To amend the Public Health Service Act to reauthorize a grant program for screening, assessment, and treatment services for maternal mental health and substance use disorders, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 14, 2022

Mrs. GILLIBRAND (for herself, Mrs. CAPITO, Ms. BALDWIN, and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to reauthorize a grant program for screening, assessment, and treatment services for maternal mental health and substance use disorders, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Into the Light for Maternal Mental Health and Substance Use Disorders Act of 2022” or the “Into the Light for MMH and SUD Act of 2022”.

SEC. 2. FINDINGS.

Congress finds the following:

(1) Maternal mental health conditions are the most common complications of pregnancy and childbirth, affecting 1 in 5 women or 800,000 women annually, during pregnancy or the year following pregnancy.

(2) Maternal mental health and substance use disorders contribute to the high rate of maternal mortality in the United States, with suicide and drug overdose combined being the leading cause of death for women in the first year following pregnancy.

(3) Women who experience racial and economic inequities are 3 to 4 times more likely to be impacted by maternal mental health and other behavioral health disorders.

(4) Untreated maternal mental health conditions and substance use disorders can have long-term negative impacts on the mother, baby, family, and society.

(5) Mothers with untreated mental health conditions during pregnancy are more likely to have poor nutrition and struggle with substance use disorders, which can lead to poor birth outcomes for the baby.
(6) Untreated maternal mental health conditions and substance use disorders can contribute to—

(A) impaired parent-child interactions;

(B) behavioral, cognitive, or emotional delays in the child; and

(C) adverse childhood experiences that can negatively impact the child’s life.

(7) Untreated maternal mental health conditions are estimated to cost the United States economy $14,000,000,000 or $32,000 per mother-infant pair every year in addressing poor health outcomes and accounting for lost wages and productivity of the mother.

(8) Although the United States Preventive Services Task Force and several national medical organizations encourage health care providers to screen and treat maternal mental health conditions, 75 percent of women impacted remain untreated.

(9) Frontline providers who care for women during pregnancy and the first year following pregnancy are often reluctant to screen for maternal mental health conditions, citing lack of education, insurance reimbursement, and resources for affected women.
SEC. 3. SCREENING AND TREATMENT FOR A MATERNAL MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

(a) In General.—Section 317L–1 of the Public Health Service Act (42 U.S.C. 247b–13a) is amended—

(1) in the section heading, by striking “MATERNAL DEPRESSION” and inserting “MATERNAL MENTAL HEALTH AND SUBSTANCE USE DISORDERS”; and

(2) in subsection (a)—

(A) by inserting “, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), and urban Indian organizations (as such term is defined in section 4 of the Indian Health Care Improvement Act)” after “States”; and

(B) by striking “for women who are pregnant, or who have given birth within the preceding 12 months, for maternal depression” and inserting “for women who are postpartum, pregnant, or have given birth within the preceding 12 months, for maternal mental health and substance use disorders”.
(b) APPLICATION.—Subsection (b) of section 317L–1 of the Public Health Service Act (42 U.S.C. 247b–13a) is amended—

(1) by striking “a State shall submit” and inserting “an entity listed in subsection (a) shall submit”; and

(2) in paragraphs (1) and (2), by striking “maternal depression” each place it appears and inserting “maternal mental health and substance use disorders”.

(c) PRIORITY.—Subsection (c) of section 317L–1 of the Public Health Service Act (42 U.S.C. 247b–13a) is amended—

(1) by striking “may give priority to States proposing to improve or enhance access to screening” and inserting the following: “shall give priority to entities listed in subsection (a) that—

“(1) are proposing to create, improve, or enhance screening, prevention, and treatment”;

(2) by striking “maternal depression” and inserting “maternal mental health and substance use disorders”; and

(3) by striking the period at the end of paragraph (1), as so designated, and inserting a semicolon; and
(4) by inserting after such paragraph (1) the following:

“(2) are currently partnered with, or will partner with, a community-based organization to address maternal mental health and substance use disorders;

“(3) are located in an area with high rates of adverse maternal health outcomes or significant health, economic, racial, or ethnic disparities in maternal health and substance use disorder outcomes; and

“(4) operate in a health professional shortage area designated under section 332.”.

(d) USE OF FUNDS.—Subsection (d) of section 317L–1 of the Public Health Service Act (42 U.S.C. 247b–13a) is amended—

(1) in paragraph (1)—

(A) in subparagraph (A), by striking “to health care providers; and” and inserting “on maternal mental health and substance use disorder screening, brief intervention, treatment (as applicable for health care providers), and referrals for treatment to health care providers in the primary care setting and nonclinical perinatal support workers;”;}
(B) in subparagraph (B), by striking “to health care providers, including information on maternal depression screening, treatment, and followup support services, and linkages to community-based resources; and” and inserting “on maternal mental health and substance use disorder screening, brief intervention, treatment (as applicable for health care providers) and referrals for treatment, followup support services, and linkages to community-based resources to health care providers in the primary care setting and clinical perinatal support workers; and”; and

(C) by adding at the end the following:

“(C) enabling health care providers (such as obstetrician-gynecologists, nurse practitioners, nurse midwives, pediatricians, psychiatrists, mental and other behavioral health care providers, and adult primary care clinicians) to provide or receive real-time psychiatric consultation (in-person or remotely), including through the use of technology-enabled collaborative learning and capacity building models (as defined in section 330N), to aid in the treat-
ment of pregnant and postpartum women; and

(2) in paragraph (2)—

(A) by striking subparagraph (A) and redesignating subparagraphs (B) and (C) as subparagraphs (A) and (B), respectively;

(B) in subparagraph (A), as redesignated, by striking “and” at the end;

(C) in subparagraph (B), as redesignated—

(i) by inserting “, including” before “for rural areas”; and

(ii) by striking the period at the end and inserting a semicolon; and

(D) by inserting after subparagraph (B), as redesignated, the following:

“(C) providing assistance to pregnant and postpartum women to receive maternal mental health and substance use disorder treatment, including patient consultation, care coordination, and navigation for such treatment;

“(D) coordinating with maternal and child health programs of the Federal Government and State, local, and Tribal governments, including child psychiatric access programs;
“(E) conducting public outreach and awareness regarding grants under subsection (a);
“(F) creating multi-State consortia to carry out the activities required or authorized under this subsection; and
“(G) training health care providers in the primary care setting and nonclinical perinatal support workers on trauma-informed care, culturally- and linguistically-appropriate services, and best practices related to training to improve the provision of maternal mental health and substance use disorder care for racial and ethnic minority populations, including with respect to perceptions and biases that may affect the approach to, and provision of, care.”.

(e) ADDITIONAL PROVISIONS.—Section 317L–1 of the Public Health Service Act (42 U.S.C. 247b–13a) is amended—

(1) by redesignating subsection (e) as subsection (g); and

(2) by inserting after subsection (d) the following:

“(e) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to grantees and entities listed
in subsection (a) for carrying out activities pursuant to this section.

“(f) DISSEMINATION OF BEST PRACTICES.—The Secretary, based on evaluation of the activities funded pursuant to this section, shall identify and disseminate evidence-based or evidence-informed best practices for screening, assessment, and treatment services for maternal mental health and substance use disorders, including culturally- and linguistically-appropriate services, for women during pregnancy and 12 months following pregnancy.”.

(f) AUTHORIZATION OF APPROPRIATIONS.—Subsection (g) of section 317L–1 (42 U.S.C. 247b–13a) of the Public Health Service Act, as redesignated, is further amended—

(1) by striking “$5,000,000” and inserting “$24,000,000”; and

(2) by striking “2018 through 2022” and inserting “2023 through 2028”.

SEC. 4. MATERNAL MENTAL HEALTH HOTLINE.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:
SEC. 399V–7. MATERNAL MENTAL HEALTH HOTLINE.

“(a) In General.—The Secretary shall maintain, directly or by grant or contract, a national hotline to provide emotional support, information, brief intervention, and mental health and substance use disorder resources to pregnant and postpartum women at risk of, or affected by, maternal mental health and substance use disorders, and to their families or household members.

“(b) Requirements for Hotline.—The hotline under subsection (a) shall—

“(1) be a 24/7 real-time hotline;

“(2) provide voice and text support;

“(3) be staffed by certified peer specialists, licensed health care professionals, or licensed mental health professionals who are trained on—

“(A) maternal mental health and substance use disorder prevention, identification, and intervention; and

“(B) providing culturally- and linguistically-appropriate support; and

“(4) provide maternal mental health and substance use disorder assistance and referral services to meet the needs of underserved populations, individuals with disabilities, and family and household members of pregnant or postpartum women at risk
of experiencing maternal mental health and sub-
stance use disorders.

“(c) ADDITIONAL REQUIREMENTS.—In maintaining
the hotline under subsection (a), the Secretary shall—

“(1) consult with the Domestic Violence Hot-
line, National Suicide Prevention Lifeline, and Vet-
erans Crisis Line to ensure that pregnant and
postpartum women are connected in real-time to the
appropriate specialized hotline service, when applica-
ble;

“(2) conduct a public awareness campaign for
the hotline; and

“(3) consult with Federal departments and
agencies, including the Centers of Excellence of the
Substance Abuse and Mental Health Services Ad-
ministration and the Department of Veterans Af-
fairs, to increase awareness regarding the hotline.

“(d) ANNUAL REPORT.—The Secretary shall submit
an annual report to Congress on the hotline under sub-
section (a) and implementation of this section, including—

“(1) an evaluation of the effectiveness of activi-
ties conducted or supported under subsection (a);

“(2) a directory of entities or organizations to
which staff maintaining the hotline funded under
this section may make referrals; and
“(3) such additional information as the Secretary determines appropriate.

“(e) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated $10,000,000 for each of fiscal years 2023 through 2028.”.