

MELANIE BLOCKER STOKES MOTHERS ACT

MARCH 23, 2009.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. WAXMAN, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 20]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 20) to provide for research on, and services for individuals with, postpartum depression and psychosis, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Melanie Blocker Stokes Mom’s Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act” or the “Melanie Blocker Stokes MOTHERS Act”.

SEC. 2. DEFINITIONS.

For purposes of this Act—

- (1) the term “postpartum condition” means postpartum depression or postpartum psychosis; and
- (2) the term “Secretary” means the Secretary of Health and Human Services.

TITLE I—RESEARCH ON POSTPARTUM CONDITIONS

SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVITIES.

(a) CONTINUATION OF ACTIVITIES.—The Secretary is encouraged to continue activities on postpartum conditions.

(b) PROGRAMS FOR POSTPARTUM CONDITIONS.—In carrying out subsection (a), the Secretary is encouraged to continue research to expand the understanding of the causes of, and treatments 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.

(5) Information and education programs for health care professionals and the public, which may include a coordinated national campaign to increase the awareness and knowledge of postpartum conditions. Activities under such a national campaign may—

(A) include public service announcements through television, radio, and other means; and

(B) focus on—

(i) raising awareness about screening;

(ii) educating new mothers and their families about postpartum conditions to promote earlier diagnosis and treatment; and

(iii) ensuring that such education includes complete information concerning postpartum conditions, including its symptoms, methods of coping with the illness, and treatment resources.

SEC. 102. SENSE OF CONGRESS REGARDING 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 National Institute of Mental Health may conduct a nationally representative longitudinal study (during the period of fiscal years 2009 through 2018) of the relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, including 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, such Director may prepare and submit to the Congress reports on the findings of the study.

TITLE II—DELIVERY OF SERVICES REGARDING POSTPARTUM CONDITIONS

SEC. 201. ESTABLISHMENT OF GRANT PROGRAM.

Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after section 330G the following:

“SEC. 330G-1. SERVICES TO INDIVIDUALS WITH A POSTPARTUM CONDITION AND THEIR FAMILIES.

“(a) IN GENERAL.—The Secretary may make grants to eligible entities for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with a postpartum condition and their families.

“(b) CERTAIN ACTIVITIES.—To the extent practicable and appropriate, the Secretary shall ensure that projects funded under subsection (a) provide education and services with respect to the diagnosis and management of postpartum conditions. The Secretary may allow such projects to include the following:

“(1) Delivering or enhancing outpatient and home-based health and support services, including case management 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 a postpartum condition and support services for their families.

“(4) Providing education to new mothers and, as appropriate, their families about postpartum conditions to promote earlier diagnosis and treatment. Such education may include—

“(A) providing complete information on postpartum conditions, symptoms, methods of coping with the illness, and treatment resources; and

- “(B) in the case of a grantee that is a State, hospital, or birthing facility—
- “(i) providing education to new mothers and fathers, and other family members as appropriate, concerning postpartum conditions before new mothers leave the health facility; and
- “(ii) ensuring that training programs regarding such education are carried out at the health facility.
- “(c) INTEGRATION WITH OTHER PROGRAMS.—To the extent practicable and appropriate, the Secretary may integrate the grant program under this section with other grant programs carried out by the Secretary, including the program under section 330.
- “(d) CERTAIN REQUIREMENTS.—A grant may be made under this section 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.
- “(4) The grant will not be expended to make payment for services authorized under subsection (a) to the extent that payment has been made, or can reasonably be expected to be made, with respect to such services—
- “(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or
- “(B) by an entity that provides health services on a prepaid basis.
- “(5) The applicant will, at each site at which the applicant provides services funded under subsection (a), post a conspicuous notice informing individuals who receive the services of any Federal policies that apply to the applicant with respect to the imposition of charges on such individuals.
- “(6) For each grant period, the applicant will submit to the Secretary a report that describes how grant funds were used during such period.
- “(e) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance to entities seeking a grant under this section in order to assist such entities in complying with the requirements of this section.
- “(f) DEFINITIONS.—In this section:
- “(1) The term ‘eligible entity’ means a public or nonprofit private entity, which may include a State or local government; a public or nonprofit private recipient of a grant under section 330H (relating to the Healthy Start Initiative), public-private partnership, hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, public housing primary care center, or homeless health center; or any other appropriate public or nonprofit private entity.
- “(2) The term ‘postpartum condition’ means postpartum depression or postpartum psychosis.”.

TITLE III—GENERAL PROVISIONS

SEC. 301. AUTHORIZATION OF APPROPRIATIONS.

To carry out this Act and the amendment made by section 201, there are authorized to be appropriated, in addition to such other sums as may be available for such purpose—

- (1) \$3,000,000 for fiscal year 2009; and
- (2) such sums as may be necessary for fiscal years 2010 and 2011.

SEC. 302. REPORT BY THE SECRETARY.

(a) STUDY.—The Secretary shall conduct a study on the benefits of screening for postpartum conditions.

(b) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall complete the study required by subsection (a) and submit a report to the Congress on the results of such study.

SEC. 303. LIMITATION.

Notwithstanding any other provision of this Act or the amendment made by section 201, the Secretary may not utilize amounts made available under this Act or such amendment to carry out activities or programs that are duplicative of activities or programs that are already being carried out through the Department of Health and Human Services.

CONTENTS

	Page
Purpose and Summary	4
Background and Need for Legislation	4
Hearings	5
Committee Consideration	5
Committee Votes	5
Committee Oversight Findings	5
Statement of General Performance Goals and Objectives	6
New Budget Authority, Entitlement Authority, and Tax Expenditures	6
Earmarks and Tax and Tariff Benefits	6
Committee Cost Estimate	6
Congressional Budget Office Estimate	6
Federal Mandates Statement	8
Advisory Committee Statement	8
Constitutional Authority Statement	8
Applicability to Legislative Branch	8
Section-by-Section Analysis of the Legislation	9
Explanation of Amendments	10
Changes in Existing Law Made by the Bill, as Reported	10

PURPOSE AND SUMMARY

The purpose of H.R. 20, the “Melanie Blocker Stokes Mom’s Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act (the Melanie Blocker Stokes MOTHERS Act)”, is to provide research on and services for individuals with postpartum depression and psychosis. The legislation encourages the Secretary of Health and Human Services to continue activities and research on postpartum depression and post-partum psychosis and authorizes the appropriation of \$3 million in FY2009 and such sums as may be necessary in FY2010 and FY2011 for the Secretary to make grants to support effective and cost-efficient systems for the delivery of essential services to individuals with such conditions.

BACKGROUND AND NEED FOR LEGISLATION

Depression is a very common disorder, affecting 15% to 25% of the population and representing a yearly economic burden of \$44 billion. Overall, depression is frequently undetected, with fewer than 25% of patients suffering from mental illness actually under the care of a mental health specialist. Depression is twice as common in women as it is in men, with its peak incidence during the primary reproductive years—ages 25 to 45.

Because women are more likely to experience depression during these years, they are especially vulnerable to developing depression during pregnancy and postpartum mental health disorders after childbirth. In the United States, there may be as many as 800,000 new cases of postpartum conditions each year. The spectrum of postpartum mood disorders is generally divided into three distinct categories, with the “maternity blues” or “baby blues” at the mildest end of the spectrum.

Postpartum depression occurs after 10% to 15% of all deliveries and after 26% to 32% of all adolescent deliveries. The majority of patients suffer from this illness for more than 6 months and, if untreated, 25% of patients are still depressed a year later. Women with postpartum depression may feel restless, anxious, sad, or depressed. They may have feelings of guilt, decreased energy and mo-

tivation, and a sense of worthlessness. They may also have sleep difficulties and undergo unexplained weight loss or gain.

The most severe postpartum condition is postpartum psychosis. A comparatively rare disease, it complicates only 0.1% to 0.2% of deliveries. Symptoms generally present within the first 4 weeks of postpartum, when the risk of hospitalization is 22 times greater, but can manifest up to 90 days after delivery. A second smaller peak in incidence is evident at 18 to 24 months. Patients suffering from postpartum psychosis are severely impaired, suffering from hallucinations and delusions that frequently focus on the infant dying or being divine or demonic. These hallucinations often command that the patient hurt herself or others, placing these mothers at the highest risk for committing infanticide and/or suicide.

HEARINGS

The Committee on Energy and Commerce held a hearing on legislation similar to H.R. 20 on May 1, 2007, in the 110th Congress. The Subcommittee heard from two panels of witnesses and experts. The first panel consisted of testimony by Catherine Roca, M.D., Chief, Women's Programs, National Institute of Mental Health, National Institutes of Health. The second panel had five witnesses: Nada Stotland, M.D., M.P.H., Professor of Psychiatry and Obstetrics/Gynecology, Rush Medical College, Chicago (testifying on behalf of the American Psychiatric Association); Ms. Mary Jo Codey, Former First Lady of the State of New Jersey; Ms. Carol Blocker, mother of Melanie Blocker-Stokes; Priscilla K. Coleman, Ph.D., Associate Professor of Human Development and Family Studies, Bowling State University; and Ms. Michaelene Fredenburg, President, Life Perspectives. The Committee on Energy and Commerce did not hold hearings on the legislation in the 111th Congress.

COMMITTEE CONSIDERATION

The Committee on Energy and Commerce met in open markup session on Wednesday, March 4, 2009, and, pursuant to a motion by Mr. Waxman, agreed by unanimous consent to consider and approve H.R. 20 and several other bills en bloc. H.R. 20 was ordered favorably reported, amended, to the House by a voice vote. An amendment to H.R. 20 offered by Mr. Waxman was adopted by unanimous consent.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no recorded votes taken during consideration or ordering H.R. 20 reported to the House.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Subcommittee on Health has held legislative hearings on legislation similar to H.R. 20 in the 110th Congress and made oversight findings that are reflected in this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

H.R. 20 encourages the Secretary of Health and Human Services to continue activities on postpartum depression and postpartum psychosis. H.R. 20 encourages the Secretary to continue research to expand the understanding of the causes of, and treatments for, such conditions. H.R. 20 states that the Secretary may make grants to establish, operate, and coordinate effective and cost-efficient systems for the delivery of essential services to individuals with such conditions and their families. This legislation further allows the Secretary to provide technical assistance to grant recipients.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 20 would result in no new or increased budget authority, entitlement authority, or tax expenditures.

EARMARKS AND TAX AND TARIFF BENEFITS

In compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 20 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate on H.R. 20 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, March 19, 2009.

Hon. HENRY A. WAXMAN,
*Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 20, the Melanie Blocker Stokes MOTHERS Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Jamease Kowalczyk.

Sincerely,

DOUGLAS W. ELMENDORF,
Director.

Enclosure.

H.R. 20—Melanie Blocker Stokes MOTHERS Act

Summary: H.R. 20 would encourage the Secretary of Health and Human Services (HHS) to continue ongoing activities at the National Institutes of Health (NIH) and the Health Resources and Services Administration (HRSA) related to research and dissemination of information concerning postpartum depression or postpartum psychosis. The bill also would direct the Secretary to provide grants to public or nonprofit entities to establish and operate programs that provide health care and support services to individuals with postpartum depression or postpartum psychosis.

For those purposes, the bill would authorize the appropriation of \$3 million for fiscal year 2009 and such sums as are necessary for fiscal years 2010 and 2011. CBO estimates that implementing the bill would cost less than \$500,000 in 2009 and about \$9 million over the 2009–2014 period, assuming the appropriation of the necessary amounts. Enacting H.R. 20 would not affect direct spending or revenues.

The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA); any costs to state and local governments would be incurred voluntarily.

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 20 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—						
	2009	2010	2011	2012	2013	2014	2009–2014
CHANGES IN SPENDING SUBJECT TO APPROPRIATION							
Estimated Authorization Level	3	3	3	0	0	0	9
Estimated Outlays	*	2	3	2	1	0	9

Note: = *Less than \$500,000.

Basis of estimate: For this estimate, CBO assumes that H.R. 20 will be enacted before August 2009, that the authorized amounts will be appropriated for each year, and that outlays will follow historical spending patterns for similar programs.

Grants for services related to postpartum depression and psychosis

H.R. 20 would authorize the Secretary of HHS to make grants to public or nonprofit entities for the establishment, operation, and coordination of systems for delivery of services to individuals with postpartum depression or postpartum psychosis. Not more than 5 percent of these grants could be used for administration, accounting, reporting, or program oversight. These grants would not be permitted to supplant funds from other sources, including federal and state health programs.

H.R. 20 would authorize the appropriation of \$3 million in fiscal year 2009 and such sums as are necessary in fiscal years 2010 and 2011. CBO estimates that the \$3 million authorized for appropriation in 2009 would fund a postpartum services grant program consistent with the requirements of the bill (none of the \$3 million would be required for the research activities under the bill as described below). CBO estimates that an additional \$3 million a year

would be necessary to fund the grant program in 2010 and 2011. Implementing the grant program would cost less than \$500,000 in 2009 and about \$9 million over the 2009–2014 period.

Research on postpartum depression and psychosis

H.R. 20 would encourage the Secretary of HHS, acting through the Director of the NIH, to continue research efforts related to postpartum depression and postpartum psychosis. Such research includes basic research, epidemiological research, the development of improved diagnostic techniques, clinical research, and information and education programs. According to officials at the NIH, the institutes currently support all of those activities.

The bill also would encourage the Director of the NIH and the Administrator of HRSA carry out a national campaign to raise awareness of postpartum depression. According to officials at the NIH, the institutes already communicate and disseminate their research findings as required by law. Both the NIH and HRSA sponsor Web sites devoted to postpartum depression. According to officials at HHS, HRSA frequently uses public service announcements to communicate messages to the public. CBO estimates that there would be no cost to HRSA to implement those provisions, because they would not involve any change in the agency's activities.

Intergovernmental and private-sector impact: H.R. 20 contains no intergovernmental mandates as defined in UMRA. Grants authorized in the bill would benefit state and local governments that provide services for diagnosing and managing postpartum depression. Any costs to those governments to comply with grant conditions would be incurred voluntarily.

Estimate prepared by: Federal Costs: Jamease Kowalczyk; Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum; Impact on Private Sector: Keisuke Nakagawa.

Estimate approved by: Peter H. Fontaine, Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by H.R. 20.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the constitutional authority for this legislation is provided in the provisions of Article I, section 8, clause 1 that relate to expending funds to provide for the general welfare of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or

accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 establishes the short title of the Act as the “Melanie Blocker Stokes MOTHERS Act”.

Section 2. Definitions

Section 2 defines postpartum conditions as postpartum depression or postpartum psychosis. It also defines “Secretary” as the Secretary of Health and Human Services.

TITLE I—RESEARCH ON POSTPARTUM DEPRESSION AND PSYCHOSIS

Title I addresses the activities and research related to postpartum depression and psychosis.

Section 101 encourages the Secretary to continue activities on postpartum conditions and to continue research to expand the understanding of the causes of, and treatments for, these conditions. These activities include: basic research on the causes of these conditions; epidemiological studies on the frequency and history of the conditions as well as differences among racial and ethnic groups with respect to these conditions; development of improved screening and diagnostic techniques; research on new treatments; and information and education programs for health care professionals and the public. Information and education programs may include a coordinated national campaign to increase the awareness and knowledge of postpartum conditions.

Section 102 is the sense of Congress that the Director of the National Institute of Mental Health may conduct a nationally representative longitudinal study (during the period of fiscal years 2009 through 2018) of the relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, including 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.

TITLE II—DELIVERY OF SERVICES REGARDING POSTPARTUM DEPRESSION AND PSYCHOSIS

Title II addresses the establishment of grant programs related to postpartum depression and psychosis.

Section 201 amends Subpart I of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) to create section 330G.

Section 330G–1. Services to individuals with a postpartum condition and their families. Section 330G–1 gives the Secretary discretionary authority to 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. Recipients of

these grants must be either a public or nonprofit private entity, which may include a state or local government; a public or nonprofit private recipient of a grant under section 330H (relating to the Healthy Start Initiative), public-private partnership, hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, public housing primary care center, or homeless health center; or any other appropriate public or nonprofit private entity. To the extent practicable and appropriate, the Secretary may integrate the grant program under this section with other grant programs carried out by the Secretary. The Secretary may also provide technical assistance to entities seeking a grant under this section in order to assist them in complying with the requirements of this section.

TITLE III—GENERAL PROVISIONS

Section 301 authorizes \$3,000,000 to be appropriated for fiscal year 2009, and such sums as may be necessary for fiscal years 2010 and 2011.

Section 302 directs the Secretary to conduct a study on the benefits for screening for postpartum conditions. The Secretary is directed to submit the report to Congress no later than two years after the enactment of this Act.

Section 303 prohibits the Secretary from using any funds authorized by this legislation to carry out activities or programs that are duplicative of activities or programs that are already being carried out through the Department of Health and Human Services.

EXPLANATION OF AMENDMENTS

Mr. Waxman offered an amendment that changed the date by which the Secretary would report findings on the report in Section 102 from five to three years; and clarified the categories of entities eligible for grants under Section 201.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italic and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

* * * * *

PART D—PRIMARY HEALTH CARE

Subpart I—Health Centers

* * * * *

SEC. 330G-1. SERVICES TO INDIVIDUALS WITH A POSTPARTUM CONDITION AND THEIR FAMILIES.

(a) *IN GENERAL.*—The Secretary may make grants to eligible entities for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with a postpartum condition and their families.

(b) *CERTAIN ACTIVITIES.*—To the extent practicable and appropriate, the Secretary shall ensure that projects funded under subsection (a) provide education and services with respect to the diagnosis and management of postpartum conditions. The Secretary may allow such projects to include the following:

(1) *Delivering or enhancing outpatient and home-based health and support services, including case management 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 a postpartum condition and support services for their families.*

(4) *Providing education to new mothers and, as appropriate, their families about postpartum conditions to promote earlier diagnosis and treatment. Such education may include—*

(A) *providing complete information on postpartum conditions, symptoms, methods of coping with the illness, and treatment resources; and*

(B) *in the case of a grantee that is a State, hospital, or birthing facility—*

(i) *providing education to new mothers and fathers, and other family members as appropriate, concerning postpartum conditions before new mothers leave the health facility; and*

(ii) *ensuring that training programs regarding such education are carried out at the health facility.*

(c) *INTEGRATION WITH OTHER PROGRAMS.*—To the extent practicable and appropriate, the Secretary may integrate the grant program under this section with other grant programs carried out by the Secretary, including the program under section 330.

(d) *CERTAIN REQUIREMENTS.*—A grant may be made under this section 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 receiv-*

ing 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.

(4) The grant will not be expended to make payment for services authorized under subsection (a) to the extent that payment has been made, or can reasonably be expected to be made, with respect to such services—

(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(B) by an entity that provides health services on a pre-paid basis.

(5) The applicant will, at each site at which the applicant provides services funded under subsection (a), post a conspicuous notice informing individuals who receive the services of any Federal policies that apply to the applicant with respect to the imposition of charges on such individuals.

(6) For each grant period, the applicant will submit to the Secretary a report that describes how grant funds were used during such period.

(e) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance to entities seeking a grant under this section in order to assist such entities in complying with the requirements of this section.

(f) DEFINITIONS.—In this section:

(1) The term “eligible entity” means a public or nonprofit private entity, which may include a State or local government; a public or nonprofit private recipient of a grant under section 330H (relating to the Healthy Start Initiative), public-private partnership, hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, public housing primary care center, or homeless health center; or any other appropriate public or nonprofit private entity.

(2) The term “postpartum condition” means postpartum depression or postpartum psychosis.

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