

## Legislation and Policy Issues

### Advocacy 101

<http://www.legis.state.pa.us/cfdocs/billinfn/billinfn.cfm?&year=2009&ind=0&body=Se&type=Be&bn=0151>

<http://www.legis.state.pa.us/cfdocs/billinfn/billinfn.cfm?&year=2009&ind=0&body=He&type=Be&bn=1122>

#### Melanie Blocker Stokes MOTHERS ACT

*Reintroduced in both the U.S. House and Senate*

**House Resolution 20, the Melanie Blocker Stokes Mom's Opportunity to Access Health, Education, Research, and Support (MOTHERS) for Postpartum Depression Act** was reintroduced on January 6, 2009. U.S. Representative Bobby Rush (D-IL) sponsored this bill, which would ensure that new mothers and their families are educated about postpartum depression, screened for symptoms, and provided with essential services. This bill also seeks to increase research at the National Institutes of Health on postpartum depression. The Melanie Blocker Stokes MOTHERS Act was voted on in the U.S. House of Representatives on March 31, 2009 by a vote of 391-9 and referred to the Senate's Committee on Health, Education, Labor, and Pensions for consideration. The Senate version is sponsored by Senator Robert Menendez (D-NJ).

#### Below is a summary of this piece of legislation:

Postpartum depression is a serious and disabling condition affecting hundreds of thousands of new mothers each year. The new legislation would increase federal efforts to combat postpartum depression by:

- Encouraging Health and Human Services (HHS) to coordinate and continue research to expand the understanding of the causes of, and find treatments for, postpartum conditions.
- Encouraging a National Public Awareness Campaign, to be administered by HHS, to increase awareness and knowledge of postpartum depression and psychosis.
- Requiring the Secretary of HHS to conduct a study on the benefits of screening for postpartum depression and postpartum psychosis.

- Creating a grant program to public or nonprofit private entities to deliver or enhance outpatient, inpatient and home-based health and support services, including case management and comprehensive treatment services for individuals with or at risk for postpartum conditions. Activities may also include providing education about postpartum conditions to new mothers and their families, including symptoms, methods of coping with the illness, and treatment resources, in order to promote earlier diagnosis and treatment.

It is estimated that postpartum depression (PPD) affects from 10 to 20 percent of new mothers. In the United States, there may be as many as 800,000 new cases of postpartum conditions each year. The cause of PPD isn't known but changes in hormone levels, a difficult pregnancy or birth, and a family history of depression are considered possible factors.

For more information about the bill and its status *click here*.

#### Perinatal Depression Information Network (PDIN): At a Glance

In July 2008, the Pennsylvania Perinatal Partnership (PPP) launched a 15 month project to create a nationally recognized Perinatal Depression Information Network (PDIN). No national information network exists nationwide to provide a platform for networking and information sharing among states or to promote the adoption of best practices and stimulate cross-state collaborations. Such infrastructure is crucial to respond to this public health challenge on behalf of the next generation of families.

With funding from the State Department of Public Welfare and the Thomas Scattergood Behavioral Health Foundation, the PDIN will create a means for conversations, idea sharing and resource development among professionals and state offi-

cials throughout the country. The PDIN will link people with model programs with those who are searching for program ideas. It will also highlight the struggles and barriers that other states and projects have faced when launching their own initiatives.

The PDIN will fill a major gap in information and knowledge and help to jumpstart a nationwide movement to address pregnancy related behavioral health issues. It will be part of an ongoing larger movement to improve pregnancy outcomes and promote healthier families. Finally, the PDIN will be at the forefront of current efforts to improve behavioral health care nationwide.

The PDIN will undertake a number of activities including:

- Periodic, national conference calls addressing such topics as third-party payments, legislative initiatives (both state & federal), best practices, new findings for medication, screening tools, and forensic issues. Audiences for these calls will include: pediatricians, psychiatrists, state administrators, clergy, first responders, obstetricians, midwives and social workers.
- Policy briefs synthesizing key initiatives for systems change in maternal and child health, mental health, and primary care will be distributed nationwide.
- Advocacy to include perinatal depression on the agendas of professional and governmental organizations (e.g., the National Governor's Conference, the American Psychological Association, the American Academy of Pediatrics, etc.)

In order for the PDIN to be effective, it must continue to expand and flourish. Once the preliminary information-gathering phase has been conducted, a plan will be devised to guarantee its future at a nationally recognized and prominent organization.

For more information, contact Sarah Gibbons at [SarahL@familyplanning.org](mailto:SarahL@familyplanning.org)

## Recent Legislation on Depression During and After Pregnancy

### Federal Legislation:

**Senate Bill 1375, the Mom's Opportunity to Access Health, Education, Research, and Support for Postpartum Depression Act or the MOTHERS Act**, was introduced on May 11, 2007. U.S. Senator Robert Menendez (D-NJ) sponsored this bill, which would ensure that new mothers and their families are educated about postpartum depression, screened for symptoms, and provided with essential services. This bill also seeks to increase research at the National Institutes of Health on postpartum depression. The MOTHERS Act currently has eight cosponsors and was referred to the Committee on Health, Education, Labor, and Pensions for consideration.

**House Bill 20, the Melanie Blocker-Stokes Postpartum Depression Research and Care Act**, was introduced on January 4, 2007. U.S. Representative Bobby Rush (D-IL) sponsored this bill that seeks to provide for research on, and services for individuals with, postpartum depression and psychosis. More specifically, this bill would direct the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health (NIH) and the Director of the National Institute of Mental Health (NIMH), to expand and intensify research and related activities on postpartum depression and postpartum psychosis. The Director of NIMH would also be required to conduct or support research to expand the understanding of the causes of, and to find a cure for, such conditions. Finally, the bill would direct the Secretary to 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. With 130 cosponsors, this bill passed in the U.S. House on October 15th with a vote of 382-3. It will now be considered in the Senate and was referred to the Committee on Health, Education, Labor, and Pensions.

For more information on federal legislation visit: [www.Thomas.gov](http://www.Thomas.gov)

### State Legislation:

**Senate Bill 364, the Prenatal and Postpartum Counseling and Screening Act**, was introduced on March 12, 2007. State Senator Stewart Greenleaf (R-Montgomery) sponsored this bill along with seven other cosponsors. The Act would require information relating to parenting and prenatal depression, postpartum depression, postpartum psychosis and other emotional trauma counseling and screening to be provided to a pregnant woman; and providing for the powers and duties of the Department of Health. This legislation is similar to legislation enacted in other states, such as Illinois, New Jersey, New York, Texas, and Virginia. Currently, this Act is being considered in the Public Health and Welfare Committee.

**House Bill 1488, the Prenatal and Postpartum Counseling Act**, was introduced during the last General Assembly Session on May 3, 2005. With 37 cosponsors, State Representative George Kenney (R-Philadelphia) sponsored this bill, which is very similar to the current bill Senator Greenleaf introduced in the Senate this year. House Bill 1488 is currently expired and would have to be reintroduced again during the 2007-2008 legislative session for consideration.

For more information on state legislation visit: [www.legis.state.pa.us](http://www.legis.state.pa.us)

Last updated on 10/19/07

## Recent Perinatal Depression Legislation

### Federal Legislation:

**House Resolution 20, the Melanie Blocker Stokes Mom's Opportunity to Access Health, Education, Research, and Support (MOTHERS) for Postpartum Depression Act**, was reintroduced on January 6, 2009. U.S. Representative Bobby Rush (D-IL) sponsored this bill, which would ensure that new mothers and their families are educated about postpartum depression, screened for symptoms, and provided with essential services. This bill also seeks to increase research at the National Institutes of Health on postpartum depression. The Melanie Blocker Stokes MOTHERS Act was voted on in the U.S. House of Representatives on March 31, 2009 by a vote of 391-9 and referred to the Senate's Committee on Health, Education, Labor, and Pensions for consideration.

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### State Legislation:

**Senate Bill 151, the Prenatal and Postpartum Counseling and Screening Act**, was introduced on January 30, 2009. State Senator Stewart Greenleaf (R-Montgomery) sponsored this bill along with eleven other cosponsors. This bill requires a hospital, birthing center, physician, nurse-midwife or midwife to provide to pregnant women, or at delivery, a fact sheet that includes common symptoms of the medical conditions of prenatal depression, postpartum depression and postpartum psychosis and for emotional traumas associated with pregnancy and parenting. Currently, it is being considered in the Public Health and Welfare Committee.

**House Bill 1122, the Prenatal and Postpartum Counseling Act**, was introduced on March 26, 2009. With 20 cosponsors, State Representative Vanessa Brown (D-Philadelphia) sponsored this bill, which is very similar to the bill Senator Greenleaf introduced in the Senate. It would require that a hospital, birthing center, neonatal intensive care unit, pediatric ward, pediatric intensive care unit, physician, nurse-midwife or midwife who provides prenatal care to a pregnant woman during gestation or at delivery of an infant or provides health care to a child up to one year of age to provide the woman with a fact sheet that includes common symptoms of the medical conditions of prenatal depression, postpartum depression or postpartum psychosis and for emotional traumas associated with pregnancy and parenting. The facilities would also screen the woman for postpartum depression symptoms prior to discharge from the birthing facility and at the infant's three-month, six-month, nine-month and twelve-month checkups. The Department of Health would adopt and promulgate rules and regulations necessary to carry out the purposes and provisions of this act. Currently, it is being considered in the Health and Human Services Committee.

**For more information on state legislation, visit:**  
[www.legis.state.pa.us](http://www.legis.state.pa.us)

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