

United States Senate

WASHINGTON, DC 20510

June 11, 2021

The Honorable Patty Murray
Chairwoman
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, D.C. 20510

The Honorable Roy Blunt
Ranking Member
Senate Appropriations Subcommittee
on Labor, Health and Human Services,
Education, and Related Agencies
Washington, D.C. 20510

Dear Chair Murray and Ranking Member Blunt:

As you consider the Labor, Health and Human Services, Education and Related Agencies 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^[1] and 1 in 5 women face some kind of maternal mental health concerns.^[2] 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.^{[3],[4]}

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.^{[5],[6]}

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.^{[7],[8]} 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.^[9] 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.^{[10],[11]}

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

Sincerely,



Kirsten Gillibrand
United States Senator



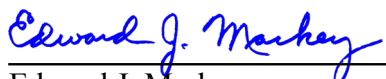
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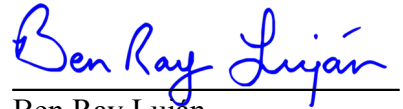
Kyrsten Sinema
United States Senator



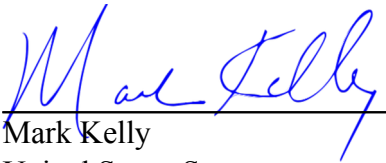
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