

117TH CONGRESS
1ST SESSION

H. R. 4217

To amend the Public Health Service Act to provide for the establishment of a Task Force on Maternal Mental Health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 29, 2021

Ms. BARRAGÁN (for herself, Mr. BUCSHON, Ms. BLUNT ROCHESTER, and Mrs. KIM of California) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for the establishment of a Task Force on Maternal Mental Health, and for other purposes.

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 “Taskforce Recom-
5 mending Improvements for Unaddressed Mental Perinatal
6 & Postpartum Health for New Moms Act of 2021” or the
7 “TRIUMPH for New Moms Act of 2021”.

1 **SEC. 2. TASK FORCE ON MATERNAL MENTAL HEALTH.**

2 Part B of title III of the Public Health Service Act
3 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
4 tion 317L-1 (42 U.S.C. 247b-13a) the following:

5 **“SEC. 317L-2. TASK FORCE ON MATERNAL MENTAL**
6 **HEALTH.**

7 “(a) ESTABLISHMENT.—Not later than 90 days after
8 the date of enactment of the TRIUMPH for New Moms
9 Act of 2021, the Secretary shall establish a task force,
10 to be known as the Task Force on Maternal Mental
11 Health (in this section referred to as the ‘Task Force’)
12 to identify, evaluate, and make recommendations to co-
13 ordinate and improve, Federal responses to maternal men-
14 tal health conditions.

15 “(b) MEMBERSHIP.—

16 “(1) COMPOSITION.—The Task Force shall be
17 composed of—

18 “(A) the Assistant Secretary for Health of
19 the Department of Health and Human Services
20 (or the Assistant Secretary’s designee) who
21 shall serve as the Chair of the Task Force;

22 “(B) the Federal members under para-
23 graph (2); and

24 “(C) the non-Federal members under para-
25 graph (3).

1 “(2) FEDERAL MEMBERS.—In addition to the
2 Assistant Secretary for Health, the Federal mem-
3 bers of the Task Force shall consist of the heads of
4 the following Federal departments and agencies (or
5 their designees):

6 “(A) The Administration for Children and
7 Families.

8 “(B) The Agency for Healthcare Research
9 and Quality.

10 “(C) The Centers for Disease Control and
11 Prevention.

12 “(D) The Centers for Medicare & Medicaid
13 Services.

14 “(E) The Health Resources and Services
15 Administration.

16 “(F) The Food and Drug Administration.

17 “(G) The Indian Health Service.

18 “(H) The Office of the Assistant Secretary
19 for Planning and Evaluation of the Department
20 of Health and Human Services.

21 “(I) The Office of Minority Health of the
22 Department of Health and Human Services.

23 “(J) The Office of the Surgeon General of
24 the Department of Health and Human Services.

1 “(K) The Office of Women’s Health of the
2 Department of Health and Human Services.

3 “(L) The National Institutes of Health.

4 “(M) The Substance Abuse and Mental
5 Health Services Administration.

6 “(N) Such other Federal departments and
7 agencies as the Secretary determines that serve
8 individuals with maternal mental health condi-
9 tions, such as the Department of Veterans Af-
10 fairs, the Department of Justice, the Depart-
11 ment of Labor, the Department of Housing and
12 Urban Development, and the Department of
13 Defense.

14 “(3) NON-FEDERAL MEMBERS.—The non-Fed-
15 eral members of the Task Force shall—

16 “(A) compose not more than one-half, and
17 not less than one-third, of the total membership
18 of the Task Force;

19 “(B) be appointed by the Secretary; and

20 “(C) include—

21 “(i) representatives of medical soci-
22 eties with expertise in maternal or mental
23 health;

1 “(ii) representatives of nonprofit orga-
2 nizations with expertise in maternal or
3 mental health;

4 “(iii) relevant industry representa-
5 tives; and

6 “(iv) other representatives, as appro-
7 priate.

8 “(4) DEADLINE FOR DESIGNATING DES-
9 IGNEES.—If the Assistant Secretary for Health, or
10 the head of a Federal department or agency serving
11 as a member of the Task Force under paragraph
12 (2), chooses to be represented on the Task Force by
13 a designee, the Assistant Secretary or head shall
14 designate such designee not later than 90 days after
15 the date of the enactment of the TRIUMPH for
16 New Moms Act of 2021.

17 “(c) DUTIES.—The Task Force shall—

18 “(1) create and regularly update a report that
19 identifies, analyzes, and evaluates the state of na-
20 tional maternal mental health policy and programs
21 at the Federal, State, and local levels, and identifies
22 best practices including—

23 “(A) a set of evidence-based, evidence-in-
24 formed, and promising practices with respect
25 to—

1 “(i) prevention strategies for individ-
2 uals at risk of experiencing a maternal
3 mental health condition, including strate-
4 gies and recommendations to address so-
5 cial determinants of health;

6 “(ii) the identification, screening, di-
7 agnosis, intervention, and treatment of in-
8 dividuals and families affected by a mater-
9 nal mental health condition;

10 “(iii) the expeditious referral to, and
11 implementation of, practices and supports
12 that prevent and mitigate the effects of a
13 maternal mental health condition, includ-
14 ing strategies and recommendations to
15 eliminate the racial and ethnic disparities
16 that exist in maternal mental health; and

17 “(iv) community-based or
18 multigenerational practices that support
19 individuals and families affected by a ma-
20 ternal mental health condition; and

21 “(B) Federal and State programs and ac-
22 tivities to prevent, screen, diagnose, intervene,
23 and treat maternal mental health conditions;

24 “(2) develop and regularly update a national
25 strategy for maternal mental health, taking into con-

1 sideration the findings of the reports under para-
2 graph (1), on how the Task Force and Federal de-
3 partments and agencies represented on the Task
4 Force will prioritize options for, and implement a co-
5 ordinated approach to, addressing maternal mental
6 health conditions, including by—

7 “(A) increasing prevention, screening, di-
8 agnosis, intervention, treatment, and access to
9 care, including clinical and nonclinical care such
10 as peer-support and community health workers,
11 through the public and private sectors;

12 “(B) providing support for pregnant or
13 postpartum individuals who are at risk for or
14 experiencing a maternal mental health condi-
15 tion, and their families as appropriate;

16 “(C) reducing racial, ethnic, geographic,
17 and other health disparities for prevention, di-
18 agnosis, intervention, treatment, and access to
19 care;

20 “(D) identifying opportunities for local-
21 and State-level partnerships;

22 “(E) identifying options for modifying,
23 strengthening, and coordinating Federal pro-
24 grams and activities, including existing infant
25 and maternity programs, such as the Medicaid

1 program under title XIX of the Social Security
2 Act and the State Children’s Health Insurance
3 Program under title XXI of such Act, in order
4 to increase research, prevention, identification,
5 intervention, and treatment with respect to ma-
6 ternal mental health;

7 “(F) providing recommendations to ensure
8 research, services, supports, and prevention ac-
9 tivities are not unnecessarily duplicative; and

10 “(G) planning, data sharing, and commu-
11 nication within and across Federal depart-
12 ments, agencies, offices, and programs;

13 “(3) solicit public comments from stakeholders
14 for the report under paragraph (1) and the national
15 strategy under paragraph (2), including comments
16 from frontline service providers, mental health pro-
17 fessionals, researchers, experts in maternal mental
18 health, institutions of higher education, public health
19 agencies (including maternal and child health pro-
20 grams), and industry representatives, in order to in-
21 form the activities and reports of the Task Force;
22 and

23 “(4) disaggregate any data collected under this
24 section by race, ethnicity, geographical location, age,

1 marital status, socioeconomic level, and other factors
2 as determined appropriate by the Secretary.

3 “(d) MEETINGS.—The Task Force shall—

4 “(1) meet not less than two times each year;
5 and

6 “(2) convene public meetings, as appropriate, to
7 fulfill its duties under this section.

8 “(e) REPORTS TO PUBLIC AND FEDERAL LEAD-
9 ERS.—The Task Force shall make publicly available and
10 submit to the heads of relevant Federal departments and
11 agencies, the Committee on Energy and Commerce of the
12 House of Representatives, the Committee on Health, Edu-
13 cation, Labor, and Pensions of the Senate, and other rel-
14 evant congressional committees, the following:

15 “(1) Not later than 1 year after the first meet-
16 ing of the Task Force, an initial report under sub-
17 section (c)(1).

18 “(2) Not later than 2 years after the first meet-
19 ing of the Task Force, an initial national strategy
20 under subsection (c)(2).

21 “(3) Each year thereafter—

22 “(A) an updated report under subsection
23 (c)(1);

24 “(B) an updated national strategy under
25 subsection (c)(2); or

1 “(C) if no such update is made, a report
2 summarizing the activities of the Task Force.

3 “(f) REPORTS TO GOVERNORS.—Upon finalizing the
4 initial national strategy under subsection (c)(2), and upon
5 making relevant updates to such strategy, the Task Force
6 shall submit a report to the Governors of all States de-
7 scribing opportunities for local- and State-level partner-
8 ships identified under subsection (c)(2)(D).

9 “(g) SUNSET.—The Task Force shall terminate on
10 the date that is 6 years after the date on which the Task
11 Force is established under subsection (a).”.

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