

May 20, 2024

The Honorable Jack Reed
Chairman
Senate Committee on Armed Services
Russell Senate Building, Room 228
Washington, D.C., 20510

The Honorable Roger Wicker
Ranking Member
Senate Committee on Armed Services
Russell Senate Building, Room 228
Washington, D.C., 20510

The Honorable Mike Rogers
Chairman
House Committee on Armed Services
2216 Rayburn House Office Building
Washington, D.C., 20515

The Honorable Adam Smith
Ranking Member
House Committee on Armed Services
2216 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Reed, Ranking Member Wicker, Chairman Rogers, and Ranking Member Smith:

We, the 55 undersigned organizations who represent and care for the health and wellness of mothers, babies, and families, are writing to request inclusion of an evidence based maternal mental health pilot program at military treatment facilities to support members of the Armed Forces and their families in the Fiscal Year 2025 National Defense Authorization Act (NDAA).

Maternal mental health (MMH) conditions are the most common complication of pregnancy and childbirth, and the leading cause of maternal mortality in the United States, with suicide and overdose accounting for over 22% of all pregnancy-related deaths.¹ Despite the high rates of MMH conditions, the majority (75%) of women impacted will not receive treatment, increasing the risk of long-term negative impacts to mother, baby, family, and society.² The cost of not treating these conditions is significant, amounting to \$14 billion each year.³

Service members and their dependents are at increased risk of developing MMH conditions due to unique challenges that come with military service, including the effects of deployment and limited social support. While one in five civilians will develop a MMH condition during pregnancy or in the postpartum period, one in three service members will develop a MMH condition. A May 2022 report by the Government Accountability Office (GAO-22-105136), *Prevalence of and Efforts to Screen and Treat Mental Health Conditions in Prenatal and Postpartum TRICARE Beneficiaries*, found that 36% of TRICARE beneficiaries (active duty, reservists, retirees, and dependents) had a mental health condition in the perinatal period, almost double the national average. Beneficiaries cited barriers in accessing care to address MMH conditions, including stigma, lack of provider availability, and privacy concerns that a diagnosis may affect career advancement.⁴

¹ Trost, Susanna, Jennifer Beauregard, Gyan Chandra, Fanny Njie, Jasmine Berry, Alyssa Harvey, and David A. Goodman. *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 States, 2017 - 2019*. Centers for Disease Control and Prevention, US Department of Health and Human Services. 2022.

<https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/data-mmrc.html>

² Metz Torri D, Polina Rovner, M Camille Hoffman, Amanda A Allshouse, Krista M Beckwith, and Ingrid A Binswanger. *Maternal Deaths From Suicide and Overdose in Colorado, 2004-2012*. *Obstet Gynecol*. 2016;128(6):1233-1240.

³ Luca, Dara Lee, Nellie Garlow, Colleen Staatz, Caroline Margiotta, and Kara Zivin. *Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States*. Mathematica Policy Research. April 29, 2019.

<https://www.mathematica.org/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>

⁴ 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>

Ensuring adequate care and support for pregnant and postpartum service members and beneficiaries is key to ensuring force readiness. MMH conditions not only impact force readiness and retention for female service members but also male service members, as lack of treatment of mental health conditions leads to increased relationship problems and a higher rate of divorce, leading to social, emotional, and mental impacts on the partner and children.⁵

Thus, we write to request the inclusion of S. 3641/H.R. 7087 the Maintaining Our Obligation to Moms Who Serve (MOMS) Act of 2024 led by Senators Shaheen (D-NH) and Fischer (R-NE) and Representatives Houlihan (D-PA) and Bacon (R-NE). The bill would direct the Department of Defense (DoD) to create a pilot program to implement evidence-based MMH programs at military treatment facilities to support members of the Armed Forces and their families. These programs have been proven to prevent MMH conditions and lessen the severity of symptoms. The bill includes requiring the DoD to establish an advisory committee made up of members of the Armed Forces and dependents with lived experience and experts in the MMH field to support the implementation of the pilot and help reduce stigma. The request is for \$5 million for FY25 to establish this program and give military mothers the support they deserve.

The Pilot Program would fulfill the suggestions from the 2022 GAO report and aligns with the Committees' work to improve the quality of life for our nation's service members and their families. Access to programs to prevent MMH conditions and support women during pregnancy and postpartum will support force readiness and retention but will also help save lives and help families thrive.

If the committee has any questions about this letter of support, please contact Jamie Belsito, Director of Policy, Maternal Mental Health Leadership Alliance at jbelsito@mmhla.org

Sincerely,

American Association for Psychoanalysis in Clinical Social Work

American Brain Coalition

American College of Obstetricians and Gynecologists

American Counseling Association

American Occupational Therapy Association

American Psychiatric Association

Anxiety and Depression Association of America

Association of Maternal & Child Health Programs

Association of PAs in Obstetrics and Gynecology

Attuned Counseling and Wellness

BusyBÿ, LLC, Cultivated Care for Perinatal Support

⁵ Mojtabai, Ramin, Elizabeth A Stuart, Irving Hwang, William W Eaton, Nancy Sampson, and Ronald C Kessler. *Long-Term Effects of Mental Disorders on Marital Outcomes In the National Comorbidity Survey Ten-Year Follow-up*. Soc Psychiatry Psychiatr Epidemiol. 2017;52(10):1217-1226. doi:10.1007/s00127-017-1373-1

California Chapter of Postpartum Support International
Centering Healthcare Institute
Central Jersey Family Health Consortium
Central Michigan Education Partners Centering Program
Employees Assistance Professionals Association (EAPA)
Healthy Start
HealthyWomen
Inseparable
International Society of Psychiatric-Mental Health Nurses
Legacy Community Health
Lifeline for Families Center and the Lifeline for Moms Program at UMass Chan Medical School
LSL Consulting
Luna & Sol Community Healing Collective
March for Moms
March of Dimes
Maternal Mental Health Leadership Alliance
Mental Health America of Ohio
Mighty Crow
MomsRising
National Alliance on Mental Illness
National Association of Nurse Practitioners in Women's Health
National Association of Social Workers
National Council for Mental Wellbeing
National Register of Health Service Psychologists
Newberg Counseling & Wellness
North American Society of Psychosocial Obstetrics and Gynecologists (NASPOG)
NYC DOHMH Nurse-Family Partnership

Operation Food Search

Pine Rest

Poisera, Inc

Policy Center for Maternal Mental Health

Postpartum Support International

Postpartum Support International - AZ Chapter

Postpartum Support International- South Dakota Chapter

Postpartum Support International- Alaska Chapter

Promise to Hope

Psychotherapy Action Network

Sacramento Maternal Mental Health Collaborative

Sault Ste. Marie Tribe of Chippewa Indians

Stanford University

The Postpartum Resource Center of New York, Inc.

The Tiny Miracles Foundation

University of California San Diego

Warren Alpert Medical School of Brown University

Willow Counseling Services

WV Perinatal Partnership, Inc.