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HOUSE OF REPRESENTATIVES

REPORT
110–375

MELANIE BLOCKER-STOKES POSTPARTUM DEPRESSION RESEARCH AND CARE ACT

OCTOBER 15, 2007.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 20]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 20) to provide for research on, and services for individuals with, postpartum depression and psychosis, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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69–006

AMENDMENT

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Melanie Blocker-Stokes Postpartum Depression Research and Care Act".

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Postpartum depression is a devastating mood disorder which strikes many women during and after pregnancy.

(2) Postpartum mood changes are common and can be broken into three subgroups: "baby blues", which is an extremely common and the less severe form of postpartum depression; postpartum mood and anxiety disorders, which are more severe than baby blues and can occur during pregnancy and anytime within the first year of the infant's birth; and postpartum psychosis, which is the most extreme form of postpartum depression and can occur during pregnancy and up to 12 months after delivery.

(3) "Baby blues" is characterized by mood swings, feelings of being overwhelmed, tearfulness, irritability, poor sleep, mood changes, and a sense of vulnerability.

(4) The symptoms of postpartum mood and anxiety disorders are the worsening and the continuation of the baby blues beyond the first days or weeks after delivery.

(5) The symptoms of postpartum psychosis include losing touch with reality, distorted thinking, delusions, auditory hallucinations, paranoia, hyperactivity, and rapid speech or mania.

(6) Each year over 400,000 women suffer from postpartum mood changes, with baby blues afflicting up to 80 percent of new mothers; postpartum mood and anxiety disorders impairing around 10 to 20 percent of new mothers; and postpartum psychosis striking 1 in 1,000 new mothers.

(7) Postpartum depression is a treatable disorder if promptly diagnosed by a trained provider and attended to with a personalized regimen of care including social support, therapy, medication, and when necessary hospitalization.

(8) All too often postpartum depression goes undiagnosed or untreated due to the social stigma surrounding depression and mental illness, the myth of motherhood, the new mother's inability to self-diagnose her condition, the new mother's shame or embarrassment over discussing her depression so near to the birth of her child, the lack of understanding in society and the medical community of the complexity of postpartum depression, and economic pressures placed on hospitals and providers.

(9) Untreated, postpartum depression can lead to further depression, substance abuse, loss of employment, divorce and further social alienation, self-destructive behavior, or even suicide.

(10) Untreated, postpartum depression impacts society through its effect on the infant's physical and psychological development, child abuse, neglect, or death of the infant or other siblings, and the disruption of the family.

TITLE I—RESEARCH ON POSTPARTUM DEPRESSION AND PSYCHOSIS

SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVITIES.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the National Institutes of Health and the Director of the National Institute of Mental Health (in this title referred to as the "Institute"), is encouraged to continue aggressive work on postpartum depression and postpartum psychosis.

(b) COORDINATION WITH OTHER INSTITUTES.—The Director of the Institute should continue to coordinate activities of the Director under subsection (a) with similar activities conducted by the other national research institutes and agencies of the National Institutes of Health to the extent that such Institutes and agencies have responsibilities that are related to postpartum conditions.

(c) PROGRAMS FOR POSTPARTUM CONDITIONS.—In carrying out subsection (a), the Director of the Institute is encouraged to continue research to expand the understanding of the causes of, and to find a cure for, postpartum conditions. Activities under such subsection shall include conducting and supporting the following:

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

(2) Epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions.

(3) The development of improved screening and diagnostic techniques.

(4) Clinical research for the development and evaluation of new treatments, including new biological agents.

(5) Information and education programs for health care professionals and the public.

SEC. 102. NATIONAL PUBLIC AWARENESS CAMPAIGN.

(a) IN GENERAL.—The Director of the National Institutes of Health and the Administrator of the Health Resources and Services Administration are encouraged to carry out a coordinated national campaign to increase the awareness and knowledge of postpartum depression and postpartum psychosis.

(b) PUBLIC SERVICE ANNOUNCEMENTS.—Activities under the national campaign under subsection (a) may include public service announcements through television, radio, and other means.

SEC. 103. BIENNIAL REPORTING.

Section 403(a)(5) of the Public Health Service Act (42 U.S.C. 283(a)(5)) is amended—

(1) by redesignating subparagraph (L) as subparagraph (M); and

(2) by inserting after subparagraph (K) the following:

"(L) Depression.".

SEC. 104. LONGITUDINAL STUDY OF RELATIVE MENTAL HEALTH CONSEQUENCES FOR WOMEN OF RESOLVING A PREGNANCY.

(a) SENSE OF CONGRESS.—It is the sense of Congress that the Director of the Institute may conduct a nationally representative longitudinal study (during the period of fiscal years 2008 through 2018) of the relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, including carrying the pregnancy to term and parenting the child, carrying the pregnancy to term and placing the child for adoption, miscarriage, and having an abortion. This study may assess the incidence, timing, magnitude, and duration of the immediate and long-term mental health consequences (positive or negative) of these pregnancy outcomes.

(b) REPORT.—Beginning not later than 3 years after the date of the enactment of this Act, and periodically thereafter for the duration of the study under subsection (a), the Director of the Institute should prepare and submit to the Congress reports on the findings of the study.

TITLE II—DELIVERY OF SERVICES REGARDING POSTPARTUM DEPRESSION AND PSYCHOSIS

SEC. 201. ESTABLISHMENT OF PROGRAM OF GRANTS.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this title referred to as the "Secretary") should in accordance with this title make grants to provide for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with postpartum depression or postpartum psychosis (referred to in this section as a "postpartum condition") and their families.

(b) RECIPIENTS OF GRANTS.—A grant under subsection (a) may be made to an entity only if the entity is a public or nonprofit private entity, which may include a State or local government; a public or nonprofit private hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, or homeless health center; or any other appropriate public or nonprofit private entity.

(c) CERTAIN ACTIVITIES.—To the extent practicable and appropriate, the Secretary shall ensure that projects under subsection (a) provide services for the diagnosis and management of postpartum conditions. Activities that the Secretary may authorize for such projects may also include the following:

(1) Delivering or enhancing outpatient and home-based health and support services, including case management, screening, and comprehensive treatment services for individuals with or at risk for postpartum conditions; and delivering or enhancing support services for their families.

(2) Delivering or enhancing inpatient care management services that ensure the well-being of the mother and family and the future development of the infant.

(3) Improving the quality, availability, and organization of health care and support services (including transportation services, attendant care, homemaker services, day or respite care, and providing counseling on financial assistance and insurance) for individuals with postpartum conditions and support services for their families.

(d) INTEGRATION WITH OTHER PROGRAMS.—To the extent practicable and appropriate, the Secretary should integrate the program under this title with other grant programs carried out by the Secretary, including the program under section 330 of the Public Health Service Act.

SEC. 202. CERTAIN REQUIREMENTS.

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

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

(2) The grant will be used to supplement and not supplant funds from other sources related to the treatment of postpartum conditions.

(3) The applicant will abide by any limitations deemed appropriate by the Secretary on any charges to individuals receiving services pursuant to the grant. As deemed appropriate by the Secretary, such limitations on charges may vary based on the financial circumstances of the individual receiving services.

(4) The grant will not be expended to make payment for services authorized under section 201(a) to the extent that payment has been made, or can reasonably be expected to be made, with respect to such services—

(A) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(B) by an entity that provides health services on a prepaid basis.

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

SEC. 203. TECHNICAL ASSISTANCE.

The Secretary may provide technical assistance to assist entities in complying with the requirements of this title in order to make such entities eligible to receive grants under section 201.

TITLE III—GENERAL PROVISIONS

SEC. 301. AUTHORIZATION OF APPROPRIATIONS.

To carry out this Act and the amendments made by this Act, there are authorized to be appropriated—

(1) $3,000,000 for fiscal year 2008; and

(2) such sums as may be necessary for fiscal years 2009 and 2010.

PURPOSE AND SUMMARY

The purpose of H.R. 20, the Melanie Blocker-Stokes Postpartum Depression Research and Care Act, is to provide research on and services for individuals with postpartum depression and psychosis.

BACKGROUND AND NEED FOR LEGISLATION

Depression is an exceedingly common disorder, affecting 15 to 25 percent of the population and representing a yearly economic burden of $44 billion. Overall, depression is frequently undetected, with fewer than 25 percent of patients suffering from mental illness actually under the care of a mental health specialist. Depression is twice as common in women as it is in men, with its peak incidence during the primary reproductive years—ages 25 to 45. Because women are more likely to experience depression during

these years, they are especially vulnerable to developing depression during pregnancy and after childbirth.

Following childbirth, some women may experience postpartum disorders that can adversely affect a woman's mental health. The spectrum of postpartum mood disorders is generally divided into three distinct categories. At the mildest end of the spectrum is the "maternity blues" or "baby blues." Because this condition arises after 40 to 85 percent of deliveries, practitioners and patients often view it as a normal phenomenon. Nonetheless, the patient and their families are distressed by the patient's depressed mood, irritability, anxiety, confusion, crying spells, mood lability (refers to mood swings and the changeability of a person's overall mood state), and disturbances in sleep and appetite. These symptoms peak between postpartum days 3 and 5, and typically resolve spontaneously within 24 to 72 hours.

At the other end of the spectrum is the truly devastating postpartum psychosis. A comparatively rare disease, it complicates only 0.1 to 0.2 percent of deliveries. Symptoms generally present within the first 4 weeks of postpartum, when the risk of hospitalization is 22 times greater, but can manifest up to 90 days after delivery. A second smaller peak in incidence is evident at 18 to 24 months. Patients suffering from postpartum psychosis are severely impaired, suffering from hallucinations and delusions that frequently focus on the infant dying or being divine or demonic. These hallucinations often command that the patient hurt herself or others, placing these mothers at the highest risk for committing infanticide and/or suicide.

Between these two extremes is postpartum depression, which is recognized as a unique and serious complication of childbirth. Its insidious onset and chronic course complicates 10 to 15 percent of all deliveries and a staggering 26 to 32 percent of all adolescent deliveries. The majority of patients suffer from this illness for more than 6 months and, if untreated, 25 percent of patients are still depressed a year later. Women with postpartum depression may feel restless, anxious, sad, or depressed. They may have feelings of guilt, decreased energy and motivation, and a sense of worthlessness. They may also have sleep difficulties and undergo unexplained weight loss or gain.

Research suggests that the following factors may contribute to the onset of postpartum depression:

Hormonal Changes: A woman experiences the greatest hormonal fluctuation levels after giving birth. Intense hormone fluctuations, such as decreased serotonin levels, occur after delivery and may play a role in the development of postpartum depression.

Situational Risks: Childbirth itself is a major life change and transition, and big changes can cause a great deal of stress that result in depression. If a major event coincides with childbirth, a mother may be more susceptible to postpartum depression.

Life Stresses: Ongoing stressful circumstances can compound the pressure of having a new baby and may trigger postpartum depression.

HEARINGS

The Committee on Energy and Commerce held a legislative hearing on H.R. 20 on May 1, 2007. The Subcommittee heard from two panels of witnesses and experts. The first panel consisted of testimony by Catherine Roca, M.D., Chief, Women's Programs, National Institute of Mental Health, National Institutes of Health. The second panel had five witnesses: Nada Scotland, M.D., M.P.H., Professor of Psychiatry and Obstetrics/Gynecology, Rush Medical College, Chicago (testifying on behalf of the American Psychiatric Association); Ms. Mary Jo Codey, Former First Lady of the State of New Jersey; Ms. Carol Blocker, mother of Melanie Blocker-Stokes; Priscilla K. Coleman, PhD., Associate Professor of Human Development and Family Studies, Bowling State University; and Ms. Michaelene Fredenburg, President, Life Perspectives.

COMMITTEE CONSIDERATION

On Thursday, July 19, 2007, the Subcommittee on Health met in open markup session and ordered H.R. 20 favorably forwarded to the full Committee, amended, by a voice vote. On Thursday, September 27, 2007, the full Committee met in open markup session and ordered H.R. 20 favorably reported to the House, as amended by the Subcommittee, by a voice vote. No amendments were offered during full Committee consideration.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no recorded votes taken during consideration or reporting H.R. 20. A motion by Mr. Dingell to order H.R. 20 favorably reported to the House, as amended, was agreed to by a voice vote.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Subcommittee on Health has held legislative hearings on this legislation and made oversight findings that are reflected in this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

H.R. 20 encourages the Secretary of Health and Human Services (HHS), acting through the Director of the National Institutes of Health (NIH) and the Director of the National Institute of Mental Health (NIMH), to continue aggressive research and related activities on postpartum depression and postpartum psychosis. H.R. 20 encourages the Director of NIMH to conduct or support research to expand the understanding of the causes of, and to find a cure for, such conditions. H.R. 20 states that the Secretary should make grants to establish, operate, and coordinate effective and cost-efficient systems for the delivery of essential services to individuals with such conditions and their families. This legislation further allows the Secretary to provide technical assistance to grant recipients.

New Budget Authority, Entitlement Authority, and Tax Expenditures

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 20 would result in no new or increased budget authority, entitlement authority, or tax expenditures.

Earmarks and Tax and Tariff Benefits

In compliance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 20 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

Committee Cost Estimate

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

Congressional Budget Office Estimate

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. Congress,
Congressional Budget Office,
Washington, DC, October 12, 2007.

Hon. John D. Dingell,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

Dear Mr. Chairman: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 20, the Melanie Blocker-Stokes Postpartum Depression Research and Care Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sarah Evans.

Sincerely,

Robert A. Sunshine
(For Peter R. Orszag, Director).

Enclosure.

H.R. 20—Melanie Blocker-Stokes Postpartum Depression Research and Care Act

Summary: H.R. 20 would encourage the Secretary of Health and Human Services (HHS) to continue ongoing activities at the National Institutes of Health (NIH) and the Health Resources and Services Administration (HRSA) related to research and dissemination of information concerning postpartum depression or postpartum psychosis. The bill also would direct the Secretary to provide grants to public or nonprofit entities to establish and operate programs that provide health care and support services to individuals with postpartum depression or postpartum psychosis.

The bill would authorize the appropriation for those purposes of $3 million for fiscal year 2008 and such sums as necessary for fis-

cal years 2009 and 2010. CBO estimates that implementing the bill would cost less than $500,000 in 2008 and $18 million over the 2008–2012 period, assuming the appropriation of the authorized amounts. Enacting H.R. 20 would not affect direct spending or revenues.

The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA); any costs to state and local governments would be incurred voluntarily.

Estimated cost to the Federal government: The estimated budgetary impact of H.R. 20 is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year, in millions of dollars—				
	2008	2009	2010	2011	2012
CHANGES IN SPENDING SUBJECT TO APPROPRIATION					
Estimated Authorization Level	3	3	13	0	0
Estimated Outlays	*	2	6	8	2

Note: * = less than $500,000.

Basis of estimate: For this estimate, CBO assumes that H.R. 20 will be enacted near the start of the fiscal year 2008, that the authorized amounts will be appropriated for each year, and that outlays will follow historical spending patterns for similar programs.

Research on postpartum depression and psychosis

H.R. 20 would encourage the Secretary of HHS, acting through the Director of the NIH, to continue research efforts related to postpartum depression and postpartum psychosis. Such research includes basic research, epidemiological research, the development of improved diagnostic techniques, clinical research, and information and education programs. According to officials at the NIH, the institutes currently support all of those activities.

The bill also would encourage the Director of the NIH and the Administrator of HRSA carry out a national campaign, potentially including public service announcements, to raise awareness of postpartum depression. According to officials at the NIH, the institutes already communicate and disseminate their research findings as required by law. Both the NIH and HRSA sponsor Web sites devoted to postpartum depression. According to officials at HHS, HRSA frequently uses public service announcements to communicate messages to the public.

CBO estimates that there would be no cost to HRSA to implement those provisions, because they would not involve any change in the agency's activities. Likewise, CBO estimates that the NIH would incur no costs in 2008 or 2009, because those provisions would not require any new activities at the NIH. However, under current law (title IV of the Public Health Service Act) authorization for the activities of the NIH expires at the end of fiscal year 2009. Based on the proportion of grants for depression-related research that is specifically for postpartum-related depression, CBO estimates that NIH would require about $10 million for 2010 to continue its research and information-dissemination programs on postpartum depression and psychosis. Assuming the appropriation

of the necessary amount, CBO estimates that implementing those programs would cost $9 million over the 2010–2012 period.

Grants for services related to postpartum depression and psychosis

H.R. 20 would authorize the Secretary of HHS to make grants to public or nonprofit entities for the establishment, operation, and coordination of systems for delivery of services to individuals with postpartum depression or postpartum psychosis. Not more than 5 percent of these grants could be used for administration, accounting, reporting, or program oversight. These grants would not be permitted to supplant funds from other sources, including federal and state health programs.

For carrying the activities in the entire bill, H.R. 20 would authorize the appropriation of $3 million in fiscal year 2008 and such sums as necessary in fiscal years 2009 and 2010. CBO estimates that the $3 million authorized for appropriation in 2008 would fund a postpartum services grant program consistent with the requirements of the bill (none of the $3 million would be required for the other activities under the bill as described above). CBO estimates that an additional $3 million a year would be necessary to fund the grant program in 2009 and 2010. Implementing the grant program would cost less than $500,000 in 2008 and $9 million over the 2008–2012 period, CBO estimates.

Intergovernmental and Private-Sector Impact: HR. 20 contains no intergovernmental or private-sector mandates as defined in UMRA. Grants authorized in the bill for the study and treatment of paralysis and other physical disabilities would benefit state and local governments that provide services for diagnosing and managing postpartum depression. Any costs to those governments to comply with grant conditions would be incurred voluntarily.

Estimate prepared by: Federal Costs: Sarah Evans; Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum; Impact on the Private Sector: Keisuke Nakagawa.

Estimate approved by: Keith J. Fontenot, Deputy Assistant Director for Health and Human Resources, Budget Analysis Division.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for this legislation is provided in the provisions of Article I, section 8, clause 1 that relate to expending funds to provide for the general welfare of the United States.

Applicability to Legislative Branch

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

Section-by-Section Analysis of the Legislation

Section 1. Short title

Section 1 establishes the short title of the Act as the "Melanie Blocker-Stokes Postpartum Depression Research and Care Act."

Section 2. Findings

Section 2 sets out the findings of the Act.

Title I. Research on postpartum depression and psychosis

Title I addresses the activities and research related to postpartum depression and psychosis. Section 101 encourages the Secretary of Health and Human Services, the Director of the National Institute of Mental Health, and the Director of the National Institutes of Health to coordinate activities and continue aggressive work with respect to postpartum depression and postpartum psychosis. In addition, the Director of NIMH is encouraged to continue supporting research on understanding the causes of postpartum depressions and finding a cure through activities such as basic research concerning the etiology and causes of the conditions; epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions; development of improved screening and diagnostic techniques; clinical research for the development and evaluation of new treatments; and information and education programs for healthcare professionals and the public.

Section 102 encourages the Director of NIH and the Administrator of the Health Resources and Services Administration to carry out a coordinated national campaign to increase the awareness and knowledge of postpartum depression and postpartum psychosis.

Section 103 amends a section of the Public Health Service Act that requires the Director of NIH to submit a biennial report to Congress providing summaries of the research activities throughout the agency with respect to certain diseases, conditions, and issues. Section 103 adds "depression" as one of the conditions for which NIH must provide information about in the biennial report.

Section 104 includes a sense of Congress that the Director of NIMH may conduct a nationally representative longitudinal study of the relative mental health consequences for women of resolving a pregnancy in various ways including carrying the pregnancy to term and parenting the child, carrying the pregnancy to term and placing the child for adoption, miscarriage, and having an abortion.

Title II. Delivery of services regarding postpartum depression and psychosis

Title II addresses the establishment of grant programs related to postpartum depression and psychosis. Section 201 directs the Secretary of HHS to make grants to provide for projects for the estab-

lishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with postpartum depression or postpartum psychosis. Recipients of these grants must be either a public or nonprofit private entity, which may include a State or local government; a public or nonprofit private hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health or homeless health center; or other appropriate public or nonprofit private entity. To the extent practicable, the Secretary shall ensure that these grants provide services for the diagnosis and management of postpartum conditions.

Section 202 requires that grant recipients meet certain requirements and make the following agreements: (1) not more than 5 percent of the grant will be used for administration, accounting, reporting, and program oversight functions; (2) the grant will be used to supplement and not supplant funds from other sources related to the treatment of postpartum conditions; (3) the applicant will abide by any limitations deemed appropriate by the Secretary on any charges to individuals receiving services pursuant to the grant; (4) the grant will not be expended to make payment for services authorized under section 201(a) to the extent that payment has been made, or can reasonably be expected to be made; and (5) the applicant will, at each site at which the applicant provides services under section 201(a), post a conspicuous notice informing individuals who receive the services of any Federal policies that apply to the applicant with respect to the imposition of charges on such individuals.

Section 203 states that the Secretary may provide technical assistance to assist entities in complying with the requirements of this title in order to make such entities eligible to receive grants under section 201.

Title III. General provisions

Title III authorizes $3,000,000 to be appropriated for fiscal year 2008, and such sums as may be necessary for fiscal years 2009 and 2010.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * * * *

TITLE IV—NATIONAL RESEARCH INSTITUTES

PART A—NATIONAL INSTITUTES OF HEALTH

* * * * * * *

SEC. 403. BIENNIAL REPORTS OF DIRECTOR OF NIH.

(a) IN GENERAL.—The Director of NIH shall submit to the Congress on a biennial basis a report in accordance with this section.

The first report shall be submitted not later than 1 year after the date of the enactment of the National Institutes of Health Reform Act of 2006. Each such report shall include the following information:

(1) * * *

* * * * * * *

(5) A summary of the research activities throughout the agencies, which summary shall be organized by the following categories, where applicable:

(A) * * *

* * * * * * *

(L) Depression.

[(L)**]** *(M)* Such additional categories as the Director determines to be appropriate.

* * * * * * *