

declares the House in recess until 4 p.m. today.

Accordingly (at 3 o'clock and 47 minutes p.m.), the House stood in recess until 4 p.m. today.

□ 1600

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. BERKLEY) at 4 p.m.

MELANIE BLOCKER-STOKES POSTPARTUM DEPRESSION RESEARCH AND CARE ACT

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 20) to provide for research on, and services for individuals with, postpartum depression and psychosis, as amended.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 20

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 12 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 to 20 percent of new mothers; and postpartum psychosis striking 1 in 1,000 new mothers.

(7) 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.

(8) 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.

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

(10) Untreated, postpartum depression impacts society through its effect 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.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health and the Director of the National Institute of Mental Health (in this title referred to as the "Institute"), is encouraged to continue aggressive work on postpartum depression and postpartum psychosis.

(b) COORDINATION WITH OTHER INSTITUTES.—The Director of the Institute should continue to coordinate 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 is encouraged to continue 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 screening and 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.

SEC. 102. NATIONAL PUBLIC AWARENESS CAMPAIGN.

(a) IN GENERAL.—The Director of the National Institutes of Health and the Administrator of the Health Resources and Services Administration are encouraged to carry out a coordinated national campaign to increase the awareness and knowledge of postpartum depression and postpartum psychosis.

(b) PUBLIC SERVICE ANNOUNCEMENTS.—Activities under the national campaign under subsection (a) may include public service announcements through television, radio, and other means.

SEC. 103. BIENNIAL REPORTING.

Section 403(a)(5) of the Public Health Service Act (42 U.S.C. 283(a)(5)) is amended—

(1) by redesignating subparagraph (L) as subparagraph (M); and

(2) by inserting after subparagraph (K) the following:

"(L) Depression."

SEC. 104. LONGITUDINAL STUDY OF RELATIVE MENTAL HEALTH CONSEQUENCES FOR WOMEN OF RESOLVING A PREGNANCY.

(a) SENSE OF CONGRESS.—It is the sense of Congress that the Director of the Institute may conduct a nationally representative longitudinal study (during the period of fiscal years 2008 through 2018) of the relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, in-

cluding carrying the pregnancy to term and parenting the child, carrying the pregnancy to term and placing the child for adoption, miscarriage, and having an abortion. This study may assess the incidence, timing, magnitude, and duration of the immediate and long-term mental health consequences (positive or negative) of these pregnancy outcomes.

(b) REPORT.—Beginning not later than 3 years after the date of the enactment of this Act, and periodically thereafter for the duration of the study under subsection (a), the Director of the Institute should prepare and submit to the Congress reports on the findings of the study.

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") should 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 any 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 should 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.

SEC. 202. CERTAIN REQUIREMENTS.

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

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

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

(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.

(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—

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

(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.

TITLE III—GENERAL PROVISIONS

SEC. 301. AUTHORIZATION OF APPROPRIATIONS.

To carry out this Act and the amendments made by this Act, there are authorized to be appropriated—

- (1) \$3,000,000 for fiscal year 2008; and
- (2) such sums as may be necessary for fiscal years 2009 and 2010.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Wisconsin (Ms. BALDWIN) and the gentleman from New York (Mr. FOSSELLA) each will control 20 minutes.

The Chair recognizes the gentlewoman from Wisconsin.

GENERAL LEAVE

Ms. BALDWIN. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Wisconsin?

There was no objection.

Ms. BALDWIN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in strong support of H.R. 20, the Melanie Blocker-Stokes Postpartum Depression Research and Care Act of 2007.

The birth of a child can be a joyous and exciting time, but following childbirth, some women may experience postpartum disorders that can adversely affect a woman's mental health. According to the American College of Obstetricians and Gynecologists, about 10 percent of new moms experience postpartum depression, a form of depression that can develop within the first 6 months after giving birth.

For women with postpartum depression, feelings such as sadness, anxiety, and restlessness can be so strong that they interfere with daily tasks. Rarely, a more extreme form of depression known as postpartum psychosis can develop. Postpartum depression and psychosis can have an adverse effect on a woman's mental health and impair their ability to bond with their newborn child.

The legislation before us today will go a long way towards helping to increase awareness of postpartum depres-

sion and psychosis. H.R. 20 encourages the Secretary of Health and Human Services and the Director of the National Institutes of Health to expand and intensify research on postpartum depression and to conduct and support research in an effort to find a cure for postpartum depression and psychosis.

Furthermore, this legislation encourages the NIH to carry out a national campaign to increase awareness of postpartum depression, and it directs Health and Human Services to make grants to help with coordinating the effective delivery of essential services to individuals with postpartum depression, as well as their families.

I would like to extend a special thank you to our Commerce, Trade and Consumer Protection Subcommittee chairman, Mr. RUSH, who has championed this bill's cause. His commitment to ensuring that women who suffer from postpartum depression better understand their condition and have access to the resources that they need has been unwavering. I commend him for his hard work, and I urge all of my colleagues to join me in supporting this life-saving legislation.

Madam Speaker, I reserve the balance of my time.

Mr. FOSSELLA. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 20, the Melanie Blocker-Stokes Postpartum Depression Research and Care Act, and join my colleagues in commending Mr. RUSH for bringing the bill to the floor.

As has been mentioned, the bill highlights the need to increase awareness of postpartum depression and expand the knowledge of its terrible side effects.

It's important to note that as many as 80 percent of women experience some mood disturbances after pregnancy, and for most women the symptoms are mild and go away on their own; but 10 to 20 percent of women develop a more disabling form of mood disorder called postpartum depression.

This legislation encourages the continuation of research being done by Federal agencies as to the cause of postpartum depression and how it can be better treated. And with my colleagues, I stand in support of the legislation and hope my colleagues will join me.

Madam Speaker, I reserve the balance of my time.

Ms. BALDWIN. Madam Speaker, I am pleased to yield 7 minutes to the gentleman from Illinois, the bill's author, Mr. RUSH.

Mr. RUSH. Madam Speaker, I want to thank the gentlelady from Wisconsin for yielding me this time on this very important matter.

Madam Speaker, I rise today in strong support of H.R. 20, the Melanie Blocker-Stokes Postpartum Depression Research and Care Act.

I would like to thank Chairman DINGELL; Ranking Member BARTON; my

colleague, Congressman PITTS; and the members of the Energy and Commerce Committee who unanimously supported this legislation's passage out of committee.

Madam Speaker, after 6 long, arduous years, today marks an important step in the protracted journey for Congress to recognize postpartum depression as a national priority. I am so proud that nearly 130 bipartisan cosponsors have united with me today to say no longer will postpartum depression be dismissed as mere "baby blues."

By passing H.R. 20, Congress will finally put significant money and attention into research, screening, treatment, and education for mothers suffering from this disease.

Sadly, Madam Speaker, I was moved to author H.R. 20 after watching the news accounts of the missing Melanie Stokes, a new mother, a successful businesswoman, and my constituent. Despite her family's valiant interventions, Melanie's psychosis was so severe that she slipped away from her family and from her friends and tragically ended her life.

Afterwards, I reached out to Melanie's mother, Carol Blocker, and was told of her daughter's diagnosis and suicide that occurred as a result of postpartum psychosis. And sometime later, Madam Speaker, I talked with Dr. Nada Stotland of the American Psychiatric Association, who is another constituent of mine, and she detailed the value in additional research. And she discussed the underreporting and mixed diagnosis of postpartum depression and psychosis in our country.

There is no denying, the needs for resources to combat postpartum depression grow more and more and more each year. Here are the facts, Madam Speaker:

Research indicates that some form of postpartum depression affects approximately one in 1,000 new mothers, resulting in up to 800,000 cases annually. Of the new postpartum cases this year, less than 15 percent of mothers will receive treatment. However, with treatment, over 90 percent of these mothers could overcome their depression. And approximately every 50 seconds, a new mother will begin struggling with the affects of mental illness.

Madam Speaker, these facts are profound. And in the words of Carol Blocker, "Hundreds of thousands of women who have suffered from postpartum depression and psychosis are still waiting for this Congress to act 6 years after the legislation has been introduced."

Madam Speaker, I want to thank you for this day, because today Ms. Blocker and hundreds of thousands of mothers will not have to wait any longer for Congress to act.

My legislation, to sum it up, would encourage the Secretary of Health and Human Services to further research at the National Institutes of Health on postpartum depression.

My legislation would also finance a national public awareness campaign to bring this illness out of the dark and shed new light on how to screen and treat mothers. It would also add depression to the biennial report the National Institutes of Health must submit to the Congress.

Lastly, my bill will finance much-needed grants to public and nonprofit organizations to establish and operate programs that provide screening, treatment and various health care and support services to individuals with postpartum depression or postpartum psychosis.

Moreover, Madam Speaker, this bill is an affordable approach to research and services. The CBO estimates that H.R. 20 costs less than \$500,000 per year, and \$18 million over 5 years.

This is good policy, Madam Speaker. This is good politics. And this is a good public health bill.

I want to take a moment, Madam Speaker, just to thank the many organizations and groups, groups like Postpartum Support International, whose president right now sits in the gallery, Ms. Susan Stone; the Family Mental Health Foundation; the American Psychological Association; the American Psychiatric Association; the American College of Obstetricians and Gynecologists; and groups like the Children's Defense Fund, the Melanie Blocker-Stokes Foundation, Suicide Prevention Action Network, Planned Parenthood Federation of America Depression and Bipolar Support Alliance, the Mental Health Alliance, NARAL, so many organizations, including the National Alliance for Mental Illness, the Community Behavioral Healthcare Association, and the March of Dimes. I want to thank these individuals and various activists for their testimony at hearings, for their support, and for their participation.

Madam Speaker, lastly, I want to thank the Members of this Congress, those who, when I asked to become cosponsors, they indicated that they were familiar because they had personal involvement, this dreaded disease has touched them personally; and I want to thank them for their support.

Madam Speaker, I urge that this body pass this much-needed legislation, that this body, indeed, give women the help that they need in fighting this very, very difficult disease.

Mr. FOSSELLA. Madam Speaker, I yield back the balance of my time.

Ms. BALDWIN. Madam Speaker, in closing, I wish to urge my colleagues to support this important bill. As we have heard, postpartum depression is a very serious women's health issue. This bill will raise awareness about postpartum depression and will further research in an effort to find a cure.

□ 1615

Again I want to commend my colleague (Mr. RUSH) for his incredibly hard work on this bill, and I urge my colleagues to support its passage.

Ms. RICHARDSON. Madam Speaker, I rise today to support H.R. 20, the Melanie Blocker-Stokes Postpartum Depression Research and Care Act.

Postpartum depression is a serious mental health problem that can have significant consequences for both the new mother and family. Statistics show up to 800,000 women annually develop this diagnosable prenatal mood disorder; shockingly, less than 15 percent of mothers will receive treatment for the disease.

In California, the results from a 2004 California Women's Health 2007 study indicated that younger females were most at risk for postpartum depression. Females 19 and younger had rates of risk of more than 20 percent: woman 35 and older had the lowest rate, 6.4 percent. In California, woman who are young and/or without health insurance would benefit most from the screening, counseling, diagnosis, and treatment for postpartum depression that this legislation authorizes.

H.R. 20, the Melanie Blocker-Stokes Postpartum Depression Research and Care Act, would ensure that woman at risk for or with postpartum depression are provided adequate and timely prevention and mental health services.

If we are to have any hope of preventing deaths among new mothers and children from this disease, we must identify ways by which we can effectively treat and prevent postpartum psychosis.

I extend my gratitude and thanks to Representative RUSH for bringing this important piece of legislation to the House. His commitment to this issue is commendable.

Ms. BALDWIN. Madam Speaker, I yield back the remainder of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Wisconsin (Ms. BALDWIN) that the House suspend the rules and pass the bill, H.R. 20, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Ms. BALDWIN. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ALS REGISTRY ACT

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2295) to amend the Public Health Service Act to provide for the establishment of an Amyotrophic Lateral Sclerosis Registry, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2295

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 "ALS Registry Act".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Amyotrophic lateral sclerosis (referred to in this section as "ALS") is a fatal, progressive

neurodegenerative disease that affects motor nerve cells in the brain and the spinal cord.

(2) The average life expectancy for a person with ALS is 2 to 5 years from the time of diagnosis.

(3) The cause of ALS is not well understood.

(4) There is only one drug currently approved by the Food and Drug Administration for the treatment of ALS, which has thus far shown only modest effects, prolonging life by just a few months.

(5) There is no known cure for ALS.

(6) More than 5,000 individuals in the United States are diagnosed with ALS annually and as many as 30,000 individuals may be living with ALS in the United States today.

(7) Studies have found relationships between ALS and environmental and genetic factors, but those relationships are not well understood.

(8) Scientists believe that there are significant ties between ALS and other motor neuron diseases.

(9) Several ALS disease registries and databases exist in the United States and throughout the world, including the SODI database, the National Institute of Neurological Disorders and Stroke repository, and the Department of Veterans Affairs ALS Registry.

(10) A single national system to collect and store information on the prevalence and incidence of ALS in the United States does not exist.

(11) In each of fiscal years 2006 and 2007, Congress directed \$887,000 to the Centers for Disease Control and Prevention to begin a nationwide ALS registry.

(12) The Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry have established three pilot projects, beginning in fiscal year 2006, to evaluate the science to guide the creation of a national ALS registry.

(13) The establishment of a national registry will help—

(A) to identify the incidence and prevalence of ALS in the United States;

(B) to collect data important to the study of ALS;

(C) to promote a better understanding of ALS;

(D) to collect information that is important for research into the genetic and environmental factors that cause ALS;

(E) to strengthen the ability of a clearinghouse—

(i) to collect and disseminate research findings on environmental, genetic, and other causes of ALS and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, and in some cases progress to ALS;

(ii) to make available information to patients about research studies for which they may be eligible; and

(iii) to maintain information about clinical specialists and clinical trials on therapies; and

(F) to enhance efforts to find treatments and a cure for ALS.

SEC. 3. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

"SEC. 399R. AMYOTROPHIC LATERAL SCLEROSIS REGISTRY.

"(a) ESTABLISHMENT.—

"(1) IN GENERAL.—Not later than 1 year after the receipt of the report described in subsection (b)(3), the Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with a national voluntary health organization with experience serving the population of individuals with amyotrophic lateral sclerosis (referred to in this section as 'ALS'), shall—

"(A) develop a system to collect data on ALS and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, and in some cases progress to ALS, including information with respect to the incidence and prevalence of the disease in the United States; and