

107TH CONGRESS  
1ST SESSION

# S. 1535

To amend the Public Health Service Act 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

OCTOBER 11, 2001

Mr. DURBIN (for himself and Mr. FITZGERALD) 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 amend the Public Health Service Act 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 Stokes  
5 Postpartum Depression Research and Care Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1           (1) Postpartum depression is a devastating  
2 mood disorder which strikes many women during  
3 and after pregnancy.

4           (2) Postpartum mood changes are common and  
5 can be broken into three subgroups: “baby blues,”  
6 which is an extremely common and the less severe  
7 form of postpartum depression; postpartum mood  
8 and anxiety disorders, which are more severe than  
9 baby blues and can occur during pregnancy and any-  
10 time within the first year of the infant’s birth; and  
11 postpartum psychosis, which is the most extreme  
12 form of postpartum depression and can occur during  
13 pregnancy and up to twelve months after delivery.

14           (3) “Baby blues” is characterized by mood  
15 swings, feelings of being overwhelmed, tearfulness,  
16 irritability, poor sleep, mood changes, and a sense of  
17 vulnerability.

18           (4) The symptoms of postpartum mood and  
19 anxiety disorders are the worsening and the continu-  
20 ation of the baby blues beyond the first days or  
21 weeks after delivery.

22           (5) The symptoms of postpartum psychosis in-  
23 clude losing touch with reality, distorted thinking,  
24 delusions, auditory hallucinations, paranoia, hyper-  
25 activity, and rapid speech or mania.

1           (6) Each year over 400,000 women suffer from  
2           postpartum mood changes, with baby blues afflicting  
3           up to 80 percent of new mothers; postpartum mood  
4           and anxiety disorders impairing around 10–20 per-  
5           cent of new mothers; and postpartum psychosis  
6           striking 1 in 1,000 new mothers.

7           (7) The causes of postpartum depression are  
8           complex and unknown at this time; however, theories  
9           include a steep and rapid drop in hormone levels  
10          after childbirth; difficulty during labor or pregnancy;  
11          a premature birth; a miscarriage; feeling over-  
12          whelmed, uncertain, frustrated or anxious about  
13          one’s new role as a mother; a lack of support from  
14          one’s spouse, friends or family; marital strife; stress-  
15          ful events in life such as death of a loved one, finan-  
16          cial problems, or physical or mental abuse; a family  
17          history of depression or mood disorders; a previous  
18          history of major depression or anxiety; or a prior  
19          postpartum depression.

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

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

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

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

1 **TITLE I—RESEARCH ON**  
2 **POSTPARTUM DEPRESSION**  
3 **AND PSYCHOSIS**

4 **SEC. 101. CONSENSUS RESEARCH CONFERENCE AND PLAN**  
5 **CONCERNING POSTPARTUM DEPRESSION**  
6 **AND PSYCHOSIS.**

7 Part B of title IV of the Public Health Service Act  
8 (42 U.S.C. 284 et seq.) is amended—

9 (1) by redesignating the second section 409C  
10 (42 U.S.C. 284k), relating to clinical research, as  
11 section 409G;

12 (2) by redesignating the second section 409D  
13 (42 U.S.C. 284l), relating to enhancement awards,  
14 as section 409H; and

15 (3) by adding at the end the following:

16 **“SEC. 409I. CONSENSUS RESEARCH CONFERENCE AND**  
17 **PLAN CONCERNING POSTPARTUM DEPRES-**  
18 **SION AND PSYCHOSIS.**

19 **“(a) CONSENSUS RESEARCH CONFERENCE AND**  
20 **PLAN.—**

21 **“(1) CONFERENCE.—**The Secretary, acting  
22 through the Director of NIH, the Administrator of  
23 the Substance Abuse and Mental Health Services  
24 Administration, and the heads of other Federal  
25 agencies that administer Federal health programs,

1 shall organize a series of national meetings that are  
2 designed to develop a research plan for postpartum  
3 depression and psychosis.

4 “(2) PLAN.—The Secretary, taking into ac-  
5 count the findings of the research conference under  
6 paragraph (1), shall develop a research plan relating  
7 to postpartum depression and psychosis. Such plan  
8 shall include—

9 “(A) basic research concerning the etiology  
10 and causes of postpartum depression and psy-  
11 chosis;

12 “(B) epidemiological studies to address the  
13 frequency and natural history of postpartum  
14 depression and psychosis and the differences  
15 among racial and ethnic groups with respect to  
16 such conditions;

17 “(C) the development of improved diag-  
18 nostic techniques relating to postpartum depres-  
19 sion and psychosis;

20 “(D) clinical research for the development  
21 and evaluation of new treatments for  
22 postpartum depression and psychosis, including  
23 new biological agents;

24 “(E) development of information and edu-  
25 cation programs for health care professionals

1 and the public relating to postpartum depres-  
2 sion and psychosis; and

3 “(F) a plan to disseminate information  
4 and education on postpartum depression and  
5 psychosis to health care professionals and the  
6 public.

7 “(3) REPORT.—Not later than 2 years after the  
8 date of enactment of this section, the Secretary shall  
9 prepare and submit to the appropriate committees of  
10 Congress a report concerning the research plan  
11 under paragraph (2).

12 “(b) ACTIVITY RELATING TO RESEARCH PLAN.—

13 “(1) IN GENERAL.—After the development of  
14 the research plan under subsection (a)(1), the Sec-  
15 retary, acting through the Director of NIH shall ex-  
16 pand and intensify research and related activities of  
17 the Institutes relating to postpartum depression and  
18 postpartum psychosis in a manner appropriate to  
19 carry out such plan, and in particular shall direct re-  
20 search efforts to carry out such plan.

21 “(2) REPORT.—Not later than 1 year after the  
22 development of the research plan under subsection  
23 (a)(1), and annually thereafter, the Secretary shall  
24 prepare and submit to the appropriate committees of  
25 Congress a report on the progress made with respect

1 to such plan and the status of ongoing activities re-  
 2 garding postpartum depression and psychosis at the  
 3 Nation Institutes of Health.”.

4 **TITLE II—DELIVERY OF SERV-**  
 5 **ICES REGARDING**  
 6 **POSTPARTUM DEPRESSION**  
 7 **AND PSYCHOSIS**

8 **SEC. 201. DELIVERY OF SERVICES REGARDING**  
 9 **POSTPARTUM DEPRESSION AND PSYCHOSIS.**

10 Subpart 3 of part B of title V of the Public Health  
 11 Service Act (42 U.S.C. 290bb–31 et seq.) is amended—

12 (1) by inserting after the subpart heading the  
 13 following:

14 **“Chapter I—General Provisions”; and**

15 (2) by adding at the end thereof the following:

16 **“Chapter II—Delivery of Services Regarding**  
 17 **Postpartum Depression and Psychosis**

18 **“SEC. 520K. ESTABLISHMENT OF PROGRAM OF GRANTS.**

19 “(a) IN GENERAL.—The Secretary shall in accord-  
 20 ance with this chapter make grants to provide for projects  
 21 for the establishment, operation, and coordination of effec-  
 22 tive and cost-efficient systems for the delivery of essential  
 23 services to individuals with postpartum depression or  
 24 postpartum psychosis (referred to in this section as a  
 25 “postpartum condition) and their families.



1       “(b) RECIPIENTS OF GRANTS.—A grant under sub-  
2 section (a) may be made to an entity only if the entity  
3 is a public or nonprofit private entity, which may include  
4 a State or local government; a public or nonprofit private  
5 hospital, community-based organization, hospice, ambula-  
6 tory care facility, community health center, migrant health  
7 center, or homeless health center; or other appropriate  
8 public or nonprofit private entity.

9       “(c) CERTAIN ACTIVITIES.—To the extent prac-  
10 ticable and appropriate, the Secretary shall ensure that  
11 projects under subsection (a) provide services for the diag-  
12 nosis and management of postpartum conditions. Activi-  
13 ties that the Secretary may authorize for such projects  
14 may also include the following:

15           “(1) Delivering or enhancing outpatient and  
16 home-based health and support services, including  
17 case management, screening and comprehensive  
18 treatment services for individuals with or at risk for  
19 postpartum conditions; and delivering or enhancing  
20 support services for their families.

21           “(2) Delivering or enhancing inpatient care  
22 management services that ensure the well being of  
23 the mother and family and the future development  
24 of the infant.

1           “(3) Improving the quality, availability, and or-  
2           ganization of health care and support services (in-  
3           cluding transportation services, attendant care,  
4           homemaker services, day or respite care, and pro-  
5           viding counseling on financial assistance and insur-  
6           ance) for individuals with postpartum conditions and  
7           support services for their families.

8           “(d) INTEGRATION WITH OTHER PROGRAMS.—To  
9           the extent practicable and appropriate, the Secretary shall  
10          integrate the program under this title with other grant  
11          programs carried out by the Secretary, including the pro-  
12          gram under section 330.

13          **“SEC. 520L. CERTAIN REQUIREMENTS.**

14          “A grant may be made under section 520K only if  
15          the applicant involved makes the following agreements:

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

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

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

1 limitations on charges may vary based on the finan-  
2 cial circumstances of the individual receiving serv-  
3 ices.

4 “(4) The grant will not be expended to make  
5 payment for services authorized under section  
6 520K(a) to the extent that payment has been made,  
7 or can reasonably be expected to be made, with re-  
8 spect to such services—

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

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

14 “(5) The applicant will, at each site at which  
15 the applicant provides services under section  
16 520K(a), post a conspicuous notice informing indi-  
17 viduals who receive the services of any Federal poli-  
18 cies that apply to the applicant with respect to the  
19 imposition of charges on such individuals.

20 **“SEC. 520M. TECHNICAL ASSISTANCE.**

21 “The Secretary may provide technical assistance to  
22 assist entities in complying with the requirements of this  
23 chapter in order to make such entities eligible to receive  
24 grants under section 520K.

1 **“SEC. 520N. AUTHORIZATION OF APPROPRIATIONS.**

2       “For the purpose of carrying out this chapter, there  
3 are authorized to be appropriated such sums as may be  
4 necessary for each of the fiscal years 2002 through  
5 2004.”.

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