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(Original Signature of Member)

117TH CONGRESS
2D SESSION

H. R. _____

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

IN THE HOUSE OF REPRESENTATIVES

Ms. CLARK of Massachusetts introduced the following bill; which was referred to the Committee on _____

A BILL

To amend the Public Health Service Act to reauthorize a grant program for screening, assessment, and treatment services for maternal mental health conditions and substance use disorders, 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 “Into the Light for Ma-
5 ternal Mental Health Act of 2022”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Maternal mental health conditions are the
2 most common complications of pregnancy and child-
3 birth, affecting 1 in 5 women or 800,000 women an-
4 nually, during pregnancy or the year following preg-
5 nancy.

6 (2) Maternal mental health conditions con-
7 tribute to the high rate of maternal mortality in the
8 United States, with suicide and drug overdose com-
9 bined being the leading cause of death for women in
10 the first year following pregnancy.

11 (3) Women who experience racial and economic
12 inequities are 3 to 4 times more likely to be im-
13 pacted by maternal mental health conditions and
14 other behavioral health disorders.

15 (4) Untreated maternal mental health condi-
16 tions and substance use disorders can have long-
17 term negative impacts on the mother, baby, family,
18 and society.

19 (5) Mothers with untreated mental health con-
20 ditions during pregnancy are more likely to have
21 poor nutrition and struggle with substance use dis-
22 orders, which can lead to poor birth outcomes for
23 the baby.

1 (6) Untreated maternal mental health condi-
2 tions and substance use disorders can contribute
3 to—

4 (A) impaired parent-child interactions;

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

7 (C) adverse childhood experiences that can
8 negatively impact the child's life.

9 (7) Untreated maternal mental health condi-
10 tions are estimated to cost the United States econ-
11 omy \$14,000,000,000 or \$32,000 per mother-infant
12 pair in addressing poor health outcomes and ac-
13 counting for lost wages and productivity of the
14 mother.

15 (8) Although the United States Preventative
16 Services Task Force and several national medical or-
17 ganizations encourage health care providers to
18 screen and treat maternal mental health conditions,
19 75 percent of women impacted remain undiagnosed
20 and untreated.

21 (9) Frontline providers who care for women
22 during pregnancy and the first year following preg-
23 nancy are often reluctant to screen for maternal
24 mental health conditions, citing lack of education,

1 insurance reimbursement, and resources for affected
2 women.

3 **SEC. 3. SCREENING AND TREATMENT FOR A MATERNAL**
4 **MENTAL HEALTH CONDITIONS AND SUB-**
5 **STANCE USE DISORDERS.**

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

8 (1) in the section heading, by striking “**MA-**
9 **TERNAL DEPRESSION**” and inserting “**MATER-**
10 **NAL MENTAL HEALTH CONDITIONS AND SUB-**
11 **STANCE USE DISORDERS**”; and

12 (2) in subsection (a)—

13 (A) by inserting “, the District of Colum-
14 bia, territories of the United States, Indian
15 Tribes and Tribal Organizations (as such terms
16 are defined in section 4 of the Indian Self-De-
17 termination and Education Assistance Act), and
18 Urban Indian organizations (as such term is
19 defined in section 4 of the Indian Health Care
20 Improvement Act)” after “States”; and

21 (B) by striking “maternal depression” and
22 inserting “maternal mental health conditions
23 and substance use disorders”.

1 (b) APPLICATION.—Subsection (b) of section 317L–
2 1 of the Public Health Service Act (42 U.S.C. 247b–13a)
3 is amended—

4 (1) by striking “a State shall submit” and in-
5 serting “an entity listed in subsection (a) shall sub-
6 mit”; and

7 (2) in paragraphs (1) and (2), by striking “ma-
8 ternal depression” each place it appears and insert-
9 ing “maternal mental health conditions and sub-
10 stance use disorders”.

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

14 (1) by striking “may give priority to States pro-
15 posing to improve or enhance” and inserting the fol-
16 lowing: “shall give priority to entities listed in sub-
17 section (a) that—

18 “(1) are proposing to create, improve, or en-
19 hance”;

20 (2) by striking “maternal depression” and in-
21 serting “maternal mental health conditions and sub-
22 stance use disorders”;

23 (3) by striking the period at the end of para-
24 graph (1), as so designated, and inserting a semi-
25 colon; and

1 (4) by inserting after such paragraph (1) the
2 following:

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

6 “(3) are located in an area with high rates of
7 adverse maternal health outcomes or significant
8 health, racial, or ethnic disparities in maternal
9 health outcomes; and

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

12 (d) USE OF FUNDS.—Subsection (d) of section
13 317L–1 of the Public Health Service Act (42 U.S.C.
14 247b–13a) is amended—

15 (1) in paragraph (1)—

16 (A) in subparagraph (A), by striking “;
17 and” and inserting “in the primary care setting
18 and nonclinical perinatal support workers, in-
19 cluding training on maternal mental health and
20 substance use screening, brief intervention, re-
21 ferrals for treatment, and treatment;”;

22 (B) in subparagraph (B), by striking
23 “health care providers, including information on
24 maternal depression screening, treatment, and
25 followup support services, and linkages to com-

1 munity-based resources; and” and inserting
2 “health care providers in the primary care set-
3 ting and nonclinical perinatal support workers,
4 including information on maternal mental
5 health screening, brief intervention, treatment
6 and referrals for treatment, followup support
7 services, and linkages to community-based re-
8 sources; and”;

9 (C) by adding at the end the following:

10 “(C) enabling health care providers (in-
11 cluding obstetrician-gynecologists, nurse practi-
12 tioners, nurse midwives, pediatricians, psychia-
13 trists, mental and other behavioral health care
14 providers, and adult primary care clinicians) to
15 provide or receive real-time psychiatric con-
16 sultation (in-person or remotely) to aid in the
17 treatment of pregnant and postpartum women;
18 and”; and

19 (2) in paragraph (2)—

20 (A) by striking subparagraph (A) and re-
21 designating subparagraphs (B) and (C) as sub-
22 paragraphs (A) and (B), respectively;

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

1 (C) in subparagraph (B), as redesign-
2 nated—

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

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

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

9 “(C) providing assistance to mothers to re-
10 ceive treatment, including patient consultation,
11 care coordination, and navigation for treatment;

12 “(D) coordinating with maternal and child
13 health programs of the Federal Government
14 and State, local, and Tribal governments, in-
15 cluding child psychiatric access programs;

16 “(E) conducting public outreach and
17 awareness regarding grants under subsection
18 (a);

19 “(F) creating multi-State consortia to
20 carry out the activities required or authorized
21 under this subsection; and

22 “(G) training health care providers in the
23 primary care setting and nonclinical perinatal
24 support workers on trauma-informed care, cul-
25 turally and linguistically appropriate services,

1 best practices related to training to improve the
2 provision of prenatal care, labor care, and
3 postpartum care for racial and ethnic minority
4 populations, including with respect to percep-
5 tions and biases that may affect the approach
6 to, and provision of, care.”.

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

10 (1) by redesignating subsection (e) as sub-
11 section (h); and

12 (2) by inserting after subsection (d) the fol-
13 lowing:

14 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
15 provide technical assistance to entities listed in subsection
16 (a) for carrying out activities funded pursuant to this sec-
17 tion.

18 “(f) DISSEMINATION OF BEST PRACTICES.—The
19 Secretary, based on evaluation of the activities funded
20 pursuant to this section, shall identify and disseminate
21 evidence-based or evidence-informed best practices for
22 screening, assessment, and treatment services for mater-
23 nal mental health conditions and substance use disorders,
24 including culturally and linguistically appropriate services,

1 for women during pregnancy and 12 months following
2 pregnancy.

3 “(g) MATCHING REQUIREMENT.—The Federal share
4 of the cost of the activities for which a grant is made to
5 an entity under subsection (a) shall not exceed 75 percent
6 of the total cost of such activities.”.

7 (f) AUTHORIZATION OF APPROPRIATIONS.—Sub-
8 section (h) of section 317L–1 (42 U.S.C. 247b–13a) of
9 the Public Health Service Act, as redesignated, is further
10 amended—

11 (1) by striking “\$5,000,000” and inserting
12 “\$20,000,000”; and

13 (2) by striking “2018 through 2022” and in-
14 serting “2023 through 2028”.

15 **SEC. 4. MATERNAL MENTAL HEALTH HOTLINE.**

16 Part P of title III of the Public Health Service Act
17 (42 U.S.C. 280g et seq.) is amended by adding at the end
18 the following:

19 **“SEC. 399V–7. MATERNAL MENTAL HEALTH HOTLINE.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Administrator of the Health Resources and Services
22 Administration, shall maintain, directly or by grant or
23 contract, a national hotline to provide emotional support,
24 information, brief intervention, and resources to pregnant
25 and postpartum women at risk of, or affected by, maternal

1 mental health conditions and substance use disorders, and
2 to their families or household members.

3 “(b) REQUIREMENTS FOR HOTLINE.—The hotline
4 under subsection (a) shall—

5 “(1) be a 24/7 real-time hotline;

6 “(2) provide voice and text support;

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

10 “(A) preventing, identifying, and inter-
11 vening for individuals affected by maternal
12 mental health conditions and substance use dis-
13 orders; and

14 “(B) providing culturally and linguistically
15 appropriate support;

16 “(4) collect socioeconomic or demographic data
17 on the caller; and

18 “(5) provide assistance and referral services, in-
19 cluding services to meet the needs of underserved
20 populations, individuals with disabilities, and family
21 and household members of mothers at risk of experi-
22 encing mental health conditions and substance use
23 disorders.

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

1 “(1) consult with the Domestic Violence Hotline
2 and National Suicide Prevention Lifeline to ensure
3 that pregnant and postpartum women are connected
4 in real-time to the appropriate specialized hotline
5 service, when applicable;

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

8 “(3) coordinate with Federal departments and
9 agencies, including the Centers of Excellence of the
10 Substance Abuse and Mental Health Services Ad-
11 ministration, to increase awareness regarding the
12 hotline.

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

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

19 “(2) such additional information as the Sec-
20 retary determines appropriate.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
22 carry out this section, there are authorized to be appro-
23 priated such sums as may be necessary for fiscal years
24 2023 through 2028.”.