



July 18, 2022

The Honorable Patty Murray
Chair
Health, Education, Labor and
Pensions Committee
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Health, Educations, Labor and
Pensions Committee
United States Senate
Washington, DC 20510

The Honorable Bernie Sanders
Chair
Subcommittee on Primary Health
and Retirement Security
United States Senate
Washington, DC 20510

The Honorable Susan Collins
Ranking Member
Subcommittee on Primary Health
and Retirement Security
United States Senate
Washington, DC 20510

Dear Chairwoman Murray, Ranking Member Burr, Chairman Sanders, and Ranking Member Collins:

On behalf of March of Dimes, the organization leading the fight for the health of all moms and babies, and in recognition of Black Maternal Mental Health Awareness Week, we write to ask that you strongly consider including S. 3824, the Into the Light for Maternal Mental Health and SUD Act of 2022 and S. 2779, the TRUIMPH for New Moms Act of 2021. as part of your bipartisan mental health legislation. Both of these bills will make a measurable difference in addressing maternal mental health and substance use in the U.S. Last month, the House Energy and Commerce approved H.R. 7666, the Restoring Hope for Mental Health and Well Being Act of 2022, which included the House versions of these bills. On June 22, the House of Representatives overwhelmingly passed H.R. 7666 on a 402-20 vote.

The bipartisan Into the Light Act, led by Senators Kirsten Gillibrand (D-NY), Shelley Moore Capito (R-WV), Tammy Baldwin (D-WI), Lisa Murkowski (R-AK), Susan Collins (R-ME), and Tina Smith (D-MN) will reauthorize and expand the Health Resources and Services Administration's (HRSA) grant program for Screening and Treatment for Maternal Mental Health under the 21st Century Cures Act (P.L. 114-255) and authorize the maternal mental health hotline established under the Consolidated Appropriations Act, 2021 (P.L. 116-260).

As you know, the most common complication of pregnancy is a mental health condition, and the leading causes of death for new mothers are suicide and overdose.



^{1,2,3} 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 one in five pregnant and postpartum people.^{4,5,6} These illnesses are the most common pregnancy complications, adversely impacting 800,000 families each year in the U.S..⁷ Unfortunately, as many as 75% of those affected never receive treatment,⁸ resulting in potential long-term negative consequences for the health and well-being of parents, infants, and families. Moreover, the cost of untreated maternal mental health conditions is \$14.2 billion each year (or \$32,000 per mother-infant pair) in health costs as well as lost wages and productivity of affected parents.⁹ The COVID-19 pandemic has pushed an existing maternal mental health and substance abuse crisis to catastrophic levels, with pregnant and postpartum patients reporting a threefold increase in symptoms of anxiety and depression.^{10,11}

The timely and bipartisan Into the Light Act would take simple steps to scale up and fortify the programs that support, screen, and treat pregnant and postpartum individuals. The bill implements recommendations from states to expand HRSA's Screening and Treatment for Maternal Mental Health grants, increasing the number of state programs from 7 to at least 25. These grants support programs such as Psychiatry Access Programs, which allow frontline healthcare providers real-time psychiatric consultation in which a specialist guides screening, brief intervention, and referral for maternal mental health conditions. The Into the Light Act further builds upon current grants by adding trainings in culturally-appropriate care and technical assistance from HRSA to help state grantees with implementation. Finally, the Into the Light Act authorizes the maternal mental health hotline, allowing for a nationally operated 24/7 real-time voice and text access resource for emotional support, information, and brief intervention for individuals and families affected by maternal mental health conditions.

On June 24, the Biden-Harris Administration released its Blueprint for Addressing the Maternal Health Crisis and one of its recommendations is increasing access to and coverage of high-quality maternal health services. In particular, the Administration's blueprint recommends the authorization, expansion, and full funding of the maternal mental health hotline.

We also support the creation of a task force that would address maternal mental health issues such as depression, anxiety, and suicide. The bipartisan TRIUMPH for New Moms Act of 2021, sponsored by Senators Maggie Hassan (D-NH), Thom Tillis (R-NC), Bob Casey (D-PA), Chris Murphy (D-CT), and Tina Smith (D-MN), would establish a task force responsible for developing a national strategy on improving maternal mental health outcomes and expanding coordination with states to increase mental health prevention and treatment services for both new and expecting mothers.

Thank you again for considering the inclusion of these important provisions and we look forward to working with you and your House counterparts to ensure this legislation is part of any final mental health package this year so that it will address the continuing maternal health crisis facing the country. If we can provide further information or otherwise be of assistance, please contact me (sbrayboy@marchofdimes.org, 404-808-9001) or Jay Nichols, Deputy Director, Federal Affairs (jnichols@marchofdimes.org, 703-650-5627).



Sincerely,

A handwritten signature in black ink that reads 'Stacey Y. Brayboy'.

Stacey Y. Brayboy
Sr. Vice President, Public Policy & Government Affairs

¹ Davis NL, Smoots AN, Goodman DA. Pregnancy-related deaths: data from 4 U.S. Maternal Mortality Review Committees, 2008-2017 [Internet] Atlanta (GA): Centers for Disease Control and Prevention; 2019.

² Goldman-Mellor D, Margerison CE. Maternal drug-related death and suicide are leading causes of postpartum death in California. *Am J Obstet Gynecol.* 2019;221:489.e1-9.

³ Metz TD, Rovner P, Hoffman MC, Allshouse AA, Beckwith KM, Binswanger IA. Maternal deaths from suicide and overdose in Colorado, 2004-2012. *Obstet Gynecol.* 2016;128(6):1233-1240.

⁴ American College of Obstetricians and Gynecologists. ACOG Committee Opinion 7575: Screening for Perinatal Depression. *Obstet Gynecol.* 2018;132(5):E208-12.

⁵ Fawcett EJ, Fairbrother N, Cox ML, White IR, Fawcett JM. The prevalence of anxiety disorders during pregnancy and the postpartum period: a multivariate Bayesian meta-analysis. *J Clin Psychiatry.* 2019;80(4):18r12527.

⁶ Gavin NI, Gayness BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol.* 2005;106(5 Pt 1):1071-83.

⁷ Ibid.

⁸ Byatt N., Levin LL, Ziedonis D, Moore Simas TA, Allison J. Enhancing participation in depression care in outpatient perinatal care settings: a systematic review. *Obstet Gynecol.* 2015;126(5):1048-58.

⁹ Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States (mathematica.org)

¹⁰ Davenport MH, Meyer S, Meah VL, Strynadka MC, Khurana R. Moms Are Not OK: COVID-19 and Maternal Mental Health. *Front Glob Womens Health.* 2020 Jun 19;1:1. doi: 10.3389/fgwh.2020.00001. PMID: 34816146; PMCID: PMC8593957.

¹¹ Lebel C, MacKinnon A, Bagshawe M, Tomfohr-Madsen L, Giesbrecht G. Elevated depression and anxiety symptoms among pregnant individuals during the COVID-19 pandemic. *J Affect Disorder.* 2020;1(277):5-13.