April 10, 2019

The Honorable Roy Blunt    The Honorable Patty Murray
Chairman
Subcommittee on Labor, Health and Human Services, Education & Related Agencies
United States Senate
Washington, DC 20510

Dear Chairman Blunt and Ranking Member Murray:

As organizations that care deeply about the health and well-being of our nation’s women and children, we write to thank you for allocating $5 million for Screening and Treatment for Maternal Depression and $10 million in funding for the Pediatric Mental Health Care Access Program in Fiscal Year (FY) 2019. As you begin work on the FY 2020 appropriations process, we respectfully request that the FY 2020 Labor, HHS, Education (LHHS) appropriations bill includes level funding for these important initiatives.

Maternal mental health disorders, commonly called postpartum depression (PPD), affect one in five families, making it one of the most common medical complications during pregnancy and the postpartum period. PPD is the most common complication of pregnancy, and maternal suicide exceeds hemorrhage and hypertensive disorders as a leading cause of maternal mortality. Unidentified and untreated, maternal depression can have devastating effects on women, infants, and families.

The Screening and Treatment for Maternal Depression program increases access to screening and treatment for PPD by providing additional resources to states to develop and implement programs tailored to the needs of women and families. By expanding health care providers’ capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal depression, this targeted program allows women and families to access culturally sensitive and competent care targeted to the unique needs of their community. Maintaining these funds will allow the program to continue to build on the success of local programs, and have substantial impact on the women, children and families, struggling with maternal depression.

Research shows pervasive shortages of child and adolescent mental/behavioral health specialists throughout the US. To reduce this severe access barrier, integrating mental health and primary care has been shown to substantially expand access to mental health care, improve health and functional outcomes, increase satisfaction with care, and achieve cost savings. Expanding the capacity of pediatric primary care providers to deliver behavioral health through mental and behavioral health consultation programs is one way to maximize a limited subspecialty workforce and to help ensure more children with emerging or diagnosed mental health disorders receive early and continuous treatment. The human and economic toll of inadequately addressing childhood mental health problems is significant. Untreated mental health disorders lead to higher rates of family dysfunction, poor school performance and drop-outs, juvenile incarceration, substance use, unemployment, and suicide. In 2016, more than 5,000 young people between the ages of 10 and 24 died by suicide, making it the second leading cause of death in this age group.
Funding for the Pediatric Mental Health Care Access Program will maintain and expand access to behavioral health services in pediatric primary care settings by supporting the development and maintenance of pediatric mental health care telehealth access programs. Funding from HRSA currently supports 18 state pediatric mental health care access programs across the country with more likely to be funded soon. These programs support primary care providers in terms of continuing education, specialty mental health referral and behavioral health resource networking, social work co-location, and phone consultation.

As you prepare the FY 2020 LHHS appropriations bill, we respectfully request that you continue to fund these critical programs with level funding. Thank you for your consideration. Our organizations are grateful to you for your commitment to the mental health and well-being of our nation’s families.

Sincerely,

National Organizations
AIDS Alliance for Women, Infants, Children, Youth & Families
American Academy of Pediatrics
American Association for Psychoanalysis in Clinical Social Work
American Association of Child & Adolescent Psychiatry
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Psychiatric Association
American Psychological Association
Association of Maternal & Child Health Programs
Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
Children's Hospital Association
College of Psychiatric and Neurologic Pharmacists (CPNP)
Community Catalyst
Expecting Health at Genetic Alliance
Global Alliance for Behavioral Health and Social Justice
March of Dimes
Maternal Mental Health Leadership Alliance
Mental Health America
MomsRising
NAMI (National Alliance on Mental Illness)
National Association for Children's Behavioral Health
National Association of Pediatric Nurse Practitioners
National Association of State Mental Health Program Directors
National Hispanic Medical Association
Nurse-Family Partnership
School Social Work Association of America
School-Based Health Alliance
Society for Adolescent Health and Medicine
Society for Maternal-Fetal Medicine
The National Alliance to Advance Adolescent Health
United Way Worldwide
ZERO TO THREE
**State and Local Organizations**
American Academy of Pediatrics New York 1 Chapter
American Academy of Pediatrics, CA Chapter 3
Children's Hospital of Wisconsin
Colorado Child and Adolescent Psychiatric Society
Florida Chapter of American Academy of Pediatrics, Inc.
Illinois Chapter, American Academy of Pediatrics
New Jersey Association of Mental Health and Addiction Agencies
NH Children's Behavioral Health Collaborative
Oregon Pediatric Society
St. Louis Center for Family Development
Texas Pediatric Society, The Texas Chapter of the AAP
Virginia American Academy of Pediatrics
Voices for Virginia's Children
West Virginia Chapter, American Academy of Pediatrics