

117TH CONGRESS
1ST SESSION

S. 2779

To amend the Public Health Service Act to provide for the establishment of a Task Force on Maternal Mental Health, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 21, 2021

Ms. HASSAN (for herself and Mr. TILLIS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide for the establishment of a Task Force on Maternal Mental Health, and for other purposes.

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 “Taskforce Recom-
5 mending Improvements for Unaddressed Mental Perinatal
6 & Postpartum Health for New Moms Act of 2021” or the
7 “TRIUMPH for New Moms Act of 2021”.

1 **SEC. 2. TASK FORCE ON MATERNAL MENTAL HEALTH.**

2 Part B of title III of the Public Health Service Act
3 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
4 tion 317L-1 (42 U.S.C. 247b-13a) the following:

5 **“SEC. 317L-2. TASK FORCE ON MATERNAL MENTAL**
6 **HEALTH.**

7 “(a) ESTABLISHMENT.—Not later than 90 days after
8 the date of enactment of the Taskforce Recommending
9 Improvements for Unaddressed Mental Perinatal &
10 Postpartum Health for New Moms Act of 2021, the Sec-
11 retary shall establish a task force, to be known as the Task
12 Force on Maternal Mental Health (in this section referred
13 to as the ‘Task Force’), to identify, evaluate, and make
14 recommendations to coordinate and improve Federal re-
15 sponses to maternal mental health conditions.

16 “(b) MEMBERSHIP.—

17 “(1) COMPOSITION.—The Task Force shall be
18 composed of—

19 “(A) the Assistant Secretary for Health of
20 the Department of Health and Human Services
21 (or the Assistant Secretary’s designee) who
22 shall serve as the Chair of the Task Force;

23 “(B) the Federal members under para-
24 graph (2); and

25 “(C) the non-Federal members under para-
26 graph (3).

1 “(2) FEDERAL MEMBERS.—In addition to the
2 Assistant Secretary for Health, the Federal mem-
3 bers of the Task Force shall consist of the heads of
4 the following Federal departments and agencies (or
5 their designees):

6 “(A) The Administration for Children and
7 Families.

8 “(B) The Agency for Healthcare Research
9 and Quality.

10 “(C) The Centers for Disease Control and
11 Prevention.

12 “(D) The Centers for Medicare & Medicaid
13 Services.

14 “(E) The Health Resources and Services
15 Administration.

16 “(F) The Food and Drug Administration.

17 “(G) The Indian Health Service.

18 “(H) The Office of the Assistant Secretary
19 for Planning and Evaluation of the Department
20 of Health and Human Services.

21 “(I) The Office of Minority Health of the
22 Department of Health and Human Services.

23 “(J) The Office of the Surgeon General of
24 the Department of Health and Human Services.

1 “(K) The Office of Women’s Health of the
2 Department of Health and Human Services.

3 “(L) The National Institutes of Health.

4 “(M) The Substance Abuse and Mental
5 Health Services Administration.

6 “(N) Such other Federal departments and
7 agencies that serve individuals with maternal
8 mental health conditions as the Secretary deter-
9 mines appropriate, such as the Department of
10 Veterans Affairs, the Department of Justice,
11 the Department of Labor, the Department of
12 Housing and Urban Development, and the De-
13 partment of Defense.

14 “(3) NON-FEDERAL MEMBERS.—The non-Fed-
15 eral members of the Task Force shall—

16 “(A) compose not more than one-half, and
17 not less than one-third, of the total membership
18 of the Task Force;

19 “(B) be appointed by the Secretary; and

20 “(C) include—

21 “(i) representatives of medical soci-
22 eties with expertise in maternal mental
23 health or maternal health and mental
24 health;

1 “(ii) representatives of nonprofit orga-
2 nizations with expertise in maternal mental
3 health or maternal health and mental
4 health;

5 “(iii) at least one individual who has
6 received a diagnosis of a maternal mental
7 health condition; and

8 “(iv) other representatives, as appro-
9 priate.

10 “(4) DEADLINE FOR DESIGNATING DES-
11 IGNEES.—If the Assistant Secretary for Health, or
12 the head of a Federal department or agency serving
13 as a member of the Task Force under paragraph
14 (2), chooses to be represented on the Task Force by
15 a designee, the Assistant Secretary or head shall
16 designate such designee not later than 90 days after
17 the date of the enactment of the Taskforce Recom-
18 mending Improvements for Unaddressed Mental
19 Perinatal & Postpartum Health for New Moms Act
20 of 2021.

21 “(c) DUTIES.—The Task Force shall—

22 “(1) create and regularly update a report that
23 identifies, analyzes, and evaluates the state of na-
24 tional maternal mental health policy and programs

1 at the Federal, State, and local levels, and identifies
2 best practices including—

3 “(A) a set of evidence-based, evidence-in-
4 formed, and promising practices with respect
5 to—

6 “(i) prevention strategies for maternal
7 mental health conditions, including strate-
8 gies and recommendations to address so-
9 cial determinants of health;

10 “(ii) the identification, screening, di-
11 agnosis, and treatment of, and intervention
12 with respect to, maternal mental health
13 conditions, including with respect to af-
14 fected families;

15 “(iii) the expeditious referral to, and
16 implementation of, practices and supports
17 that prevent and mitigate the effects of a
18 maternal mental health condition, includ-
19 ing strategies and recommendations to
20 eliminate the racial and ethnic disparities
21 that exist in maternal mental health; and

22 “(iv) community-based or multigener-
23 ational practices that provide support re-
24 lating to maternal mental health condi-

1 tions, including support for affected fami-
2 lies; and

3 “(B) Federal and State programs and ac-
4 tivities to prevent, screen, diagnose, intervene,
5 and treat maternal mental health conditions;

6 “(2) develop and regularly update a national
7 strategy for maternal mental health, taking into con-
8 sideration the findings of the reports under para-
9 graph (1), on how the Task Force and Federal de-
10 partments and agencies represented on the Task
11 Force will prioritize options for, and implement a co-
12 ordinated approach to, addressing maternal mental
13 health conditions, including by—

14 “(A) increasing prevention, screening, di-
15 agnosis, intervention, treatment, and access to
16 care, including clinical and nonclinical care such
17 as peer-support and community health workers,
18 through the public and private sectors;

19 “(B) providing support relating to the pre-
20 vention or treatment of mental health condi-
21 tions, including, as appropriate, support for
22 families;

23 “(C) reducing racial, ethnic, geographic,
24 and other health disparities for prevention, di-

1 agnosis, intervention, treatment, and access to
2 maternal mental health care;

3 “(D) identifying opportunities for local-
4 and State-level partnerships;

5 “(E) identifying options for modifying,
6 strengthening, and coordinating Federal pro-
7 grams and activities, including existing infant
8 and maternity programs, such as the Medicaid
9 program under title XIX of the Social Security
10 Act and the State Children’s Health Insurance
11 Program under title XXI of such Act, in order
12 to increase research, prevention, identification,
13 intervention, and treatment with respect to ma-
14 ternal mental health;

15 “(F) providing recommendations to ensure
16 research, services, supports, and prevention ac-
17 tivities are not unnecessarily duplicative; and

18 “(G) planning, data sharing, and commu-
19 nication within and across Federal depart-
20 ments, agencies, offices, and programs; and

21 “(3) solicit public comments from stakeholders
22 for the report under paragraph (1) and the national
23 strategy under paragraph (2), including comments
24 from frontline service providers, mental health pro-
25 fessionals, researchers, experts in maternal mental

1 health, institutions of higher education, public health
2 agencies (including maternal and child health pro-
3 grams), and industry representatives, in order to in-
4 form the activities and reports of the Task Force.

5 “(d) MEETINGS.—The Task Force shall—

6 “(1) meet not less than 2 times each year; and

7 “(2) convene public meetings, as appropriate, to
8 fulfill its duties under this section.

9 “(e) REPORTS TO PUBLIC AND FEDERAL LEAD-
10 ERS.—

11 “(1) IN GENERAL.—The Task Force shall make
12 publicly available and submit to the heads of rel-
13 evant Federal departments and agencies, the Com-
14 mittee on Energy and Commerce of the House of
15 Representatives, the Committee on Health, Edu-
16 cation, Labor, and Pensions of the Senate, and other
17 relevant congressional committees, the following:

18 “(A) Not later than 1 year after the first
19 meeting of the Task Force, an initial report
20 under subsection (c)(1).

21 “(B) Not later than 2 years after the first
22 meeting of the Task Force, an initial national
23 strategy under subsection (c)(2).

24 “(C) Each year thereafter—

1 “(i) an updated report under sub-
2 section (c)(1);

3 “(ii) an updated national strategy
4 under subsection (c)(2); or

5 “(iii) if no such update is made, a re-
6 port summarizing the activities of the Task
7 Force.

8 “(2) REQUIREMENT.—The Task Force shall en-
9 sure that reports under this section include data on
10 demographic characteristics, in a de-identified and
11 disaggregated manner, including with respect to
12 race, ethnicity, age, sex, geographic region, marital
13 status, socioeconomic status, and other relevant fac-
14 tors.

15 “(f) REPORTS TO GOVERNORS.—Upon finalizing the
16 initial national strategy under subsection (c)(2), and upon
17 making relevant updates to such strategy, the Task Force
18 shall submit a report to the Governors of all States de-
19 scribing opportunities for local- and State-level partner-
20 ships identified under subsection (c)(2)(D).

21 “(g) DEFINITION.—In this section, the term ‘mater-
22 nal mental health condition’ means a mental health dis-
23 order that onsets during the pregnancy or within one year
24 of the postpartum or perinatal period, including all preg-
25 nancy outcomes.

1 “(h) SUNSET.—The Task Force shall terminate on
2 the date that is 6 years after the date on which the Task
3 Force is established under subsection (a).”.

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