

declares the House in recess until 4 p.m. today.

Accordingly (at 3 o'clock and 47 minutes p.m.), the House stood in recess until 4 p.m. today.

□ 1600

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. BERKLEY) at 4 p.m.

MELANIE BLOCKER-STOKES POSTPARTUM DEPRESSION RESEARCH AND CARE ACT

Ms. BALDWIN. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 20) to provide for research on, and services for individuals with, postpartum depression and psychosis, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 20

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 "Melanie Blocker-Stokes Postpartum Depression Research and Care Act".

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Postpartum depression is a devastating mood disorder which strikes many women during and after pregnancy.

(2) Postpartum mood changes are common and can be broken into three subgroups: "baby blues", which is an extremely common and the less severe form of postpartum depression; postpartum mood and anxiety disorders, which are more severe than baby blues and can occur during pregnancy and anytime within the first year of the infant's birth; and postpartum psychosis, which is the most extreme form of postpartum depression and can occur during pregnancy and up to 12 months after delivery.

(3) "Baby blues" is characterized by mood swings, feelings of being overwhelmed, tearfulness, irritability, poor sleep, mood changes, and a sense of vulnerability.

(4) The symptoms of postpartum mood and anxiety disorders are the worsening and the continuation of the baby blues beyond the first days or weeks after delivery.

(5) The symptoms of postpartum psychosis include losing touch with reality, distorted thinking, delusions, auditory hallucinations, paranoia, hyperactivity, and rapid speech or mania.

(6) Each year over 400,000 women suffer from postpartum mood changes, with baby blues afflicting up to 80 percent of new mothers; postpartum mood and anxiety disorders impairing around 10 to 20 percent of new mothers; and postpartum psychosis striking 1 in 1,000 new mothers.

(7) Postpartum depression is a treatable disorder if promptly diagnosed by a trained provider and attended to with a personalized regimen of care including social support, therapy, medication, and when necessary hospitalization.

(8) All too often postpartum depression goes undiagnosed or untreated due to the social stigma surrounding depression and mental illness, the myth of motherhood, the new mother's inability to self-diagnose her condition, the new mother's shame or embarrassment over discussing her depression so near to the birth of her child, the lack of understanding in society

and the medical community of the complexity of postpartum depression, and economic pressures placed on hospitals and providers.

(9) Untreated, postpartum depression can lead to further depression, substance abuse, loss of employment, divorce and further social alienation, self-destructive behavior, or even suicide.

(10) Untreated, postpartum depression impacts society through its effect on the infant's physical and psychological development, child abuse, neglect, or death of the infant or other siblings, and the disruption of the family.

TITLE I—RESEARCH ON POSTPARTUM DEPRESSION AND PSYCHOSIS

SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVITIES.

(a) *IN GENERAL.*—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health and the Director of the National Institute of Mental Health (in this title referred to as the "Institute"), is encouraged to continue aggressive work on postpartum depression and postpartum psychosis.

(b) *COORDINATION WITH OTHER INSTITUTES.*—The Director of the Institute should continue to coordinate activities of the Director under subsection (a) with similar activities conducted by the other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to postpartum conditions.

(c) *PROGRAMS FOR POSTPARTUM CONDITIONS.*—In carrying out subsection (a), the Director of the Institute is encouraged to continue research to expand the understanding of the causes of, and to find a cure for, postpartum conditions. Activities under such subsection shall include conducting and supporting the following:

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

(2) Epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions.

(3) The development of improved screening and diagnostic techniques.

(4) Clinical research for the development and evaluation of new treatments, including new biological agents.

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

SEC. 102. NATIONAL PUBLIC AWARENESS CAMPAIGN.

(a) *IN GENERAL.*—The Director of the National Institutes of Health and the Administrator of the Health Resources and Services Administration are encouraged to carry out a coordinated national campaign to increase the awareness and knowledge of postpartum depression and postpartum psychosis.

(b) *PUBLIC SERVICE ANNOUNCEMENTS.*—Activities under the national campaign under subsection (a) may include public service announcements through television, radio, and other means.

SEC. 103. BIENNIAL REPORTING.

Section 403(a)(5) of the Public Health Service Act (42 U.S.C. 283(a)(5)) is amended—

(1) by redesignating subparagraph (L) as subparagraph (M); and

(2) by inserting after subparagraph (K) the following:

"(L) Depression."

SEC. 104. LONGITUDINAL STUDY OF RELATIVE MENTAL HEALTH CONSEQUENCES FOR WOMEN OF RESOLVING A PREGNANCY.

(a) *SENSE OF CONGRESS.*—It is the sense of Congress that the Director of the Institute may conduct a nationally representative longitudinal study (during the period of fiscal years 2008 through 2018) of the relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, in-

cluding carrying the pregnancy to term and parenting the child, carrying the pregnancy to term and placing the child for adoption, miscarriage, and having an abortion. This study may assess the incidence, timing, magnitude, and duration of the immediate and long-term mental health consequences (positive or negative) of these pregnancy outcomes.

(b) *REPORT.*—Beginning not later than 3 years after the date of the enactment of this Act, and periodically thereafter for the duration of the study under subsection (a), the Director of the Institute should prepare and submit to the Congress reports on the findings of the study.

TITLE II—DELIVERY OF SERVICES REGARDING POSTPARTUM DEPRESSION AND PSYCHOSIS

SEC. 201. ESTABLISHMENT OF PROGRAM OF GRANTS.

(a) *IN GENERAL.*—The Secretary of Health and Human Services (in this title referred to as the "Secretary") should in accordance with this title make grants to provide for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with postpartum depression or postpartum psychosis (referred to in this section as a "postpartum condition") and their families.

(b) *RECIPIENTS OF GRANTS.*—A grant under subsection (a) may be made to an entity only if the entity is a public or nonprofit private entity, which may include a State or local government; a public or nonprofit private hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, or homeless health center; or any other appropriate public or nonprofit private entity.

(c) *CERTAIN ACTIVITIES.*—To the extent practicable and appropriate, the Secretary shall ensure that projects under subsection (a) provide services for the diagnosis and management of postpartum conditions. Activities that the Secretary may authorize for such projects may also include the following:

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

(2) Delivering or enhancing inpatient care management services that ensure the well-being of the mother and family and the future development of the infant.

(3) Improving the quality, availability, and organization of health care and support services (including transportation services, attendant care, homemaker services, day or respite care, and providing counseling on financial assistance and insurance) for individuals with postpartum conditions and support services for their families.

(d) *INTEGRATION WITH OTHER PROGRAMS.*—To the extent practicable and appropriate, the Secretary should integrate the program under this title with other grant programs carried out by the Secretary, including the program under section 330 of the Public Health Service Act.

SEC. 202. CERTAIN REQUIREMENTS.

A grant may be made under section 201 only if the applicant involved makes the following agreements:

(1) Not more than 5 percent of the grant will be used for administration, accounting, reporting, and program oversight functions.

(2) The grant will be used to supplement and not supplant funds from other sources related to the treatment of postpartum conditions.

(3) The applicant will abide by any limitations deemed appropriate by the Secretary on any charges to individuals receiving services pursuant to the grant. As deemed appropriate by the Secretary, such limitations on charges may vary based on the financial circumstances of the individual receiving services.