

# Improving Treatment for Pregnant and Postpartum Women Act of 2015, H.R. 3691:

## *A Section-by-Section Analysis*

*Sponsors: Rep. Luján (D-NM), Rep. Tonko (D-NY), Rep. Clarke (D-NY), Rep. Matsui (D-CA), Rep. Cárdenas (D-CA), Rep. Pascrell (D-NJ)*

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### Section 1: Short Title

This section identifies the bill as the “Improving Treatment for Pregnant and Postpartum Women Act of 2015” (H.R. 3691).

### Section 2: Reauthorization of Residential Treatment Programs for Pregnant and Postpartum Women (PPW)

This section reauthorizes residential treatment programs for pregnant and postpartum women (42 U.S. Code § 290bb-1) under the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Treatment (CSAT).

### Reports to Congress

This section amends Section 508 of the Public Health Service Act to clarify that the Director of CSAT’s biennial reports to Congress do not need to describe the authorization of appropriations for this program.

### Overview of Residential PPW Program

Through the program, the Director of CSAT provides grant awards to public and nonprofit private entities for the purpose of providing substance use disorder treatment to women in residential facilities, as well as any minor children they have. The family-based treatment services delivered through the program include individual, group, and family counseling, as well as follow-up services to prevent relapse. Additionally, the program requires the following supplemental services:

- Prenatal and postpartum health care.
- Referrals for necessary hospital services.
- For the minor children of women:
  - Pediatric health care.
  - Counseling and other services.
  - Comprehensive social services.
- Providing supervision of children during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities.
- Training in parenting.
- HIV/AIDS counseling.
- Counseling on domestic violence and sexual abuse.
- Counseling on obtaining employment, including the importance of graduating from a secondary school.
- Reasonable efforts to preserve and support the family units of the women, including promoting the appropriate involvement of parents and others, and counseling the children of the women.
- Planning for and counseling to assist reentry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the women and the children of the women.
- Case management services, including:
  - Assessing the extent to which authorized services are appropriate for the women and their children.
  - Ensuring that the services are provided in a coordinated manner.

- Assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services.

### **Matching Funds**

Applicants for the residential PPW programs are required to make available for the first two years of receiving funds no less than \$1 for each \$9 of Federal funds provided in the award, and for any subsequent fiscal year, they must make available no less than \$1 for each \$3 of Federal funds provided in the award.

### **Funding**

This section authorizes \$40,000,000 to be appropriated for each of the fiscal years 2016 through 2020.

## **Section 3: Pilot Program Grants for State Substance Abuse Agencies**

### **Overview and Eligible Applicants**

This section authorizes the Director of CSAT to carry out a pilot program for State substance abuse agencies—defined in this section as the agency that manages the Substance Abuse Prevention and Treatment (SAPT) Block Grant—to have flexibility in the use of funds for the provision of family-based services for pregnant and postpartum women with a substance use disorder. The pilot program will help State substance abuse agencies address service delivery gaps for pregnant and postpartum women, including services provided in non-residential settings, and will encourage new approaches and models of service delivery across the continuum of care.

### **Application and Program Requirements**

The Director of CSAT will require State substance abuse agencies to apply for a grant under the pilot program, after which the Director will determine whether applicants are eligible for such a grant. The Director will require that grant funds are used to provide family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders. The Director of CSAT will determine which other services will be required to be made available to pregnant and postpartum women through the pilot program. The determination of these services will be based on input from stakeholders, including State substance abuse agencies, health care providers, persons in recovery from substance abuse, and other appropriate individuals. The required services may include individual, group, and family counseling, follow-up services to prevent relapse, and any of the supplemental services required in the residential PPW treatment programs.

### **Matching Funds**

For the pilot program, depending on the circumstances of the applicant, the Director of CSAT will consider not applying the matching fund requirements that are required in the residential PPW program.

### **Evaluation and Report to Congress**

The Director of the Center for Behavioral Health Statistics and Quality (CBHSQ) will fund an evaluation of the pilot program at the conclusion of the first grant cycle. The Director of CBHSQ, in coordination with the Director of CSAT, will submit a report on the evaluation to the relevant Committees of jurisdiction of the House of Representatives and the Senate. The report will include pilot program outcomes data, including any resulting reductions in substance use, engagement in treatment services, retention in the appropriate level and duration of services, increased access to the use of medications approved by the Food and Drug Administration (FDA) for the treatment of substance use disorders in combination with counseling, and any other appropriate outcome measures.

### **Funding**

No more than 25 percent of the amounts made available to carry out the residential PPW program will be made available to carry out the pilot program. Grants awarded through the pilot program will not exceed 5 years.