

September 10, 2021

The Honorable Patty Murray
Chairwoman, Senate Committee on Health,
Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, D.C. 20510

The Honorable Richard Burr
Ranking Member, Senate Committee on Health,
Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington, D.C. 20510

Dear Chairwoman Murray and Ranking Member Burr:

The Mental Health Liaison Group (MHLG), a coalition of national organizations representing consumers, families, mental health and addiction providers, advocates and other stakeholders committed to strengthening access to high-quality mental and behavioral health care, is writing to express our strong support for [S.484 the Moms Matter Act](#). The *Moms Matter Act*, led by Senator Gillibrand and Representatives Blunt Rochester (D-DE) and Katko (R-NY) in the House, will make necessary investments to support moms with and at risk of maternal mental health conditions, with a focus on mothers of color; close racial health disparities; and diversify the maternal behavioral health care workforce. We request that the bill be brought forward for consideration in the upcoming months.

Maternal mental health conditions are serious illnesses that impact as many as 1 in 5 mothers¹. Mothers of color however suffer a disproportionate burden of these conditions in part due to higher degrees of stress² and lower levels of economic stability³. Maternal mental health conditions are most acute for low-income and minority families. More than half of poor infants live with a mother who has some level of depressive symptoms⁴, and suicidal ideation and intentional self-harm rose significantly for Black birthing people during and after pregnancy in the decade from 2006-2017⁵. Black mothers are also less likely to receive treatment for maternal mental health conditions⁶.

These mental illnesses harm not only mothers but their families and communities. Maternal mental health conditions impair mother-infant interactions and cause negative behavioral, cognitive, and emotional impacts on the infant⁷. Untreated maternal depression during pregnancy also leads to higher risks of preterm and low birth weight delivery and infant mortality⁸. Finally, suicide and overdose caused by a maternal mental health condition are the leading causes of death for new mothers⁹. Particularly during pandemic recovery, maternal mental health conditions must be prioritized in maternal health, mental health, and health equity legislation.

¹ [Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program \(MDRBD\) | Maternal and Child Health Bureau \(hrsa.gov\)](#)

² study 6. Gee GC, Ford CL. Structural racism and health inequities. *Du Bois Rev.* 2011 Apr; 8(1): 115 –132.

³ [How much does Low Socioeconomic Status Increase the Risk of Prenatal and Postpartum Depressive Symptoms in First Time Mothers? \(nih.gov\)](#)

⁴ CLASP: [Maternal Depression and Young Adult Mental Health](#)

⁵ Admon, Dalton, & Kolenic: [Trends in Suicidality 1 Year Before and After Birth Among Commercially Insured Childbearing Individuals in the United States, 2006-2017](#)

⁶ [Racial and Ethnic Disparities in Postpartum Depression Care Among Low-Income Women \(nih.gov\)](#)

⁷ [Maternal anxiety, motherâ€™s infant interactions, and infantsâ€™ response to challenge \(psu.edu\)](#)

⁸ [A Meta-analysis of Depression During Pregnancy and the Risk of Preterm Birth, Low Birth Weight, and Intrauterine Growth Restriction \(nih.gov\)](#)

⁹ [Maternal drug-related death and suicide are leading causes of postpartum death in California - American Journal of Obstetrics & Gynecology \(ajog.org\)](#)

This timely bipartisan bill provides critical investments in programs to support underserved moms and improve health care delivery by:

1. Investing in community-based programs that provide culturally congruent mental and behavioral health treatments and support under SAMHSA, and
2. Funding programs to grow and diversify the maternal mental health care workforce and expand access to culturally congruent care under HRSA.

The Moms Matter Act offers policy solutions to longstanding income, race, and ethnicity-based gaps in access and care. As it stands, Black and Latina women are less likely than white women to initiate or continue treatment or refill a prescription for a maternal mental health condition¹⁰. In part due to these barriers, Black women are three times more likely to have a maternal death than white women in the United States¹¹. The Surgeon General's recent report concludes that solutions lie in "tailoring services to the specific needs of these groups [to] improve utilization and outcomes."¹² *The Moms Matter Act* actively implements these recommendations in the maternal behavioral health care field.

As millions of new moms struggle with postpartum depression, substance use, and other maternal mental health conditions, our responding health care system must account for the diverse backgrounds and needs of patients. *The Moms Matter Act* will strengthen existing systems by supplying funding to grow workforces and pioneer effective maternity care models. To protect these mothers and future generations, we urge the Senate HELP Committee to bring S.484 the *Moms Matter Act* forward for consideration this Fall.

Sincerely,

2020 Mom

American Academy of Child and Adolescent Psychiatry (AACAP)

American Art Therapy Association

American Association for Marriage and Family Therapy (AAMFT)

American Association for Psychoanalysis in Clinical Social Work

American Association of Suicidology

American Foundation for Suicide Prevention

American Group Psychotherapy Association

American Occupational Therapy Association

American Psychiatric Association

American Psychoanalytic Association

American Psychological Association

American Society of Addiction Medicine

Anxiety and Depression Association of America

Association for Ambulatory Behavioral Healthcare

Association for Behavioral Health and Wellness

Bazelon Center for Mental Health Law

Center for Law and Social Policy (CLASP)*

¹⁰ [Racial and Ethnic Disparities in Postpartum Depression Care Among Low-Income Women \(nih.gov\)](https://www.nih.gov/news-events/press-releases/stories/000/2019/09/190001a)

¹¹ [Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths | CDC Online Newsroom | CDC](https://www.cdc.gov/media/releases/2019/s0919-racial-ethnic-disparities-pregnancy-related-deaths.html)

¹² [Chapter 10. Addressing Diverse Populations in Intensive Outpatient Treatment - Substance Abuse: Clinical Issues in Intensive Outpatient Treatment - NCBI Bookshelf \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/34888888/)

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

Children's Hospital Association

Clinical Social Work Association

College of Psychiatric and Neurologic Pharmacists (CPNP)

Depression and Bipolar Support Alliance

Eating Disorders Coalition

Global Alliance for Behavioral Health and Social Justice

HealthyWomen*

International OCD Foundation

International Society for Psychiatric Mental Health Nurses*

Maternal Mental Health Leadership Alliance

Mental Health America

National Alliance on Mental Illness (NAMI)

NAADAC, Association for Addiction Professionals

National Association for Children's Behavioral Health

National Association for Rural Mental Health (NARMH)

National Association of County Behavioral Health & Developmental Disability Directors (NACBHDD)

National Association of Pediatric Nurse Practitioners*

National Association of Social Workers

National Association of State Mental Health Program Directors

National League for Nursing

Nemours Children's Health*

Postpartum Support International

Psychotherapy Action Network Advocacy*

Residential Eating Disorders Consortium

Sandy Hook Promise

SMART Recovery

The Kennedy Forum

Trust for America's Health

Well Being Trust