



June 24, 2020

The Honorable Diana DeGette
House Committee on Energy and Commerce
United States House of Representatives
2111 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Fred Upton
House Committee on Energy and Commerce
United States House of Representatives
2183 Rayburn House Office Building
Washington, D.C. 20515

Dear Congresswoman DeGette and Former Chairman Upton,

On behalf of the undersigned organizations representing maternal and mental health providers, researchers, and mothers across the nation, we thank you for your leadership under the 21st Century Cures Act, and hope to partner with you to innovate and reform maternal mental health within your new policy initiative, 21st Century “Cures 2.0”.

In normal times, 1 in 5 women are affected by anxiety, depression, and other maternal mental health (MMH) conditions during pregnancy or the year following pregnancy; however, these issues often go undiagnosed and untreated.¹ ***These illnesses are the most common complication of pregnancy and childbirth, impacting 800,000 women in the United States each year.***² When left untreated, MMH conditions can become multigenerational and negatively affect the mother’s and child’s long-term physical, emotional, and developmental health, increasing the risk of poor health outcomes of both the mother and baby.³ For example, maternal depression can lead to absenteeism from work, lost productivity, and even suicide.⁴ In addition to the medical affects, the cost to society is estimated at \$14.2 billion in the United States in 2017 from productivity loss, maternal health expenditures, preterm births, and child behavioral and developmental disorder costs.⁵

However, we are in unprecedented times. Maternal mortality rates are at an all-time high. The COVID-19 pandemic is affecting every aspect of life. Systemic racism has erupted into significant social unrest.

As a result, pregnant women and new mothers are experiencing unparalleled levels of stress and anxiety. A new study shows that rates of women reporting MMH symptoms **tripled** from mid-April to early May.⁶ Women of color and women living in poverty are further disproportionately affected by maternal mortality, coronavirus, and racism, exacerbating the negative effects during pregnancy and postpartum.

¹ Maternal Mental Health Leadership Alliance website, www.mmhla.org.

² Luca, D., Garlow, N., Staatz, C., & Zivin, K. (2019). *Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States*. Mathematica Policy Research.

³ Ibid.

⁴ California Task Force on the Status of Maternal Mental Health Care. (2017). *California’s Strategic Plan: A Catalyst for Shifting Statewide Systems to Improve Care Across California and Beyond*.

⁵ Luca et al.

⁶ Davenport, M., et al. (2020). *Moms are Not OK: COVID-19 and Maternal Mental Health*. Front. Glob. Womens Health.

With the staggering numbers and lives impacted, *it is imperative that we address the mental health of America's mothers and redirect the course of health policy to provide them with the support they need.*

Particularly, we would like to work with your offices to address three areas within your 21st Century Cures 2.0 outline: (1) Digital Therapeutics, (2) Diversity in Research, and (3) Education for Caregivers.

Below is a short discussion on areas for innovation and reform that can help shape future policy for mothers and families in our nation:

- **Title VI: CMS Modernization Around Digital Therapeutics:** Women face many challenges during pregnancy and the postpartum period. For mothers experiencing maternal mental health conditions, this time is even more difficult. Childbearing women are caught in a swirl of unanswered questions about how the coronavirus will impact them, their pregnancies, and their newborn infants. They, along with their healthcare providers, are navigating uncharted territory as virtual visits have replaced often reassuring in-person appointments, loved ones or support persons may not be permitted during labor and delivery, and new mothers and their newborns risk separation after birth if one tests positive for COVID-19. Even in normal times, the lives of new mothers are challenging: new mothers are often sleep deprived, stressed, and isolated, making it difficult to identify mental health warning signs, find mental health providers, navigate insurance, and manage technology. New families often have limited family support as generations become more transient and fears of infection keep family and friends away.

We view digital therapeutics as an asset towards advancing intervention for at-risk mothers by offering women flexible options to seek care during pregnancy and early on in their postpartum experience. With promising results from the Department of Veteran's Affairs' digital therapeutics pilot for depression, Congress can provide incentives for the development and coverage of this type of Artificial Intelligence that is customized for maternal mental health. Given this high-risk population, we urge policy development to integrate safeguards for mothers demonstrating signs of acute MMH disorders to help them receive warm handoffs and referrals to in-network mental health providers. Further policy development should include data collection to help advance future public health prevention and intervention initiatives.

- **Title V: Clinical Trials – Diversity in Clinical Research:** Clinical research and trials are important for health research and policy; however, existing clinical trials often exclude pregnant and postpartum mothers, as well as women of color or women who live in poverty, leaving a significant gap in research. Though policies have shifted in recent years to include this population, more needs to be done to address this gap.⁶ We hope to work with you to diversify and increase clinical research for pregnant and postpartum mothers when and where appropriate, most immediately in the area of COVID-19 research.
- **Title II: Caregiver Integration- Educational Programs and Trainings for Caregivers:** It is not uncommon for partners, family members, and other support networks for new mothers to lack the understanding of how to best help mothers when they need it most. The 21st Century Cures Act

⁶ Frew, P., Saint-Victor, D., Isaacs, M., Kim, S., Swamy, G., Sheffield, J., Edwards, K., Villafana, T., Kamagate, O., and Ault, K. (2014). Recruitment and Retention of Pregnant Women Into Clinical Research Trials: An Overview of Challenges, Facilitators, and Best Practices. *Clinical Infectious Diseases*, Volume 59, Issue 7, Pages S400–S407. <https://doi.org/10.1093/cid/ciu726>

included the bipartisan *Bringing Postpartum Depression Out of the Shadows Act* to help states and providers enact initiatives to screen and assist mothers affected by MMH conditions. Although 30 states applied for these grants, limited funding means only seven states were awarded grants, covering just 10% of births in the country. We strongly encourage reauthorizing these grants and increasing the authorized funding so that more states can provide these cost-efficient and effective programs. Additionally, we request the inclusion of new policies to provide education for caregivers on how to identify warning signs, navigate the healthcare system, and support their loved one affected by a MMH, including establishing a national maternal mental health “helpline” that mothers and families can access.

Thank you both for your leadership and dedication to 21st Century Cures 2.0, and we look forward to continuing to work with you on advancing policies to help protect maternal mental health.

Sincerely,



Joy Burkard, MBA
Executive Director
2020 MOM



Adrienne Griffen, MPP
Executive Director
Maternal Mental Health
Leadership Alliance



Wendy Davis, PhD
Executive Director
Postpartum Support International