

1 Title: To amend the Public Health Service Act to provide for the establishment of a Task Force
2 on Maternal Mental Health, and for other purposes.
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5 Be it enacted by the Senate and House of Representatives of the United States of America in
6 Congress assembled,

7 SECTION 1. SHORT TITLE.

8 This Act may be cited as the “Taskforce Recommending Improvements for Unaddressed
9 Mental Perinatal & Postpartum Health for New Moms Act of 2021” or the “TRIUMPH for New
10 Moms Act of 2021”.

11 SEC. 2. TASK FORCE ON MATERNAL MENTAL HEALTH.

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

14 “SEC. 317L–2. TASK FORCE ON MATERNAL MENTAL 15 HEALTH.

16 “(a) Establishment.—Not later than 90 days after the date of enactment of the Taskforce
17 Recommending Improvements for Unaddressed Mental Perinatal & Postpartum Health for New
18 Moms Act of 2021, the Secretary shall establish a task force, to be known as the Task Force on
19 Maternal Mental Health (in this section referred to as the ‘Task Force’) to identify, evaluate, and
20 make recommendations to coordinate and improve, Federal responses to maternal mental health
21 conditions.

22 “(b) Membership.—

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

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

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

28 “(C) the non-Federal members under paragraph (3).

29 “(2) FEDERAL MEMBERS.—In addition to the Assistant Secretary for Health, the Federal
30 members of the Task Force shall consist of the heads of the following Federal departments
31 and agencies (or their designees):

32 “(A) The Administration for Children and Families.

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

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

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

36 “(E) The Health Resources and Services Administration.

1 “(F) The Food and Drug Administration.

2 “(G) The Indian Health Service.

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

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

7 “(J) The Office of the Surgeon General of the Department of Health and Human
8 Services.

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

11 “(L) The National Institutes of Health.

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

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

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

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

20 “(B) be appointed by the Secretary; and

21 “(C) include—

22 “(i) representatives of medical societies with expertise in maternal mental
23 health or maternal health and mental health;

24 “(ii) representatives of nonprofit organizations with expertise in maternal
25 mental health or maternal health and mental health;

26 “(iii) at least one individual who has received a diagnosis of a maternal mental
27 health condition; and

28 “(iv) other representatives, as appropriate.

29 “(4) DEADLINE FOR DESIGNATING DESIGNEES.—If the Assistant Secretary for Health, or
30 the head of a Federal department or agency serving as a member of the Task Force under
31 paragraph (2), chooses to be represented on the Task Force by a designee, the Assistant
32 Secretary or head shall designate such designee not later than 90 days after the date of the
33 enactment of the Taskforce Recommending Improvements for Unaddressed Mental
34 Perinatal & Postpartum Health for New Moms Act of 2021.

35 “(c) Duties.—The Task Force shall—

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

1 “(A) a set of evidence-based, evidence-informed, and promising practices with
2 respect to—

3 “(i) prevention strategies for maternal mental health conditions, including
4 strategies and recommendations to address social determinants of health;

5 “(ii) the identification, screening, diagnosis, and treatment of, and intervention
6 with respect to, maternal mental health conditions, including with respect to
7 affected families;

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

12 “(iv) community-based or multigenerational practices that provide support
13 relating to maternal mental health conditions, including support for affected
14 families; and

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

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

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

25 “(B) providing support relating to the prevention or treatment of mental health
26 conditions, including, as appropriate, support for families;

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

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

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

36 “(F) providing recommendations to ensure research, services, supports, and
37 prevention activities are not unnecessarily duplicative; and

38 “(G) planning, data sharing, and communication within and across Federal
39 departments, agencies, offices, and programs; and

40 “(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 professionals, researchers, experts in maternal mental health, institutions of higher education, public health agencies (including maternal and child health programs), and industry representatives, in order to inform the activities and reports of the Task Force.

“(d) Meetings.—The Task Force shall—

“(1) meet not less than 2 times each year; and

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

“(e) Reports to Public and Federal Leaders.—

“(1) IN GENERAL.—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:

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

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

“(C) Each year thereafter—

“(i) an updated report under subsection (c)(1);

“(ii) an updated national strategy under subsection (c)(2); or

“(iii) if no such update is made, a report summarizing the activities of the Task Force.

“(2) REQUIREMENT.—The Task Force shall ensure that reports under this section include data on demographic characteristics, in a de-identified and disaggregated manner, including with respect to race, ethnicity, age, sex, geographic region, marital status, socioeconomic status, and other relevant factors.

“(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) Definition.—In this section, the term ‘maternal mental health condition’ means a mental health disorder that onsets during the pregnancy or within one year of the postpartum or perinatal period, including all pregnancy outcomes.

“(h) 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).”.