

108TH CONGRESS
1ST SESSION

H. R. 846

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 13, 2003

Mr. RUSH (for himself, Mrs. JONES of Ohio, Mr. GUTIERREZ, Ms. KAPTUR, Ms. SCHAKOWSKY, Mr. TOWNS, Mr. FATTAH, Ms. LEE, Mr. PAYNE, Mr. OWENS, Mr. McDERMOTT, Mr. WAXMAN, Mrs. MALONEY, Mrs. CAPPS, Mr. JACKSON of Illinois, Ms. JACKSON-LEE of Texas, Ms. MILLENDER-McDONALD, Mr. OLVER, Mr. ENGEL, Ms. WOOLSEY, Mr. HINCHEY, Mrs. CHRISTENSEN, Mr. GEORGE MILLER of California, Mr. ISRAEL, Mr. KILDEE, Ms. MCCARTHY of Missouri, Mr. WYNN, Mr. CONYERS, Ms. CARSON of Indiana, Ms. NORTON, Mr. BOEHLERT, Mr. CUMMINGS, Ms. HARMAN, Mr. HOLDEN, Mr. DINGELL, Mr. McNULTY, Mr. CASE, Mr. COSTELLO, Mr. DAVIS of Illinois, Mr. STARK, Mr. TIERNEY, Ms. DELAURO, Mr. ETHERIDGE, Mr. NADLER, Mr. LANTOS, Mr. WATT, Mrs. BIGGERT, Mr. BISHOP of Georgia, Mr. LAHOOD, and Mr. MORAN of Virginia) 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,*

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 twelve 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 10–20 per-
9 cent of new mothers; and postpartum psychosis
10 striking 1 in 1,000 new mothers.

11 (7) The causes of postpartum depression are
12 complex and unknown at this time; however, theories
13 include a steep and rapid drop in hormone levels
14 after childbirth; difficulty during labor or pregnancy;
15 a premature birth; a miscarriage; feeling over-
16 whelmed, uncertain, frustrated or anxious about
17 one’s new role as a mother; a lack of support from
18 one’s spouse, friends or family; marital strife; stress-
19 ful events in life such as death of a loved one, finan-
20 cial problems, or physical or mental abuse; a family
21 history of depression or mood disorders; a previous
22 history of major depression or anxiety; or a prior
23 postpartum depression.

24 (8) Postpartum depression is a treatable dis-
25 order if promptly diagnosed by a trained provider

1 and attended to with a personalized regimen of care
2 including social support, therapy, medication, and
3 when necessary hospitalization.

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

14 (10) Untreated, postpartum depression can lead
15 to further depression, substance abuse, loss of em-
16 ployment, divorce and further social alienation, self-
17 destructive behavior, or even suicide.

18 (11) Untreated, postpartum depression impacts
19 society through its affect on the infant's physical
20 and psychological development, child abuse, neglect
21 or death of the infant or other siblings, and the dis-
22 ruption of the family.

1 **TITLE I—RESEARCH ON**
2 **POSTPARTUM DEPRESSION**
3 **AND PSYCHOSIS**

4 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**
5 **TIES OF NATIONAL INSTITUTE OF MENTAL**
6 **HEALTH.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services, acting through the Director of NIH and
9 the Director of the National Institute of Mental Health
10 (in this section referred to as the “Institute”), shall ex-
11 pand and intensify research and related activities of the
12 Institute with respect to postpartum depression and
13 postpartum psychosis (in this section referred to as
14 “postpartum conditions”).

15 (b) COORDINATION WITH OTHER INSTITUTES.—The
16 Director of the Institute shall coordinate the activities of
17 the Director under subsection (a) with similar activities
18 conducted by the other national research institutes and
19 agencies of the National Institutes of Health to the extent
20 that such Institutes and agencies have responsibilities that
21 are related to postpartum conditions.

22 (c) PROGRAMS FOR POSTPARTUM CONDITIONS.—In
23 carrying out subsection (a), the Director of the Institute
24 shall conduct or support research to expand the under-
25 standing of the causes of, and to find a cure for,

1 postpartum conditions. Activities under such subsection
2 shall include 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 diagnostic
10 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 (d) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out this section, there are authorized
18 to be appropriated such sums as may be necessary for
19 each of the fiscal years 2004 through 2006.

1 **TITLE II—DELIVERY OF SERV-**
2 **ICES REGARDING**
3 **POSTPARTUM DEPRESSION**
4 **AND PSYCHOSIS**

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

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (in this title referred to as the “Sec-
8 retary”) shall in accordance with this title make grants
9 to provide for projects for the establishment, operation,
10 and coordination of effective and cost-efficient systems for
11 the delivery of essential services to individuals with
12 postpartum depression or postpartum psychosis (referred
13 to in this section as a “postpartum condition) and their
14 families.

15 (b) RECIPIENTS OF GRANTS.—A grant under sub-
16 section (a) may be made to an entity only if the entity
17 is a public or nonprofit private entity, which may include
18 a State or local government; a public or nonprofit private
19 hospital, community-based organization, hospice, ambula-
20 tory care facility, community health center, migrant health
21 center, or homeless health center; or other appropriate
22 public or nonprofit private entity.

23 (c) CERTAIN ACTIVITIES.—To the extent practicable
24 and appropriate, the Secretary shall ensure that projects
25 under subsection (a) provide services for the diagnosis and

1 management of postpartum conditions. Activities that the
2 Secretary may authorize for such projects may also in-
3 clude the following:

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

10 (2) Delivering or enhancing inpatient care man-
11 agement services that ensure the well being of the
12 mother and family and the future development of
13 the infant.

14 (3) Improving the quality, availability, and or-
15 ganization of health care and support services (in-
16 cluding transportation services, attendant care,
17 homemaker services, day or respite care, and pro-
18 viding counseling on financial assistance and insur-
19 ance) for individuals with postpartum conditions and
20 support services for their families.

21 (d) INTEGRATION WITH OTHER PROGRAMS.—To the
22 extent practicable and appropriate, the Secretary shall in-
23 tegrate the program under this title with other grant pro-
24 grams carried out by the Secretary, including the program
25 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
3 applicant involved makes the following agreements:

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

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

10 (3) The applicant will abide by any limitations
11 deemed appropriate by the Secretary on any charges
12 to individuals receiving services pursuant to the
13 grant. As deemed appropriate by the Secretary, such
14 limitations on charges may vary based on the finan-
15 cial circumstances of the individual receiving serv-
16 ices.

17 (4) The grant will not be expended to make
18 payment for services authorized under section
19 201(a) to the extent that payment has been made,
20 or can reasonably be expected to be made, with re-
21 spect to such services—

22 (A) under any State compensation pro-
23 gram, under an insurance policy, or under any
24 Federal or State health benefits program; or

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

1 (5) The applicant will, at each site at which the
2 applicant provides services under section 201(a),
3 post a conspicuous notice informing individuals who
4 receive the services of any Federal policies that
5 apply to the applicant with respect to the imposition
6 of charges on such individuals.

7 **SEC. 203. TECHNICAL ASSISTANCE.**

8 The Secretary may provide technical assistance to as-
9 sist entities in complying with the requirements of this
10 title in order to make such entities eligible to receive
11 grants under section 201.

12 **SEC. 204. AUTHORIZATION OF APPROPRIATIONS.**

13 For the purpose of carrying out this title, there are
14 authorized to be appropriated such sums as may be nec-
15 essary for each of the fiscal years 2004 through 2006.

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