117th Congress
1st Session

H.R. ___

To provide research on, and services for, individuals with clinical mental health complications following a pregnancy loss, and for other purposes

IN THE HOUSE OF REPRESENTATIVES

Mr. Emmer introduced the following bill; which was referred to the Committee on ________________

A BILL

To provide research on, and services for, individuals with clinical mental health complications following a pregnancy loss, and for other purposes

1 Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

3 This Act may be cited as the "Pregnancy Loss Mental Health Research Act of 2021".
TITLE I—RESEARCH ON CLINICAL MENTAL HEALTH COMPLICATIONS FOLLOWING A PREGNANCY LOSS

SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVITIES OF NATIONAL INSTITUTE OF MENTAL HEALTH.

(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 section referred to as the "Institute"), shall expand and intensify research and related activities of the Institute with respect to clinical mental health complications, including persistent complex bereavement disorder, following a pregnancy loss (including a miscarriage, stillbirth, or abortion).

(b) COORDINATION WITH OTHER INSTITUTES.—The Director of the Institute shall coordinate the 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 clinical mental health complications following a pregnancy loss (including a miscarriage, stillbirth, or abortion).
(c) Programs for Pregnancy Loss Conditions.—In carrying out subsection (a), the Director of the Institute shall conduct or support research to expand the understanding of the causes of, and to identify treatment for, mental health conditions following a pregnancy loss, including the following:

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

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

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

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

(d) Longitudinal Study.—

(1) In general.—The Director of the Institute shall conduct a national longitudinal study to determine the prevalence of mental health complications following a pregnancy loss, and the symptoms, severity, and duration of such cases, toward the goal of more fully identifying the characteristics of such cases and developing diagnostic techniques.

(2) Report.—Beginning not later than 3 years after the date of the enactment of this Act, and peri-
odically thereafter for the duration of the study
under paragraph (1), the Director of the Institute
shall prepare and submit to the Congress a report
on the findings of the study, any progress with re-
spect to the study, and methodologies used to con-
duct the study.

SEC. 102. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—For the purpose of carrying out
this title, there is authorized to be appropriated
$4,500,000 for each of the fiscal years 2022 through
2023.

(b) LIMITATION.—Any amounts appropriated under
this title are subject to the requirements and limitations
under sections 506 and 507 of division H of the Consoli-
dated Appropriations Act, 2021 (Public Law 116–260) in
the same manner and to the same extent as if such
amounts for each year were appropriated under such divi-
sion.
TITLE II—DELIVERY OF SERVICES WITH RESPECT TO MENTAL HEALTH COMPLICATIONS FOLLOWING A PREGNANCY LOSS

SEC. 201. GRANT PROGRAM FOR CLINICAL MENTAL HEALTH CONDITIONS FOLLOWING A PREGNANCY LOSS.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this title referred to as the " Secretary") shall 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 mental health services to individuals struggling with clinical mental health conditions following a pregnancy loss.

(b) RECIPIENTS OF GRANTS.—A grant under subsection (a) may be made to an entity only if the entity—

(1) is a public or nonprofit private entity, which may include a State or local government; a public or nonprofit private hospital, community-based organization, community health center, migrant health center, or homeless health center; or other appropriate public or nonprofit private entity; and
(2) has experience in providing the services described in subsection (a) before the date of the enactment of this Act.

(e) Certain Activities.—To the extent practicable and appropriate, the Secretary shall ensure that projects under subsection (a) provide services for the screening, diagnosis, and management of mental health conditions, including persistent complex bereavement disorders, following a pregnancy loss. Such activities may include the following:

(1) Delivering or enhancing outpatient and home-based health and support services (including case management, screening and mental health treatment services) for individuals with, or who are at risk of developing, mental health complications following a pregnancy loss, and delivering or enhancing support services for the families of such individuals.

(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 mental health conditions following a pregnancy loss.

(d) INTEGRATION WITH OTHER PROGRAMS.—To the extent practicable and appropriate, the Secretary shall 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 (42 U.S.C. 254b).

(e) LIMITATION ON AMOUNT OF GRANTS.—A grant under subsection (a) may not for any fiscal year be made in an amount exceeding $100,000.

SEC. 202. CERTAIN REQUIREMENTS FOR GRANT PROGRAM FOR CLINICAL MENTAL HEALTH CONDITIONS FOLLOWING A PREGNANCY LOSS.

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 clinical mental health conditions following a pregnancy loss.
(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 section 201(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 under section 201(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.
SEC. 203. TECHNICAL ASSISTANCE.

The Secretary may provide technical assistance to assist entities in complying with the requirements of this title in order to make such entities eligible to receive grants under section 201.

SEC. 204. NO FUNDS FOR CERTAIN ABORTION PROVIDERS.

(a) In General.—Notwithstanding any other provision of law, none of the funds made available by this Act may be made available either directly, through a State (including through managed care contracts with a State), or through any other means, to a prohibited entity.

(b) Prohibited Entity.—The term "prohibited entity" means an entity, including its affiliates, subsidiaries, successors, and clinics that, as of the date of enactment of this Act—

(1) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from taxation under section 501(a) of such Code;

(2) is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations (as in effect on the date of enactment of this Act), that is primarily engaged in family planning services, reproductive health, and related medical care; and
(3) performs, or provides any funds to any other entity that performs, abortions, other than—

    (A) in the case of a pregnancy that is the result of an act of rape or incest; or

    (B) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life endangering physical condition caused by, or arising from, the pregnancy itself.

(c) End of Prohibition.—The definition in subsection (b) shall cease to apply to an entity if such entity certifies that it, including its affiliates, subsidiaries, successors, and clinics, will not perform, and will not provide any funds to any other entity that performs, an abortion described in subsection (b)(3).

(d) Repayment by Prohibited Entity.—The Secretary of Health and Human Services shall seek repayment of any Federal assistance received by any entity that had made a certification described in subsection (c) and subsequently violated the terms of such certification.


(a) In General.—For the purpose of carrying out this title, there is authorized to be appropriated
1 $4,500,000 for each of the fiscal years 2022 through 2023.

(b) LIMITATION.—Any amounts appropriated under this title are subject to the requirements and limitations under sections 506 and 507 of division H of the Consolidated Appropriations Act, 2021 (Public Law 116–260) in the same manner and to the same extent as if such amounts for each year were appropriated under such division.