

119TH CONGRESS
2D SESSION

H. R. 9065

To provide research on, and services for, individuals with clinical mental health complications following a pregnancy loss, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 29, 2026

Mr. McDOWELL (for himself and Mrs. BICE) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To provide research on, and services for, individuals with clinical mental health complications following a pregnancy loss, 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 “Pregnancy Loss Men-
5 tal Health Research Act of 2026”.

1 **TITLE I—RESEARCH ON CLIN-**
2 **ICAL MENTAL HEALTH COM-**
3 **PLICATIONS FOLLOWING A**
4 **PREGNANCY LOSS**

5 **SEC. 101. EXPANSION AND INTENSIFICATION OF ACTIVI-**
6 **TIES OF NATIONAL INSTITUTE OF MENTAL**
7 **HEALTH.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services, acting through the Director of the Na-
10 tional Institutes of Health and the Director of the Na-
11 tional Institute of Mental Health (in this section referred
12 to as the “Institute”), shall expand and intensify research
13 and related activities of the Institute with respect to clin-
14 ical mental health complications, including persistent com-
15 plex bereavement disorder, following a pregnancy loss (in-
16 cluding a miscarriage, stillbirth, or abortion).

17 (b) COORDINATION WITH OTHER INSTITUTES.—The
18 Director of the Institute shall coordinate the activities of
19 the Director under subsection (a) with similar activities
20 conducted by the other national research institutes and
21 agencies of the National Institutes of Health to the extent
22 that such Institutes and agencies have responsibilities that
23 are related to clinical mental health complications fol-
24 lowing a pregnancy loss (including a miscarriage, still-
25 birth, or abortion).

1 (c) PROGRAMS FOR PREGNANCY LOSS CONDI-
2 TIONS.—In carrying out subsection (a), the Director of the
3 Institute shall conduct or support research to expand the
4 understanding of the causes of, and to identify treatment
5 for, mental health conditions following a pregnancy loss,
6 including the following:

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

9 (2) The development of improved screening and
10 diagnostic techniques.

11 (3) Clinical research for the development and
12 evaluation of new treatments, including new biologi-
13 cal agents.

14 (4) Information and education programs for
15 health care professionals and the public.

16 (d) LONGITUDINAL STUDY.—

17 (1) IN GENERAL.—The Director of the Institute
18 shall conduct a national longitudinal study to deter-
19 mine the prevalence of mental health complications
20 following a pregnancy loss, and the symptoms, sever-
21 ity, and duration of such cases, toward the goal of
22 more fully identifying the characteristics of such
23 cases and developing diagnostic techniques.

24 (2) REPORT.—Beginning not later than 3 years
25 after the date of enactment of this Act, and periodi-

1 cally thereafter for the duration of the study under
2 paragraph (1), the Director of the Institute shall
3 prepare and submit to the Congress a report on the
4 findings of the study, any progress with respect to
5 the study, and methodologies used to conduct the
6 study.

7 **SEC. 102. AUTHORIZATION OF APPROPRIATIONS.**

8 (a) IN GENERAL.—For the purpose of carrying out
9 this title, there is authorized to be appropriated
10 \$4,500,000 for each of the fiscal years 2027 through
11 2028.

12 (b) LIMITATION.—Any amounts appropriated under
13 this title are subject to the requirements and limitations
14 under sections 506 and 507 of division H of the Consoli-
15 dated Appropriations Act, 2021 (Public Law 116–260) in
16 the same manner and to the same extent as if such
17 amounts for each year were appropriated under such divi-
18 sion.

1 **TITLE II—DELIVERY OF SERV-**
2 **ICES WITH RESPECT TO MEN-**
3 **TAL HEALTH COMPLICA-**
4 **TIONS FOLLOWING A PREG-**
5 **NANCY LOSS**

6 **SEC. 201. GRANT PROGRAM FOR CLINICAL MENTAL**
7 **HEALTH CONDITIONS FOLLOWING A PREG-**
8 **NANCY LOSS.**

9 (a) GRANTS.—Section 317L–1(a) of the Public
10 Health Service Act (42 U.S.C. 247b–13a(a)) is amended
11 by striking “pregnant, or have given birth within the pre-
12 ceding 12 months,” and inserting “are pregnant, have
13 given birth within the preceding 12 months, or have expe-
14 rienced a pregnancy loss”.

15 (b) USE OF FUNDS.—Paragraphs (1)(C) and (2)(C)
16 of section 317L–1(d) of the Public Health Service Act (42
17 U.S.C. 247b–13a(d)) are amended by inserting “and
18 women who have experienced a pregnancy loss” after
19 “pregnant and postpartum women”.

20 (c) DISSEMINATION OF BEST PRACTICES.—Section
21 317L–1(f) of the Public Health Service Act (42 U.S.C.
22 247b–13a(f)) is amended by inserting “and for women
23 who have experienced a pregnancy loss” before the period
24 at the end.

1 (d) SPECIAL RULES.—Section 317L–1 of the Public
2 Health Service Act (42 U.S.C. 247b–13a) is amended—

3 (1) by redesignating subsection (h) as sub-
4 section (i); and

5 (2) by inserting after subsection (g) the fol-
6 lowing:

7 “(h) ASSISTANCE TO ADDRESS CLINICAL MENTAL
8 HEALTH CONDITIONS FOLLOWING A PREGNANCY
9 LOSS.—

10 “(1) IN GENERAL.—In addition to the activities
11 described in subsection (d), grant funds received by
12 an entity under subsection (a) may be used for
13 projects for the establishment, operation, and coordi-
14 nation of effective and cost-efficient systems for the
15 delivery of mental health services to individuals
16 struggling with clinical mental health conditions fol-
17 lowing a pregnancy loss.

18 “(2) CERTAIN ACTIVITIES.—Projects referred
19 to in paragraph (1) may include providing services
20 for the screening, diagnosis, and management of
21 mental health conditions, including persistent com-
22 plex bereavement disorders, following a pregnancy
23 loss, including—

24 “(A) delivering or enhancing outpatient
25 and home-based health and support services

(including case management, screening, and mental health treatment services) for individuals with, or who are at risk of developing, mental health complications following a pregnancy loss, and delivering or enhancing support services for the families of such individuals;

“(B) delivering or enhancing inpatient care management services that ensure the well-being of the mother and family; and

“(C) 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 mental health conditions following a pregnancy loss.

“(3) SUBGRANT RECIPIENTS.—An entity receiving a grant under subsection (a) may carry out projects described in paragraph (1) by making subgrants to an entity (other than a prohibited entity) that—

“(A) is a public or nonprofit private entity, which may include—

1 “(i) a State, Tribal, or local govern-
2 mental entity;

3 “(ii) a public or nonprofit private hos-
4 pital, community-based organization, com-
5 munity health center, migrant health cen-
6 ter, or homeless health center; or

7 “(iii) other appropriate public or non-
8 profit private entity; and

9 “(B) has experience in providing services
10 for projects described in paragraph (1).

11 “(4) PROHIBITED ENTITIES.—

12 “(A) IN GENERAL.—For purposes of para-
13 graph (3), the term ‘prohibited entity’ means
14 an entity, including its affiliates, subsidiaries,
15 successors, and clinics, that performs, or pro-
16 vides any funds to any other entity that per-
17 forms, abortions, other than—

18 “(i) in the case of a pregnancy that is
19 the result of an act of rape or incest; or

20 “(ii) in the case where a woman suf-
21 fers from a physical disorder, physical in-
22 jury, or physical illness that would, as cer-
23 tified by a physician, place the woman in
24 danger of death unless an abortion is per-
25 formed, including a life endangering phys-

1 ical condition caused by, or arising from,
2 the pregnancy itself.

3 “(B) END OF PROHIBITION.—The defini-
4 tion in subparagraph (A) shall cease to apply to
5 an entity if such entity certifies that the entity,
6 including its affiliates, subsidiaries, successors,
7 and clinics, will not perform, and will not pro-
8 vide any funds to any other entity that per-
9 forms, an abortion described in subparagraph
10 (A).

11 “(C) REPAYMENT BY PROHIBITED ENTI-
12 TY.—The Secretary shall seek repayment of any
13 Federal assistance received by any entity that
14 makes a certification described in subparagraph
15 (B) and subsequently violates the terms of such
16 certification.

17 “(5) TERMS AND CONDITIONS.—An entity re-
18 ceiving a grant under subsection (a) to carry out
19 projects described in paragraph (1) shall be subject
20 to the following terms and conditions:

21 “(A) Not more than 5 percent of the grant
22 will be used for administration, accounting, re-
23 porting, and program oversight functions.

24 “(B) The grant will be used to supplement
25 and not supplant funds from other sources re-

1 lated to the treatment of clinical mental health
2 conditions following a pregnancy loss.

3 “(C) The applicant will abide by any limi-
4 tations deemed appropriate by the Secretary on
5 any charges to individuals receiving services
6 pursuant to the grant. As determined appro-
7 priate by the Secretary, such limitations on
8 charges may vary based on the financial cir-
9 cumstances of the individual receiving services.

10 “(D) The grant will not be expended to
11 make payment for services to the extent that
12 payment has been made, or can reasonably be
13 expected to be made, with respect to such serv-
14 ices—

15 “(i) under any State compensation
16 program, under an insurance policy, or
17 under any Federal or State health benefits
18 program; or

19 “(ii) by an entity that provides health
20 services on a prepaid basis.”.

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