The Honorable Tammy Baldwin Chairwoman, Senate Appropriations Committee Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Room S-128, The Capitol Washington, D.C. 20510

The Honorable Robert Aderholt Chair, House Appropriations Committee Subcommittee on Labor, Health and Human Services, Education, and Related Agencies 2358-B Rayburn House Office Building Washington, D.C. 20510 The Honorable Shelley Moore Capito Ranking Member, Senate Appropriations Committee Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Room S-128, The Capitol Washington, D.C. 20510

The Honorable Rosa DeLauro Ranking Member, House Appropriations Committee Subcommittee on Labor, Health and Human Services, Education, and Related Agencies 2358-B Rayburn House Office Building Washington, D.C. 20510

Dear Chairwoman Baldwin, Ranking Member Capito, Chairman Aderholt, and Ranking Member DeLauro:

We, the 90 undersigned organizations who represent and care for the health and wellness of mothers, babies, and families, are writing to request funding and provisions to address maternal mental health as the 118th Congress considers the Fiscal Year 2024 Labor, Health and Human Services, and Education Appropriations bill. In the 117th Congress, Congress passed the *Into the Light for Maternal Mental Health and Substance Use Disorders Act of 2022 (Into the Light)* within the *Consolidated Appropriations Act of 2023. Into the Light* reauthorized state grants to address maternal mental health and authorized the national Maternal Mental Health Hotline.

The United States is facing a maternal mortality crisis. According to a recent report from the Centers for Disease Control and Prevention, maternal mortality nearly doubled from 2018 to 2021 (from 658 deaths in 2018 to 1,205 deaths in 2021). This follows a September 2022 report from the CDC showing that *mental health conditions are the leading cause of maternal deaths*, and that four out of five maternal deaths were preventable.²

By investing in maternal mental health, Congress can help save the lives of mothers across the country.

Maternal mental health (MMH) conditions* are the most common complication of pregnancy and childbirth, affecting one in five pregnant women or new mothers, or 800,000 American families each year.^{3,4} Women

¹ Hoyert, Donna L. *Maternal Mortality Rates in the United States*, 2021. Centers for Disease Control and Prevention, US Department of Health and Human Services. 2023. https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.html

² Trost, Susanna, Jennifer Beauregard, Gyan Chandra, Fanny Njie, Jasmine Berry, Alyssa Harvey, and David A. Goodman. *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 States, 2017 - 2019.* Centers for Disease Control and Prevention, US Department of Health and Human Services. 2022.

 $[\]underline{https://www.cdc.gov/reproductive health/maternal-mortality/erase-mm/data-mmrc.html}$

^{*}Maternal mental health conditions include depression, anxiety disorders, obsessive compulsive disorder, post-traumatic stress disorder, bipolar illness (including postpartum psychosis) and substance use disorders.

³ American College of Obstetricians and Gynecologists. *Screening for Perinatal Depression, ACOG Committee Opinion No. 757*. Obstet Gynecol. 2018:132(5)e:208-12.

⁴ Fawcett, Emily J, Nichole Fairbrother, Megan L Cox, Ian R White, and Jonathan M Fawcett. *The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis.* J Clin Psychiatry. 2019:80(4):18r12527.

of color and service members experience MMH conditions at nearly twice the national average, and young mothers and women of low socioeconomic status are also at higher risk of experiencing MMH conditions.^{5,6,7,8} Additionally, the COVID-19 pandemic has fueled a three-fold increase in the number of women and childbearing individuals experiencing MMH conditions.⁹

The vast majority (75%) of women who experience MMH symptoms remain untreated, increasing the risk of long-term negative impacts on the mother, baby and family. ^{10,11} When MMH conditions go untreated, women are at higher risk of suicide and overdose, which is tragically the leading cause of death for new mothers, accounting for 22% of maternal deaths. ¹² The economic cost of not treating MMH conditions is \$32,000 per mother/infant dyad, or \$14 billion each year in addressing poor health outcomes of mother and baby, as well as lost wages, and productivity. ¹³

Thus, we write to request funding at levels authorized under the *Consolidated Appropriations Act of 2023* (P.L. 117-328) for two specific programs which increase support and treatment for mothers experiencing MMH conditions.

- 1. **Grants to states.** The Health Resources and Services Administration implements the Screening and Treatment for Maternal Mental Health and Substance Use Disorders program, which provides grants to states to address MMH conditions. When the program was announced in 2018, thirty states and territories applied for funding, but budget limitations resulted in just seven states receiving grants. These states have created programs that both expand the workforce to address MMH conditions and provide critically needed and cost-effective services to pregnant women and new mothers suffering from MMH conditions. We thank the Committees for including an additional \$3.5 million in funding for FY2023 Appropriations, but we recognize a need for additional funding to support additional states. Each additional \$5 million allows for 7 additional state grants. We request the highest possible funding amount in FY2024 to support new perinatal psychiatry access programs, coordination with existing maternal mental health programs, technical assistance for non-grantee states, public awareness, and funding for programs that address disparities and substance issues for mothers.
- **2. National Maternal Mental Health Hotline.** The Hotline, which launched on Mother's Day 2022, provides 24/7 voice and text services in both English and Spanish for individuals experiencing MMH

⁵ Taylor, Jamila, and Christy M Gamble. *Suffering in Silence: Mood Disorders Among Pregnant and Postpartum Women of Color*. Center for American Progress, November 2019. https://www.americanprogress.org/article/suffering-in-silence/.

⁶ Government Accountability Office. Defense Health Care: Prevalence of and Efforts to Screen and Treat Mental Health Conditions in Prenatal and Postpartum TRICARE Beneficiaries. May 23, 2022. https://www.gao.gov/products/gao-22-105136

⁷ Agnafors, Sara, Marie Bladh, Svedin, Carl Göran Svedin, and Gunilla Sydsjö. *Mental Health in Young Mothers, Single Mothers and Their Children*. BMC Psychiatry 19, 112 (2019). https://doi.org/10.1186/s12888-019-2082-y

⁸ Goyal, Deepika, Caryl Gay, and Kathryn A. Lee. *How Much Does Low Socioeconomic Status Increase the Risk of Prenatal and Postpartum Depressive Symptoms in First-Time Mothers?*. February 4, 2010, DOI: 10.1016/j.whi.2009.11.003

⁹ Suwalska, Julia, Maria Napierała, Paweł Bogdański, Dorota Łojko, Katarzyna Wszołek, Sara Suchowiak, and Aleksandra Suwalska. *Perinatal Mental Health during COVID-19 Pandemic: An Integrative Review and Implications for Clinical Practice*. Journal of Clinical Medicine. 2021: 10, no. 11: 2406. https://doi.org/10.3390/jcm10112406

¹⁰ Byatt, Nancy, Leonard L Levin, Douglas Ziedonis, Tiffany A Moore Simas, and Jeroan Allison. *Enhancing Participation in Depression Care in Outpatient Perinatal Care Settings: A Systematic Review.* Obstet Gynecol. 2015:126(5):619-625.

¹¹ Field, Tiffany. Postpartum Depression Effects on Early Interactions, Parenting, and Safety Practices: A Review. Infant Behavioral Health, 2010; 33(1):1-14.

¹² Trost, Susanna, et al. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 States, 2017 - 2019. CDC.

¹³ Luca, Dara Lee, Caroline Margiotta, Colleen Staatz, Eleanor Garlow, Anna Christensen, and Kara Zivin. Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States. American Journal of Public Health. 2022: 110, 888_896, https://doi.org/10.2105/AJPH.2020.305619

conditions and their loved ones. Staff for the Hotline include licensed and certified healthcare or mental health providers, along with certified peer specialists. In the first nine months of operations, the Hotline responded to 7,500 contacts (70% calls, 30% texts) with an average answer time of less than 60 seconds. We thank the Committees for the \$3 million increase in FY2023 Appropriations which was needed to expand services to include maternal substance use disorder support and provide culturally and linguistically appropriate care. We request an additional \$3 million in FY2024 funding for the Hotline to train hotline counselors on best practices to support the unique needs of service members, veterans, and military families utilizing the hotline, and to conduct a public awareness campaign to reach more pregnant and postpartum women.

Your support for increased resources for the state grants and the Hotline, as well as for increased maternal mental health research, will save lives and help families thrive.

Sincerely,

Maternal Mental Health Leadership Alliance

American Academy of Pediatrics

American Congress of Obstetricians and Gynecologists

American Foundation for Suicide Prevention

American Psychiatric Association

Arbit Counseling

Association of Maternal Child Health Professionals

Brii Biosciences

Community Health Centers of Burlington

Compass Health

Cornell University

Emory University

Every Mother Counts

Families USA

Feed Your Mental

Forward Wellness Final

Global Alliance for Behavioral Health and Social Justice

Hand to Hold

Happiest Baby

Harvard University

Healthy Mothers, Healthy Babies: the Montana Coalition

HealthvWomen

Heart and Hands Healthcare

Hope for HIE

International OCD Foundation

Jennifer Bush-Lawson Foundation

Kent Hospital

Legacy Community Health

Legal Action Center

Marce Society of North America

March For Moms

March of Dimes Foundation

Maternal Wellness Services

Maternal Mental Health NOW

Medical University of South Carolina

Mental Health America of Ohio

Military Birth Resource Network and Postpartum Coalition

Mom2Mom Global

Moms Mental Health Initiative

MomsRising

National Alliance on Mental Illness

National Birth Equity Collaborative

National Domestic Violence Hotline

New York Perinatal Psychiatry

No Health Without Mental Health

North American Society for Psychosocial Obstetrics and Gynecology

Northwestern Medicine

Ohana Home Front

Parent and Child Education (PACE)

Perinatal Support Washington

Policy Center for Maternal Mental Health

Postpartum Resource Center of New York

Postpartum Support International

Postpartum Support International, Alaska Chapter

Postpartum Support International, California Chapter

Reproductive Psychiatry Trainees

Return To Zero: H.O.P.E.

RI International

Selectronics Corporation

Seleni Institute

Seven Starling

Shades of Blue Project

Shades of You, Shades of Me

Society for Women's Health Research

The Colette Louise Tisdahl Foundation

The Family Place

The Ohio State University School of Engineering

The Reilly Group

The University of North Carolina at Chapel Hill

The University of Vermont Health Network

Tuftsmedicine

Tulane University

UMass Memorial Health Care

University of California, San Francisco

University of California, San Diego

University of Kansas Medical Center

University of Minnesota
University of Nebraska-Lincoln
University of Pennsylvania
University of Pittsburgh Medical Center
University of Toronto
University of Virginia
West Virginia University
What To Expect Project
Wheat Shroyer
William & Mary College
Women's Therapy and Wellness