

108TH CONGRESS  
1ST SESSION

# S. 450

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

FEBRUARY 26, 2003

Mr. DURBIN (for himself, Mr. FITZGERALD, and Mrs. CLINTON) 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 effect 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 by adding at the end  
 9 the following:

**10 “SEC. 409J. CONSENSUS RESEARCH CONFERENCE AND**  
**11 PLAN CONCERNING POSTPARTUM DEPRES-**  
**12 SION AND PSYCHOSIS.**

13 “(a) CONSENSUS RESEARCH CONFERENCE AND  
 14 PLAN.—

15 “(1) CONFERENCE.—The Secretary, acting  
 16 through the Director of NIH, the Administrator of  
 17 the Substance Abuse and Mental Health Services  
 18 Administration, and the heads of other Federal  
 19 agencies that administer Federal health programs,  
 20 shall organize a series of national meetings that are  
 21 designed to develop a research plan for postpartum  
 22 depression and psychosis.

23 “(2) PLAN.—The Secretary, taking into ac-  
 24 count the findings of the research conference under  
 25 paragraph (1), shall develop a research plan relating

1 to postpartum depression and psychosis. Such plan  
2 shall include—

3 “(A) basic research concerning the etiology  
4 and causes of postpartum depression and psy-  
5 chosis;

6 “(B) epidemiological studies to address the  
7 frequency and natural history of postpartum  
8 depression and psychosis and the differences  
9 among racial and ethnic groups with respect to  
10 such conditions;

11 “(C) the development of improved diag-  
12 nostic techniques relating to postpartum depres-  
13 sion and psychosis;

14 “(D) clinical research for the development  
15 and evaluation of new treatments for  
16 postpartum depression and psychosis, including  
17 new biological agents;

18 “(E) development of information and edu-  
19 cation programs for health care professionals  
20 and the public relating to postpartum depres-  
21 sion and psychosis; and

22 “(F) a plan to disseminate information  
23 and education on postpartum depression and  
24 psychosis to health care professionals and the  
25 public.

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

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

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

15          “(2) REPORT.—Not later than 1 year after the  
16          development of the research plan under subsection  
17          (a)(1), and annually thereafter, the Secretary shall  
18          prepare and submit to the appropriate committees of  
19          Congress a report on the progress made with respect  
20          to such plan and the status of ongoing activities re-  
21          garding postpartum depression and psychosis at the  
22          National Institutes of Health.”.

1 **TITLE II—DELIVERY OF SERV-**  
 2 **ICES REGARDING**  
 3 **POSTPARTUM DEPRESSION**  
 4 **AND PSYCHOSIS**

5 **SEC. 201. DELIVERY OF SERVICES REGARDING**  
 6 **POSTPARTUM DEPRESSION AND PSYCHOSIS.**

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

9 (1) by inserting after the subpart heading the  
 10 following:

11 **“Chapter I—General Provisions”;**

12 and

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

14 **“Chapter II—Delivery of Services Regarding**  
 15 **Postpartum Depression and Psychosis**

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

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

24 “(b) RECIPIENTS OF GRANTS.—A grant under sub-  
 25 section (a) may be made to an entity only if the entity



1 is a public or nonprofit private entity, which may include  
 2 a State or local government; a public or nonprofit private  
 3 hospital, community-based organization, hospice, ambula-  
 4 tory care facility, community health center, migrant health  
 5 center, or homeless health center; or other appropriate  
 6 public or nonprofit private entity.

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

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

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

23 “(3) Improving the quality, availability, and or-  
 24 ganization of health care and support services (in-  
 25 cluding transportation services, attendant care,

1       homemaker services, day or respite care, and pro-  
2       viding counseling on financial assistance and insur-  
3       ance) for individuals with postpartum conditions and  
4       support services for their families.

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

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

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

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

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

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

1           “(4) The grant will not be expended to make  
 2           payment for services authorized under section  
 3           520K(a) to the extent that payment has been made,  
 4           or can reasonably be expected to be made, with re-  
 5           spect to such services—

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

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

11           “(5) The applicant will, at each site at which  
 12           the applicant provides services under section  
 13           520K(a), post a conspicuous notice informing indi-  
 14           viduals who receive the services of any Federal poli-  
 15           cies that apply to the applicant with respect to the  
 16           imposition of charges on such individuals.

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

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

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

23           “For the purpose of carrying out this chapter, there  
 24           are authorized to be appropriated such sums as may be

1 necessary for each of the fiscal years 2004 through  
2 2006.”.

