The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

November 15, 2021

The Honorable Ron Wyden
Chairman
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The American College of Obstetricians and Gynecologists (ACOG), the nation's premier medical society in women's health, representing more than 62,000 physicians and partners dedicated to advancing the health of women, thanks you for the opportunity to provide comments in response to the Senate Finance Committee's request for information to examine our nation's behavioral health needs and assess factors contributing to gaps in care. ACOG is encouraged by the Committee's focus on mental and behavioral health and is pleased to support and inform the development of the Committee's bipartisan legislation to improve mental and behavioral health care. We are also grateful for the Committee's commitment to addressing our nation's maternal mortality crisis and appreciate the opportunity to highlight the significant intersection of mental health and maternal health.

Perinatal mood and anxiety disorders are the most common complications of pregnancy and the postpartum period. Mood, anxiety, and related disorders that occur during pregnancy or within one year after the end of pregnancy include, but are not limited to, major depressive disorder, bipolar disorder, generalized anxiety disorder, posttraumatic stress disorder, and obsessive-compulsive disorder. Perinatal mental health conditions are a risk factor for suicide and can cause potentially devastating consequences when unrecognized and untreated.[i] In a growing number of states, suicide and overdose are increasingly contributing to pregnancy-related deaths in the postpartum period.[ii]

A recent Health Affairs article spotlights the impact of mental health conditions on maternal deaths by examining reports from fourteen state maternal mortality review committees (MMRC), which are uniquely positioned teams of experts that examine every maternal death to determine health factors and events in the perinatal period that may have contributed to each death.[iii] The MMRC reports highlighted in the article show that of 421 pregnancy-related deaths with an MMRC-determined underlying cause of death between 2008 and 2017:

- 11 percent of pregnancy-related deaths were due to mental health conditions. Of these, 63 percent of deaths were suicides, 24 percent were unintentional poisonings/overdoses, and 13 percent were other causes;
- 63 percent of pregnancy-related mental health deaths occurred 43–365 days postpartum;
- nearly three-quarters of people with a pregnancy-related mental health cause of death had a history of depression, and more than two-thirds had past or current substance use;
- for the pregnancy-related mental health deaths for which an MMRC preventability determination was made, 100 percent were determined preventable; and
- 63 percent of individuals suffering a pregnancy-related death caused by a mental health condition were covered by Medicaid during prenatal care or at delivery. [iv]

The high percentage of pregnancy-related mental health deaths occurring 43–365 days postpartum underscores the importance of Medicaid coverage that extends for 12 months after the end of pregnancy. This coverage enables access to mental health screening and treatment continuation. In addition, research shows that reimbursement of multiple postpartum visits instead of only a single visit may help ensure continued and coordinated care during the postpartum period.[v,vi] Unfortunately, according to a recent study, one in five people who rely on Medicaid coverage for pregnancy-related care report no insurance coverage two to six months postpartum.[vii]

It is critical to also consider emerging research that suggests COVID-19-related grief and health concerns during the pandemic have exacerbated mental health challenges and symptoms for perinatal individuals. Individuals are reporting concerns about the health of themselves and their babies, financial worries, social isolation, anxiety, and other pandemic-related stressors. The perinatal population is not exempt from these concerns.

There are many opportunities for preventing pregnancy-related mental health deaths, and obstetrician-gynecologists and other women's health care clinicians play an important role in identifying and addressing perinatal mental health conditions. ACOG recommends that obstetrician-gynecologists and other professionals providing obstetric care screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool.[viii] If screening is done during the prenatal period, it should also be done during the postpartum visit.[ix] When indicated, obstetrician-gynecologists and other professionals providing obstetric care should be prepared to initiate medical therapy, refer patients to appropriate behavioral health resources, or both. However, it's important to note that if an obstetrician-gynecologist is providing the global obstetrical service (and reporting a global code), a payer may consider depression screening and treatment as part of the global service and not provide additional reimbursement for the service.

As part of our commitment to ending preventable maternal deaths and improving maternal health outcomes, ACOG has partnered with the University of Massachusetts Medical Lifeline for Moms program to offer a perinatal mental health toolkit and implementation guide to our members and other women's health care clinicians. These resources, which are set to be available on the ACOG website in early 2022, will help provide obstetrician-gynecologists and other women's health care clinicians with screening and decision support tools and other resources to help practices integrate perinatal mental health screening, assessment, treatment, referral, and follow up into obstetric care.

As the Committee crafts legislation to improve mental and behavioral health, we urge the Committee to prioritize the needs of individuals in the perinatal period, which is a vulnerable time in a person's health and may exacerbate or increase risk of mental health conditions. We hope that the Committee will use this comment letter as a guide in this work.

Strengthening Workforce

Regular contact with the health care delivery system during the perinatal period presents an important opportunity for patients with perinatal mood and anxiety disorders to be identified and referred for treatment. However, despite current recommendations from ACOG, the United States Preventive Services Task Force (USPSTF), and other organizations, our members report significant difficulties transitioning their patients to behavioral and mental health service providers. A shortage of mental and behavioral health providers, particularly in the Medicaid program, and also extending to some private payers, creates long wait times for patients to see a provider or an inability to complete referrals for individuals covered by Medicaid. **ACOG encourages the study of accessibility to mental health practitioners and services available in each state, including coverage limitations under state Medicaid plans on scope, duration, or frequency of such services; and an analysis of barriers to mental health services for**

pregnant and postpartum individuals, including specific barriers faced by those living in rural areas and barriers experienced by mental health practitioners to participate in the Medicaid program.

Increasing Integration, Coordination, and Access to Care

Recent evidence suggests that collaborative care models implemented in obstetrics and gynecology offices improve long-term patient outcomes.[x] For example, in one model of collaborative care, a depression care manager, such as a nurse or social worker, can provide psychotherapy and support under the supervision of a mental health specialist and a primary care clinician.[xi] Systems should be in place to ensure follow-up for diagnosis and treatment.[xii,xiii]

As we work to recruit and train practitioners to be part of the mental health and substance use disorder workforce, patients need immediate, as well as long-term solutions. One solution to get patients the care that they need in an unimpeded, timely manner is broad implementation of coordinated primary and behavioral health care models. The most promising strategy for providing prevention, early intervention and timely treatment of mental health conditions and substance use disorders is the implementation of evidence-based integrated care models using a population-based approach. The Collaborative Care Model (CoCM) is a proven, measurement-based approach to providing treatment in a primary care office that is evidenced-based and already reimbursed by Medicare, with established CPT codes.

CoCM involves a primary care physician working collaboratively with a psychiatric consultant and a care manager to manage the clinical care of behavioral health patient caseloads. This model allows patients to receive behavioral health care through their primary care doctor alleviating the need to seek care elsewhere, unless behavioral health needs require additional specialized services. CoCM demonstrably improves patient outcomes because it facilitates adjustment to treatment by using measurement-based care. Unlike other models of integrated behavioral health care, CoCM is supported by over 90 randomized controlled studies which indicate that implementing the model improves access to care and has been shown to reduce depression symptoms by fifty percent. It is currently being implemented in many large health care systems and group practices throughout the country, and is also reimbursed by several private insurers and Medicaid programs. **ACOG urges the Committee to introduce and advance H.R. 5218, the Collaborate in an Orderly and Cohesive Manner Act, which would improve access to evidence-based mental health and substance use care by supporting and investing in the implementation of the Collaborative Care Model in primary care offices, including obstetrician-gynecologists' offices.**

Addressing social determinants of health is also critical to reducing inequities in health status. The U.S. is the only developed country that does not consider health care a right of citizenship; instead, health care is driven by market forces.[xiv] Thus, the health care system in the U.S. contributes to poor access for people who are either uninsured or underinsured.[xv] Social and structural determinants of health describe environmental conditions, both physical and social, that influence health outcomes.[xvi] Physical conditions such as lack of access to safe housing, clean drinking water, nutritious food, and safe neighborhoods contribute to poor health. Socio-political conditions such as institutional racism; police violence targeting people of color; gender inequity; discrimination against lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals; poverty; lack of access to quality education and jobs that pay a livable wage; and mass incarceration all shape behavior and biological processes that ultimately influence individuals' health and the health of communities.[xvii,xviii,xix,xx] Such social conditions not only influence individual health but also work to create cycles that perpetuate intergenerational disadvantage.[xxi]

Social determinants of health have been shown to impact mental health, particularly for individuals with low or no incomes, and minoritized communities including Black, Latinx, and LGBTQ individuals.[xxii] **As**

part of any efforts to improve mental and behavioral health, ACOG urges Congress to invest in the provision of social services, particularly those that address and mitigate the effects of the social determinants of health. This may include efforts to incentivize and maximize referrals to social services to help improve patients' abilities to fulfill these needs.[xxiii]

Additionally, in February 2019, the USPSTF issued a grade B on counseling interventions to prevent perinatal depression.[xxiv] USPSTF found that counseling interventions are associated with a lower likelihood of onset of perinatal depression.[xxv] Despite USPSTF's recommendation, it is ACOG's understanding that preventive counseling is not billable in most states. **ACOG urges the Committee to examine ways to improve access to preventive mental and behavioral health services for perinatal patients and provide incentives and equitable reimbursements for both physicians and non-physician providers to offer this care.**

Expanding Telehealth

Telehealth has served as an important tool used by obstetrician-gynecologists during the COVID-19 pandemic to reduce exposure while ensuring access to timely, evidence-based health care for patients. This can help ensure regular contact with the health care delivery system during the perinatal period and provide opportunities for identifying and addressing perinatal mental health conditions. However, if infrastructure to support telehealth is not addressed, such as increased access to broadband, telehealth has the potential to exacerbate disparities. **To ensure equitable access to telehealth services beyond the COVID-19 public health emergency, ACOG urges Congress to:**

- **invest in broadband infrastructure;**
- **support coverage and reimbursement parity for audio-only and audio-video telehealth modalities;**
- **and enable Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) to continue serving as distant site providers to allow physicians at community health centers to provide telehealth services to patients at their homes.**

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ACOG thanks the Committee for its work to examine our nation's behavioral health needs and assess factors that contribute to gaps in care in order to find policy solutions that improve mental and behavioral health. We appreciate the opportunity to inform the Committee's work and hope to continue serving as a resource for you. Please feel free to contact Tatiana Calderon at tcalderon@acog.org if we can provide any additional information.

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