

111TH CONGRESS
1ST SESSION

H. R. 1350

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

IN THE HOUSE OF REPRESENTATIVES

MARCH 5, 2009

Mr. PITTS (for himself, Mr. AKIN, Mr. PENCE, Mr. CANTOR, Mr. LAMBORN, Mr. BARTLETT, Mr. FORTENBERRY, Mr. FRANKS of Arizona, Mr. BURTON of Indiana, Mr. RYAN of Wisconsin, Mr. MANZULLO, Ms. FALLIN, Mr. BRADY of Texas, Mr. BISHOP of Utah, Mr. FLEMING, Mr. NEUGEBAUER, Mr. SHIMKUS, Mr. HENSARLING, Mr. CONAWAY, Mrs. BACHMANN, Mr. KINGSTON, Mr. MCHENRY, Mr. WAMP, Mr. BROWN of South Carolina, and Mr. SMITH of New Jersey) introduced the following bill; which was referred to the Committee on Energy and Commerce

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 Depres-
5 sion Research and Care Act of 2009”.

6 **SEC. 2. FINDINGS.**

7 Congress finds as follows:

1 (1) About 3,000,000 women per year in the
2 United States have an unplanned or unwanted preg-
3 nancy, and approximately 1,186,000 of these preg-
4 nancies end in elective abortion.

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

15 (3) The symptoms of post-abortion depression
16 include bouts of crying, guilt, intense grief or sad-
17 ness, emotional numbness, eating disorders, drug
18 and alcohol abuse, suicidal urges, anxiety and panic
19 attacks, anger or rage, sexual problems or promis-
20 cuity, lowered self esteem, nightmares and sleep dis-
21 turbance, flashbacks, and difficulty with relation-
22 ships.

23 (4) Women who aborted a first pregnancy are
24 four times more likely to report substance abuse
25 compared to those who suffered a natural loss of

1 their first pregnancy, and they are five times more
2 likely to report subsequent substance abuse than
3 women who carried to term.

4 (5) Greater thought suppression is associated
5 with experiencing more intrusive thoughts of the
6 abortion. Both suppression and intrusive thoughts,
7 in turn, are positively related to increases in psycho-
8 logical distress over time.

9 (6) Women who experience decisionmaking dif-
10 ficulties and may lack social support may experience
11 more negative emotional consequences to induced
12 abortion.

13 (7) Post-abortion depression often relates to the
14 lack of understanding in society and the medical
15 community of the complexity of post-abortion de-
16 pression, and economic pressures placed on hospitals
17 and providers are contributing factors.

18 (8) Social pressure to have an abortion can be
19 directly related to higher levels of immediate regret
20 and more mental undoing over subsequent years.

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

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

5 (11) A major New Zealand study shows abor-
6 tion has serious negative consequences for women.
7 Among the alarming findings with respect to girls
8 15 through 18 years of age are the following:

9 (A) With respect to experiencing major de-
10 pression—

11 (i) those who had not become preg-
12 nant had a 31.2 percent chance;

13 (ii) those who became pregnant but
14 did not have an abortion had a 35.7 per-
15 cent chance; and

16 (iii) those who had an abortion had an
17 astonishing 78.6 percent chance.

18 (B) With respect to experiencing anxiety—

19 (i) those who had not become preg-
20 nant had a 37.9 percent chance;

21 (ii) those who became pregnant but
22 did not have an abortion had a 35.7 per-
23 cent chance; and

24 (iii) those who had an abortion had a
25 64.3 percent chance.

- 1 (C) With respect to thoughts of suicide—
2 (i) those who had not become preg-
3 nant had a 23 percent chance;
4 (ii) those who became pregnant but
5 did not have an abortion had a 25 percent
6 chance; and
7 (iii) those who had an abortion had a
8 50 percent chance.

9 **TITLE I—RESEARCH ON POST-**
10 **ABORTION DEPRESSION AND**
11 **PSYCHOSIS**

12 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**
13 **TIES OF NATIONAL INSTITUTE OF MENTAL**
14 **HEALTH.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services, acting through the Director of the Na-
17 tional Institutes of Health and the Director of the Na-
18 tional Institute of Mental Health (in this section referred
19 to as the “Institute”), shall expand and intensify research
20 and related activities of the Institute with respect to post-
21 abortion depression and post-abortion psychosis (in this
22 section referred to as “post-abortion conditions”).

23 (b) COORDINATION WITH OTHER INSTITUTES.—The
24 Director of the Institute shall coordinate the activities of
25 the Director under subsection (a) with similar activities

1 conducted by the other national research institutes and
2 agencies of the National Institutes of Health to the extent
3 that such Institutes and agencies have responsibilities that
4 are related to post-abortion conditions.

5 (c) PROGRAMS FOR POST-ABORTION CONDITIONS.—

6 In carrying out subsection (a), the Director of the Insti-
7 tute shall conduct or support research to expand the un-
8 derstanding of the causes of, and to find a cure for, post-
9 abortion conditions. Activities under such subsection shall
10 include conducting and supporting the following:

11 (1) Basic research concerning the etiology and
12 causes of the conditions.

13 (2) Epidemiological studies to address the fre-
14 quency and natural history of the conditions and the
15 differences among racial and ethnic groups with re-
16 spect to the conditions.

17 (3) The development of improved diagnostic
18 techniques.

19 (4) Clinical research for the development and
20 evaluation of new treatments, including new biologi-
21 cal agents.

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

24 (d) LONGITUDINAL STUDY.—

1 (1) IN GENERAL.—The Director of the Institute
2 shall conduct a national longitudinal study to deter-
3 mine the incidence and prevalence of cases of post-
4 abortion conditions, and the symptoms, severity, and
5 duration of such cases, toward the goal of more fully
6 identifying the characteristics of such cases and de-
7 veloping diagnostic techniques.

8 (2) REPORT.—Beginning not later than 3 years
9 after the date of the enactment of this Act, and peri-
10 odically thereafter for the duration of the study
11 under paragraph (1), the Director of the Institute
12 shall prepare and submit to the Congress reports on
13 the findings of the study.

14 (e) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purpose of carrying out this section, there is authorized
16 to be appropriated \$3,000,000 for each of the fiscal years
17 2010 through 2014.

18 **TITLE II—DELIVERY OF SERV-**
19 **ICES REGARDING POST-ABOR-**
20 **TION DEPRESSION AND PSY-**
21 **CHOSIS**

22 **SEC. 201. ESTABLISHMENT OF PROGRAM OF GRANTS.**

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services (in this title referred to as the “Sec-
25 retary”) shall in accordance with this title make grants

1 to provide for projects for the establishment, operation,
2 and coordination of effective and cost-efficient systems for
3 the delivery of essential services to individuals with post-
4 abortion depression or post-abortion psychosis (referred to
5 in this section as a “post-abortion condition”) and their
6 families.

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

9 (1) is a public or nonprofit private entity, which
10 may include a State or local government; a public or
11 nonprofit private hospital, community-based organi-
12 zation, hospice, ambulatory care facility, community
13 health center, migrant health center, or homeless
14 health center; or other appropriate public or non-
15 profit private entity; and

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

19 (c) CERTAIN ACTIVITIES.—To the extent practicable
20 and appropriate, the Secretary shall ensure that projects
21 under subsection (a) provide services for the diagnosis and
22 management of post-abortion conditions. Activities that
23 the Secretary may authorize for such projects may also
24 include the following:

1 (1) Delivering or enhancing outpatient and
2 home-based health and support services, including
3 case management, screening and comprehensive
4 treatment services for individuals with or at risk for
5 post-abortion conditions; and delivering or enhancing
6 support services for their families.

7 (2) Delivering or enhancing inpatient care man-
8 agement services that ensure the well being of the
9 mother and family and the future development of
10 the infant.

11 (3) Improving the quality, availability, and or-
12 ganization of health care and support services (in-
13 cluding transportation services, attendant care,
14 homemaker services, day or respite care, and pro-
15 viding counseling on financial assistance and insur-
16 ance) for individuals with post-abortion conditions
17 and support services for their families.

18 (d) INTEGRATION WITH OTHER PROGRAMS.—To the
19 extent practicable and appropriate, the Secretary shall in-
20 tegrate the program under this title with other grant pro-
21 grams carried out by the Secretary, including the program
22 under section 330 of the Public Health Service Act.

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

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 post-abortion 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 **SEC. 204. AUTHORIZATION OF APPROPRIATIONS.**

13 For the purpose of carrying out this title, there is
14 authorized to be appropriated \$300,000 for each of the
15 fiscal years 2010 through 2014.

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