

116TH CONGRESS
2D SESSION

S. 3809

To require the Comptroller General of the United States to conduct a study on prenatal and postpartum mental health conditions among members of the Armed Forces and their dependents.

IN THE SENATE OF THE UNITED STATES

MAY 21, 2020

Mr. BLUMENTHAL (for himself and Mr. Kaine) introduced the following bill; which was read twice and referred to the Committee on Armed Services

A BILL

To require the Comptroller General of the United States to conduct a study on prenatal and postpartum mental health conditions among members of the Armed Forces and their dependents.

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 “Military Moms’ Mental
5 Health Assessment Act”.

1 **SEC. 2. COMPTROLLER GENERAL STUDY ON PRENATAL**
2 **AND POSTPARTUM MENTAL HEALTH CONDI-**
3 **TIONS AMONG MEMBERS OF THE ARMED**
4 **FORCES AND THEIR DEPENDENTS.**

5 (a) FINDINGS.—Congress makes the following find-
6 ings:

7 (1) In 2018, 52,535 members of the Armed
8 Forces and their dependents gave birth at military
9 medical treatment facilities or civilian hospitals
10 where the Department of Defense purchased care.

11 (2) Members of the Armed Forces and military
12 spouses often give birth alone due to deployments or
13 training exercises that prevent their birthing partner
14 from being present during childbirth.

15 (3) Members of the military community are
16 sometimes uniquely isolated from their support net-
17 works due to frequent permanent changes of station
18 or during deployments.

19 (4) Social isolation and frequent moves can im-
20 pact mental health outcomes of pregnant members
21 of the Armed Forces or military spouses, while also
22 interrupting the continuity of mental health care or
23 other medical care.

24 (5) Some studies have concluded that women
25 with deployed spouses show high stress levels and in-
26 creased risk for prenatal and postpartum mood dis-

1 orders, including depression, which may explain ad-
2 verse birth outcomes.

3 (6) According to the American College of Ob-
4 stetricians and Gynecologists, deployment status is
5 strongly associated with an increased risk of depres-
6 sion during pregnancy and the postpartum period.

7 (7) The Department of Defense determined
8 that pregnant members of the Armed Forces and
9 veterans more commonly experience mental health
10 issues than nonpregnant members of the Armed
11 Forces and veterans and pregnant women in the
12 general population.

13 (8) Some studies have indicated that minority
14 women in the civilian community are more likely to
15 experience prenatal and postpartum mood disorders,
16 but that minority women are less likely to seek or
17 receive treatment, and there are troubling racial and
18 ethnic disparities in the initiation and continuation
19 of prenatal and postpartum mental health care.

20 (9) Despite some studies regarding prenatal
21 care, postpartum health, and social support during
22 pregnancy and child birth among the military com-
23 munity, those studies have been limited in scope,
24 and there is little research related to prenatal and
25 postpartum mental health conditions and mental

1 health care among military spouses and active duty
2 members of the Armed Forces to support policy re-
3 forms.

4 (10) Members of the Armed Forces and mili-
5 tary spouses might refrain from seeking mental
6 health care due to stigma and fear of potential re-
7 percussions on employment or career progression.

8 (b) SENSE OF CONGRESS.—It is the sense of Con-
9 gress that—

10 (1) members of the military community, includ-
11 ing members of the Armed Forces and military
12 spouses, are vulnerable to prenatal and postpartum
13 mental health conditions given the unique challenges
14 those individuals face due to frequent deployments
15 and permanent changes of station;

16 (2) additional studies and research regarding
17 prenatal and postpartum mental health conditions
18 among members of the Armed Forces and military
19 spouses are necessary to identify gaps in, and bar-
20 riers to, mental health care provided to beneficiaries
21 under the TRICARE program, including an assess-
22 ment of issues such as stigma, negative career im-
23 pact, and discrimination or retaliation against mem-
24 bers of the Armed Forces and military spouses;

1 (3) additional studies and research are nec-
2 essary to determine whether minority women in the
3 Armed Forces and minority military spouses—

4 (A) experience prenatal and postpartum
5 mood disorders at a higher rate;

6 (B) are more likely to experience racial
7 and ethnic disparities in health care access; or

8 (C) are less likely to initiate or continue
9 prenatal or postpartum mental health care; and

10 (4) more information will enable the Depart-
11 ment of Defense to better address the prenatal and
12 postpartum mental health needs of members of the
13 Armed Forces and military spouses.

14 (c) STUDY.—

15 (1) IN GENERAL.—The Comptroller General of
16 the United States shall conduct a study on prenatal
17 and postpartum mental health conditions among
18 members of the Armed Forces and dependents of
19 such members.

20 (2) ELEMENTS.—The study required under
21 paragraph (1) shall include the following:

22 (A) An assessment of the extent to which
23 beneficiaries under the TRICARE program, in-
24 cluding members of the Armed Forces and de-
25 pendents of such members, are diagnosed with

1 prenatal or postpartum mental health condi-
2 tions, including—

3 (i) prenatal or postpartum depression;

4 (ii) prenatal or postpartum anxiety
5 disorder;

6 (iii) prenatal or postpartum obsessive
7 compulsive disorder;

8 (iv) prenatal or postpartum psychosis;

9 and

10 (v) other relevant mood disorders.

11 (B) A demographic assessment of the pop-
12 ulation included in the study with respect to
13 race, ethnicity, sex, age, relationship status,
14 military service, military occupation, and rank,
15 where applicable.

16 (C) An assessment of the status of pre-
17 natal and postpartum mental health care for
18 beneficiaries under the TRICARE program, in-
19 cluding those who seek care at military medical
20 treatment facilities and those who rely on civil-
21 ian providers.

22 (D) An assessment of the ease or delay for
23 beneficiaries under the TRICARE program in
24 obtaining treatment for prenatal and

1 postpartum mental health conditions, includ-
2 ing—

3 (i) an assessment of wait times for
4 mental health treatment at each military
5 medical treatment facility; and

6 (ii) a description of the reasons such
7 beneficiaries may cease seeking such treat-
8 ment.

9 (E) A comparison of the rates of prenatal
10 or postpartum mental health conditions within
11 the military community to such rates in the ci-
12 vilian population, as reported by the Centers for
13 Disease Control and Prevention.

14 (F) An assessment of any effects of im-
15 plicit or explicit bias in prenatal and
16 postpartum mental health care under the
17 TRICARE program, or evidence of racial or so-
18 cioeconomic barriers to such care.

19 (3) REPORT.—Not later than one year after the
20 date of the enactment of this Act, the Comptroller
21 General shall submit to the congressional defense
22 committees a report on the findings of the study
23 conducted under paragraph (1), including—

24 (A) recommendations for actions to be
25 taken by the Secretary of Defense to improve

1 prenatal and postpartum mental health among
2 members of the Armed Forces and dependents
3 of such members; and

4 (B) such other recommendations as the
5 Comptroller General determines appropriate.

6 (d) DEFINITIONS.—In this section:

7 (1) CONGRESSIONAL DEFENSE COMMITTEES.—
8 The term “congressional defense committees” has
9 the meaning given that term in section 101(a)(16)
10 of title 10, United States Code.

11 (2) DEPENDENT; TRICARE PROGRAM.—The
12 terms “dependent” and “TRICARE program” have
13 the meanings given those terms in section 1072 of
14 such title.

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