



(Original Signature of Member)

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 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 “Pregnancy Loss Men-
5 tal Health Research Act of 2021”.

1 **TITLE I—RESEARCH ON CLIN-**
2 **ICAL MENTAL HEALTH COM-**
3 **PLICATIONS FOLLOWING A**
4 **PREGNANCY LOSS**

5 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**
6 **TIES OF NATIONAL INSTITUTE OF MENTAL**
7 **HEALTH.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services, acting through the Director of the Na-
10 tional Institutes of Health and the Director of the Na-
11 tional Institute of Mental Health (in this section referred
12 to as the “Institute”), shall expand and intensify research
13 and related activities of the Institute with respect to clin-
14 ical mental health complications, including persistent com-
15 plex bereavement disorder, following a pregnancy loss (in-
16 cluding a miscarriage, stillbirth, or abortion).

17 (b) COORDINATION WITH OTHER INSTITUTES.—The
18 Director of the Institute shall coordinate the activities of
19 the Director under subsection (a) with similar activities
20 conducted by the other national research institutes and
21 agencies of the National Institutes of Health to the extent
22 that such Institutes and agencies have responsibilities that
23 are related to clinical mental health complications fol-
24 lowing a pregnancy loss (including a miscarriage, still-
25 birth, or abortion).

1 (c) PROGRAMS FOR PREGNANCY LOSS CONDI-
2 TIONS.—In carrying out subsection (a), the Director of the
3 Institute shall conduct or support research to expand the
4 understanding of the causes of, and to identify treatment
5 for, mental health conditions following a pregnancy loss,
6 including the following:

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

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

11 (3) Clinical research for the development and
12 evaluation of new treatments, including new biologi-
13 cal agents.

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

16 (d) LONGITUDINAL STUDY.—

17 (1) IN GENERAL.—The Director of the Institute
18 shall conduct a national longitudinal study to deter-
19 mine the prevalence of mental health complications
20 following a pregnancy loss, and the symptoms, sever-
21 ity, and duration of such cases, toward the goal of
22 more fully identifying the characteristics of such
23 cases and developing diagnostic techniques.

24 (2) REPORT.—Beginning not later than 3 years
25 after the date of the enactment of this Act, and peri-

1 odically thereafter for the duration of the study
2 under paragraph (1), the Director of the Institute
3 shall prepare and submit to the Congress a report
4 on the findings of the study, any progress with re-
5 spect to the study, and methodologies used to con-
6 duct the study.

7 **SEC. 102. AUTHORIZATION OF APPROPRIATIONS.**

8 (a) **IN GENERAL.**—For the purpose of carrying out
9 this title, there is authorized to be appropriated
10 \$4,500,000 for each of the fiscal years 2022 through
11 2023.

12 (b) **LIMITATION.**—Any amounts appropriated under
13 this title are subject to the requirements and limitations
14 under sections 506 and 507 of division H of the Consoli-
15 dated Appropriations Act, 2021 (Public Law 116–260) in
16 the same manner and to the same extent as if such
17 amounts for each year were appropriated under such divi-
18 sion.

1 **TITLE II—DELIVERY OF SERV-**
2 **ICES WITH RESPECT TO MEN-**
3 **TAL HEALTH COMPLICA-**
4 **TIONS FOLLOWING A PREG-**
5 **NANCY LOSS**

6 **SEC. 201. GRANT PROGRAM FOR CLINICAL MENTAL**
7 **HEALTH CONDITIONS FOLLOWING A PREG-**
8 **NANCY LOSS.**

9 (a) **IN GENERAL.**—The Secretary of Health and
10 Human Services (in this title referred to as the “Sec-
11 retary”) shall in accordance with this title make grants
12 to provide for projects for the establishment, operation,
13 and coordination of effective and cost-efficient systems for
14 the delivery of mental health services to individuals strug-
15 gling with clinical mental health conditions following a
16 pregnancy loss.

17 (b) **RECIPIENTS OF GRANTS.**—A grant under sub-
18 section (a) may be made to an entity only if the entity—

19 (1) is a public or nonprofit private entity, which
20 may include a State or local government; a public or
21 nonprofit private hospital, community-based organi-
22 zation, community health center, migrant health
23 center, or homeless health center; or other appro-
24 priate public or nonprofit private entity; and

1 (2) has experience in providing the services de-
2 scribed in subsection (a) before the date of the en-
3 actment of this Act.

4 (e) CERTAIN ACTIVITIES.—To the extent practicable
5 and appropriate, the Secretary shall ensure that projects
6 under subsection (a) provide services for the screening, di-
7 agnosis, and management of mental health conditions, in-
8 cluding persistent complex bereavement disorders, fol-
9 lowing a pregnancy loss. Such activities may include the
10 following:

11 (1) Delivering or enhancing outpatient and
12 home-based health and support services (including
13 case management, screening and mental health
14 treatment services) for individuals with, or who are
15 at risk of developing, mental health complications
16 following a pregnancy loss, and delivering or enhanc-
17 ing support services for the families of such individ-
18 uals.

19 (2) Delivering or enhancing inpatient care man-
20 agement services that ensure the well being of the
21 mother and family, and the future development of
22 the infant.

23 (3) Improving the quality, availability, and or-
24 ganization of health care and support services (in-
25 cluding transportation services, attendant care,

1 homemaker services, day or respite care, and pro-
2 viding counseling on financial assistance and insur-
3 ance) for individuals with mental health conditions
4 following a pregnancy loss.

5 (d) INTEGRATION WITH OTHER PROGRAMS.—To the
6 extent practicable and appropriate, the Secretary shall in-
7 tegrate the program under this title with other grant pro-
8 grams carried out by the Secretary, including the program
9 under section 330 of the Public Health Service Act (42
10 U.S.C. 254b).

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

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

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

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

22 (2) The grant will be used to supplement and
23 not supplant funds from other sources related to the
24 treatment of clinical mental health conditions fol-
25 lowing a pregnancy loss.

1 (3) The applicant will abide by any limitations
2 deemed appropriate by the Secretary on any charges
3 to individuals receiving services pursuant to the
4 grant. As deemed appropriate by the Secretary, such
5 limitations on charges may vary based on the finan-
6 cial circumstances of the individual receiving serv-
7 ices.

8 (4) The grant will not be expended to make
9 payment for services authorized under section
10 201(a) to the extent that payment has been made,
11 or can reasonably be expected to be made, with re-
12 spect to such services—

13 (A) under any State compensation pro-
14 gram, under an insurance policy, or under any
15 Federal or State health benefits program; or

16 (B) by an entity that provides health serv-
17 ices on a prepaid basis.

18 (5) The applicant will, at each site at which the
19 applicant provides services under section 201(a),
20 post a conspicuous notice informing individuals who
21 receive the services of any Federal policies that
22 apply to the applicant with respect to the imposition
23 of charges on such individuals.

1 **SEC. 203. TECHNICAL ASSISTANCE.**

2 The Secretary may provide technical assistance to as-
3 sist entities in complying with the requirements of this
4 title in order to make such entities eligible to receive
5 grants under section 201.

6 **SEC. 204. NO FUNDS FOR CERTAIN ABORTION PROVIDERS.**

7 (a) **IN GENERAL.**—Notwithstanding any other provi-
8 sion of law, none of the funds made available by this Act
9 may be made available either directly, through a State (in-
10 cluding through managed care contracts with a State), or
11 through any other means, to a prohibited entity.

12 (b) **PROHIBITED ENTITY.**—The term “prohibited en-
13 tity” means an entity, including its affiliates, subsidiaries,
14 successors, and clinics that, as of the date of enactment
15 of this Act—

16 (1) is an organization described in section
17 501(c)(3) of the Internal Revenue Code of 1986 and
18 exempt from taxation under section 501(a) of such
19 Code;

20 (2) is an essential community provider de-
21 scribed in section 156.235 of title 45, Code of Fed-
22 eral Regulations (as in effect on the date of enact-
23 ment of this Act), that is primarily engaged in fam-
24 ily planning services, reproductive health, and re-
25 lated medical care; and

1 (3) performs, or provides any funds to any
2 other entity that performs, abortions, other than—

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

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

12 (c) **END OF PROHIBITION.**—The definition in sub-
13 section (b) shall cease to apply to an entity if such entity
14 certifies that it, including its affiliates, subsidiaries, suc-
15 cessors, and clinics, will not perform, and will not provide
16 any funds to any other entity that performs, an abortion
17 described in subsection (b)(3).

18 (d) **REPAYMENT BY PROHIBITED ENTITY.**—The Sec-
19 retary of Health and Human Services shall seek repay-
20 ment of any Federal assistance received by any entity that
21 had made a certification described in subsection (c) and
22 subsequently violated the terms of such certification.

23 **SEC. 205. AUTHORIZATION OF APPROPRIATIONS.**

24 (a) **IN GENERAL.**—For the purpose of carrying out
25 this title, there is authorized to be appropriated

1 \$4,500,000 for each of the fiscal years 2022 through
2 2023.

3 (b) LIMITATION.—Any amounts appropriated under
4 this title are subject to the requirements and limitations
5 under sections 506 and 507 of division H of the Consoli-
6 dated Appropriations Act, 2021 (Public Law 116–260) in
7 the same manner and to the same extent as if such
8 amounts for each year were appropriated under such divi-
9 sion: