

**[COMMITTEE PRINT]**

(SHOWING H.R. 20 AS REPORTED BY THE SUBCOMMITTEE ON HEALTH  
ON JULY 19, 2007)

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:

1           (1) Postpartum depression is a devastating  
2 mood disorder which strikes many women during  
3 and after pregnancy.

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

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

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

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

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

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

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

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

1           (10) Untreated, postpartum depression impacts  
2           society through its effect on the infant's physical  
3           and psychological development, child abuse, neglect,  
4           or death of the infant or other siblings, and the dis-  
5           ruption of the family.

6       **TITLE           I—RESEARCH           ON**  
7       **POSTPARTUM       DEPRESSION**  
8       **AND PSYCHOSIS**

9       **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**  
10       **TIES.**

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

17       (b) COORDINATION WITH OTHER INSTITUTES.—The  
18       Director of the Institute should continue to coordinate ac-  
19       tivities of the Director under subsection (a) with similar  
20       activities conducted by the other national research insti-  
21       tutes and agencies of the National Institutes of Health  
22       to the extent that such Institutes and agencies have re-  
23       sponsibilities that are related to postpartum conditions.

24       (c) PROGRAMS FOR POSTPARTUM CONDITIONS.—In  
25       carrying out subsection (a), the Director of the Institute

1 is encouraged to continue research to expand the under-  
2 standing of the causes of, and to find a cure for,  
3 postpartum conditions. Activities under such subsection  
4 shall include conducting and supporting the following:

5 (1) Basic research concerning the etiology and  
6 causes of the conditions.

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

11 (3) The development of improved screening and  
12 diagnostic techniques.

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

16 (5) Information and education programs for  
17 health care professionals and the public.

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

19 (a) IN GENERAL.—The Director of the National In-  
20 stitutes of Health and the Administrator of the Health  
21 Resources and Services Administration are encouraged to  
22 carry out a coordinated national campaign to increase the  
23 awareness and knowledge of postpartum depression and  
24 postpartum psychosis.

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

5 **SEC. 103. BIENNIAL REPORTING.**

6 Section 403(a)(5) of the Public Health Service Act  
7 (42 U.S.C. 283(a)(5)) is amended—

8 (1) by redesignating subparagraph (L) as sub-  
9 paragraph (M); and

10 (2) by inserting after subparagraph (K) the fol-  
11 lowing:

12 “(L) Depression.”.

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

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

1 duration of the immediate and long-term mental health  
2 consequences (positive or negative) of these pregnancy  
3 outcomes.

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

9 **TITLE II—DELIVERY OF SERV-**  
10 **ICES REGARDING**  
11 **POSTPARTUM DEPRESSION**  
12 **AND PSYCHOSIS**

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

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

23 (b) RECIPIENTS OF GRANTS.—A grant under sub-  
24 section (a) may be made to an entity only if the entity  
25 is a public or nonprofit private entity, which may include

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

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

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

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

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



1       viding counseling on financial assistance and insur-  
2       ance) for individuals with postpartum conditions and  
3       support services for their families.

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

9       **SEC. 202. CERTAIN REQUIREMENTS.**

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

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

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

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

3 **SEC. 301. AUTHORIZATION OF APPROPRIATIONS.**

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

6                   (1) \$3,000,000 for fiscal year 2008; and

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