

107TH CONGRESS
2^D SESSION

S. 2271

To provide for research on, and services for, individuals with post-abortion depression and psychosis.

IN THE SENATE OF THE UNITED STATES

APRIL 25, 2002

Mr. SMITH of New Hampshire (for himself, Mr. INHOFE, and Mr. ENSIGN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for research on, and services for, individuals with post-abortion 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 “Post-Abortion Support
5 and Services Act”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

8 (1) About 3,000,000 women per year in the
9 United States have an unplanned or unwanted preg-

1 nancy, and approximately 1,186,000 of these preg-
2 nancies end in elective abortion.

3 (2) Abortion can have severe and long-term ef-
4 fects on the mental and emotional well-being of
5 women. Women often experience sadness and guilt
6 following abortions with no one to console them.
7 They may have difficulty in bonding with new ba-
8 bies, become overprotective parents, or develop prob-
9 lems in their relationships with their spouses. Prob-
10 lems such as eating disorders, depression, and sui-
11 cide attempts have also been traced to past abor-
12 tions.

13 (3) Negative emotional reactions associated
14 with abortion include, depression, bouts of crying,
15 guilt, intense grief or sadness, emotional numbness,
16 eating disorders, drug and alcohol abuse, suicidal
17 urges, anxiety and panic attacks, anger, rage, sexual
18 problems or promiscuity, lowered self esteem, night-
19 mares and sleep disturbances, flashbacks, and dif-
20 ficulty with relationships.

21 (4) Women who aborted a first pregnancy are
22 four times more likely to report substance abuse
23 compared to those who suffered a natural loss of
24 their first pregnancy, and are five times more likely

1 to report subsequent substance abuse than women
2 who carried to term.

3 (5) Research shows that the more women at-
4 tempt to cope with abortion using means of avoid-
5 ance, mental disengagement, or denial, the more
6 likely the women are to report post-abortion distress,
7 intrusive thoughts, and dissatisfaction.

8 (6) Women who experience a lack of social sup-
9 port and strong feelings of ambivalence are statis-
10 tically more likely to suffer severe negative emotional
11 reactions to an abortion.

12 (7) Depression and other maladjustments to
13 abortion can be prolonged by the failure of the med-
14 ical community, loved ones, and society to recognize
15 the complexity of post-abortion reactions.

16 (8) Many women submit to an abortion in viola-
17 tion of their own moral beliefs or maternal desires
18 in order to satisfy the demands of others.

19 (9) Women who submit to an abortion because
20 of social pressure are more likely to suffer from psy-
21 chological distress in subsequent years.

22 (10) Post-abortion depression is a treatable dis-
23 order if promptly diagnosed by a trained provider
24 and attended to with a personalized regimen of care

1 including social support, therapy, medication, and
 2 when necessary, hospitalization.

3 (11) While there have been many studies re-
 4 garding the emotional aftermath of abortion, very
 5 little research has been sponsored by the National
 6 Institutes of Health.

7 **TITLE I—RESEARCH ON POST-**
 8 **ABORTION DEPRESSION AND**
 9 **PSYCHOSIS**

10 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**
 11 **TIES OF THE NATIONAL INSTITUTE OF MEN-**
 12 **TAL HEALTH.**

13 (a) IN GENERAL.—

14 (1) POST-ABORTION CONDITIONS.—The Sec-
 15 retary of Health and Human Services, acting
 16 through the Director of NIH and the Director of the
 17 National Institute of Mental Health (in this section
 18 referred to as the “Institute”), shall expand and in-
 19 tensify research and related activities of the Insti-
 20 tute with respect to post-abortion depression and
 21 post-abortion psychosis (in this section referred to as
 22 “post-abortion conditions”).

23 (2) ADDITIONAL CONDITIONS.—In addition to
 24 the post-abortion conditions under paragraph (1),
 25 the Secretary of Health and Human Services, acting

1 through the Director of the National Institutes of
2 Health, shall expand and intensify research and re-
3 lated activities of the National Institutes of Health
4 with respect to the physical side effects of having an
5 abortion, including infertility, excessive bleeding, cer-
6 vical tearing, infection, and death.

7 (b) COORDINATION WITH OTHER INSTITUTES.—The
8 Director of the Institute shall coordinate the activities of
9 the Directors under subsection (a) with similar activities
10 conducted by the other national research institutes and
11 agencies of the National Institutes of Health to the extent
12 that such Institutes and agencies have responsibilities that
13 are related to post-abortion conditions.

14 (c) PROGRAMS FOR POST-ABORTION CONDITIONS.—
15 In carrying out subsection (a), the Director of the Insti-
16 tute shall conduct or support research to expand the un-
17 derstanding of the causes of, and to find a cure for, post-
18 abortion conditions. Activities under such subsection shall
19 include conducting and supporting the following:

20 (1) Basic research concerning the etiology of
21 the conditions.

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

1 (3) The development of improved diagnostic
2 techniques.

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

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

8 (d) LONGITUDINAL STUDY.—

9 (1) IN GENERAL.—The Director of the Institute
10 shall conduct a national longitudinal study to deter-
11 mine the incidence and prevalence of cases of post-
12 abortion conditions, and the symptoms, severity, and
13 duration of such cases, toward the goal of more fully
14 identifying the characteristics of such cases and de-
15 veloping diagnostic techniques.

16 (2) REPORT.—Beginning not later than 3 years
17 after the date of the enactment of this Act, and peri-
18 odically thereafter for the duration of the study
19 under paragraph (1), the Director of the Institute
20 shall prepare and submit to the Congress reports on
21 the findings of the study.

22 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
23 purpose of carrying out this section, there is authorized
24 to be appropriated \$3,000,000 for each of the fiscal years
25 2002 through 2006.

1 **TITLE II—DELIVERY OF SERV-**
2 **ICES REGARDING POST-ABOR-**
3 **TION DEPRESSION AND PSY-**
4 **CHOSIS**

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”) shall, 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 post-
12 abortion depression or post-abortion psychosis (referred to
13 in this section as a “post-abortion 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 (1) is a public or nonprofit private entity that
18 may include a State or local government, a public or
19 nonprofit private hospital, a community-based orga-
20 nization, a hospice, an ambulatory care facility, a
21 community health center, a migrant health center, a
22 homeless health center, or another appropriate pub-
23 lic or nonprofit private entity; and

1 (2) had experience in providing the services de-
2 scribed in subsection (a) before the date of the en-
3 actment of this Act.

4 (c) CERTAIN ACTIVITIES.—To the extent practicable
5 and appropriate, the Secretary shall ensure that projects
6 under subsection (a) provide services for the diagnosis and
7 management of post-abortion conditions. Activities that
8 the Secretary may authorize for such projects may also
9 include the following:

10 (1) Delivering or enhancing outpatient and
11 home-based health and support services, including
12 case management, screening and comprehensive
13 treatment services for individuals with or at risk for
14 post-abortion conditions, and delivering or enhancing
15 support services for their families.

16 (2) Improving the quality, availability, and or-
17 ganization of health care and support services (in-
18 cluding transportation services, attendant care, day
19 or respite care, and providing counseling on financial
20 assistance and insurance) for individuals with post-
21 abortion conditions and support services for their
22 families.

23 (d) INTEGRATION WITH OTHER PROGRAMS.—To the
24 extent practicable and appropriate, the Secretary shall in-
25 tegrate the program under this title with other grant pro-

1 grams carried out by the Secretary, including the program
2 under section 330 of the Public Health Service Act.

3 (e) LIMITATION ON AMOUNT OF GRANTS.—A grant
4 under subsection (a) for any fiscal year may not be made
5 in an amount exceeding \$100,000.

6 **SEC. 202. CERTAIN REQUIREMENTS.**

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

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

12 (2) The grant will be used to supplement and
13 not supplant funds from other sources related to the
14 treatment of post-abortion conditions.

15 (3) The applicant will abide by any limitations
16 deemed appropriate by the Secretary on any charges
17 to individuals receiving services pursuant to the
18 grant. As deemed appropriate by the Secretary, such
19 limitations on charges may vary based on the finan-
20 cial circumstances of the individual receiving serv-
21 ices.

22 (4) The grant will not be expended to make
23 payment for services authorized under section
24 201(a) to the extent that payment has been made,

1 or can reasonably be expected to be made, with re-
2 spect to such services—

3 (A) under any State compensation pro-
4 gram, under an insurance policy, or under any
5 Federal or State health benefits program; or

6 (B) by an entity that provides health serv-
7 ices on a prepaid basis.

8 (5) The applicant will, at each site at which the
9 applicant provides services under section 201(a),
10 post a conspicuous notice informing individuals who
11 receive the services of any Federal policies that
12 apply to the applicant with respect to the imposition
13 of charges on such individuals.

14 **SEC. 203. TECHNICAL ASSISTANCE.**

15 The Secretary may provide technical assistance to as-
16 sist entities in complying with the requirements of this
17 title in order to make such entities eligible to receive
18 grants under section 201.

19 **SEC. 204. AUTHORIZATION OF APPROPRIATIONS.**

20 For the purpose of carrying out this title, there is
21 authorized to be appropriated \$300,000 for each of fiscal
22 years 2002 through 2006.

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