The Mental Health and Making Access More Affordable (MAMA) Act

The *Mental Health and MAMA Act* requires commercial, FEHB, and state/local government insurance plans that offer services related to mental health and substance use disorders to offer mental or substance use disorder services with no cost sharing to plan participants or beneficiaries from the onset of regular pregnancy care through one-year beginning on the last day of an individual's pregnancy. This legislation also adds a continuity of care requirement where a patient's treating provider's or health care facility's plan network status changes.

We are facing a maternal health crisis and improving access to perinatal mental and behavioral health care is key to meeting this challenge. Maternal mental health conditions are very common and are generally defined as mental health conditions that occur during pregnancy or up to one year after giving birth, such as depression or anxiety. Substance use disorder during and after pregnancy is also a risk to the health of moms and babies. Preventing and treating maternal mental and substance use in a timely manner is a key component in addressing the maternal mortality and morbidity crisis in the United States and in addressing pervasive health inequities. That's why I'm seeking to remove cost as a barrier to care. The *Mental Health and MAMA Act* would require coverage for all mental health and substance use disorder services, including telehealth services, without a copay from the onset of regular pregnancy care through one-year beginning on the last day of an individual's pregnancy.

Perinatal depression affects between 10 – 20% of pregnant and postpartum women in the United States. And the situation is much worse for women living in poverty – up to 50% of whom suffer from a mental health disorder. But, less than 15% of pregnant and postpartum women receive treatment. Without treatment, perinatal depression can have serious health effects on mother. For example, postpartum depression can affect a parent's ability to care for their baby. Postpartum depression can also affect a child throughout childhood, causing, for example, delays in language development and problems learning and behavior problems.

Maternal substance use disorder includes use of tobacco, alcohol, cannabis and other illicit substances. Substance use disorders are linked to maternal mortality and severe maternal morbidity and increases risk of stillbirth and infant mortality and congenital anomalies. Treatments for perinatal substance use, including behavioral interventions, are vital to maternal and fetal health. Reducing barriers to accessing treatment will also help counter the fear that keeps parents from getting the help they need because of perceived stigmatization and criminalization of substance use.

New mothers of color have rates of postpartum depression close to 38%, almost twice the rate of white new mothers. And, women of lower socioeconomic status – including income, marital status,

employment, education level – are 11 times more likely to develop postpartum depression symptoms than women of higher socioeconomic status.

Last Congress enacted the *Into the Light for Maternal Mental Health Act* and the *TRIUMPH for New Moms Act*. Those bills will make screening and prevention more widespread, improve federal interagency coordination, and increase the mental health workforce. But we must do more to address maternal mental health. Removing all cost barriers during pregnancy and one year postpartum is a step in the right direction. Treatment options that reduce or eliminate the symptoms are available and can have long-lasting effects on maternal and child health outcomes. This bill recognizes pregnancy related mental illness and removes barriers to treatment and care.