

**AMENDMENT IN THE NATURE OF A SUBSTITUTE**  
**TO H.R. 20**  
**OFFERED BY \_\_\_\_\_**

Strike all after the enacting clause and insert the following:

**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 12 months after delivery.

1           (3) “Baby blues” is characterized by mood  
2 swings, feelings of being overwhelmed, tearfulness,  
3 irritability, poor sleep, mood changes, and a sense of  
4 vulnerability.

5           (4) The symptoms of postpartum mood and  
6 anxiety disorders are the worsening and the continu-  
7 ation of the baby blues beyond the first days or  
8 weeks after delivery.

9           (5) The symptoms of postpartum psychosis in-  
10 clude losing touch with reality, distorted thinking,  
11 delusions, auditory hallucinations, paranoia, hyper-  
12 activity, and rapid speech or mania.

13           (6) Each year over 400,000 women suffer from  
14 postpartum mood changes, with baby blues afflicting  
15 up to 80 percent of new mothers; postpartum mood  
16 and anxiety disorders impairing around 10 to 20  
17 percent of new mothers; and postpartum psychosis  
18 striking 1 in 1,000 new mothers.

19           (7) Postpartum depression is a treatable dis-  
20 order if promptly diagnosed by a trained provider  
21 and attended to with a personalized regimen of care  
22 including social support, therapy, medication, and  
23 when necessary hospitalization.

24           (8) All too often postpartum depression goes  
25 undiagnosed or untreated due to the social stigma

1 surrounding depression and mental illness, the myth  
2 of motherhood, the new mother's inability to self-di-  
3 agnose her condition, the new mother's shame or  
4 embarrassment over discussing her depression so  
5 near to the birth of her child, the lack of under-  
6 standing in society and the medical community of  
7 the complexity of postpartum depression, and eco-  
8 nomic pressures placed on hospitals and providers.

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

13 (10) Untreated, postpartum depression impacts  
14 society through its effect on the infant's physical  
15 and psychological development, child abuse, neglect,  
16 or death of the infant or other siblings, and the dis-  
17 ruption of the family.

18 **TITLE I—RESEARCH ON**  
19 **POSTPARTUM DEPRESSION**  
20 **AND PSYCHOSIS**

21 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**  
22 **TIES.**

23 (a) IN GENERAL.—The Secretary of Health and  
24 Human Services, acting through the Director of the Na-  
25 tional Institutes of Health and the Director of the Na-

1 tional Institute of Mental Health (in this title referred to  
2 as the “Institute”), is encouraged to continue aggressive  
3 work on postpartum depression and postpartum psychosis.

4 (b) COORDINATION WITH OTHER INSTITUTES.—The  
5 Director of the Institute should continue to coordinate ac-  
6 tivities of the Director under subsection (a) with similar  
7 activities conducted by the other national research insti-  
8 tutes and agencies of the National Institutes of Health  
9 to the extent that such Institutes and agencies have re-  
10 sponsibilities that are related to postpartum conditions.

11 (c) PROGRAMS FOR POSTPARTUM CONDITIONS.—In  
12 carrying out subsection (a), the Director of the Institute  
13 is encouraged to continue research to expand the under-  
14 standing of the causes of, and to find a cure for,  
15 postpartum conditions. Activities under such subsection  
16 shall include conducting and supporting the following:

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

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

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

1           (4) Clinical research for the development and  
2           evaluation of new treatments, including new biological  
3           agents.

4           (5) Information and education programs for  
5           health care professionals and the public.

6 **SEC. 102. NATIONAL PUBLIC AWARENESS CAMPAIGN.**

7           (a) IN GENERAL.—The Director of the National In-  
8           stitutes of Health and the Administrator of the Health  
9           Resources and Services Administration are encouraged to  
10          carry out a coordinated national campaign to increase the  
11          awareness and knowledge of postpartum depression and  
12          postpartum psychosis.

13          (b) PUBLIC SERVICE ANNOUNCEMENTS.—Activities  
14          under the national campaign under subsection (a) may in-  
15          clude public service announcements through television,  
16          radio, and other means.

17 **SEC. 103. BIENNIAL REPORTING.**

18          Section 403(a)(5) of the Public Health Service Act  
19          (42 U.S.C. 283(a)(5)) is amended—

20                 (1) by redesignating subparagraph (L) as sub-  
21                 paragraph (M); and

22                 (2) by inserting after subparagraph (K) the fol-  
23                 lowing:

24                         “(L) Depression.”.

1 **SEC. 104. LONGITUDINAL STUDY OF RELATIVE MENTAL**  
2 **HEALTH CONSEQUENCES FOR WOMEN OF RE-**  
3 **SOLVING A PREGNANCY.**

4 (a) SENSE OF CONGRESS.—It is the sense of Con-  
5 gress that the Director of the Institute may conduct a na-  
6 tionally representative longitudinal study (during the pe-  
7 riod of fiscal years 2008 through 2018) of the relative  
8 mental health consequences for women of resolving a preg-  
9 nancy (intended and unintended) in various ways, includ-  
10 ing carrying the pregnancy to term and parenting the  
11 child, carrying the pregnancy to term and placing the child  
12 for adoption, miscarriage, and having an abortion. This  
13 study may assess the incidence, timing, magnitude, and  
14 duration of the immediate and long-term mental health  
15 consequences (positive or negative) of these pregnancy  
16 outcomes.

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

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”) should 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 should  
23 integrate the program under this title with other grant  
24 programs carried out by the Secretary, including the pro-  
25 gram 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                           **TITLE III—GENERAL**  
13                           **PROVISIONS**

14   **SEC. 301. AUTHORIZATION OF APPROPRIATIONS.**

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

17                   (1) \$3,000,000 for fiscal year 2008; and

18                   (2) such sums as may be necessary for fiscal  
19          years 2009 and 2010.