

United States Senate

WASHINGTON, DC 20510

May 25, 2022

The Honorable Patty Murray
Chairwoman, Subcommittee on Labor,
Health and Human Services, and Education
Capitol Building S-128
Washington, DC, 20515

The Honorable Roy Blunt
Ranking Member, Subcommittee on Labor,
Health and Human Services, and Education
Capitol Building S-128
Washington, DC, 20515

Dear Chairwoman Murray and Ranking Member Blunt,

As you begin to work on the Fiscal Year 2023 Senate Labor, Health and Human Services, and Education Appropriations bill, we urge you to address the critical public health issue of maternal mental health by increasing funding for two programs within the Health Resources and Services Administration (HRSA). Specifically, we ask for an increase in funding for the Maternal Mental Health Hotline by \$3 million dollars, and the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program (MDRBD) for states by \$5 million dollars.

Maternal mental health conditions -- including depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, and substance use disorder -- are serious illnesses that begin during pregnancy or the year following pregnancy, and affect 1 in 5 pregnant and postpartum people and 1 in 3 women of color.^{1,2,3,4} Despite experiencing higher rates of maternal mental health conditions, studies have found that Black and brown women initiate and continue mental health care for postpartum depression at significantly lower rates than their white counterparts, implying that women of color do not receive much needed services.⁵ These illnesses are the most common complications of pregnancy and childbirth, adversely impacting 800,000 families each year in the United States.⁶ Tragically, maternal mental health conditions are a key driver of maternal mortality, with suicide and overdose combined comprising the leading cause of death for mothers in the first year following pregnancy.^{7,8,9} The COVID-19 pandemic has also fueled a threefold increase in maternal mental health conditions, with pregnant and postpartum patients reporting significantly higher rates of anxiety and depression in the past two years.^{10,11}

The cost of NOT treating maternal mental health conditions is significant, amounting to \$14 billion in 2017 in addressing poor health outcomes of mothers and their babies, and accounting for lost wages and productivity of the mother.¹²

The worsening maternal mental health crisis demonstrates the critical need to invest in maternal mental health services immediately to ensure all new mothers can easily access treatment and support. Providing increased funding to train healthcare providers to recognize and treat maternal mental health conditions and maintain a hotline that provides culturally and linguistically appropriate support is essential to supporting new mothers and their infants.

Therefore, we urge you to include the following language:

Screening and Treatment for Maternal Depression and Related Disorders State Grants. -- *The Committee provides \$11,500,000 for the Screening and Treatment of Maternal Depression and Related Behavioral Disorders Program (MDRBD), an increase of \$5,000,000 above the fiscal year 2022 enacted level. Suicide and overdose, driven by maternal mental health conditions (MMH), are the leading cause of maternal mortality in the first year following pregnancy. MMH conditions impact one in five pregnant or postpartum individuals, including as many as 1 in 3 pregnant and postpartum Black individuals. However, 75 percent of those impacted by MMH conditions go untreated. The COVID–19 pandemic has exacerbated the number of individuals experiencing MMH conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. MDRBD trains health care providers to screen, assess, and treat for MMH conditions and provide specialized psychiatric consultation to assist the providers. The Committee directs HRSA to make grants to establish new State programs and improve or maintain existing State programs, prioritizing states with high rates of adverse maternal health outcomes. Grants shall include culturally and linguistically appropriate 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.*

Maternal Mental Health Hotline. —*The Committee includes \$7,000,000, an increase of \$3,000,000 above the fiscal year 2022 level, to support a maternal mental health hotline. The COVID–19 pandemic has exacerbated maternal mental health conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. The hotline shall provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided shall also be used to raise public awareness about maternal mental health issues and the hotline.*

We thank you for your ongoing attention to issues of maternal health in our country, and especially for addressing maternal mental health 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. With more and more new mothers struggling with maternal mental conditions across the country, bolstering our existing infrastructure will be critical to ensuring mothers and their babies lead healthy and happy lives.

Sincerely,



Kirsten Gillibrand
United States Senator



Richard Blumenthal
United States Senator



Tina Smith
United States Senator



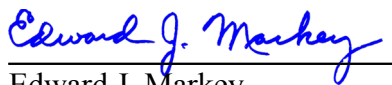
Margaret Wood Hassan
United States Senator



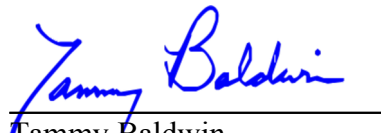
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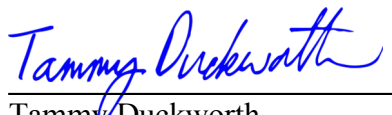
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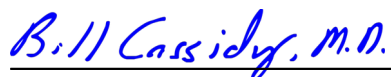
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United States Senator



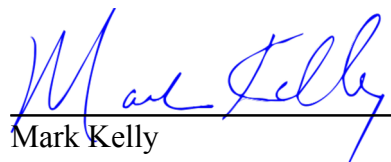
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United States Senator



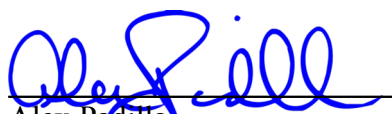
Catherine Cortez Masto
United States Senator



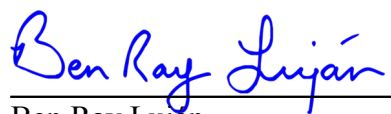
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Ben Ray Lujan
United States Senator