H. R.

To amend the Public Health Service Act to provide for the establishment of a Task Force on Maternal Mental Health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. Barragán introduced the following bill; which was referred to the Committee on

A BILL

To amend the Public Health Service Act to provide for the establishment of a Task Force on Maternal Mental Health, 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
4 SECTION 1. SHORT TITLE.
5 This Act may be cited as the “Taskforce Recomm-
6 mending Improvements for Unaddressed Mental Perinatal
7 & Postpartum Health for New Moms Act of 2021” or the
8 “TRIUMPH for New Moms Act of 2021”.
SEC. 2. TASK FORCE ON MATERNAL MENTAL HEALTH.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 317L–1 (42 U.S.C. 247b–13a) the following:

“SEC. 317L–2. TASK FORCE ON MATERNAL MENTAL HEALTH.

“(a) ESTABLISHMENT.—Not later than 90 days after the date of enactment of the TRIUMPH for New Moms Act of 2021, the Secretary shall establish a task force, to be known as the Task Force on Maternal Mental Health (in this section referred to as the ‘Task Force’) to identify, evaluate, and make recommendations to coordinate and improve, Federal responses to maternal mental health conditions.

“(b) MEMBERSHIP.—

“(1) COMPOSITION.—The Task Force shall be composed of—

“(A) the Assistant Secretary for Health of the Department of Health and Human Services (or the Assistant Secretary’s designee) who shall serve as the Chair of the Task Force;

“(B) the Federal members under paragraph (2); and

“(C) the non-Federal members under paragraph (3).
“(2) FEDERAL MEMBERS.—In addition to the Assistant Secretary for Health, the Federal members of the Task Force shall consist of the heads of the following Federal departments and agencies (or their designees):

“(A) The Administration for Children and Families.

“(B) The Agency for Healthcare Research and Quality.

“(C) The Centers for Disease Control and Prevention.

“(D) The Centers for Medicare & Medicaid Services.

“(E) The Health Resources and Services Administration.

“(F) The Food and Drug Administration.

“(G) The Indian Health Service.

“(H) The Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services.

“(I) The Office of Minority Health of the Department of Health and Human Services.

“(K) The Office of Women’s Health of the Department of Health and Human Services.

“(L) The National Institutes of Health.

“(M) The Substance Abuse and Mental Health Services Administration.

“(N) Such other Federal departments and agencies as the Secretary determines that serve individuals with maternal mental health conditions, such as the Department of Veterans Affairs, the Department of Justice, the Department of Labor, the Department of Housing and Urban Development, and the Department of Defense.

“(3) NON-FEDERAL MEMBERS.—The non-Federal members of the Task Force shall—

“(A) compose not more than one-half, and not less than one-third, of the total membership of the Task Force;

“(B) be appointed by the Secretary; and

“(C) include—

“(i) representatives of medical societies with expertise in maternal or mental health;
“(ii) representatives of nonprofit organizations with expertise in maternal or mental health;

“(iii) relevant industry representatives; and

“(iv) other representatives, as appropriate.

“(4) DEADLINE FOR DESIGNATING DESIGNNEES.—If the Assistant Secretary for Health, or the head of a Federal department or agency serving as a member of the Task Force under paragraph (2), chooses to be represented on the Task Force by a designee, the Assistant Secretary or head shall designate such designee not later than 90 days after the date of the enactment of the TRIUMPH for New Moms Act of 2021.

“(c) DUTIES.—The Task Force shall—

“(1) create and regularly update a report that identifies, analyzes, and evaluates the state of national maternal mental health policy and programs at the Federal, State, and local levels, and identifies best practices including—

“(A) a set of evidence-based, evidence-informed, and promising practices with respect to—
“(i) prevention strategies for individuals at risk of experiencing a maternal mental health condition, including strategies and recommendations to address social determinants of health;

“(ii) the identification, screening, diagnosis, intervention, and treatment of individuals and families affected by a maternal mental health condition;

“(iii) the expeditious referral to, and implementation of, practices and supports that prevent and mitigate the effects of a maternal mental health condition, including strategies and recommendations to eliminate the racial and ethnic disparities that exist in maternal mental health; and

“(iv) community-based or multigenerational practices that support individuals and families affected by a maternal mental health condition; and

“(B) Federal and State programs and activities to prevent, screen, diagnose, intervene, and treat maternal mental health conditions;

“(2) develop and regularly update a national strategy for maternal mental health, taking into con-
consideration the findings of the reports under paragraph (1), on how the Task Force and Federal departments and agencies represented on the Task Force will prioritize options for, and implement a coordinated approach to, addressing maternal mental health conditions, including by—

“(A) increasing prevention, screening, diagnosis, intervention, treatment, and access to care, including clinical and nonclinical care such as peer-support and community health workers, through the public and private sectors;

“(B) providing support for pregnant or postpartum individuals who are at risk for or experiencing a maternal mental health condition, and their families as appropriate;

“(C) reducing racial, ethnic, geographic, and other health disparities for prevention, diagnosis, intervention, treatment, and access to care;

“(D) identifying opportunities for local- and State-level partnerships;

“(E) identifying options for modifying, strengthening, and coordinating Federal programs and activities, including existing infant and maternity programs, such as the Medicaid
program under title XIX of the Social Security
Act and the State Children’s Health Insurance
Program under title XXI of such Act, in order
to increase research, prevention, identification,
treatment with respect to maternal mental health;

“(F) providing recommendations to ensure
research, services, supports, and prevention ac-
tivities are not unnecessarily duplicative; and

“(G) planning, data sharing, and commu-
nication within and across Federal depart-
ments, agencies, offices, and programs;

“(3) solicit public comments from stakeholders
for the report under paragraph (1) and the national
strategy under paragraph (2), including comments
from frontline service providers, mental health pro-
essionals, researchers, experts in maternal mental
health, institutions of higher education, public health
agencies (including maternal and child health pro-
grams), and industry representatives, in order to in-
form the activities and reports of the Task Force;
and

“(4) disaggregate any data collected under this
section by race, ethnicity, geographical location, age,
marital status, socioeconomic level, and other factors as determined appropriate by the Secretary.

“(d) MEETINGS.—The Task Force shall—

“(1) meet not less than two times each year; and

“(2) convene public meetings, as appropriate, to fulfill its duties under this section.

“(e) REPORTS TO PUBLIC AND FEDERAL LEADERS.—The Task Force shall make publicly available and submit to the heads of relevant Federal departments and agencies, the Committee on Energy and Commerce of the House of Representatives, the Committee on Health, Education, Labor, and Pensions of the Senate, and other relevant congressional committees, the following:

“(1) Not later than 1 year after the first meeting of the Task Force, an initial report under subsection (c)(1).

“(2) Not later than 2 years after the first meeting of the Task Force, an initial national strategy under subsection (c)(2).

“(3) Each year thereafter—

“(A) an updated report under subsection (e)(1); or

“(B) an updated national strategy under subsection (e)(2); or
“(C) if no such update is made, a report summarizing the activities of the Task Force.

“(f) REPORTS TO GOVERNORS.—Upon finalizing the initial national strategy under subsection (c)(2), and upon making relevant updates to such strategy, the Task Force shall submit a report to the Governors of all States describing opportunities for local- and State-level partnerships identified under subsection (c)(2)(D).

“(g) SUNSET.—The Task Force shall terminate on the date that is 6 years after the date on which the Task Force is established under subsection (a).”.