

Union Calendar No. 232

110TH CONGRESS
1ST SESSION

H. R. 20

[Report No. 110-375]

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

OCTOBER 15, 2007

Additional sponsors: Mr. JINDAL, Mr. ROTHMAN, Mr. ALLEN, Mrs. CAPPS, Mr. MORAN of Virginia, Mr. CUMMINGS, Mrs. CHRISTENSEN, Ms. SCHAKOWSKY, Ms. ESHOO, Ms. CORRINE BROWN of Florida, Mr. WEXLER, Mrs. DAVIS of California, Mr. DAVIS of Illinois, Ms. MOORE of Wisconsin, Mr. CONYERS, Ms. NORTON, Mr. GRIJALVA, Mr. PICKERING, Mr. BURGESS, Mr. WAXMAN, Ms. BORDALLO, Mr. AL GREEN of Texas, Mr. FRANK of Massachusetts, Ms. SOLIS, Mrs. EMERSON, Mr. TOWNS, Mr. DAVIS of Alabama, Mr. CLAY, Ms. CLARKE, Mr. CLEAVER, Mr. CLYBURN, Mr. GONZALEZ, Mr. LEWIS of Georgia, Mr. RAHALL, Mr. PASTOR, Mr. BECERRA, Ms. LORETTA SANCHEZ of California, Mr. BOSWELL, Ms. WATSON, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. MEEKS of New York, Mr. WYNN, Ms. KILPATRICK of Michigan, Ms. VELÁZQUEZ, Mr. SERRANO, Mr. JOHNSON of Georgia, Ms. WASSERMAN SCHULTZ, Mrs. MCCARTHY of New York, Mr. GUTIERREZ, Mr. GENE GREEN of Texas, Mr. ELLISON, Mr. REYES, Mr. DONNELLY, Mr. JEFFERSON, Mr. SKELTON, Ms. LEE, Mr. THOMPSON of Mississippi, Mr. McNULTY, Mr. MICHAUD, Ms. JACKSON-LEE of Texas, Mr. KILDEE, Mr. PAYNE, Mr. STUPAK, Ms. SLAUGHTER, Mr. GORDON of Tennessee, Mr. BARTON of Texas, Mr. SHIMKUS, Mr. UPTON, Mrs. BONO, Mr. MACK, Ms. BALDWIN, Mr. HINCHEY, Mr. BOUCHER, Mr. SCOTT of Virginia, Mr. DEAL of Georgia, Ms. HARMAN, Ms. HERSETH SANDLIN, Mr. ROSS, Mr. ENGEL, Mr. BAIRD, Mr. BUTTERFIELD, Mr. MURPHY of Connecticut, Ms. MATSUI, Mr. WALZ of Minnesota, Mrs. JONES of Ohio, Mr. COHEN, Ms. WOOLSEY, Mr. HASTINGS of Florida, Mr. MCGOVERN, Mr. BISHOP

of Georgia, Ms. WATERS, Mr. DINGELL, Mr. SCOTT of Georgia, Mr. MEEK of Florida, Mr. WATT, Mr. RANGEL, Ms. CARSON, Mr. STARK, Mrs. BIGGERT, Mr. RODRIGUEZ, Ms. HOOLEY, Ms. DEGETTE, Mr. WEINER, Mr. MATHESON, Mr. BRALEY of Iowa, Mr. PALLONE, Mr. PERLMUTTER, Mr. HINOJOSA, Mr. GEORGE MILLER of California, Mr. HARE, Mr. BOOZMAN, Ms. SHEA-PORTER, Mrs. NAPOLITANO, Mr. FARR, Mr. SIRES, Mr. MARKEY, Mr. LIPINSKI, Mr. JACKSON of Illinois, Mr. COSTELLO, Mr. EMANUEL, Mr. KENNEDY, Mrs. BOYDA of Kansas, Mr. TIERNEY, Ms. BEAN, Mr. PITTS, Mr. MEEHAN, Ms. ROYBAL-ALLARD, Ms. SUTTON, Mr. HONDA, and Mr. MANZULLO

OCTOBER 15, 2007

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on January 4, 2007]

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-Stokes*
 5 *Postpartum Depression Research and Care Act”.*

6 **SEC. 2. FINDINGS.**

7 *The Congress finds as follows:*

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

11 (2) *Postpartum mood changes are common and*
 12 *can be broken into three subgroups: “baby blues”,*

1 *which is an extremely common and the less severe*
2 *form of postpartum depression; postpartum mood and*
3 *anxiety disorders, which are more severe than baby*
4 *blues and can occur during pregnancy and anytime*
5 *within the first year of the infant's birth; and*
6 *postpartum psychosis, which is the most extreme form*
7 *of postpartum depression and can occur during preg-*
8 *nancy and up to 12 months after delivery.*

9 (3) *“Baby blues” is characterized by mood*
10 *swings, feelings of being overwhelmed, tearfulness, ir-*
11 *ritability, poor sleep, mood changes, and a sense of*
12 *vulnerability.*

13 (4) *The symptoms of postpartum mood and anx-*
14 *xiety disorders are the worsening and the continuation*
15 *of the baby blues beyond the first days or weeks after*
16 *delivery.*

17 (5) *The symptoms of postpartum psychosis in-*
18 *clude losing touch with reality, distorted thinking, de-*
19 *lusions, auditory hallucinations, paranoia, hyper-*
20 *activity, and rapid speech or mania.*

21 (6) *Each year over 400,000 women suffer from*
22 *postpartum mood changes, with baby blues afflicting*
23 *up to 80 percent of new mothers; postpartum mood*
24 *and anxiety disorders impairing around 10 to 20*

1 *percent of new mothers; and postpartum psychosis*
2 *striking 1 in 1,000 new mothers.*

3 *(7) Postpartum depression is a treatable disorder*
4 *if promptly diagnosed by a trained provider and at-*
5 *tended to with a personalized regimen of care includ-*
6 *ing social support, therapy, medication, and when*
7 *necessary hospitalization.*

8 *(8) All too often postpartum depression goes*
9 *undiagnosed or untreated due to the social stigma*
10 *surrounding depression and mental illness, the myth*
11 *of motherhood, the new mother's inability to self-diag-*
12 *nose her condition, the new mother's shame or embar-*
13 *rassment over discussing her depression so near to the*
14 *birth of her child, the lack of understanding in society*
15 *and the medical community of the complexity of*
16 *postpartum depression, and economic pressures placed*
17 *on hospitals and providers.*

18 *(9) Untreated, postpartum depression can lead to*
19 *further depression, substance abuse, loss of employ-*
20 *ment, divorce and further social alienation, self-de-*
21 *structive behavior, or even suicide.*

22 *(10) Untreated, postpartum depression impacts*
23 *society through its effect on the infant's physical and*
24 *psychological development, child abuse, neglect, or*

1 *death of the infant or other siblings, and the disrup-*
 2 *tion of the family.*

3 **TITLE I—RESEARCH ON**
 4 **POSTPARTUM DEPRESSION**
 5 **AND PSYCHOSIS**

6 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**
 7 **TIES.**

8 (a) *IN GENERAL.*—*The Secretary of Health and*
 9 *Human Services, acting through the Director of the Na-*
 10 *tional Institutes of Health and the Director of the National*
 11 *Institute of Mental Health (in this title referred to as the*
 12 *“Institute”), is encouraged to continue aggressive work on*
 13 *postpartum depression and postpartum psychosis.*

14 (b) *COORDINATION WITH OTHER INSTITUTES.*—*The*
 15 *Director of the Institute should continue to coordinate ac-*
 16 *tivities of the Director under subsection (a) with similar*
 17 *activities conducted by the other national research institutes*
 18 *and agencies of the National Institutes of Health to the ex-*
 19 *tent that such Institutes and agencies have responsibilities*
 20 *that are related to postpartum conditions.*

21 (c) *PROGRAMS FOR POSTPARTUM CONDITIONS.*—*In*
 22 *carrying out subsection (a), the Director of the Institute is*
 23 *encouraged to continue research to expand the under-*
 24 *standing of the causes of, and to find a cure for, postpartum*

1 *conditions. Activities under such subsection shall include*
2 *conducting and supporting the following:*

3 (1) *Basic research concerning the etiology and*
4 *causes of the conditions.*

5 (2) *Epidemiological studies to address the fre-*
6 *quency and natural history of the conditions and the*
7 *differences among racial and ethnic groups with re-*
8 *spect to the conditions.*

9 (3) *The development of improved screening and*
10 *diagnostic techniques.*

11 (4) *Clinical research for the development and*
12 *evaluation of new treatments, including new biologi-*
13 *cal agents.*

14 (5) *Information and education programs for*
15 *health care professionals and the public.*

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

17 (a) *IN GENERAL.*—*The Director of the National Insti-*
18 *tutes of Health and the Administrator of the Health Re-*
19 *sources and Services Administration are encouraged to*
20 *carry out a coordinated national campaign to increase the*
21 *awareness and knowledge of postpartum depression and*
22 *postpartum psychosis.*

23 (b) *PUBLIC SERVICE ANNOUNCEMENTS.*—*Activities*
24 *under the national campaign under subsection (a) may in-*

1 *clude public service announcements through television,*
2 *radio, and other means.*

3 **SEC. 103. BIENNIAL REPORTING.**

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

6 *(1) by redesignating subparagraph (L) as sub-*
7 *paragraph (M); and*

8 *(2) by inserting after subparagraph (K) the fol-*
9 *lowing:*

10 *“(L) Depression.”.*

11 **SEC. 104. LONGITUDINAL STUDY OF RELATIVE MENTAL**
12 **HEALTH CONSEQUENCES FOR WOMEN OF RE-**
13 **SOLVING A PREGNANCY.**

14 *(a) SENSE OF CONGRESS.—It is the sense of Congress*
15 *that the Director of the Institute may conduct a nationally*
16 *representative longitudinal study (during the period of fis-*
17 *cal years 2008 through 2018) of the relative mental health*
18 *consequences for women of resolving a pregnancy (intended*
19 *and unintended) in various ways, including carrying the*
20 *pregnancy to term and parenting the child, carrying the*
21 *pregnancy to term and placing the child for adoption, mis-*
22 *carriage, and having an abortion. This study may assess*
23 *the incidence, timing, magnitude, and duration of the im-*
24 *mediate and long-term mental health consequences (positive*
25 *or negative) of these pregnancy outcomes.*

1 center, or homeless health center; or any other appropriate
2 public or nonprofit private entity.

3 (c) *CERTAIN ACTIVITIES.*—*To the extent practicable*
4 *and appropriate, the Secretary shall ensure that projects*
5 *under subsection (a) provide services for the diagnosis and*
6 *management of postpartum conditions. Activities that the*
7 *Secretary may authorize for such projects may also include*
8 *the following:*

9 (1) *Delivering or enhancing outpatient and*
10 *home-based health and support services, including*
11 *case management, screening, and comprehensive treat-*
12 *ment services for individuals with or at risk for*
13 *postpartum conditions; and delivering or enhancing*
14 *support services for their families.*

15 (2) *Delivering or enhancing inpatient care man-*
16 *agement services that ensure the well-being of the*
17 *mother and family and the future development of the*
18 *infant.*

19 (3) *Improving the quality, availability, and or-*
20 *ganization of health care and support services (in-*
21 *cluding transportation services, attendant care, home-*
22 *maker services, day or respite care, and providing*
23 *counseling on financial assistance and insurance) for*
24 *individuals with postpartum conditions and support*
25 *services for their families.*

1 (d) *INTEGRATION WITH OTHER PROGRAMS.*—*To the*
2 *extent practicable and appropriate, the Secretary should in-*
3 *tegrate the program under this title with other grant pro-*
4 *grams carried out by the Secretary, including the program*
5 *under section 330 of the Public Health Service Act.*

6 **SEC. 202. CERTAIN REQUIREMENTS.**

7 *A grant may be made under section 201 only if the*
8 *applicant involved makes the following agreements:*

9 (1) *Not more than 5 percent of the grant will be*
10 *used for administration, accounting, reporting, and*
11 *program oversight functions.*

12 (2) *The grant will be used to supplement and not*
13 *supplant funds from other sources related to the treat-*
14 *ment of postpartum conditions.*

15 (3) *The applicant will abide by any limitations*
16 *deemed appropriate by the Secretary on any charges*
17 *to individuals receiving services pursuant to the*
18 *grant. As deemed appropriate by the Secretary, such*
19 *limitations on charges may vary based on the finan-*
20 *cial circumstances of the individual receiving services.*

21 (4) *The grant will not be expended to make pay-*
22 *ment for services authorized under section 201(a) to*
23 *the extent that payment has been made, or can rea-*
24 *sonably be expected to be made, with respect to such*
25 *services—*

1 (A) under any State compensation pro-
2 gram, under an insurance policy, or under any
3 Federal or State health benefits program; or

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

6 (5) The applicant will, at each site at which the
7 applicant provides services under section 201(a), post
8 a conspicuous notice informing individuals who re-
9 ceive the services of any Federal policies that apply
10 to the applicant with respect to the imposition of
11 charges on such individuals.

12 **SEC. 203. TECHNICAL ASSISTANCE.**

13 The Secretary may provide technical assistance to as-
14 sist entities in complying with the requirements of this title
15 in order to make such entities eligible to receive grants
16 under section 201.

17 **TITLE III—GENERAL**
18 **PROVISIONS**

19 **SEC. 301. AUTHORIZATION OF APPROPRIATIONS.**

20 To carry out this Act and the amendments made by
21 this Act, there are authorized to be appropriated—

22 (1) \$3,000,000 for fiscal year 2008; and

23 (2) such sums as may be necessary for fiscal
24 years 2009 and 2010.

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