

April X, 2026

The Honorable Shelley Moore Capito  
Chairwoman, Senate Appropriations Committee  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Room S-128, The Capitol  
Washington, D.C. 20510

The Honorable Tammy Baldwin  
Ranking Member, Senate Appropriations Committee  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
Room S-128, The Capitol  
Washington, D.C. 20510

The Honorable Robert Aderholt  
Chair, House Appropriations Committee  
Subcommittee on Labor, Health and Human  
Services, Education, and Related Agencies  
2358-B Rayburn House Office Building  
Washington, D.C. 20510

The Honorable Rosa DeLauro  
Ranking Member, House Appropriations Committee  
Subcommittee on Labor, Health and Human Services,  
Education, and Related Agencies  
2358-B Rayburn House Office Building  
Washington, D.C. 20510

Dear Chairwoman Capito, Ranking Member Baldwin, Chairman Aderholt, and Ranking Member DeLauro:

We, the X undersigned organizations who represent and care for the health and wellness of mothers, babies, and families, are writing to request funding and targeted report language to address maternal mental health, particularly amongst high-need mothers, as Congress considers the Fiscal Year 2027 Labor, Health and Human Services, and Education Appropriations bill. **We request \$14.5M for the Screening and Treatment for Maternal Mental Health and Substance Use Disorders Grant Program (MMHSUD) and \$10M for the National Maternal Mental Health hotline for the programs authorized under P.L. 117-328.**

The United States continues to hold the *highest rate of maternal mortality* in the developed world averaging 18.6 maternal deaths per 100,000 live births, nearly doubling and tripling the rate of other high-income nations, despite healthcare expenditures growing to an estimated \$5.3 trillion in 2024.<sup>1,2,3</sup> Recent Maternal Mortality Review Committee (MMRC) data indicates that *mental health conditions are the leading cause of maternal deaths*, accounting for 22.5% of pregnancy-related deaths, of which approximately one-third of mothers died by suicide and two-thirds by overdose.<sup>4</sup> Further, the MMRC data determined that 87% of pregnancy-related deaths (and 100% of deaths by suicide and overdose) were preventable.<sup>5</sup> **In turn, by investing in maternal mental health, Congress can help save the lives of mothers across the country.**

Maternal mental health (MMH) conditions are the most common complication of pregnancy and childbirth, affecting one in five pregnant women or new mothers, or 800,000 American families each year.<sup>6,7</sup> Service members, rural mothers, Native Americans, and other medically underserved mothers are disproportionately impacted, experiencing MMH conditions at nearly two to three times the national average.<sup>8,9,10</sup> The vast majority (75%) of mothers who experience MMH symptoms remain untreated, increasing the risk of long-

<sup>1</sup> Tanne, J. H. (2024). US maternal mortality is far higher than that of other rich nations, study reports. *BMJ*, 385, q1276. <https://doi.org/10.1136/bmj.q1276>

<sup>2</sup> Hoyert, D. (2025, May 1). *Health E-Stat 100: Maternal Mortality Rates in the United States, 2023*. Centers for Disease Control. <https://doi.org/10.15620/cdc/174577>

<sup>3</sup> Hartman, M., Martin, A. B., Lassman, D., Catlin, A., & The National Health Expenditure Accounts Team. (2026). National Health Care Spending Increased 7.2

Percent In 2024 As Utilization Remained Elevated: Article examines national health care spending in 2024. *Health Affairs*, 10.1377/hlthaff.2025.01683.

<https://doi.org/10.1377/hlthaff.2025.01683>

<sup>4</sup> CDC. (2025, August 28). *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees*. Maternal Mortality Prevention. <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/index.html>

<sup>5</sup> Ibid.

<sup>6</sup> American College of Obstetricians and Gynecologists. *Screening for Perinatal Depression, ACOG Committee Opinion No. 757*. *Obstet Gynecol*. 2018;132(5):e208-12.

<sup>7</sup> Fawcett, Emily J, Nichole Fairbrother, Megan L Cox, Ian R White, and Jonathan M Fawcett. *The Prevalence of Anxiety Disorders During Pregnancy and the Postpartum Period: A Multivariate Bayesian Meta-Analysis*. *J Clin Psychiatry*. 2019;80(4):18r12527.

<sup>8</sup> Taylor, Jamila, and Christy M Gamble. *Suffering in Silence: Mood Disorders Among Pregnant and Postpartum Women of Color*. Center for American Progress, November 2019. <https://www.americanprogress.org/article/suffering-in-silence/>.

<sup>9</sup> Government Accountability Office. *Defense Health Care: Prevalence of and Efforts to Screen and Treat Mental Health Conditions in Prenatal and Postpartum TRICARE Beneficiaries*. May 23, 2022. <https://www.gao.gov/products/gao-22-105136>

<sup>10</sup> Agnafors, Sara, Marie Bladh, Svedin, Carl Göran Svedin, and Gunilla Sydsjö. *Mental Health in Young Mothers, Single Mothers and Their Children*. *BMC Psychiatry* 19, 112 (2019). <https://doi.org/10.1186/s12888-019-2082-y>

term negative impacts on the mother, baby and family.<sup>11,12</sup> When MMH conditions go untreated, mothers are at higher risk of suicide and overdose, which is tragically the leading cause of death for new mothers.<sup>13</sup> The economic cost of untreated MMH conditions is \$32,000 per mother/infant dyad, or \$14 billion each year in addressing poor health outcomes of mother and baby, as well as lost wages, and productivity.<sup>14</sup>

Thus, we write to request funding at levels authorized under the *Consolidated Appropriations Act of 2023* (P.L. 117-328) for two specific programs which increase support and treatment for mothers experiencing MMH conditions.

**1. Screening and Treatment for Maternal Mental Health and Substance Use Disorders Grant Program (MMHSUD).** This program provides grants to states to create programs that address MMH conditions, including substance use disorder. When the program was first announced in 2018, thirty states and territories applied for funding, but budget limitations resulted in just seven states receiving grants. These states have created programs that both expand the workforce to address maternal mental health conditions and provide critically needed and cost-effective services to pregnant women and new mothers suffering from maternal mental health conditions. Funding is currently provided to Los Angeles County (the highest population county in the country) and 12 states, including Colorado, Kansas, Kentucky, Louisiana, Missouri, Mississippi, Montana, North Carolina, Tennessee, Texas, Vermont, and West Virginia. *We request an increase of \$2,500,000 over the Fiscal Year 2026 enacted level for the Maternal Mental Health and Substance Use Disorder Programs (MMHSUD), which will fund three additional programs. We also request that the Committee encourage the Department of Health and Human Services to work to expand grants to Indian Tribes and Tribal organizations.*

**2. National Maternal Mental Health Hotline.** The Hotline, launched on Mother's Day 2022, provides 24/7 voice and text services in both English and Spanish for individuals experiencing MMH conditions and their loved ones. Staff for the Hotline include licensed and certified healthcare or mental health providers, along with certified peer specialists. Since its inception, the Hotline has helped over 92,000 individuals. In 2025, the Hotline received more than 35,000 calls and texts—a 35% increase from the previous year—including a record 3,800 calls and texts in August. *We request the Committee provide an increase of \$2,000,000 over the Fiscal Year 2026 enacted level for the National Maternal Mental Health Hotline. The additional funding will be utilized for HRSA to continue public awareness activities and to meet the corresponding increased demand for Hotline services, prioritizing military mothers and those living in rural communities.*

Your support for increased resources for the **Screening and Treatment for Maternal Mental Health and Substance Use Disorders Grant Program (MMHSUD)** state grants and the **National Maternal Mental Health Hotline** will save lives and help families thrive. If the committee has any questions about this letter of support, please contact Adrienne Griffen, Executive Director, Maternal Mental Health Leadership Alliance at [agriffen@mmhla.org](mailto:agriffen@mmhla.org).

Sincerely,

Maternal Mental Health Leadership Alliance

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<sup>11</sup> Byatt, Nancy, Leonard L Levin, Douglas Ziedonis, Tiffany A Moore Simas, and Jeroan Allison. *Enhancing Participation in Depression Care in Outpatient Perinatal Care Settings: A Systematic Review*. *Obstet Gynecol*. 2015;126(5):619-625.

<sup>12</sup> Field, Tiffany. *Postpartum Depression Effects on Early Interactions, Parenting, and Safety Practices: A Review*. *Infant Behavioral Health*, 2010; 33(1):1-14.

<sup>13</sup> Trost, Susanna, et al. *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 States, 2017 - 2019*. CDC.

<sup>14</sup> Luca, Dara Lee, Caroline Margiotta, Colleen Staats, Eleanor Garlow, Anna Christensen, and Kara Zivin. *Financial Toll of Untreated Perinatal Mood and Anxiety Disorders Among 2017 Births in the United States*. *American Journal of Public Health*. 2022; 110, 888-896, <https://doi.org/10.2105/AJPH.2020.305619>