

114TH CONGRESS
1ST SESSION

H. R. 3235

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to make grants to States for screening and treatment for maternal depression.

IN THE HOUSE OF REPRESENTATIVES

JULY 28, 2015

Ms. CLARK of Massachusetts (for herself and Mr. COSTELLO of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to make grants to States for screening and treatment for maternal depression.

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 “Bringing Postpartum
5 Depression Out of the Shadows Act of 2015”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) Depression is a medical, physiologic ill-
2 ness—not a sign of weakness or poor parenting.

3 (2) Maternal depression includes major and
4 minor depressive episodes that occur during preg-
5 nancy or in the first 12 months after delivery.

6 (3) An estimated 9 to 16 percent of new moth-
7 ers experience postpartum depression.

8 (4) Every year, more than 400,000 infants are
9 born to mothers who have depression, which makes
10 perinatal depression the most underdiagnosed ob-
11 stetric complication in the United States.

12 (5) The consequences of maternal depression
13 include poor bonding between mother and infant,
14 which may have negative effects on cognitive devel-
15 opment, social-emotional development, and behavior
16 of the child.

17 (6) Maternal suicide exceeds hemorrhage and
18 hypertensive disorders as a cause of maternal mor-
19 tality.

20 (7) About 90 percent of women who have ma-
21 ternal depression can be treated successfully with a
22 combination of medication and counseling.

23 (8) States and professional organizations are
24 taking the lead in addressing this problem, through

1 public awareness campaigns, resource collection, and
2 even promoting phone consultations.

3 (9) The Congress should provide resources to
4 support State teams, and help them find innovative
5 solutions to this problem.

6 **SEC. 3. SCREENING AND TREATMENT FOR MATERNAL DE-**
7 **PRESSION.**

8 The Public Health Service Act is amended by insert-
9 ing after section 317L of such Act (42 U.S.C. 247b–13)
10 the following:

11 **“SEC. 317L–1. SCREENING AND TREATMENT FOR MATER-**
12 **NAL DEPRESSION.**

13 “(a) GRANTS.—The Secretary, acting through the
14 Administrator of the Health Resources and Services Ad-
15 ministration, may make grants to States to establish, ex-
16 pand, or maintain culturally competent programs for
17 screening and treatment of women who are pregnant, or
18 who have given birth within the preceding 12 months, for
19 maternal depression.

20 “(b) NUMBER.—The Secretary shall make grants
21 under this section to not fewer than 3 States.

22 “(c) APPLICATION.—To seek a grant under this sec-
23 tion, a State shall submit an application to the Secretary
24 at such time, in such manner, and containing such infor-

1 mation as the Secretary may require. At a minimum, any
2 such application shall include explanations of—

3 “(1) how the State’s proposed program will in-
4 crease the percentage of women screened and treat-
5 ed for maternal depression in one or more commu-
6 nities; and

7 “(2) how the State’s proposed program, if ex-
8 panded, would lead to substantial increases in
9 screening and treatment for maternal depression.

10 “(d) PRIORITY.—In awarding grants under this sec-
11 tion, the Secretary shall give priority to States proposing
12 to expand or enhance screening for maternal depression
13 in primary care settings, including family medicine, gen-
14 eral internal medicine, general pediatrics, preventive medi-
15 cine, obstetrics and gynecology, and psychiatry.

16 “(e) USE OF FUNDS.—The activities eligible for
17 funding through a grant under subsection (a)—

18 “(1) shall include—

19 “(A) providing appropriate training to
20 health care providers; and

21 “(B) providing relevant resources to health
22 care providers, including information on mater-
23 nal depression screening, treatment, and fol-
24 lowup support, and linkages to community-
25 based resources; and

1 “(2) may include—

2 “(A) enabling health care providers (in-
3 cluding obstetrician-gynecologists, pediatricians,
4 psychiatrists, mental health care providers, and
5 adult primary care clinicians) to provide or re-
6 ceive real-time psychiatric consultation (in-per-
7 son or remotely) to aid in the treatment of
8 pregnant and postpartum women;

9 “(B) conducting a public awareness cam-
10 paign;

11 “(C) funding start-up costs for phone
12 lines, websites, the collection and dissemination
13 of information, and other relevant resources
14 and services; and

15 “(D) establishing linkages with and among
16 community-based resources, including mental
17 health resources, primary care resources, and
18 support groups.

19 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
20 carry out this section, there are authorized to be appro-
21 priated \$5,000,000 for each of fiscal years 2016 through
22 2020.”.

○