National Rural
Health Association

February 8, 2024

Task Force on Maternal Mental Health
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857

RE: 2024-01010: Solicitation for Public Comments on Questions from the Task Force on Maternal Mental Health

Submitted electronically via regulations.gov.

Dear Maternal Mental Health Task Force members,

The National Rural Health Association (NRHA) is pleased to offer comments to the Task Force on Maternal Mental Health on issues concerning the context, policies, effectiveness, promising practices, and limitations and gaps related to prevention and treatment of maternal mental health and substance use conditions. NRHA supports the aim of SAMHSA and the Maternal Mental Health Task Force, and we look forward to our continued collaboration to improve behavioral health care access throughout rural America.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, long-term care providers, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

1. Data, Research and Quality Improvement:

- **What are the priority research questions and gaps related to maternal substance use disorder and/or mental health conditions that must be addressed to improve services and outcomes for individuals while pregnant and postpartum?**

Rural women are disproportionately impacted by barriers to access for all types of care, and particularly both for maternal and mental health. Over half of rural counties within the United States have no hospital-based obstetric services.[1] The loss of maternity care impacts maternal and infant health outcomes, leading to higher rates of emergency department births, increases in preterm birth, and infant and maternal mortality. Worse outcomes faced by rural mothers may lead to increased stress and in turn, worsened mental health conditions.

Data on rural health generally lags behind that of health research generally, or data is not broken out by geography. While information is available on maternal health and behavioral health in rural areas,

[1] Center for Healthcare Quality and Payment Reform, *Addressing the Crisis in Rural Maternity Care*, https://chqpr.org/downloads/Rural_Maternity_Care_Crisis.pdf?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top.

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data on the combined issue is limited. Research and data on maternal mental health disaggregated by rural and urban would inform where services and outcomes must be improved for rural mothers. Helpful data includes rural maternal mental health and SUD diagnosis or incidence rates; telehealth utilization for obstetrics and behavioral health care for pre- and post-partum rural women; behavioral health outcomes for rural mothers; and access to maternal mental health specific care and providers in rural areas. It is difficult to create and target programs to rural populations without the data supporting what needs and gaps exist, as well as evidence-based practices for addressing the needs of this population.

2. Prevention, Screening and Diagnosis:

- **What can be done to help pregnant and postpartum individuals feel more comfortable to open up about how they are feeling? Who, where, and how might pregnant and postpartum individuals feel safest about disclosing their experience?**

Connecting mothers with credentialed personnel that have similar lived experiences, like peer support specialists, to talk with about their problems, fears, concerns, and other feelings can help rural mothers become more comfortable with expressing their experiences. Peer support specialists are nonclinical health professionals who work in behavioral health settings with people diagnosed with mental health or substance use disorders and lean on their lived experience to inform their services.[2] They can facilitate greater access to behavioral health services and expand the reach of existing providers, both key for rural populations. For rural mothers, being heard by a peer support specialist or peer counselor may help alleviate hesitancy with expressing their feelings and concerns to a health care provider.

Utilizing peer support specialists for maternal mental health may overcome some behavioral health professional shortages in rural areas and provide a comfortable alternative to a clinician or other health care provider. However, one challenge to fully implementing this model may be reimbursement. Medicaid reimburses for peer support specialist services in the overwhelming majority of states.[3] However, peer specialist care is not reimbursable for all services in every state. Some state Medicaid programs only reimburse for services related to mental health or substance use, but not both.[4] In addition, state Medicaid programs may place other limits on peer specialist services. These include the facility where such services can be furnished, prior authorization, the number of

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[2] Kelsie George, *Peer Support Specialists: Connections to Mental Health Care*, NATIONAL CONFERENCE OF STATE LEGISLATURES (June 7, 2022) https://www.ncsl.org/state-legislatures-news/details/peer-support-specialists-connections-to-mental-health-care.

[3] *Id.*

[4] Lynn Videka, et al., *National Analysis of Peer Support Providers: Practice Settings, Requirements, Roles, and Reimbursement*, BEHAVIORAL HEALTH WORKFORCE RESEARCH CENTER, UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH (Aug. 2019), https://www.behavioralhealthworkforce.org/wp-content/uploads/2019/10/BHWRC-Peer-Workforce-Full-Report.pdf.

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visits in a certain time period, or the population eligible.[5] Additionally, because reimbursement is largely through Medicaid it is often too low to encourage provider participation.[6]

3. Evidence-based Intervention and Treatment:

- **What are key evidence-based intervention and treatment models that should be broadly implemented to address maternal mental health and substance use?**

Telehealth has proven to be an effective mode of care delivery for rural patients. Seeing a provider via telehealth is often more convenient for rural patients, in particular pregnant people and new mothers. Telehealth mitigates concerns around stigma in a rural community, removes transportation barriers, and can fit into working parents' schedules more easily. Utilizing telehealth is also associated with greater retention in treatment, especially for mental health and SUD treatment.[7]

Another evidence-based model is integrated behavioral health in all practice settings. This allows pregnant and postpartum people to address behavioral health issues in a place where they already have relationships and feel comfortable. Integrated behavioral health care improves the reliability of screening, increases the efficiency of referrals, reduces barriers to treatment, and improves health outcomes for pregnant and postpartum women.[8] However, proper behavioral health integration is likely a heavy lift for many rural providers, which requires effective care coordination, availability of telehealth, adequate workforce, and community partnerships, among others.[9] Despite the difficulty of implementation, behavioral health integration is necessary. In general, pregnant and postpartum women with a behavioral health condition are less likely to be receiving care than women who are not pregnant.[10] This makes OBGYNs, family physicians, pediatricians, midwives, doulas, and other maternal health providers critical interventionists. Fully integrated behavioral health care in maternal health settings could lead to more women getting connected with the treatment that they need.

NRHA also highlights existing federal programs aimed at maternal health and emphasizes the continuing need to integrate rural mothers into these proven programs and ensure rural participation:

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[5] KAISER FAMILY FOUNDATION, State Health Facts, Medicaid Behavioral Health Services: Peer Support Services (2022), https://www.kff.org/other/state-indicator/medicaid-behavioral-health-services-peer-support-services/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D. For example, some states only offer peer specialist services to Medicaid enrollees eligible for 1915(i) (home and community-based services) and other states require strict supervision of peer specialists.
[6] NRI, *State Mental Health Agency Peer Specialist Workforce 2022,* Dec. 2022, https://www.nri-inc.org/media/4dzhgyv1/peer-specialists_final.pdf.
[7] Lindsey R. Hammerslag, et al., *Telemedicine Buprenorphine Initiation and Retention in Opioid Use Disorder Treatment for Medicaid Enrollees*, 6 JAMA NETW. OPEN e2336914 (2023) https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2810828.
[8] Agency for Healthcare Research and Quality, Pregnant and Postpartum Women and Behavioral Health Integration, https://integrationacademy.ahrq.gov/products/topic-briefs/pregnant-postpartum-women.
[9] *Id.*
[10] *Id.*

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Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. This program supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes.[11] Home visitors assist and support various family needs, including connections with community resources and service and supporting health pregnancy practices.[12] The Health Resources and Services Administration (HRSA) implements this program alongside the Administration for Children and Families by funding states, territories, and tribal entities to develop home visiting programs. American Rescue Plan funds were used to respond to families' urgent needs, like mental health care; however, state grantees should be encouraged to expand the behavioral health component to target mothers diagnosed with or at-risk of pre- or post-partum mental health conditions and SUDs. Further, states should be given direction and resources to serve hard-to-reach rural populations.

Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD). This program trains providers in mental health counseling and care coordination, how to collaborate with other federally funded programs, and more. The program aims to increase routine behavioral health screenings during and after pregnancy and connect women with care close to home, including through telehealth. Past grantees created telehealth programs, including in largely rural states like Montana, Louisiana, and North Carolina. Fiscal year 2023 awardees also include rural states like Kansas, Mississippi, and Texas. Continued support and collaboration with other HHS agencies will carry on the effectiveness of MMHSUD at reaching rural women.

National Maternal Mental Health Hotline. Launched in 2022, this hotline is designed specifically for mothers. The hotline provides 24/7 access to free and confidential support during and after pregnancy. Mothers can call or text the hotline to receive help from professional counselors, resources, and referrals. NRHA encourages collaboration between SAMHSA and HRSA on this hotline and a concerted effort to ensure rural mothers know that the hotline exists. NRHA views the hotline as one tool to combat stigma and help rural mothers get access to care.

Rural Maternity and Obstetrics Management Strategies (RMOMS) program. HRSA's Federal Office of Rural Health Policy funds the RMOMS program to increase access to maternal and obstetrics care in rural communities, in effect to improve health outcomes for mothers and infants. As of September 2022, 10 RMOMS awardees in nine states have been funded to test programs that address unmet needs for their target populations. Among the activities of RMOMs grantees is a focus on building networks to coordinate continuum of care and leveraging telehealth and specialty care.

Alliance for Innovation on Maternal Health (AIM).[13] The mission of AIM is to support best practices that make birth safer, improve maternal health outcomes, and save lives. AIM is a national effort to create maternal care quality improvement bundles, or AIM bundles, to reduce deaths and severe

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[11] Health Resources and Services Administration, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (last updated Jan. 2024) https://mchb.hrsa.gov/programs-impact/programs/home-visiting/maternal-infant-early-childhood-home-visiting-miechv-program.
[12] *Id.*
[13] Health Resources and Services Administration, Alliance for Innovation on Maternal Health (AIM) (last updated Nov. 2023) https://mchb.hrsa.gov/programs-impact/programs/alliance-innovation-maternal-health.

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illness. Nearly 10% of pregnancy-related deaths were due to suicide, overdose, and mental health-related unintentional injuries[14] and up to one in five women experience maternal anxiety and depression.[15] As such, AIM should target maternal mental health in its development of patient safety bundles, focusing on rural maternal mental health. Currently, the "Care for Pregnant and Postpartum People with Substance Use Disorder" addresses SUD, but investments must be made in mental health patient safety bundles as well. Furthermore, rural hospitals may need extra support and capacity to enroll in AIM.

- **Do providers have the training and resources to appropriately provide evidenced-based intervention and treatment or referral?**

In rural communities, the training and resources for intervention, treatment, and referral are less available than in urban areas. SAMHSA, in collaboration with other Department of Health and Human Services (HHS) agencies, in particular the Federal Office of Rural Health Policy, should continue to work collaborate to ensure resources and opportunities reach rural communities and rural mothers.

One barrier for providers in Federally Qualified Health Centers (FQHCs) in particular is related to billing. FQHCs cannot bill and receive reimbursement for the evidence-based screening tool for depression, the Patient Health Questionnaire (PHQ-9). As a result, many FQHCs do not provide this screening. FQHCs provide care in underserved areas, including rural areas, and need the ability to provide such screenings to patients. Similar challenges are experienced by other rural providers, including Rural Health Clinics.

- **Are community-based resources being utilized to bridge the gap in education, evidence-based screening, and treatment or referral? If not, what are the challenges of incorporating culturally competent community-based health care workers?**

Low Medicaid reimbursement is a common challenge to hiring and using community-based health workers, like community health workers (CHWs). Peer specialists, doulas, and CHWs are typically reimbursed for their services by Medicaid, although their scope of services and reimbursement vary. SAMHSA should work with other HHS agencies to develop a guide for states to help standardize practices and policies around both of these types of providers. In addition, the Community Health Worker Training Program (CHWTP) at HRSA provided grants to increase the number of CHWs and train them.[16] These grants were awarded in FY 2022 through American Rescue Plan funds; however, the opportunity has not been made available again. NRHA believes this program can help grow CHW presence in rural communities and encourages a maternal mental health focus in any future grant funding opportunities for CHWs. Further, SAMHSA grant opportunities targeted to rural and

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[14] Nicole L. Davis, Ashley N. Smoots, & David A. Goodman, *Pregnancy-Related Deaths: Data from 14 U.S. Maternal Mortality Review Committees, 2008 – 2017*, CENTERS FOR DISEASE CONTROL AND PREVENTION, 2019, at 2, https://reviewtoaction.org/sites/default/files/2022-08/MMR-Data-Brief_2019-h.pdf.
[15] Policy Center for Maternal Mental Health, About Maternal Mental Health Disorders, https://www.2020mom.org/mmh-disorders.
[16] Health Resources and Services Administration, FIND GRANT FUNDING, Community Health Worker Training Program, https://www.hrsa.gov/grants/find-funding/HRSA-22-124.

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underserved areas that promote CHWs' and peer specialists' role in maternal mental health would be beneficial.

- **Are underserved populations represented in the research and subsequent guidelines developed from the research for screening and treatment? What evidence is still needed to inform guidelines for screening and treatment, including for underrepresented, underserved populations?**

It is important to consider rural women, especially minority and underserved populations within rural communities, in research and guideline development for maternal mental health. Studies suggest that guidelines and interventions designed for perinatal mental health should consider rurality.[17] In addition, guidelines and interventions that are successful for most women may not apply to rural women and the providers who care for them. Rural women with depression were found to have higher parenting stress, likely due to fewer childcare options, and also reported lower access to parent–infant activities.[18] This suggests there are differences in access and impacts of perinatal depression in rural areas that should be considered in recommendations, care, and research.[19]

4. Evidence-Based Community Practices:

- **What are the most pressing needs related to maternal mental health and maternal substance use in your community?**

Rural communities primarily need access to local providers, broadband connectivity, programs and resources specific to maternal mental health, and support for non-health related needs like transportation, childcare, social supports, etc. NRHA underscores the importance of community-based organizations (CBOs) in the continuum of rural healthcare. CBOs can provide valuable social services and supports for rural residents. More can be done at the federal level to support small, rural CBOs, such as through grant programs, technical assistance, and training. Support could include teaching CBOs how to become a billing provider, hiring and supervising certified peer support specialists and community health workers, and billing for these services.

5. Communications and Community Engagement:

- **What do ideal services and resources look like for a pregnant or postpartum individual in your community? And what are barriers to access to these services?**

Stigma persists as a barrier to seeking care for mental health and SUDs in rural communities.[20] Services that are sensitive to this unique aspect of rural communities are necessary to help rural mothers access the treatment that they need. Increasing access to telehealth services has not only

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[17] Megan Galbally, et al., *Rurality as a predictor of perinatal mental health and well-being in an Australian cohort*, 31 AUSTRALIAN J. RURAL H. 182, 192-93 (2023) https://onlinelibrary.wiley.com/doi/full/10.1111/ajr.12934.
[18] *Id.*
[19] *Id.*
[20] Victoria Bright, Julia Riddle, & Jean Kerver, *Stigma Experienced by Rural Pregnant Women with Substance Use Disorder: A Scoping Review and Qualitative Synthesis*, 19 Int. J. Environ. Res. Public H. 15065, 15066 (2022) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9690597/.

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improved health outcomes and health access for rural residents but may help mothers overcome the fears associated with stigma. Women receiving mental health and substance use disorders (SUD) treatment through telehealth within their obstetrician's office report high levels of satisfaction and increased access to care.[21] Telehealth also removes travel burdens while mitigating the maternal and child risks associated with untreated mental health and SUDs.

Another critical barrier to maternal mental health services is a lack of providers stemming from workforce shortages. Notably, clinician shortages have played a large role in the closure of obstetric units in rural hospitals.[22] A team of nurses and nurse anesthetists, delivering physicians and obstetricians, anesthesiologists, and nurse midwives are necessary for successful obstetric units. Many providers are unwilling or unable to practice in rural areas because of isolation, high workloads, after-hours responsibilities, lack of job opportunities for their partners, inadequate access to childcare, and loss of continuing education and professional growth opportunities.[23] Additionally, rural populations tend to be poorer and underinsured, or covered by Medicaid, thereby reducing hospital reimbursement for OB services.[24] Overall hospital financial viability also impacts the decision to close an obstetric unit. When a hospital decides to close a unit to save money it is often the less utilized units, like OB.

- **What steps should be taken to ensure that approaches to detecting maternal emotional health issues and substance use challenges are culturally appropriate?**

NRHA emphasizes again that peer support specialists during pregnancy and after birth can have several positive impacts on the emotional well-being of mothers. Peer support is a promising and valued intervention and may be beneficial for minority and underserved women.

- **What can be done to help mothers and pregnant and postpartum people feel more comfortable to open up about how they are feeling? Who, where, and how might mothers and pregnant and postpartum people feel safest about disclosing their experience?**

Please refer to NRHA's comments in section 2 of this comments letter. NRHA has heard from providers that patients sometimes feel less comfortable sharing information about social determinants of health, or their non-clinical related factors that influence health, with clinicians. Instead, they generally feel more comfortable talking to CHWs, doulas, nurse aides or other support staff. This is true for behavioral health concerns as well. Employing providers with lived experience and compassion, like peer specialists, can encourage mothers to share their behavioral heath concerns and feel safe doing so.

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[21] Constance Guille, et al., *A Pilot Study Examining Access to and Satisfaction with Maternal Mental Health and Substance Use Disorder Treatment via Telemedicine*, 3 TELEMEDICINE REPORTS 24, 27 (2022) https://www.liebertpub.com/doi/full/10.1089/tmr.2021.0041

[22] Darcy Bryan, *Promoting Maternal Health in Rural and Underserved Areas*, MERCATUS CENTER, GEORGE MASON UNIVERSITY, 2019, at 2 https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3562255.

[23] *Id.* at 2-3.

[24] Timothy McBride, et al., *An Insurance Profile of Rural America: A Chartbook*, RUPRI CENTER FOR RURAL HEALTH POLICY ANALYSIS, 2022, at 10 https://rupri.public-health.uiowa.edu/publications/other/Rural%20Insurance%20Chartbook.pdf.

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Thank you for the opportunity to submit information on this important topic. We look forward to continuing to work with SAMHSA to improve behavioral health access and outcomes for rural communities. For more information, please contact NRHA's Government Affairs and Policy Director, Alexa McKinley at amckinley@ruralhealth.us.

Sincerely,

Alan Morgan

Chief Executive Officer

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