



November 15, 2021

The Honorable Ron Wyden
Chairman, Committee on Finance
United States Senate
Washington DC 20515

The Honorable Mike Crapo
Ranking Member, Committee on Finance
United States Senate
Washington DC 20515

Dear Senators Wyden and Crapo,

I write in response to your letter dated September 21, 2021 seeking input on enhancing behavioral health care. At the Maternal Mental Health Leadership Alliance (MMHLA), we recognize that the mental health field is complex, commend you for identifying gaps in care, and appreciate the opportunity to provide potential policy solutions.

Our 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 families each year in the United States).¹ 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 multi-generational, 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 lost wages and productivity of the mother and addressing poor health outcomes of mother and infant.⁶ The COVID-19 pandemic has fueled a three-fold increase in the number of pregnant women and new mothers experiencing anxiety and depression.^{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 promising 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 from 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 COVID-19c. *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*.

I. Strengthen the Workforce. MMH conditions are relatively easy to diagnose and treat, and pregnant and postpartum patients see a healthcare provider an average of 25 times during the two-year timeframe from conception through the first year following pregnancy, providing ample opportunity to engage on mental health issues. Unfortunately, the current workforce is not adequately equipped to screen for MMH conditions or connect those impacted with quality, affordable, and equitable care.

Recommendations:

- 1. Reauthorize Bringing Postpartum Depression Out of the Shadows Act.** This legislation -- Section 10005 of the 21st Century Cures Act -- authorized \$5 million annually for five fiscal years for grants to states create programs to improve MMH care. These programs strengthen the workforce by training frontline providers, such as obstetricians and pediatricians, to educate and screen women for MMH conditions; providing real-time psychiatric consultation; and offering resources and referrals. The bipartisan Congressional leads, including Senator Heller (R-NV) and Gillibrand (D-NY), recognized that there will never be enough psychiatrists to treat those impacted by MMH conditions and therefore leverages these highly-trained physicians to educate frontline providers to treat the majority of patients while preserving time to treat the most difficult and acute cases. When the funding opportunity was announced in 2018, thirty states, along with Washington DC and Puerto Rico, applied for funding; due to budget limitations, only seven states received grants.

Recommendation: Reauthorize and increase authorized funding for federal grants to states so that all states and territories can establish programs to treat MMH conditions.

- 2. Provide adequate reimbursement.** Frontline providers who care for pregnant and postpartum patients cite lack of reimbursement for educating, screening, and treating those impacted by MMH conditions as a barrier to care. Most mental health providers who specialize in treating MMH conditions do not accept insurance, often making accessing specialized mental health care financially difficult. Parents often cite cost as a barrier in accessing services, such as mental health care, doula care, and lactation support.

Recommendation: Require adequate reimbursement for frontline providers to educate and screen for MMH conditions and initiate treatment when possible. All public and private insurance should provide reimbursement that incentivizes screening and treating MMH conditions. Coverage for maternity care should be increased to reflect the cost of educating and screening pregnant and postpartum individuals and providing attendant treatment, resources, and referrals. Additionally, mental healthcare reimbursement should be increased to private market rates to expand the universe of mental health providers willing to accept insurance. Midwifery care, along with affiliated services such as doula care, peer support, and lactation support, should be adequately reimbursed.

- 3. Provide training to frontline providers.** Frontline providers also cite lack of knowledge and training as barriers to screening and treating MMH conditions. All medical providers who interact with pregnant and postpartum patients should be adequately educated about these illnesses, including how to educate and screen patients, how to initiate treatment when appropriate, and where to connect affected women for care.

Recommendation: Require all medical and mental health providers who interact with pregnant and postpartum patients receive training in MMH conditions, including symptom recognition, screening tips and tools, and treatment protocols.

- 4. Invest in prevention.** Several programs exist to prevent MMH conditions, and most of these programs focus on women who are the highest risk. These programs include the Mothers & Babies Program, Practical Resources for Effective Postpartum Parenting (PREPP), and Reach Out, Stay Strong, Essentials for mothers of newborns (ROSES). Ongoing research is showing promising results in being able to identify women most at risk for experiencing MMH conditions.

Recommendation: Congress should provide funding specifically for these prevention programs and additional research to identify opportunities for early identification and prevention of MMH conditions.

II. Increase Integration, Coordination, and Access to Care. Our healthcare system separates physical and mental health, whereas MMH conditions cut across both without a clear home. Bridging this gap is possible by increasing integration, coordination, and access to care at national, state, and local levels.

Recommendations:

- 1. Create a national MMH task force.** The bipartisan TRIUMPH for New Moms Act was introduced in September 2021 and calls for creating a national MMH 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; (3) create a national strategy and issue recommendations to Governors.

Recommendation: Congress should pass the TRIUMPH for new Moms Act to better coordinate MMH care and provide specific recommendations and assistance to states.

- 2. Extend pregnancy-related Medicaid coverage.** Medicaid currently covers almost 50% of births in the United States, including prenatal care, labor and delivery, and 60 days of postpartum care. Unfortunately, many women lose Medicaid coverage at 60 days postpartum, leaving them uninsured at a medically vulnerable time in their lives. Of significance, the peak onset of postpartum depression is 3-6 months postpartum, and the peak incidence of postpartum suicide is 6-9 months postpartum— 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: Congress should make extending pregnancy-related Medicaid coverage mandatory and permanent and provide additional funding to states to ensure all states participate. Providing comprehensive care during and following pregnancy will save lives and money.

- 3. Fund the Maternal Mental Health Hotline.** Congress recently appropriated funding for a Maternal Mental Health Hotline, creating a 24/7 dedicated voice and text hotline so that those experiencing MMH conditions can access care anytime, anywhere by connecting directly with specialized support.

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

- 4. Pass the Moms Matter Act.** Women facing racial or economic inequities are at higher risk of experiencing MMH conditions (as high as 1 in 3). The Moms Matter Act specifically targets expanding access to treatment for MMH conditions to these populations, including diversifying the MMH work force and providing grants to community-based programs.

Recommendation: Congress should pass and fully fund the Moms Matter Act to provide federal funding to address racial and ethnic inequities in MMH care.

Expand Telehealth. The one silver lining of the pandemic – especially for individuals impacted by MMH conditions – has been the expansion of telehealth services, helping pregnant and postpartum patients overcome barriers such as fear of exposure to the COVID-19 virus, transportation, and childcare. A recent study concluded that “telemedicine interventions significantly decreased postpartum depression symptoms and demonstrated feasibility and acceptability among mothers in the postnatal period.” (*Midwifery*, March 2021). The flexibilities granted by the §1135 emergency telehealth waivers have provided critical stability for healthcare professionals, patients and families across the nation during this challenging time. Extending these flexibilities for at least one year beyond the conclusion of the Public Health Emergency (PHE) will allow for additional time to evaluate questions associated with cost, utilization, efficacy, and compliance

Recommendation: Extend telehealth flexibilities one year past the end of the COVID-19 PHE. Additionally, amend the Affordable Care Act to clarify that telehealth flexibilities are included within the coverage, at minimum for Essential Health Benefits like mental health and substance use disorders.

- 5. Eliminate 12-month in-person requirement.** Although the final CMS PFS rule extended the length before an in-person visit after an initial telehealth visit from 6 months to 12 months, this requirement still serves as a barrier to access for many individuals and families. Additionally, no similar requirements exist for SUD.

Recommendation: We urge the Senate Finance Committee to advance the Telemental Health Care Access Act (H.R. 4058/S. 2061) which would eliminate the arbitrary in-person requirement and treat individuals with mental health conditions on par with individuals with substance use disorders.

We thank the Committee for its ongoing attention to issues of mental health in our country, and especially for addressing MMH conditions. 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.

Should you need any additional information, please contact me at agriffen@mmhla.org or 571-643-2738.

Sincerely,



Adrienne Griffen, MPP
Executive Director