Senator Lamar Alexander Chairman Committee on Health, Education, Labor and Pensions United States Senate 428 Dirksen Senate Office Building Washington, DC 20510

Representative Fred Upton Chairman Committee on Energy and Commerce United States House of Representatives 2125 Rayburn House Office Building Washington DC 20515

October 28, 2016,

Senator Patty Murray
Ranking Member
Committee on Health, Education
Labor and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington DC 20510

Representative Frank Pallone Ranking Member Committee on Energy and Commerce United States House of Representatives 2125 Rayburn House Office Building Washington, DC 20515

Dear Chairman Alexander, Ranking Member Murray, Chairman Upton and Ranking Member Pallone:

The undersigned public health organizations dedicated to improving the health of women, infants, and families thank you for your work toward a bipartisan mental health reform package that can become law before the end of the 114th Congress. We strongly urge you to include Section 505 of S. 2680, the *Mental Health Reform Act* of 2016, in the final version of any mental health reform legislation. This provision, taken from H.R. 3235/S. 2311, the *Bringing Postpartum Depression Out of the Shadows Act*, is the only provision specifically for women and is critical to addressing the mental health challenges facing millions of families.

Postpartum depression can take a devastating toll on mothers, infants, and families, but it can be successfully treated if diagnosed. Recent studies have found that as many as 16 percent of new mothers are affected by this condition, which can disrupt the critical bonding that takes place between mother and newborn, and may cause a host of other debilitating symptoms. Tragically, maternal depression can lead to adverse outcomes for the mother, her child, and her entire family. However, only about 15 percent of those affected receive treatment.

This section would increase much-needed access to screening and treatment for postpartum depression by providing additional resources to states. It would create targeted federal grants to build upon successful state and local efforts to develop and implement programs to improve and increase both screening and treatment, tailored to the needs of women and families in various geographical, ethnic, racial and cultural communities. The provision would also ensure screening is linked with treatment. It does little good to diagnose someone with postpartum depression if she cannot receive the treatment she needs.

In addition, we recommend that this program be administered through the Health Resources and Services Administration (HRSA). HRSA's Maternal and Child Health Bureau has a long-standing

history of working to promote the health, including mental health, of pregnant and postpartum women and children. Furthermore, HRSA has a demonstrated history of working successfully with the health care provider community.

In order to promote the health and well-being of all pregnant women, infants and their families, we urge you to ensure inclusion of Section 505 of S. 2680 in any final version of the mental health bill. A comprehensive effort to reform this country's mental health system must include language to address maternal mental health. Let's not miss this important opportunity.

If we can provide more information, please contact Jaimie Vickery at <u>jvickery@marchofdimes.org</u> or 202-292-2752.

Sincerely,

2020 Mom

American Academy of Nursing

American Academy of Pediatrics

American College of Nurse-Midwives

American Congress of Obstetricians and Gynecologists

American Psychological Association

Association of Maternal & Child Health Programs

Association of Women's Health, Obstetric and Neonatal Nurses

March of Dimes

National Association of Nurse Practitioners in Women's Health

National Coalition for Maternal Mental Health

National WIC Association

Postpartum Progress Inc.

Postpartum Support International

Society for Maternal-Fetal Medicine

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