

117TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

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

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IN THE SENATE OF THE UNITED STATES

Mrs. GILLIBRAND (for herself, Mrs. CAPITO, Ms. BALDWIN, and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend the Public Health Service Act to reauthorize a grant program for screening, assessment, and treatment services for maternal mental health 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 and Substance Use Disorders Act  
6 of 2022” or the “Into the Light for MMH and SUD Act  
7 of 2022”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

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

8 (2) Maternal mental health and substance use  
9 disorders contribute to the high rate of maternal  
10 mortality in the United States, with suicide and  
11 drug overdose combined being the leading cause of  
12 death for women in the first year following preg-  
13 nancy.

14 (3) Women who experience racial and economic  
15 inequities are 3 to 4 times more likely to be im-  
16 pacted by maternal mental health and other behav-  
17 ioral health disorders.

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

22 (5) Mothers with untreated mental health con-  
23 ditions during pregnancy are more likely to have  
24 poor nutrition and struggle with substance use dis-  
25 orders, which can lead to poor birth outcomes for  
26 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 every year in addressing poor health outcomes  
13          and accounting for lost wages and productivity of  
14          the mother.

15          (8) Although the United States Preventive  
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 untreated.

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

1 **SEC. 3. SCREENING AND TREATMENT FOR A MATERNAL**  
2 **MENTAL HEALTH AND SUBSTANCE USE DIS-**  
3 **ORDERS.**

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

6 (1) in the section heading, by striking “**MA-**  
7 **TERNAL DEPRESSION**” and inserting “**MATER-**  
8 **NAL MENTAL HEALTH AND SUBSTANCE USE**  
9 **DISORDERS**”; and

10 (2) in subsection (a)—

11 (A) by inserting “, Indian Tribes and Trib-  
12 al organizations (as such terms are defined in  
13 section 4 of the Indian Self-Determination and  
14 Education Assistance Act), and urban Indian  
15 organizations (as such term is defined in sec-  
16 tion 4 of the Indian Health Care Improvement  
17 Act)” after “States”; and

18 (B) by striking “for women who are preg-  
19 nant, or who have given birth within the pre-  
20 ceding 12 months, for maternal depression”  
21 and inserting “for women who are postpartum,  
22 pregnant, or have given birth within the pre-  
23 ceding 12 months, for maternal mental health  
24 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 and substance use dis-  
10 orders”.

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 access to screening”  
16 and inserting the following: “shall give priority to  
17 entities listed in subsection (a) that—

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

20 (2) by striking “maternal depression” and in-  
21 serting “maternal mental health and substance use  
22 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 currently partnered with, or will part-  
4 ner with, a community-based organization to address  
5 maternal mental health and substance use disorders;

6           “(3) are located in an area with high rates of  
7 adverse maternal health outcomes or significant  
8 health, economic, racial, or ethnic disparities in ma-  
9 ternal health and substance use disorder outcomes;  
10 and

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

13       (d) USE OF FUNDS.—Subsection (d) of section  
14 317L–1 of the Public Health Service Act (42 U.S.C.  
15 247b–13a) is amended—

16           (1) in paragraph (1)—

17           (A) in subparagraph (A), by striking “to  
18 health care providers; and” and inserting “on  
19 maternal mental health and substance use dis-  
20 order screening, brief intervention, treatment  
21 (as applicable for health care providers), and  
22 referrals for treatment to health care providers  
23 in the primary care setting and nonclinical  
24 perinatal support workers;”;

1 (B) in subparagraph (B), by striking “to  
2 health care providers, including information on  
3 maternal depression screening, treatment, and  
4 followup support services, and linkages to com-  
5 munity-based resources; and” and inserting “on  
6 maternal mental health and substance use dis-  
7 order screening, brief intervention, treatment  
8 (as applicable for health care providers) and re-  
9 ferrals for treatment, followup support services,  
10 and linkages to community-based resources to  
11 health care providers in the primary care set-  
12 ting and clinical perinatal support workers;  
13 and”;

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

15 “(C) enabling health care providers (such  
16 as obstetrician-gynecologists, nurse practi-  
17 tioners, nurse midwives, pediatricians, psychia-  
18 trists, mental and other behavioral health care  
19 providers, and adult primary care clinicians) to  
20 provide or receive real-time psychiatric con-  
21 sultation (in-person or remotely), including  
22 through the use of technology-enabled collabo-  
23 rative learning and capacity building models (as  
24 defined in section 330N), to aid in the treat-

1           ment of pregnant and postpartum women;  
2           and”]; and

3           (2) in paragraph (2)—

4                 (A) by striking subparagraph (A) and re-  
5                 designating subparagraphs (B) and (C) as sub-  
6                 paragraphs (A) and (B), respectively;

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

9                 (C) in subparagraph (B), as redesign-  
10                nated—

11                         (i) by inserting “, including” before  
12                         “for rural areas”; and

13                         (ii) by striking the period at the end  
14                         and inserting a semicolon; and

15                 (D) by inserting after subparagraph (B),  
16                 as redesignated, the following:

17                         “(C) providing assistance to pregnant and  
18                         postpartum women to receive maternal mental  
19                         health and substance use disorder treatment,  
20                         including patient consultation, care coordina-  
21                         tion, and navigation for such treatment;

22                         “(D) coordinating with maternal and child  
23                         health programs of the Federal Government  
24                         and State, local, and Tribal governments, in-  
25                         cluding child psychiatric access programs;



1           “(E) conducting public outreach and  
2 awareness regarding grants under subsection  
3 (a);

4           “(F) creating multi-State consortia to  
5 carry out the activities required or authorized  
6 under this subsection; and

7           “(G) training health care providers in the  
8 primary care setting and nonclinical perinatal  
9 support workers on trauma-informed care,  
10 culturally- and linguistically-appropriate serv-  
11 ices, and best practices related to training to  
12 improve the provision of maternal mental health  
13 and substance use disorder care for racial and  
14 ethnic minority populations, including with re-  
15 spect to perceptions and biases that may affect  
16 the approach to, and provision of, care.”.

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

20           (1) by redesignating subsection (e) as sub-  
21 section (g); and

22           (2) by inserting after subsection (d) the fol-  
23 lowing:

24       “(e) **TECHNICAL ASSISTANCE.**—The Secretary shall  
25 provide technical assistance to grantees and entities listed

1 in subsection (a) for carrying out activities pursuant to  
2 this section.

3 “(f) DISSEMINATION OF BEST PRACTICES.—The  
4 Secretary, based on evaluation of the activities funded  
5 pursuant to this section, shall identify and disseminate  
6 evidence-based or evidence-informed best practices for  
7 screening, assessment, and treatment services for mater-  
8 nal mental health and substance use disorders, including  
9 culturally- and linguistically-appropriate services, for  
10 women during pregnancy and 12 months following preg-  
11 nancy.”.

12 (f) AUTHORIZATION OF APPROPRIATIONS.—Sub-  
13 section (g) of section 317L–1 (42 U.S.C. 247b–13a) of  
14 the Public Health Service Act, as redesignated, is further  
15 amended—

16 (1) by striking “\$5,000,000” and inserting  
17 “\$24,000,000”; and

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

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

21 Part P of title III of the Public Health Service Act  
22 (42 U.S.C. 280g et seq.) is amended by adding at the end  
23 the following:

1 **“SEC. 399V-7. MATERNAL MENTAL HEALTH HOTLINE.**

2       “(a) IN GENERAL.—The Secretary shall maintain, di-  
3 rectly or by grant or contract, a national hotline to provide  
4 emotional support, information, brief intervention, and  
5 mental health and substance use disorder resources to  
6 pregnant and postpartum women at risk of, or affected  
7 by, maternal mental health and substance use disorders,  
8 and to their families or household members.

9       “(b) REQUIREMENTS FOR HOTLINE.—The hotline  
10 under subsection (a) shall—

11               “(1) be a 24/7 real-time hotline;

12               “(2) provide voice and text support;

13               “(3) be staffed by certified peer specialists, li-  
14 censed health care professionals, or licensed mental  
15 health professionals who are trained on—

16                       “(A) maternal mental health and sub-  
17 stance use disorder prevention, identification,  
18 and intervention; and

19                       “(B) providing culturally- and linguis-  
20 tically-appropriate support; and

21               “(4) provide maternal mental health and sub-  
22 stance use disorder assistance and referral services  
23 to meet the needs of underserved populations, indi-  
24 viduals with disabilities, and family and household  
25 members of pregnant or postpartum women at risk

1 of experiencing maternal mental health and sub-  
2 stance use disorders.

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

5 “(1) consult with the Domestic Violence Hot-  
6 line, National Suicide Prevention Lifeline, and Vet-  
7 erans Crisis Line to ensure that pregnant and  
8 postpartum women are connected in real-time to the  
9 appropriate specialized hotline service, when applica-  
10 ble;

11 “(2) conduct a public awareness campaign for  
12 the hotline; and

13 “(3) consult with Federal departments and  
14 agencies, including the Centers of Excellence of the  
15 Substance Abuse and Mental Health Services Ad-  
16 ministration and the Department of Veterans Af-  
17 fairs, to increase awareness regarding the hotline.

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

21 “(1) an evaluation of the effectiveness of activi-  
22 ties conducted or supported under subsection (a);

23 “(2) a directory of entities or organizations to  
24 which staff maintaining the hotline funded under  
25 this section may make referrals; and

1           “(3) such additional information as the Sec-  
2           retary determines appropriate.

3           “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
4           carry out this section, there are authorized to be appro-  
5           priated \$10,000,000 for each of fiscal years 2023 through  
6           2028.”.