

The Melanie Blocker Stokes MOTHERS **Act** **(S. 324/H.R.20)**

as of March 2, 2009

The Melanie Blocker Stokes MOTHERS Act, sponsored by Senators Menendez and Representative Rush, will help provide support services to women suffering from postpartum depression and psychosis and will also help educate mothers and their families about these conditions. In addition, it will support research into the causes, diagnoses and treatments for postpartum depression and psychosis.

“Melanie Blocker Stokes Mom’s Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act” or the “Melanie Blocker Stokes MOTHERS Act”

TITLE I- Research

· Encourages Health and Human Services (HHS) to coordinate and continue research to expand the understanding of the causes of, and find treatments for, postpartum conditions. Also, encourages a National Public Awareness Campaign, to be administered by HHS, to increase awareness and knowledge of postpartum depression and psychosis.

· Includes a Sense of Congress that the Director of the National Institutes of Health may conduct a nationally representative longitudinal study of the relative mental health consequences for women of resolving a pregnancy (intended or unintended) in various ways, including 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 and negative) of these pregnancy outcomes.

TITLE II- Delivery of Services

· Encourages HHS to make grants available for projects for the establishment, operation, and coordination of systems for the delivery of essential services to individuals with postpartum depression.

o **(Entities):** Makes grants available to public or nonprofit private entity, which may include a State or local government, a public-private partnership, a recipient of a

grant under the Healthy Start program, a public or nonprofit private hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, public housing primary care center, or homeless health center, or any other appropriate public or nonprofit private entity.

o **(Activities):** Eligible activities include delivering or enhancing outpatient, inpatient and home-based health and support services, including case management and comprehensive treatment services for individuals with or at risk for postpartum conditions. Activities may also include providing education about postpartum conditions to new mothers and their families, including symptoms, methods of coping with the illness, and treatment resources, in order to promote earlier diagnosis and treatment.

TITLE III- General Provisions

· **(Funding):** Authorizes \$3,000,000 for fiscal year 2009; and such sums as may be necessary for fiscal years 2010 and 2011.

· **(HHS Report):** Requires the Secretary of HHS to conduct a study on the benefits of screening for postpartum depression and postpartum psychosis.

· **(Limitation):** The Secretary may not utilize amounts made available under this Act to carry out activities or programs that are duplicative of activities or programs that are currently being carried out through the Dept of HHS.

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Supporters

American College of Nurse Midwives
American College of Obstetricians and Gynecologists
American Psychological Association
American Psychiatric Association
Association of Maternal and Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses
Childbirth Connection
Children's Defense Fund
Depression and Bipolar Support Alliance
Family Mental Health Foundation
Guttmacher
The Jennifer Mudd Houghtaling Foundation
Jenny's Light
Kristin Brooks Hope Center
March of Dimes

Melanie Blocker Stokes Foundation
Mental Health America
NARAL, Pro-Choice America
National Alliance on Mental Illness
National Association of Certified Professional Midwives
National Association of Social Workers
National Council for Community Behavioral Healthcare
National Organization for Women
National Partnership for Women & Families
National Women's Law Center
OWL- The Voice of Midlife and Older Women
Planned Parenthood Federation of America
Postpartum Support International
Suicide Prevention Action Network USA

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Understanding Postpartum Depression

Postpartum depression is a devastating mood disorder which strikes many women during and after pregnancy. It is a serious and disabling condition that affects anywhere from 10 to 20 percent of new mothers. In the United States, there may be as many as 800,000 new cases of postpartum conditions each year. These mothers often experience signs of depression and may lose interest in friends and family, feel overwhelming sadness or even have thoughts of harming the baby or themselves. The cause of postpartum depression is not known, but changes in hormone levels, a difficult pregnancy or birth, a family history of depression and other biopsychosocial stressors are considered possible factors.

Bill Language

111TH CONGRESS

1ST SESSION **S. 324**

To provide for research on, and services for individuals with, postpartum

depression and psychosis.

IN THE SENATE OF THE UNITED STATES

Mr. MENENDEZ introduced the following bill; which was read twice and referred to the Committee January 09

A BILL

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

*Be it enacted by the Senate and House of Representa- 1
tives of the United States of America in Congress assembled, 2*

SECTION 1. SHORT TITLE. 3

This Act may be cited as the “Melanie Blocker Stokes 4
Mom’s Opportunity to Access Health, Education, Re- 5
search, and Support for Postpartum Depression Act” or 6
the “Melanie Blocker Stokes MOTHERS Act”. 7

SEC. 2. DEFINITIONS. 8

For purposes of this Act— 9

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(1) the term “postpartum condition” means 1
postpartum depression or postpartum psychosis; and 2
(2) the term “Secretary” means the Secretary 3
of Health and Human Services. 4

TITLE I—RESEARCH ON 5

POSTPARTUM CONDITIONS 6

SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI- 7

TIES. 8

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

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

(1) Basic research concerning the etiology and 18

causes of the conditions. 19

(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. 20
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(3) The development of improved screening and diagnostic techniques. 24
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(4) Clinical research for the development and evaluation of new treatments. 1
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(5) Information and education programs for health care professionals and the public, which may include a coordinated national campaign to increase the awareness and knowledge of postpartum conditions. Activities under such a national campaign may— 3
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(A) include public service announcements through television, radio, and other means; and 9
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(B) focus on— 11

(i) raising awareness about screening; 12

(ii) educating new mothers and their 13

families about postpartum conditions to 14

promote earlier diagnosis and treatment; 15

and 16

(iii) ensuring that such education in- 17

cludes complete information concerning 18

postpartum conditions, including its symp- 19

toms, methods of coping with the illness, 20

and treatment resources. 21

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SEC. 102. SENSE OF CONGRESS REGARDING LONGITU- 1

DINAL STUDY OF RELATIVE MENTAL HEALTH 2

CONSEQUENCES FOR WOMEN OF RESOLVING 3

A PREGNANCY. 4

(a) SENSE OF CONGRESS.—It is the sense of Con- 5

gress that the Director of the National Institute of Mental 6

Health may conduct a nationally representative longitu- 7

dinal study (during the period of fiscal years 2009 through 8

2018) of the relative mental health consequences for 9
women of resolving a pregnancy (intended and unin- 10
tended) in various ways, including carrying the pregnancy 11
to term and parenting the child, carrying the pregnancy 12
to term and placing the child for adoption, miscarriage, 13
and having an abortion. This study may assess the inci- 14
dence, timing, magnitude, and duration of the immediate 15
and long-term mental health consequences (positive or 16
negative) of these pregnancy outcomes. 17

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

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

SEC. 201. ESTABLISHMENT OF GRANT PROGRAM. 4

Subpart I of part D of title III of the Public Health 5

Service Act (42 U.S.C. 254b et seq.) is amended by insert- 6
ing after section 330G the following: 7

“SEC. 330G–1. SERVICES TO INDIVIDUALS WITH A 8

POSTPARTUM CONDITION AND THEIR FAMI- 9

LIES. 10

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

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

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

services for individuals with or at risk for 25

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

“(2) Delivering or enhancing inpatient care 3

management services that ensure the well-being of 4
the mother and family and the future development 5
of the infant. 6

“(3) Improving the quality, availability, and or- 7

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

“(4) Providing education to new mothers and, 14

as appropriate, their families about postpartum con- 15
ditions to promote earlier diagnosis and treatment. 16
Such education may include— 17

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

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

“(i) providing education to new moth- 24
ers and fathers, and other family members 25
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as appropriate, concerning postpartum 1
conditions before new mothers leave the 2
health facility; and 3

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

“(c) INTEGRATION WITH OTHER PROGRAMS.—To 7
the extent practicable and appropriate, the Secretary may 8
integrate the grant program under this section with other 9

grant programs carried out by the Secretary, including the 10
program under section 330. 11

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

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

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

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

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

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

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

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

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

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

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

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“(f) DEFINITIONS.—In this section: 1

“(1) The term ‘eligible entity’— 2

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

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

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

TITLE III—GENERAL 15

PROVISIONS 16

SEC. 301. AUTHORIZATION OF APPROPRIATIONS. 17

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

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

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

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SEC. 302. REPORT BY THE SECRETARY. 1

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

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

to the Congress on the results of such study. 7

SEC. 303. LIMITATION. 8

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