

111TH CONGRESS  
1ST SESSION

# S. 324

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

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## IN THE SENATE OF THE UNITED STATES

JANUARY 26, 2009

Mr. MENENDEZ (for himself, Mr. DURBIN, Ms. SNOWE, Mr. LAUTENBERG, Mr. WHITEHOUSE, and Mr. BROWN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## 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 Mom’s Opportunity to Access Health, Education, Re-  
6 search, and Support for Postpartum Depression Act” or  
7 the “Melanie Blocker Stokes MOTHERS Act”.

8        **SEC. 2. DEFINITIONS.**

9        For purposes of this Act—

1           (1) the term “postpartum condition” means  
2 postpartum depression or postpartum psychosis; and

3           (2) the term “Secretary” means the Secretary  
4 of Health and Human Services.

5           **TITLE I—RESEARCH ON**  
6           **POSTPARTUM CONDITIONS**

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

9           (a) CONTINUATION OF ACTIVITIES.—The Secretary  
10 is encouraged to continue activities on postpartum condi-  
11 tions.

12          (b) PROGRAMS FOR POSTPARTUM CONDITIONS.—In  
13 carrying out subsection (a), the Secretary is encouraged  
14 to continue research to expand the understanding of the  
15 causes of, and treatments for, postpartum conditions. Ac-  
16 tivities under such subsection shall include conducting and  
17 supporting the following:

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

20           (2) Epidemiological studies to address the fre-  
21 quency and natural history of the conditions and the  
22 differences among racial and ethnic groups with re-  
23 spect to the conditions.

24           (3) The development of improved screening and  
25 diagnostic techniques.

1           (4) Clinical research for the development and  
2           evaluation of new treatments.

3           (5) Information and education programs for  
4           health care professionals and the public, which may  
5           include a coordinated national campaign to increase  
6           the awareness and knowledge of postpartum condi-  
7           tions. Activities under such a national campaign  
8           may—

9                   (A) include public service announcements  
10                   through television, radio, and other means; and

11                   (B) focus on—

12                           (i) raising awareness about screening;

13                           (ii) educating new mothers and their  
14                           families about postpartum conditions to  
15                           promote earlier diagnosis and treatment;  
16                           and

17                           (iii) ensuring that such education in-  
18                           cludes complete information concerning  
19                           postpartum conditions, including its symp-  
20                           toms, methods of coping with the illness,  
21                           and treatment resources.

1 **SEC. 102. SENSE OF CONGRESS REGARDING LONGITU-**  
2 **DINAL STUDY OF RELATIVE MENTAL HEALTH**  
3 **CONSEQUENCES FOR WOMEN OF RESOLVING**  
4 **A PREGNANCY.**

5 (a) SENSE OF CONGRESS.—It is the sense of Con-  
6 gress that the Director of the National Institute of Mental  
7 Health may conduct a nationally representative longitu-  
8 dinal study (during the period of fiscal years 2009 through  
9 2018) of the relative mental health consequences for  
10 women of resolving a pregnancy (intended and unin-  
11 tended) in various ways, including carrying the pregnancy  
12 to term and parenting the child, carrying the pregnancy  
13 to term and placing the child for adoption, miscarriage,  
14 and having an abortion. This study may assess the inci-  
15 dence, timing, magnitude, and duration of the immediate  
16 and long-term mental health consequences (positive or  
17 negative) of these pregnancy outcomes.

18 (b) REPORT.—Subject to the completion of the study  
19 under subsection (a), beginning not later than 5 years  
20 after the date of the enactment of this Act, and periodi-  
21 cally thereafter for the duration of the study, such Direc-  
22 tor may prepare and submit to the Congress reports on  
23 the findings of the study.

1 **TITLE II—DELIVERY OF SERV-**  
 2 **ICES** **REGARDING**  
 3 **POSTPARTUM CONDITIONS**

4 **SEC. 201. ESTABLISHMENT OF GRANT PROGRAM.**

5 Subpart I of part D of title III of the Public Health  
 6 Service Act (42 U.S.C. 254b et seq.) is amended by insert-  
 7 ing after section 330G the following:

8 **“SEC. 330G–1. SERVICES TO INDIVIDUALS WITH A**  
 9 **POSTPARTUM CONDITION AND THEIR FAMI-**  
 10 **LIES.**

11 “(a) IN GENERAL.—The Secretary may make grants  
 12 to eligible entities for projects for the establishment, oper-  
 13 ation, and coordination of effective and cost-efficient sys-  
 14 tems for the delivery of essential services to individuals  
 15 with a postpartum condition and their families.

16 “(b) CERTAIN ACTIVITIES.—To the extent prac-  
 17 ticable and appropriate, the Secretary shall ensure that  
 18 projects funded under subsection (a) provide education  
 19 and services with respect to the diagnosis and manage-  
 20 ment of postpartum conditions. The Secretary may allow  
 21 such projects to include the following:

22 “(1) Delivering or enhancing outpatient and  
 23 home-based health and support services, including  
 24 case management and comprehensive treatment  
 25 services for individuals with or at risk for

1 postpartum conditions, and delivering or enhancing  
2 support services for their families.

3 “(2) Delivering or enhancing inpatient care  
4 management services that ensure the well-being of  
5 the mother and family and the future development  
6 of the infant.

7 “(3) Improving the quality, availability, and or-  
8 ganization of health care and support services (in-  
9 cluding transportation services, attendant care,  
10 homemaker services, day or respite care, and pro-  
11 viding counseling on financial assistance and insur-  
12 ance) for individuals with a postpartum condition  
13 and support services for their families.

14 “(4) Providing education to new mothers and,  
15 as appropriate, their families about postpartum con-  
16 ditions to promote earlier diagnosis and treatment.  
17 Such education may include—

18 “(A) providing complete information on  
19 postpartum conditions, symptoms, methods of  
20 coping with the illness, and treatment re-  
21 sources; and

22 “(B) in the case of a grantee that is a  
23 State, hospital, or birthing facility—

24 “(i) providing education to new moth-  
25 ers and fathers, and other family members

1 as appropriate, concerning postpartum  
2 conditions before new mothers leave the  
3 health facility; and

4 “(ii) ensuring that training programs  
5 regarding such education are carried out  
6 at the health facility.

7 “(c) INTEGRATION WITH OTHER PROGRAMS.—To  
8 the extent practicable and appropriate, the Secretary may  
9 integrate the grant program under this section with other  
10 grant programs carried out by the Secretary, including the  
11 program under section 330.

12 “(d) CERTAIN REQUIREMENTS.—A grant may be  
13 made under this section only if the applicant involved  
14 makes the following agreements:

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

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

21 “(3) The applicant will abide by any limitations  
22 deemed appropriate by the Secretary on any charges  
23 to individuals receiving services pursuant to the  
24 grant. As deemed appropriate by the Secretary, such  
25 limitations on charges may vary based on the finan-

1       cial circumstances of the individual receiving serv-  
2       ices.

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

8           “(A) under any State compensation pro-  
9       gram, under an insurance policy, or under any  
10       Federal or State health benefits program; or

11          “(B) by an entity that provides health  
12       services on a prepaid basis.

13          “(5) The applicant will, at each site at which  
14       the applicant provides services funded under sub-  
15       section (a), post a conspicuous notice informing indi-  
16       viduals who receive the services of any Federal poli-  
17       cies that apply to the applicant with respect to the  
18       imposition of charges on such individuals.

19          “(6) For each grant period, the applicant will  
20       submit to the Secretary a report that describes how  
21       grant funds were used during such period.

22          “(e) TECHNICAL ASSISTANCE.—The Secretary may  
23       provide technical assistance to entities seeking a grant  
24       under this section in order to assist such entities in com-  
25       plying with the requirements of this section.

1 “(f) DEFINITIONS.—In this section:

2 “(1) The term ‘eligible entity’—

3 “(A) means a public or nonprofit private  
4 entity; and

5 “(B) includes a State or local government,  
6 public-private partnership, recipient of a grant  
7 under section 330H (relating to the Healthy  
8 Start Initiative), public or nonprofit private  
9 hospital, community-based organization, hos-  
10 pice, ambulatory care facility, community health  
11 center, migrant health center, public housing  
12 primary care center, or homeless health center.

13 “(2) The term ‘postpartum condition’ means  
14 postpartum depression or postpartum psychosis.”.

15 **TITLE III—GENERAL**  
16 **PROVISIONS**

17 **SEC. 301. AUTHORIZATION OF APPROPRIATIONS.**

18 To carry out this Act and the amendment made by  
19 section 201, there are authorized to be appropriated, in  
20 addition to such other sums as may be available for such  
21 purpose—

22 (1) \$3,000,000 for fiscal year 2009; and

23 (2) such sums as may be necessary for fiscal  
24 years 2010 and 2011.

1 **SEC. 302. REPORT BY THE SECRETARY.**

2 (a) STUDY.—The Secretary shall conduct a study on  
3 the benefits of screening for postpartum conditions.

4 (b) REPORT.—Not later than 2 years after the date  
5 of the enactment of this Act, the Secretary shall complete  
6 the study required by subsection (a) and submit a report  
7 to the Congress on the results of such study.

8 **SEC. 303. LIMITATION.**

9 Notwithstanding any other provision of this Act or  
10 the amendment made by section 201, the Secretary may  
11 not utilize amounts made available under this Act or such  
12 amendment to carry out activities or programs that are  
13 duplicative of activities or programs that are already being  
14 carried out through the Department of Health and  
15 Human Services.

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