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

A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
SECTION 1. SHORT TITLE.

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

SEC. 2. FINDINGS.

The Congress finds as follows:

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

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

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

(4) The symptoms of postpartum mood and anxiety disorders are the worsening and the continuation of the baby blues beyond the first days or weeks after delivery.
(5) The symptoms of postpartum psychosis include losing touch with reality, distorted thinking, delusions, auditory hallucinations, paranoia, hyperactivity, and rapid speech or mania.

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

(7) The causes of postpartum depression are complex and unknown at this time; however, theories include a steep and rapid drop in hormone levels after childbirth; difficulty during labor or pregnancy; a premature birth; a miscarriage; feeling overwhelmed, uncertain, frustrated or anxious about one’s new role as a mother; a lack of support from one’s spouse, friends or family; marital strife; stressful events in life such as death of a loved one, financial problems, or physical or mental abuse; a family history of depression or mood disorders; a previous history of major depression or anxiety; or a prior postpartum depression.

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

(9) All too often postpartum depression goes undiagnosed or untreated due to the social stigma surrounding depression and mental illness, the myth of motherhood, the new mother’s inability to self-diagnose her condition, the new mother’s shame or embarrassment over discussing her depression so near to the birth of her child, the lack of understanding in society and the medical community of the complexity of postpartum depression, and economic pressures placed on hospitals and providers.

(10) Untreated, postpartum depression can lead to further depression, substance abuse, loss of employment, divorcee and further social alienation, self-destructive behavior, or even suicide.

(11) Untreated, postpartum depression impacts society through its affect on the infant’s physical and psychological development, child abuse, neglect or death of the infant or other siblings, and the disruption of the family.
TITLE I—RESEARCH ON
POSTPARTUM DEPRESSION
AND PSYCHOSIS

SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVITIES OF THE NATIONAL INSTITUTE OF MENTAL HEALTH.

(a) In General.—The Secretary of Health and Human Services, acting through the Director of NIH and the Director of the National Institute of Mental Health (in this section referred to as the “Institute”), shall expand and intensify research and related activities of the Institute with respect to postpartum depression and postpartum psychosis (in this section referred to as “postpartum conditions”).

(b) Coordination With Other Institutes.—The Director of the Institute shall coordinate the activities of the Director under subsection (a) with similar activities conducted by the other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to postpartum conditions.

(c) Programs for Postpartum Conditions.—In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the causes of, and to find a cure for,
postpartum conditions. Activities under such subsection shall include conducting and supporting the following:

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

(2) Epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions.

(3) The development of improved diagnostic techniques.

(4) Clinical research for the development and evaluation of new treatments, including new biological agents.

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

(d) Authorization of Appropriations.—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2006 through 2008.
TITLE II—DELIVERY OF SERVICES REGARDING POSTPARTUM DEPRESSION AND PSYCHOSIS

SEC. 201. ESTABLISHMENT OF PROGRAM OF GRANTS.

(a) In General.—The Secretary of Health and Human Services (in this title referred to as the “Secretary”) shall in accordance with this title make grants to provide for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with postpartum depression or postpartum psychosis (referred to in this section as a “postpartum condition) and their families.

(b) Recipients of Grants.—A grant under subsection (a) may be made to an entity only if the entity is a public or nonprofit private entity, which may include a State or local government; a public or nonprofit private hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, or homeless health center; or other appropriate public or nonprofit private entity.

(c) Certain Activities.—To the extent practicable and appropriate, the Secretary shall ensure that projects under subsection (a) provide services for the diagnosis and
management of postpartum conditions. Activities that the Secretary may authorize for such projects may also include the following:

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

(2) Delivering or enhancing inpatient care management services that ensure the well being of the mother and family and the future development of the infant.

(3) Improving the quality, availability, and organization of health care and support services (including transportation services, attendant care, homemaker services, day or respite care, and providing counseling on financial assistance and insurance) for individuals with postpartum conditions and support services for their families.

(d) INTEGRATION WITH OTHER PROGRAMS.—To the extent practicable and appropriate, the Secretary shall integrate the program under this title with other grant programs carried out by the Secretary, including the program under section 330 of the Public Health Service Act.
1 SEC. 202. CERTAIN REQUIREMENTS.

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

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

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

5 (3) The applicant will abide by any limitations deemed appropriate by the Secretary on any charges to individuals receiving services pursuant to the grant. As deemed appropriate by the Secretary, such limitations on charges may vary based on the financial circumstances of the individual receiving services.

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

7 (A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

8 (B) by an entity that provides health services on a prepaid basis.
(5) The applicant will, at each site at which the applicant provides services under section 201(a), post a conspicuous notice informing individuals who receive the services of any Federal policies that apply to the applicant with respect to the imposition of charges on such individuals.

SEC. 203. TECHNICAL ASSISTANCE.

The Secretary may provide technical assistance to assist entities in complying with the requirements of this title in order to make such entities eligible to receive grants under section 201.

SEC. 204. AUTHORIZATION OF APPROPRIATIONS.

For the purpose of carrying out this title, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2006 through 2008.