



September 7, 2021

The Honorable Michael Bennett
United States Senate
Washington DC 20515

The Honorable John Cornyn
United States Senate
Washington DC 20515

Dear Senators Bennett and Cornyn,

I write to provide feedback about your paper entitled **A Bold Vision for America's Mental Well-being**. Thank you for the opportunity to share thoughts on this important topic.

My comments focus specifically on maternal mental health (MMH) conditions, which are the most common complications of pregnancy and childbirth, affecting 1 in 5 women (800,000 people each year in the United States).¹ 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.^{2,3} Sadly, 75% of those experiencing MMH conditions remain untreated, increasing the risk of multigenerational, long-term impact on the physical, emotional, and developmental health of both the mother and child.^{4,5} The cost of not treating MMH 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.⁶ The COVID-19 pandemic has exacerbated MMH conditions with a recent study showing that pregnant women and new mothers are experiencing anxiety and depression during the pandemic at 3-4 times the rate prior to the pandemic.^{7,8} Women facing racial or economic inequities are disproportionately impacted by both the pandemic and MMH conditions, experiencing both at rates 2-3 times higher than White women.^{9,10}

With so many new mothers suffering from MMH conditions across the country, there is a critical need to get mothers support and treatment as soon as possible. Moreover, data show that MMH conditions can be identified and treated before they become crises, and exciting research is underway that shows these conditions can even be predicted and prevented.

Applying your framework to MMH can have an immediate and significant impact on those who suffer these illnesses as well as those who treat them.

¹ Luca, D., et al (2019). Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States. *Mathematic Policy Research*.

² Metz, t., et al (2016). Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012. *Obstetrics Gynecol*.

³ Davis N., et al (2019). Pregnancy-Related Deaths: Data From 14 U.S. Maternal Mortality Review Committees, 2008-2017. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

⁴ Center for Disease Control and Prevention website. www.cdc.gov/reproductivehealth/depression/index.

⁵ Luca, et al.

⁶ Luca, et al.

⁷ Berthelot N., et al (2020). Uptrend in Distress and Psychiatric Symptomatology in Pregnant Women During the Coronavirus Disease 2019 Pandemic. *Acta Obstetrica et Gynecologica Scandinavica*.

⁸ Lebel, C., et al (2020). Elevated Depression and Anxiety Among Pregnant Individuals During The COVID-19 Pandemic. *Journal of Affective Disorders*.

⁹ Society for Research in Women's Health website. <https://swhr.org/the-disproportionate-impact-of-covid-19-on-women-of-color/>

¹⁰ Howell, E., et al. (2005). Racial and Ethnic Differences in Factors Associated With Early Postpartum Depressive Symptoms. *Obstet Gynecol*.

Step 1: Rapid Response. Congress currently provides several sources of funding to address MMH conditions, including:

- **Bringing Postpartum Depression Out of the Shadows Act.** This legislation was part of the 21st Century Cures Act and provides \$20 million in funding for FY2019-2023 for grants to states to create programs to address MMH conditions. When the funding opportunity was announced thirty states, along with Washington DC and Puerto Rico, applied for funding; due to budget limitations, only seven states received grants.

Recommendation: Congress should reauthorize Bringing Postpartum Depression Out of the Shadows Act and increase funding so that all states and territories can establish programs to treat MMH conditions.

- **Maternal Mental Health Hotline.** Congress recently approved \$14 million in funding over 5 years to create a 24/7 dedicated voice and text MMH hotline so that those experiencing MMH conditions can connect directly with specialized support.

Recommendation. Congress should authorize the MMH hotline and ensure continued funding.

- **Support and research for military mothers.** The 2021 Defense Authorization Act included funding for two programs specifically focused on military mothers. The Military Mothers Mental Health Assessment Act calls for the Comptroller General of the United States to conduct a study on prenatal and postpartum mental health conditions among members of the Armed Forces and their dependents. The TRICARE Coverage for Doula Support Act calls for a 5-year demonstration project to evaluate the cost, quality of care, and impact on maternal and fetal outcomes using doula and lactation consultants under the TRICARE program.

Recommendation. Information from these two efforts should be used to inform policies to better support military mothers.

- **Black Maternal Health Momnibus.** Black and Brown women are 3-4 times likely to experience maternal mortality and severe morbidity. This group of bills builds on existing legislation to comprehensively address every dimension of the maternal health crisis in America by specifically addressing racial and ethnic disparities in maternity care.

Recommendation. Congress should pass the Momnibus and fully fund all provisions.

Step 2: Relationship Adjustment. Several opportunities exist to use the legislative process to reimagine the relationship in how the federal government addresses maternal mortality and maternal mental health.

- **Extending pregnancy-related Medicaid coverage.** Medicaid currently covers almost half the births in the United States, which includes prenatal care, labor and delivery, and 60 days of postpartum care. Unfortunately, many women experience pregnancy-related complications in the late postpartum year after they lose Medicaid coverage. Of great significance, the peak incidence of postpartum depression is 3-6 months and the peak incidence of postpartum suicide is 6-9 months – both well after Medicaid coverage ends. Earlier this year, Congress passed legislation allowing states to extend pregnancy-related Medicaid coverage to a full year postpartum. However, this legislation is temporary, optional, and does not include any additional federal funding.

Recommendation. Extending pregnancy-related Medicaid coverage should be mandatory, permanent, and funded by the federal government. Providing comprehensive care during and following pregnancy will save lives and money.

Payers such as Medicaid see savings

- **The Black Maternal Health Momnibus.** Our country faces distressingly high rates of maternal mortality and morbidity, with Black and Brown mothers dying at 3-4 times the rate of White

women. The Momnibus is a series of twelve bills that builds on existing legislation to comprehensively address every dimension of this maternal health crisis. Each bill focuses on a specific component of the maternal health crisis, but all bills call for increasing funding for community-based programs.

Recommendation. Congress should pass and fully fund all aspects of the Momnibus to address the maternal mortality crisis in our country by providing funding to those closest to the problem. pregnancy-related Medicaid coverage should be mandatory, permanent, and funded by the federal government.

- **The TRIUMPH for New Moms Act.** This legislation was introduced in Fall 2021 and calls for creating a national maternal mental health task force of federal agencies to (1) review and identify existing programs and best practices; (2) close gaps, eliminate federal duplication, and coordinate federal resources; and (3) create a national strategy and issue recommendations to Governors.

Recommendation. Congress should pass the TRIUMPH for New Moms Act to better coordinate maternal mental health care and provide specific recommendations and assistance to states.

Step 3: Redesign the System. MMH conditions are relatively easy to diagnose and treat, and pregnant and postpartum patients are captive in the healthcare system, seeing a healthcare provider an average of 25 times during the two-year timeframe from conception through first year following childbirth. Unfortunately, there is no uniform set of guidelines for educating patients and screening for MMH conditions, so each provider, practice, hospital, and health system screens if and when they see fit. Moreover, current research shows that early screening can identify those at highest risk so healthcare providers can intervene and prevent or mitigate MMH conditions. The system needs to be disrupted and redesigned to move from diagnosing and treating MMH conditions to predicting and preventing these illnesses.

Recommendation #1: Invest in research. Congress should provide additional funding for research into MMH conditions with focus on predicting and preventing these illnesses. In 2018, the National Institutes of Health spent just \$50 million on MMH research, compared to \$1.6 billion in heart disease research, even though both illnesses impact the same number of women.

Recommendation #2: Invest in prevention. Several programs exist to prevent MMH conditions, and most of these programs focus on women who are the highest risk. Ongoing research is showing promising results in being able to identify women most at risk for experiencing MMH conditions. Congress should provide funding specifically for these prevention programs and additional research to identify opportunities for early identification and prevention.

Recommendation #3: Require screening and education. All pregnant and postpartum people should be educated about and screened for MMH conditions at specific points during the two-year perinatal period that includes pregnancy and first year following pregnancy. Several states have passed legislation requiring education and/or screening. NOT SURE WHAT ELSE TO INCLUDE

Addressing MMH conditions is no longer optional. New mothers need support: they are the heart and soul of the family. When a mother thrives, so does her baby, her family, and her community.

Sincerely,