



November 12, 2021

The Honorable Ron Wyden
Chairman
Senate Finance Committee
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

In response to your request for comments on potential legislation addressing barriers to mental health care, as the COVID-19 pandemic has worsened alarming trends in Americans' mental health, March of Dimes is grateful for this opportunity to provide feedback.

March of Dimes was founded more than 80 years ago as an organization dedicated to eradicating polio in the U.S., a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

Our ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. Although preterm birth rates declined slightly in 2020, the U.S. remains one of the most dangerous places to give birth in the developed world, and there are unacceptable disparities in birth outcomes between women and infants of color and their White peers.

We know the pandemic has only worsened this crisis. According to the Centers for Disease Control (CDC) data, expectant mothers with COVID-19 had a 50 percent higher chance of being admitted to intensive care and a 70 percent higher chance of being intubated than non-pregnant women in their childbearing years.ⁱ The data also shows pregnant Latina and Black women were infected at higher rates than White women. As we know, COVID-19 strikes the respiratory and cardiovascular systems, which are two systems that are impacted by changes during pregnancy.

We also know both the physical and mental well-being of mothers and infants are inextricably linked. By improving the health of women before, during and between pregnancies, we can improve outcomes for both them and their infants. But we have many challenges before us.

OUR NATION IS IN THE MIDST OF A MATERNAL AND INFANT HEALTH CRISIS

Nearly every measure of the health of pregnant women, new mothers, and infants living in the U.S. is going in the wrong direction. In many communities, infant mortality rates exceed those in developing nations.ⁱⁱ Approximately every 12 hours, a woman dies due to pregnancy-related complications.ⁱⁱⁱ

Maternal Health

The state of maternal health mirrors that of infants born too soon. Outcomes are getting worse and those worsening outcomes are driven by disparities. Each year, about 700 women die from complications related to pregnancy.^{iv} For every maternal death, another 70 women suffer life-threatening

health challenges. That's over 50,000 women each year.^v While other countries have reduced their maternal mortality rates since the 1990s, the U.S. maternal mortality rate continues to rise.^{vi}

The threat of maternal mortality and morbidity is especially acute for women of color. Black mothers of all ages are three times more likely to die from pregnancy-related complications than their White peers.^{vii} The rates of pregnancy-related death for Black and American Indian/Alaska Native women over the age of thirty are four to five times higher than their White peers.^{viii} Black women are 27 percent more likely to experience severe pregnancy complications than White women.^{ix} These disparities cannot be explained by differences in age or education. According to the latest CDC data, maternal mortality rates among Black women with a completed college education or higher was 1.6 times that of White women with less than a high school diploma.^x

In addition to access to quality prenatal care that makes the difference, improving the health of a mom before she becomes pregnant and in the postpartum period are essential to maternal and infant health. Chronic conditions begin long before a woman becomes pregnant, such as high blood pressure, diabetes, heart disease and obesity, putting women at higher risk of pregnancy complications and must be appropriately managed. We know that more than one-third of pregnancy-related deaths from 2011 to 2016 were associated with cardiovascular conditions.^{xi}

We also know the "4th trimester," the 12-week period immediately after birth, is a vulnerable time for moms, babies and families and so it is imperative to ensure mothers are receiving adequate care during this postpartum period. About 1 in 8 women experience symptoms of postpartum depression.^{xii} These conditions are the most common complication of pregnancy and childbirth, impacting an estimated 800,000 women in the U.S. each year.^{xiii}

Maternal mortality is also significantly higher in rural areas, where obstetrical providers may not be available,^{xiv} and delivery in rural hospitals is associated with higher rates of postpartum hemorrhage.^{xv} In the fall of 2020, March of Dimes released a report showing that seven million women of childbearing age live in counties without access or with limited access to maternity care, and each year, 150,000 babies are born to mothers living in maternity care deserts.^{xvi}

Sadly, maternal mental health conditions often go undiagnosed and untreated, increasing the risk of multigenerational long-term negative impact on the mother's and child's physical, emotional, and developmental health, and the risk of poor health outcomes. **Furthermore, women of color and women who live in poverty are disproportionately impacted by both the pandemic and maternal mental health conditions, experiencing both at rates 2-3 times higher than White women.**^{xvii xviii}

Preterm Birth

Each year, March of Dimes releases its annual Report Card grading the U.S., each of the states, DC, and Puerto Rico, on their progress toward improving maternal and infant health.^{xix} Our most recent 2020 report found the nation's preterm birth rate rose for the fifth year in a row in 2019 to 10.2 percent. This startling increase comes after nearly a decade of decline. As you might expect, the worsening national picture does not signal good news in individual states. Between 2018 and 2019, preterm birth rates worsened in 38 states. While we have four states, New Hampshire, Oregon, Vermont, and Washington, earning a B+, we have eight states and one territory earning a F. What do these statistics mean for the nation's families? They mean 1 in every 10 babies are born preterm, which can lead to life-long health problems and, in the most tragic cases, a baby's death.

These topline numbers tell only part of the story. Diving deeper into the data highlights an even starker reality for certain communities. With preterm birth rates as high as 14.6 percent (Mississippi), 13.1 percent (Louisiana), and 12.5 percent (Alabama), infants born in the southeastern U.S. are much more likely to be born early than in other parts of the country. Racial disparities exist across the U.S., Hispanic, American Indian/Alaska Native, and Black babies are born premature at a rate surpassing their White peers. In fact, the preterm birth rate among Black women is 50 percent higher than the rate among all other women-combined.

RECOMMENDATIONS ON IMPROVING MATERNAL MENTAL HEALTH

The following includes March of Dimes' policy recommendations on how the Finance Committee could address improving maternal mental health outcomes:

Extending Postpartum Medicaid Coverage to a Full Year

Access to quality maternity care is a critical component of maternal mental health and positive birth outcomes. Uninsured mothers and newborns are more likely to have poor birth outcomes than moms and babies with insurance coverage.^{xx}

Medicaid covers roughly half of all births in the United States, and women with Medicaid coverage are more likely to have had a prior preterm birth, low birthweight baby, and experience certain chronic conditions (e.g., diabetes) – putting them at higher risk of maternal morbidity and mortality.^{xxi} While the Affordable Care Act expanded the availability of maternity care coverage for women through Exchange plans and Medicaid expansion, there remain significant limitations on coverage for postpartum care.

For many new moms across the country, Medicaid's pregnancy coverage lapses 60 days after birth, ending at a critical time for the health of new moms. Studies show that that approximately 55 percent of women covered by Medicaid for their delivery were uninsured at some point in the following six months.^{xxii} Too many new moms are losing coverage at a critical time. The data show that approximately 30 percent of pregnancy-related deaths – not counting those that were caused by suicide or overdose – occur 43 to 365 days postpartum.^{xxiii} Causes of these postpartum deaths include cardiovascular disease and infection.^{xxiv}

Congress took a positive step by passing the *American Rescue Plan Act of 2021 (ARPA)*, which provided an important new incentive for states to extend postpartum coverage from 60 days to 12 months on an optional basis. It is a much needed improvement but one we need to build on. March of Dimes believes it should not be optional for states to ensure every woman gets the coverage she needs to stay both physically and mentally healthy after their babies are born. The Committee should take it a step further and make one year of Medicaid coverage after birth a permanent, mandatory policy across the nation consistent with provisions under the *Build Back Better Act*.

Facilitating Access to Midwifery Services

Certified nurse midwives (CNMs), certified midwives (CMs) or midwives whose education and licensure meets the International Confederation of Midwives (ICM) Global Standards for Midwifery Education all provide a full range of primary health care services for women, including gynecologic and family planning services; preconception care; and care during pregnancy, childbirth and the postpartum period including mental health support.^{xxv} Higher rates of maternal mortality and morbidity and other adverse birth outcomes, including depression, among women of color, and black women in particular, have prompted interest in models of care that can improve outcomes including midwifery and specific evidence-based supportive and preventive care programs developed and led by midwives. March of

Dimes supports efforts to increase the number of midwives of color and diversify the maternity care workforce with individuals who represent the lived and cultural experiences of the patients they serve.

Promoting Doula Services

As non-clinical professionals who provide physical, emotional and informational support to mothers before, during and after childbirth, doulas also provide continuous labor support.^{xxvi} A 2017 Cochrane review of 26 trials of continuous labor support and doula care involving over 15,000 women in 17 different countries in high and middle-income settings found some improved outcomes for women and infants including: “increased spontaneous vaginal birth, shorter duration of labor, and decreased caesarean birth, instrumental vaginal birth, use of any analgesia, use of regional analgesia, low five-minute Apgar score and negative feelings about childbirth experiences. We found no evidence of harms of continuous labor support.”^{xxvii}

Increasing access to doula care, especially in under-resourced communities may improve birth outcomes; improve the experience of care, and lower costs by reducing non-beneficial and unwanted medical interventions. Studies suggest doula access can decrease maternal anxiety and depression and help improve communication between low-income, racially and ethnically diverse pregnant women and their healthcare providers. March of Dimes supports Medicaid and other payers providing coverage for doula services as one tool to help improve birth outcomes and reduce the higher rates of maternal morbidity and mortality among women of color in the United States.

Closing the Medicaid Coverage Gap

The Committee should close the Medicaid coverage gap, guaranteeing people in all states have access to affordable coverage and to the full range of health care benefits, including necessary and preventive health care services. Closing the coverage gap is critical not only for better maternal health, but also to achieve broader health equity.

For many years, affordability has been a barrier for many Americans to purchasing adequate insurance. With the enhanced advance premium tax credit (APTC) subsidies passed through the ARPA, high-quality coverage has never been more affordable. In the wake of the ARPA, Congress has an opportunity to expand access to high-quality, affordable health care coverage.

In addition to supporting broader equity, a recent study^{xxviii} demonstrated that the expansion of Medicaid contributed to a 16 percent decline in perinatal depression. Annually, nearly one in four women who have recently given birth have experienced poor perinatal mental health outcomes^{xxix}, especially for low-income populations.^{xxx, xxxi} Effective early detection, prevention, and treatment services could significantly reduce the effects of perinatal illness on women and children. However, significant barriers exist to help identify people who are suffering from perinatal mental illness that, unfortunately, leads to preventable morbidity and mortality outcomes. These barriers include lack of screening, limited follow-up and coordinated care after screening, and preventive or psychiatric services.

Access to health insurance before, during, and after pregnancy is critical to perinatal mental health as it helps ensure timely and effective care. However, far too many low-income mothers do not have access to insurance or experience lapses in it during or after pregnancy.^{xxxii}

Therefore, providing increased access to health care coverage to poor families could continue improving perinatal mental health outcomes.

Expanding Access to Maternal Mental Health Screenings

Modeled after the Moms Matter Act of 2021 (S. 484), we recommend the Committee explore ways to expand and improve maternal mental health treatment, especially for communities of color.

While up to one in five^{xxxiii} mothers of any race can face mental health challenges during pregnancy and after childbirth, women of color are especially vulnerable in part due to facing higher degrees of stress^{xxxiv}, including often facing lower levels of economic stability.^{xxxv} Black mothers are also less likely to receive treatment.^{xxxvi}

We encourage the Committee to prioritize critical investments in programs to expand access to treatments and support for maternal mental health conditions and substance use disorders for individuals from diverse racial and ethnic groups by:

- Expanding on grant programs that support state efforts to provide real-time psychiatric consultation, care coordination, and training for front-line providers to better screen, assess, refer and treat pregnant and postpartum women for depression and other behavioral health conditions. These programs provide a critically-needed and cost-effective lifeline to pregnant women and new mothers at the most vulnerable period in their lives.
- Ensuring there are adequate resources to support the new national Maternal Mental Health Hotline that allows for qualified counselors to staff the hotline 24 hours a day and conduct outreach efforts to raise awareness about maternal mental health issues.
- Supporting an increase in the behavioral health workforce, specifically increasing the numbers of Black and Minority behavioral health and substance use disorder providers; and
- Investing in community based and minority led maternal mental health support services led by or in partnership with community organizations.

Establishing a Federal Maternal Mental Health Task Force

The Committee should consider supporting the creation of a task force that would address maternal mental health issues such as depression, anxiety, and suicide. Modeled after the *TRIUMPH for New Moms Act of 2021* (H.R. 4217/S. 2779), the task force should develop a national strategy on improving maternal mental health outcomes and expand coordination with states to increase mental health prevention and treatment services for both new and expecting mothers.

Workforce Training to Address Implicit and Racial Bias in Maternal Mental Health

Studies^{xxxvii} have demonstrated that black mothers are highly susceptible to poor mental health conditions, including depression and anxiety. Contributing economic and social disparities, as well as racism, greatly increases these conditions.

A recent study^{xxxviii} examining the impacts of structural racism and social determinants of health found key takeaways in improving these outcomes including:

- Educating and Training Practitioners: establishing and implementing efforts directed at addressing social determinants of health, including long-term trauma associated with pre-pregnancy, during pregnancy, and in the postpartum period.
- Investing in the Black Women Mental Health Workforce: focusing on prioritizing culturally congruent and decolonized practitioners in making mental health services more accessible and

acceptable, and providing assurance to the patients that their provider understands, or even possibly experienced, their daily lives. The study also recommended more investment in training the workforce and hiring them in hospitals and birth care settings.

- Investing in Black Women-Led Community-Based Organizations: prioritizing funding to support organizational infrastructure and capacity building, and concentrating on funding organizations that are actually based in the community.
- Promoting Integrated Care and Shared Decision-Making: strengthening partnerships between doulas and mental health care providers, making health care services more accessible, and establishing linkages between maternal health care services and maternal mental health practitioners.

In conclusion, the authors of the study emphasized the importance of achieving more equitable Black maternal health by greatly expanding the maternal mental health workforce with more Black women care providers, as most trainings for the existing mental health practitioner network lack the resources to adequately address the impacts of structural racism on mental health.

Expanding Telehealth

March of Dimes supports increasing access to telehealth services for pregnant and postpartum women. Telehealth is increasingly used across a range of health care specialties, including obstetrics, maternal-fetal medicine, and mental health.^{xxxix} There is reason to focus specifically on telehealth in maternity care, as in recent years, telehealth has been incorporated into many aspects of women's health care, including: virtual patient consultation with specialists, remote observation of ultrasound recordings by maternal-fetal medicine experts, postpartum blood pressure monitoring using Wi-Fi connected devices, and fertility tracking with patient-generated data.^{xi} In addition, telehealth services has also helped engaging at-risk mothers in psychiatric treatment by offering bedside psychotherapeutic interventions and education, medications, and outpatient referrals.^{xii}

Additionally, a robust and growing body of evidence shows largely positive outcomes associated with the provision of telehealth services in maternity care, including practices that help address perinatal depression.^{xiii}

Evidence on a range of services and telehealth domains suggests telehealth services provide comparable outcomes to traditional methods of health care delivery. A 2020 systematic review of telehealth interventions in the journal *Obstetrics & Gynecology* found that that a number of telehealth interventions were associated with outcomes known to improve the health of moms and babies. In particular, telehealth interventions were associated with improvements in obstetric outcomes related to perinatal smoking cessation and breastfeeding.^{xiiii}

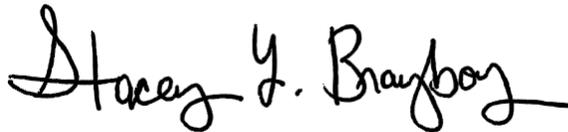
Improving Access for Children and Young People

When children have frequent access to health care services, it usually leads to them living healthy lives both physically and mentally. This is certainly true in the first few years of a child's life, which is the most critical, especially for brain development. Therefore, March of Dimes recommends:

- Secure coverage for children by providing for 12 months continuous coverage eligibility under Medicaid and CHIP; and
- Make CHIP permanent removing the potential for lapses in authorization that threaten the program's stability and children's continued access to coverage.

March of Dimes appreciates the opportunity to provide feedback to the Senate Finance Committee to assist in the ongoing efforts to improve maternal health outcomes. If we can provide further information or otherwise be of assistance, please direct any follow-up questions to Jay Nichols, Deputy Director, Federal Affairs (jnichols@marchofdimes.org, 703.650.5627).

Sincerely,



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

ⁱ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm>

ⁱⁱ Ingraham, C. Our infant mortality rate is a national embarrassment. *Washington Post*. September 29, 2014. Available at <https://www.washingtonpost.com/news/wonk/wp/2014/09/29/our-infant-mortality-rate-is-a-national-embarrassment/>

ⁱⁱⁱ March of Dimes. Nowhere to Go: Maternity Care Deserts Across the U.S. October 2018. Available at: https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf.

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^v Ibid.

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^{xii} <https://www.cdc.gov/reproductivehealth/depression/index.htm>

^{xiii} Maternal Mental Health Leadership Alliance. Maternal Mental Health Advocacy Day Fact Sheet. Available at: <https://www.mmhla.org/mmresources/>.

^{xiv} <https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-america/>

^{xv} <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4851580/>

^{xvi} <https://www.marchofdimes.org/materials/2020-Maternity-Care-Report-eng.pdf>

^{xvii} Howell, E., et al. (2005). Racial and Ethnic Differences in Factors Associated With Early Postpartum Depressive Symptoms. *Obstet Gynecol*.

^{xviii} <https://swhr.org/the-disproportionate-impact-of-covid-19-on-women-of-color/>

^{xix} 2020 March of Dimes Report Card. March of Dimes. November 2020. Available at: <https://www.marchofdimes.org/mission/reportcard.aspx>.

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