

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515–0545**

March 12, 2021

The Honorable Rosa DeLauro  
Chairwoman, House Committee on Appropriations  
Chairwoman, Subcommittee on Labor, Health, and  
Human Services, and Education  
Washington, DC 20515

The Honorable Kay Granger  
Ranking Member  
House Committee on Appropriations  
Washington, DC 20515

The Honorable Tom Cole  
Ranking Member  
Subcommittee on Labor, Health, and Human Services, and Education  
House Committee on Appropriations  
Washington, DC 20515

Dear Chairwoman DeLauro, Ranking Member Granger, and Subcommittee Ranking Member Cole,

As you consider the House Labor, Health and Human Services, and Education Appropriations bill for Fiscal Year (FY) 2022, we respectfully request that you address the critical issue of maternal mental health by **increasing funding for the Health Resources and Services Administration’s (HRSA) Maternal Mental Health Hotline by \$2 million dollars, and the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program (MDRBD) for states by \$5 million dollars.**

Nearly 1 in 7 women experience postpartum depression<sup>1</sup> and 1 in 5 women face some kind of maternal mental health concerns.<sup>2</sup> Pregnancy and the postpartum period are vulnerable times for expecting and new mothers. Between hormonal fluctuations, sleep deprivation, and other health challenges, even those who do not suffer from postpartum depression or maternal mental health conditions often experience significant stress. The COVID-19 pandemic has exacerbated maternal mental health conditions with a recent study showing that pregnant women and new mothers are experiencing anxiety and depression during the pandemic at 3 to 4 times the rate prior to the pandemic.<sup>3,4</sup>

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<sup>1</sup> What is postpartum depression & anxiety?, American Psychological Association, Retrieved at: <https://www.apa.org/pi/women/resources/reports/postpartum-depression>

<sup>2</sup> Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States, Mathematica Policy Research, Retrieved at: <https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>

<sup>3</sup> [Uptrend in Distress and Psychiatric Symptomatology in Pregnant Women During the Coronavirus Disease 2019](https://doi.org/10.1111/aogs.13925), *Obstetrics and Gynecology*, Retrieved at: <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/aogs.13925>

<sup>4</sup> Elevated Depression and Anxiety Among Pregnant Individuals During The COVID-19 Pandemic, *Journal of Affective Disorders*, Retrieved at: <https://pubmed.ncbi.nlm.nih.gov/32777604/>

Yet even before COVID-19 isolated us in our homes, rates of postpartum depression were on the rise. From 2000 to 2015, the rate of depression diagnoses among women who had recently delivered a hospital increased seven-fold. Recent studies show that suicide and overdose combined are the leading cause of death for mothers in the postpartum period, contributing to the distressingly high maternal mortality rate in the United States.<sup>5,6</sup>

Sadly, 75% of those experiencing maternal mental health conditions go undiagnosed and untreated, increasing the risk of multigenerational, long-term impact on the physical, emotional, and developmental health of both the mother and child.<sup>7,8</sup> The cost of not treating maternal mental health conditions is \$32,000 per mother-infant pair, or \$14.2 billion in accounting for lost wages and productivity of the mother and addressing poor health outcomes of the mother and infant.<sup>9</sup> Women of color and women who live in poverty are disproportionately impacted by both the pandemic and maternal mental health conditions, experiencing both at rates 2 to 3 times higher than white women.<sup>10,11</sup>

With so many new mothers suffering from maternal mental health conditions across the country, there is a critical need to get mothers support and treatment as soon as possible. Thus, we respectfully request that you include increased funding for and report language to address the heightened maternal mental health needs within the FY 2022 Appropriation package to better support more states and mothers across the nation. Specifically, we request the following language:

**Maternal Mental Health Hotline**—We request the Committees include \$5 million for the Maternal Mental Health Hotline, which is \$2 million above the fiscal year 2021 enacted level. The hotline shall provide 24 hours a day voice and text support that is culturally and linguistically appropriate. The funding shall also be used to raise public awareness about maternal mental health issues and the hotline.

**Screening and Treatment of Maternal Depression**—We request the Committees provide a \$5 million increase above the fiscal year 2021 enacted level for the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program (MDRBD). MDRBD programs train health care providers to screen, assess, and treat for MMH conditions and provide specialized psychiatric consultation to assist the providers. HRSA shall make grants to establish new State programs and improve or maintain existing State programs. Grants shall include culturally competent approaches to assist in the reduction of maternal health inequities. The Committee recognizes the high need amongst States and directs MDRBD to provide technical assistance to non-grantee states.

Now more than ever, emotional support, screening, intervention, and treatment referral is critical to the overall health of both mothers and their newborns. This increased funding will provide a critically

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<sup>5</sup> Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012, *Obstetrics Gynecology*, Retrieved at: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5121076/#:~:text=From%202004%20to%202012%2C%20the,6.6\)%20per%20100%2C000%20live%20births.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5121076/#:~:text=From%202004%20to%202012%2C%20the,6.6)%20per%20100%2C000%20live%20births.)

<sup>6</sup> Pregnancy-Related Deaths: Data From 14 U.S. Maternal Mortality Review Committees, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Retrieved at: [https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/MMR-Data-Brief\\_2019-h.pdf](https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/MMR-Data-Brief_2019-h.pdf)

<sup>7</sup> Centers for Disease Control and Prevention, as cited.

<sup>8</sup> Mathematica Policy Research, as cited

<sup>9</sup> Mathematica Policy Research, as cited.

<sup>10</sup> The Disproportionate Impact of COVID-19 on Women of Color, Society for Women's Health Research, Retrieved at: <https://swhr.org/the-disproportionate-impact-of-covid-19-on-women-of-color/>

<sup>11</sup> Racial and Ethnic Differences in Factors Associated With Early Postpartum Depressive Symptoms, *Obstet Gynecol*, Retrieved at: [https://pubmed.ncbi.nlm.nih.gov/15932842/#:~:text=We%20explored%20racial%20differences%20in,001\).](https://pubmed.ncbi.nlm.nih.gov/15932842/#:~:text=We%20explored%20racial%20differences%20in,001).)

needed and cost-effective lifeline to pregnant women and new mothers at the most vulnerable time in their lives.

Sincerely,



KATIE PORTER  
Member of Congress



ANTHONY GONZALEZ  
Member of Congress



CHELLIE PINGREE  
Member of Congress



YOUNG KIM  
Member of Congress



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