



## Visionaries for the Future of Maternal Mental Health

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Sen. Ron Wyden  
221 Dirksen Senate Building  
Washington, DC 20510

Sen. Mike Crapo  
239 Dirksen Senate Building  
Washington, DC 20510

RE: Request for Information: Mental Health Policy

Dear Chairman Wyden and Ranking Member Crapo,

Thank you for requesting information from stakeholders regarding how to best address mental health issues in America, especially as the COVID-19 pandemic has highlighted many of the challenges and inequities in our current mental health care system. We are writing on behalf of 2020 Mom, a national nonprofit organization that aims to close the gaps in maternal mental healthcare. Our primary areas of focus--from both a programmatic and policy lens--are expanding access to services across the continuum of care, increasing screening for maternal mental health disorders (MMHDs), and reducing costs associated with seeking care for MMHDs.

We are writing to share ideas on how to better support the mental health of all Americans, and to encourage Congress to consider mothers as a priority population. It is crucial that lawmakers prioritize MMHDs given the two-generation impact of untreated maternal mental health disorders, and the fact that early identification and treatment is possible and can ultimately prevent long-term depressive and anxiety disorders.

We are hopeful that the Finance Committee will prioritize *maternal* mental health disorders as part of any upcoming legislative package addressing mental health. MMHDs are a serious public health concern, with approximately 20% of moms struggling with a mental health disorder like postpartum depression (Gavin et al. 2005).

Unfortunately, only 15% of these moms will ever receive treatment for their MMHD (Fairbrother et al, 2016). Suicide and overdose are the leading causes of death for a mom in the first year postpartum (Goldman-Mellor & Margerison, 2019). It is crucial that the federal government prioritize MMHDs in your efforts to address mental health more broadly.

Below we have listed some of our recommendations for improving mental health services overall, and specifically for mothers:

### **Strengthening Workforce:**

- **Peer support services:** The U.S. is facing significant and growing shortages in the mental health and addiction workforce. One way to expand treatment and support services for individuals with mental health disorders is to expand the certified peer support specialist workforce. The Centers for Medicare and Medicaid Services (CMS) should ensure that all States provide mental health--not just substance use disorder--peer support training and reimbursement. Additionally, CMS must address reimbursement to allow for living wages for peer support specialists.
- **Ensure medical schools and other healthcare education programs incorporate MMHD training into curriculum:** All medical, nursing, midwifery, and mental health service students should receive training on MMHD identification, screening, and referral practices. In order to ensure a “no wrong door” approach for mothers, we should prioritize training all healthcare providers on the basics of MMH. This will ultimately help more moms receive more support.

### **Increasing Integration, Coordination, and Access to Care:**

- **Ensure universal MMHD screening & referral by PCPs/OBGYNs:** It is critical that providers who come into contact with those who are suffering from mental illnesses--including those who are pregnant/postpartum--screen for mental health disorders. Providers should be incentivized to screen for mental health conditions.
- **PCP-to-Psychiatric consult:** Another solution to workforce shortages that would increase access to effective care is the use of virtual PCP-to-Psychiatric Consult services. These consultation services entail a psychiatric consultant telephonically/virtually supporting a PCP in treating patients with mental health/addiction issues in real-time. This approach should be looked at for scalability, with urgency, starting with CMS issuing a directive to state Medicaid agencies.
- **Payor case management:** Given the incredible fragmentation of health care and mental health care, which is largely rooted in bifurcated payments and contracts to providers, we believe health insurers/plans should develop mental health and maternal mental health case management programs to oversee timely treatment access, in coordination with PCPs and obstetricians post-screening

and initial treatment plan development. These programs could also be adopted by medical insurers/plans to support PCPs in ensuring patients are receiving timely care once initially diagnosed.

- **Better integrate medical & MH health delivery systems:** Medical insurers/plans should bring mental health in-house, include mental health benefits in all medical care benefit contracts, and expand medical provider contracts to reimburse for MMH services.
- **Improve federal coordination of maternal mental health efforts:** The MMHD programs that currently exist at the federal level are often siloed and aren't necessarily complementary. In an effort to better coordinate maternal mental health programs, Congress should prioritize advancing the bipartisan Taskforce Recommending Improvements for Unaddressed Mental Perinatal & Postpartum Health (TRIUMPH) for New Moms Act (H.R. 4217/S. 2779). This legislation would create an interdepartmental task force, led by the Assistant Secretary for Health and comprised of several HHS agencies, including the Administration for Children and Families (ACF), CMS, the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as the Department of Veterans Affairs (VA), the Department of Justice (DOJ), the Department of Labor, the Department of Housing and Urban Development, and the Department of Defense. The task force would review existing programs for addressing MMHDs; eliminate any duplicative federal programs; identify best practices for addressing MMHDs; and ultimately develop a national strategy and offer recommendations to governors on how to implement that strategy to close gaps in maternal mental healthcare.

### **Ensuring Parity:**

- **Grant further enforcement authority to the Department of Labor:** Nationally, approximately 136 million people are covered by an ERISA-regulated health plan, making ERISA health insurance the largest segment of the U.S. health insurance market. Over a decade since passage of the Mental Health Parity and Addiction Equity Act (MHPAEA), we are still seeing individuals with mental health and substance use disorders face discriminatory coverage practices from payors. It is crucial that the Department of Labor be given the authority to enforce compliance with MHPAEA, including issuance of fines to ERISA plans for parity violations.

### **Expanding Telehealth:**

- **Make permanent COVID-related telehealth flexibilities:** At the beginning of the pandemic, the federal government acted quickly to ensure that individuals could continue to receive health care services despite stay-at-home orders and other barriers to in-person services. The telehealth flexibilities-- including the audio-only option--that have been available over the past year and a half have proven effective for many patients, and for some it is the preferred method for receiving care. We recommend making permanent these telehealth flexibilities, as individuals, including moms, should have the option for virtual health care

services. We know that telehealth can help overcome barriers such as needing to find childcare and transportation in order to access health care, and in some cases, telehealth services are the only feasible option for being able to access services.

### **Expanding Access for Children and Young People:**

- **Recognize the impact of maternal MH on children's MH:** A mother's mental health has an impact on her child and family. In fact, maternal mental health can be thought of as the "first ACE" (adverse childhood experience), potentially having long-term impact on the physical and mental wellbeing of the child and family for generations. Because of the impact a MMHD can have on mother-infant bonding and secure attachment, we must prioritize a mother's mental health in order to ensure that the next generation is healthy, both mentally and physically. 2020 Mom is supportive of efforts to bolster children's mental health, and we encourage further efforts to support mother-child bonding and healthy infant development by protecting mothers' mental wellbeing.

We appreciate your consideration of these recommendations, and we are grateful for your ongoing leadership on mental health issues. We look forward to working with the Finance Committee in the months and years ahead to ensure that all people, including moms, receive the mental health and substance use disorder services that they need and deserve.

Should you have any questions, please don't hesitate to contact Shalini Wickramatilake, Director of Public Policy, at [shalini@2020mom.org](mailto:shalini@2020mom.org).

Sincerely,



Joy Burkhard  
Executive Director



Shalini Wickramatilake  
Director of Public Policy

### **References:**

Gavin NI, Gaynes 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. doi:10.1097/01.AOG.0000183597.31630.db.

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Goldman-Mellor S, Margerison CE. Maternal drug-related death and suicide are leading causes of postpartum death in California. *Am J Obstet Gynecol.* 2019;221(5):489.e1-489.e9. doi:10.1016/j.ajog.2019.05.045