

United States Senate

WASHINGTON, DC 20510

March 23, 2023

Carole Johnson
Administrator
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857 USA

Dear Administrator Johnson,

I write to express strong support of the Health Resources and Services Administration's (HRSA) work to improve the health of America's mothers, children, and their families. I especially commend HRSA's work administering the National Maternal Mental Health Hotline and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) programs, which were recently authorized with the inclusion of my bipartisan *Into the Light for Maternal Mental Health and Substance Use Disorder Act* (S.3824) in the *Consolidated Appropriations Act of 2023* (P.L. 117-328).

The United States has the highest rate of maternal mortality among industrialized nations. A recent report from the Centers for Disease Control and Prevention showed that maternal mortality rates rose in 2021 compared to 2018 to 2020. The rate increased in 2021 to 32.9 maternal deaths per 100,000 live births, up from 23.8 in 2020. There is no acceptable rate of maternal mortality, but these statistics are all the more concerning given that more than 80 percent of maternal deaths are preventable. Tragically, maternal mental health (MMH) conditions are the leading cause of maternal death in the United States and the most common complication of pregnancy and childbirth, with suicide and overdose accounting for over 22 percent of all pregnancy-related deaths.

MMH 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. MMH conditions impact 1 in 5 pregnant and postpartum women and 1 in 3 women in high-risk populations, including women of color, rural moms, and service members and veterans. Despite the high rates of MMH conditions, 75 percent of women will remain untreated. The cost of not treating MMH conditions is significant, amounting to \$14 billion each year.

As you know, the HRSA Maternal Mental Health Hotline provides 24/7 free and confidential voice and text support to pregnant and postpartum women and their families. Since it was launched on Mother's Day 2022, the Hotline has assisted 7,500 help seekers with an average response time of under 1 minute. Both programs are essential to ensuring early interventions for women experiencing a MMH condition, saving millions of dollars in health care spending, and, more importantly, saving lives.

The *Into the Light for Maternal Mental Health and Substance Use Disorder Act* also reauthorized the HRSA Screening and Treatment for MMHSUD, previously known as MDRBD. This program trains health care providers to screen, assess, and treat MMH conditions and provides specialized psychiatric consultation to providers. MMHSUD grants program was authorized at \$24 million annually to reach a total of over 30 states, as well as expanded the program to screen and treat maternal mental health and substance use disorders. In 2020 funding for this program helped train 1,085 providers in evidence-

based practices, provided 52,000 screenings for pregnant and postpartum women, and provided 7,500 psychiatric consultations of which 47 percent were for individuals living in rural/underserved areas.

Given your important work in this space, I would like to request the following information regarding the implementation of these programs by April 19, 2023.

Maternal Mental Health Hotline.


1. What has HRSA done so far to increase public awareness of the hotline?
2. Does HRSA plan to conduct a public awareness campaign for the hotline to reach civilian, military and veteran pregnant and postpartum women, as authorized in the Consolidated Appropriations Act of 2023 (P.L. 117-328)?
3. If so, would HRSA promote the hotline in public domains frequented by civilian and military mothers, including public transportation, military treatment facilities, lactation pods, and social media platforms?
4. Does HRSA coordinate and consult with State Departments of Health like the New York DOH or other Agencies like the Department of Veterans Affairs, the Department of Defense's Defense Health Administration, and the Department of Transportation to increase awareness of the hotline? If not, does HRSA plan to?
5. Do you have a state breakdown of specific numbers of the volume of calls/texts, type of call etc.?
6. Does HRSA have a process for collecting Hotline feedback? If so, will you be able to share this feedback, and will it be incorporated into the program moving forward?

Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD).

1. What type of technical assistance does HRSA provide to both grantee and non-grantee states to implement activities under this program?
2. Has HRSA taken action to expand the number of grants to states in the MMHSUD? If so, how many additional states will be able to participate in the MMHSUD grant program?
3. When does HRSA expect to publish the Notice of Funding Opportunity (NOFO) for MMHUSD?

Thank you for your ongoing attention to issues of maternal health in our country, and especially for addressing MMH 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. Bolstering our nation's infrastructure to provide support to new mothers is critical to ensuring they and their babies lead healthy, happy lives.

Sincerely,


Kirsten Gillibrand
United States Senator