

118TH CONGRESS
2D SESSION

H. R. 7087

To direct the Secretary of Defense to establish a pilot program for evidence-based perinatal mental health prevention for pregnant and postpartum members of the Armed Forces and beneficiaries, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 25, 2024

Ms. HOULAHAN (for herself and Mr. BACON) introduced the following bill;
which was referred to the Committee on Armed Services

A BILL

To direct the Secretary of Defense to establish a pilot program for evidence-based perinatal mental health prevention for pregnant and postpartum members of the Armed Forces and beneficiaries, 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 “Maintaining our Obli-
5 gation to Moms who Serve Act” or the “MOMS Act”.

1 **SEC. 2. PREVENTING PERINATAL MENTAL HEALTH CONDI-**
2 **TIONS IN PREGNANT AND POSTPARTUM**
3 **MEMBERS OF THE ARMED FORCES AND**
4 **BENEFICIARIES TO IMPROVE MILITARY**
5 **READINESS.**

6 (a) PILOT PROGRAM.—

7 (1) ESTABLISHMENT.—Not later than 180 days
8 after the date of the enactment of this Act, the Sec-
9 retary of Defense, acting through the Defense
10 Health Agency, shall establish a pilot program to as-
11 sess the feasibility and impact of providing evidence-
12 based perinatal mental health prevention programs
13 for pregnant and postpartum members of the Armed
14 Forces and beneficiaries in military medical treat-
15 ment facilities with the goal of reducing the rates of
16 perinatal mental health conditions and improving the
17 military readiness of such members and their fami-
18 lies.

19 (2) REQUIREMENTS.—Pursuant to the pilot
20 program, the Secretary shall carry out the following:

21 (A) Integrate the evidence-based perinatal
22 mental health prevention programs for pregnant
23 and postpartum members of the Armed Forces
24 and beneficiaries within existing maternal or
25 pediatric care or programming such as primary

1 care, obstetric care, pediatric care, or family or
2 parenting programs, when applicable.

3 (B) Select pilot sites in a manner to rep-
4 resent the diversity amongst the Armed Force
5 including—

6 (i) at least two military medical treat-
7 ment facilities per Armed Force;

8 (ii) geographically diverse sites across
9 the United States and outside of the conti-
10 nental United States; and

11 (iii) prioritization of military medical
12 treatment facilities with established mater-
13 nal health programs or Women’s Clinics.

14 (C) Implement the prevention programs at
15 times, locations, and structured in a manner
16 that incentivizes participation by pregnant and
17 postpartum members of the Armed Forces and
18 beneficiaries, including removing barriers for
19 member and beneficiary participation such as
20 childcare availability, differences in rank and
21 military occupational specialty, and any other
22 factor the Secretary determines.

23 (D) Increase awareness of and encourage
24 participation in care or programming for preg-
25 nant and postpartum members of the Armed

1 Forces and beneficiaries as described in sub-
2 paragraph (A).

3 (b) ADVISORY COMMITTEE.—

4 (1) ESTABLISHMENT.—Not later than 90 days
5 after the date of the enactment of this Act, the Sec-
6 retary of Defense shall establish an advisory com-
7 mittee to assist the Department of Defense in car-
8 rying out the requirements under this section.

9 (2) MEMBERS.—The Secretary shall select the
10 members of the advisory committee including the fol-
11 lowing:

12 (A) Members of the Armed Forces or bene-
13 ficiaries—

14 (i) who are or have experienced
15 perinatal care in the previous five years
16 while in the service;

17 (ii) represent various branches and
18 ranks within the Armed Forces; and

19 (iii) preference for members of the
20 Armed Forces or beneficiaries who experi-
21 enced a perinatal mental health condition.

22 (B) Representatives of military and vet-
23 erans service organizations.

24 (C) Experts in perinatal mental health pro-
25 motion, prevention, and intervention.

1 (D) Representatives from the Federal Ma-
2 ternal Mental Health Hotline and related
3 perinatal mental health programs.

4 (3) DUTIES.—The advisory committee shall
5 guide the Secretary through the implementation of
6 the requirements under this section by providing rec-
7 ommendations to the Secretary on the following
8 items:

9 (A) Identification of evidence-based
10 perinatal prevention programs.

11 (B) Strategies to increase participation
12 amongst a diverse group of pregnant and
13 postpartum members of the Armed Forces and
14 beneficiaries.

15 (C) Outreach to eligible pregnant and
16 postpartum members of the Armed Forces and
17 beneficiaries on the benefits of prevention and
18 availability of pilot program participation.

19 (D) Strategies to reduce stigma amongst
20 members of the Armed Forces and beneficiaries
21 about perinatal mental health conditions and
22 the use of prevention programs.

23 (c) TECHNICAL ASSISTANCE.—The Secretary shall
24 provide technical assistance to military medical treatment
25 facilities in implementing evidence-based perinatal preven-

1 tion programs under subsection (a) and outside of this
2 pilot program.

3 (d) STUDY.—The Secretary shall conduct a study of
4 the effectiveness of the pilot program under subsection (a)
5 in preventing or reducing the onset of symptoms of
6 perinatal mental health conditions amongst pregnant and
7 postpartum members of the Armed Forces and bene-
8 ficiaries.

9 (e) REPORTS.—

10 (1) ANNUAL REPORT.—The Secretary shall
11 submit to the Committees on Armed Services of the
12 Senate and House of Representatives an annual re-
13 port on the progress of the pilot program adminis-
14 tered under subsection (a) for the year covered by
15 the report, including the number of pregnant and
16 postpartum members of the Armed Forces and bene-
17 ficiaries completing the evidence-based prevention
18 program broken out by type of prevention program,
19 military service, military occupational specialty,
20 rank, marital status, birth setting of delivery, sex,
21 age, race, and ethnicity.

22 (2) FINAL REPORT.—The Secretary shall sub-
23 mit a final report to the Congressional Defense
24 Committees, and make sure report available to the
25 public, including—

1 (A) all elements within the annual report
2 under paragraph (1);

3 (B) an assessment and findings from the
4 study in subsection (d);

5 (C) recommendations on whether the
6 model studied in the pilot program should be
7 continued or more widely adopted by the De-
8 partment; and

9 (D) recommendations on how to scale the
10 pilot program and ensure cost-effective sustain-
11 ability.

12 (f) AUTHORIZATION OF APPROPRIATIONS.—There
13 are to be appropriated to carry out this section,
14 \$5,000,000 for each fiscal year 2025 through 2029.

15 (g) DEFINITIONS.—In this section:

16 (1) PERINATAL MENTAL HEALTH CONDITION.—
17 The term “perinatal mental health condition” means
18 a mental health disorder that onsets during the
19 pregnancy or within the one-year postpartum period.

20 (2) PREVENTION PROGRAMS.—The term “pre-
21 vention programs” means an activity shown to avert
22 or decrease the onset or symptoms of a perinatal
23 mental health condition.

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