116TH CONGRESS  
2D SESSION  

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To require the Comptroller General of the United States to conduct a study on prenatal and postpartum mental health conditions among members of the Armed Forces and their dependents.

IN THE SENATE OF THE UNITED STATES

Mr. BLUMENTHAL (for himself and Mr. KAINÉ) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To require the Comptroller General of the United States to conduct a study on prenatal and postpartum mental health conditions among members of the Armed Forces and their dependents.

1 Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,
3
4 This Act may be cited as the “Military Moms’ Mental
5 Health Assessment Act”.

WH5 KN 9N4
SEC. 2. COMPTROLLER GENERAL STUDY ON PRENATAL AND POSTPARTUM MENTAL HEALTH CONDITIONS AMONG MEMBERS OF THE ARMED FORCES AND THEIR DEPENDENTS.

(a) FINDINGS.—Congress makes the following findings:

(1) In 2018, 52,535 members of the Armed Forces and their dependents gave birth at military medical treatment facilities or civilian hospitals where the Department of Defense purchased care.

(2) Members of the Armed Forces and military spouses often give birth alone due to deployments or training exercises that prevent their birthing partner from being present during childbirth.

(3) Members of the military community are sometimes uniquely isolated from their support networks due to frequent permanent changes of station or during deployments.

(4) Social isolation and frequent moves can impact mental health outcomes of pregnant members of the Armed Forces or military spouses, while also interrupting the continuity of mental health care or other medical care.

(5) Some studies have concluded that women with deployed spouses show high stress levels and increased risk for prenatal and postpartum mood dis-
orders, including depression, which may explain adverse birth outcomes.

(6) According to the American College of Obstetricians and Gynecologists, deployment status is strongly associated with an increased risk of depression during pregnancy and the postpartum period.

(7) The Department of Defense determined that pregnant members of the Armed Forces and veterans more commonly experience mental health issues than nonpregnant members of the Armed Forces and veterans and pregnant women in the general population.

(8) Some studies have indicated that minority women in the civilian community are more likely to experience prenatal and postpartum mood disorders, but that minority women are less likely to seek or receive treatment, and there are troubling racial and ethnic disparities in the initiation and continuation of prenatal and postpartum mental health care.

(9) Despite some studies regarding prenatal care, postpartum health, and social support during pregnancy and child birth among the military community, those studies have been limited in scope, and there is little research related to prenatal and postpartum mental health conditions and mental
health care among military spouses and active duty
members of the Armed Forces to support policy re-
forms.

(10) Members of the Armed Forces and mili-
tary spouses might refrain from seeking mental
health care due to stigma and fear of potential re-
percussions on employment or career progression.

(b) SENSE OF CONGRESS.—It is the sense of Con-
gress that—

(1) members of the military community, includ-
ing members of the Armed Forces and military
spouses, are vulnerable to prenatal and postpartum
mental health conditions given the unique challenges
those individuals face due to frequent deployments
and permanent changes of station;

(2) additional studies and research regarding
prenatal and postpartum mental health conditions
among members of the Armed Forces and military
spouses are necessary to identify gaps in, and bar-
riers to, mental health care provided to beneficiaries
under the TRICARE program, including an assess-
ment of issues such as stigma, negative career im-
pact, and discrimination or retaliation against mem-
bers of the Armed Forces and military spouses;
(3) additional studies and research are necessary to determine whether minority women in the Armed Forces and minority military spouses—

(A) experience prenatal and postpartum mood disorders at a higher rate;

(B) are more likely to experience racial and ethnic disparities in health care access; or

(C) are less likely to initiate or continue prenatal or postpartum mental health care; and

(4) more information will enable the Department of Defense to better address the prenatal and postpartum mental health needs of members of the Armed Forces and military spouses.

(e) STUDY.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study on prenatal and postpartum mental health conditions among members of the Armed Forces and dependents of such members.

(2) ELEMENTS.—The study required under paragraph (1) shall include the following:

(A) An assessment of the extent to which beneficiaries under the TRICARE program, including members of the Armed Forces and dependents of such members, are diagnosed with
prenatal or postpartum mental health conditions, including—

(i) prenatal or postpartum depression;

(ii) prenatal or postpartum anxiety disorder;

(iii) prenatal or postpartum obsessive compulsive disorder;

(iv) prenatal or postpartum psychosis;

and

(v) other relevant mood disorders.

(B) A demographic assessment of the population included in the study with respect to race, ethnicity, sex, age, relationship status, military service, military occupation, and rank, where applicable.

(C) An assessment of the status of prenatal and postpartum mental health care for beneficiaries under the TRICARE program, including those who seek care at military medical treatment facilities and those who rely on civilian providers.

(D) An assessment of the ease or delay for beneficiaries under the TRICARE program in obtaining treatment for prenatal and
postpartum mental health conditions, including—

(i) an assessment of wait times for mental health treatment at each military medical treatment facility; and

(ii) a description of the reasons such beneficiaries may cease seeking such treatment.

(E) A comparison of the rates of prenatal or postpartum mental health conditions within the military community to such rates in the civilian population, as reported by the Centers for Disease Control and Prevention.

(F) An assessment of any effects of implicit or explicit bias in prenatal and postpartum mental health care under the TRICARE program, or evidence of racial or socioeconomic barriers to such care.

(3) REPORT.—Not later than one year after the date of the enactment of this Act, the Comptroller General shall submit to the congressional defense committees a report on the findings of the study conducted under paragraph (1), including—

(A) recommendations for actions to be taken by the Secretary of Defense to improve
prenatal and postpartum mental health among
members of the Armed Forces and dependents
of such members; and

(B) such other recommendations as the
Comptroller General determines appropriate.

(d) DEFINITIONS.—In this section:

(1) CONGRESSIONAL DEFENSE COMMITTEES.—
The term “congressional defense committees” has
the meaning given that term in section 101(a)(16)
of title 10, United States Code.

(2) DEPENDENT; TRICARE PROGRAM.—The
terms “dependent” and “TRICARE program” have
the meanings given those terms in section 1072 of
such title.