMENTS.—Activities
5 under the national campaign under subsection (a) may in-
6 clude public service announcements through television,
7 radio, and other means.

8 **SEC. 103. BIENNIAL REPORTING.**

9 Section 403(a)(5) of the Public Health Service Act
10 (42 U.S.C. 283(a)(5)) is amended—

11 (1) by redesignating subparagraph (L) as sub-
12 paragraph (M); and

13 (2) by inserting after subparagraph (K) the fol-
14 lowing:

15 “(L) Depression.”.

16 **SEC. 104. LONGITUDINAL STUDY OF RELATIVE MENTAL**
17 **HEALTH CONSEQUENCES FOR WOMEN OF RE-**
18 **SOLVING A PREGNANCY.**

19 (a) SENSE OF CONGRESS.—It is the sense of Con-
20 gress that the Director of the Institute may conduct a na-
21 tionally representative longitudinal study (during the pe-
22 riod of fiscal years 2008 through 2018) of the relative
23 mental health consequences for women of resolving a preg-
24 nancy (intended and unintended) in various ways, includ-
25 ing carrying the pregnancy to term and parenting the

1 child, carrying the pregnancy to term and placing the child
2 for adoption, miscarriage, and having an abortion. This
3 study may assess the incidence, timing, magnitude, and
4 duration of the immediate and long-term mental health
5 consequences (positive or negative) of these pregnancy
6 outcomes.

7 (b) REPORT.—Beginning not later than 3 years after
8 the date of the enactment of this Act, and periodically
9 thereafter for the duration of the study under subsection
10 (a), the Director of the Institute should prepare and sub-
11 mit to the Congress reports on the findings of the study.

12 **TITLE II—DELIVERY OF SERV-**
13 **ICES REGARDING**
14 **POSTPARTUM DEPRESSION**
15 **AND PSYCHOSIS**

16 **SEC. 201. ESTABLISHMENT OF PROGRAM OF GRANTS.**

17 (a) IN GENERAL.—The Secretary of Health and
18 Human Services (in this title referred to as the “Sec-
19 retary”) should in accordance with this title make grants
20 to provide for projects for the establishment, operation,
21 and coordination of effective and cost-efficient systems for
22 the delivery of essential services to individuals with
23 postpartum depression or postpartum psychosis (referred
24 to in this section as a “postpartum condition”) and their
25 families.

1 (b) RECIPIENTS OF GRANTS.—A grant under sub-
2 section (a) may be made to an entity only if the entity
3 is a public or nonprofit private entity, which may include
4 a State or local government; a public or nonprofit private
5 hospital, community-based organization, hospice, ambula-
6 tory care facility, community health center, migrant health
7 center, or homeless health center; or any other appropriate
8 public or nonprofit private entity.

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

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

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

1 (3) Improving the quality, availability, and or-
2 ganization of health care and support services (in-
3 cluding transportation services, attendant care,
4 homemaker services, day or respite care, and pro-
5 viding counseling on financial assistance and insur-
6 ance) for individuals with postpartum conditions and
7 support services for their families.

8 (d) INTEGRATION WITH OTHER PROGRAMS.—To the
9 extent practicable and appropriate, the Secretary should
10 integrate the program under this title with other grant
11 programs carried out by the Secretary, including the pro-
12 gram under section 330 of the Public Health Service Act.

13 **SEC. 202. CERTAIN REQUIREMENTS.**

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

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

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

22 (3) The applicant will abide by any limitations
23 deemed appropriate by the Secretary on any charges
24 to individuals receiving services pursuant to the
25 grant. As deemed appropriate by the Secretary, such

1 limitations on charges may vary based on the finan-
2 cial circumstances of the individual receiving serv-
3 ices.

4 (4) The grant will not be expended to make
5 payment for services authorized under section
6 201(a) to the extent that payment has been made,
7 or can reasonably be expected to be made, with re-
8 spect to such services—

9 (A) under any State compensation pro-
10 gram, under an insurance policy, or under any
11 Federal or State health benefits program; or

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

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

20 **SEC. 203. TECHNICAL ASSISTANCE.**

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

