

October 28, 2024

The Honorable Ben Lujan
U.S. Senate
498 Russell Senate Office Building
Washington, DC 20510

The Honorable Amy Klobuchar
U.S. Senate
425 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Tim Scott
U.S. Senate
104 Hart Senate Office Building
Washington, DC 20510

The Honorable Thom Tillis
U.S. Senate
113 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Shelley Moore Capito
U.S. Senate
170 Russell Senate Office Building
Washington, DC 20510

Dear Senators Lujan, Scott, Capito, Klobuchar, and Tillis:

On behalf of the physician and medical student members of the American Medical Association (AMA), I want to express our support for S. 3447 the “Pregnant and Postpartum Women Treatment Reauthorization Act.” This bipartisan legislation reauthorizes funding for the Grant Program for Residential Treatment for Pregnant and Postpartum Women (PPW program) that helps pregnant women and new mothers get residential treatment for substance use disorders and provides prevention and recovery support. This program also offers a range of services such as substance-use disorder treatment planning and recovery, parenting classes, mental health counseling, and harm reduction interventions.

The AMA is deeply concerned about the high rates of maternal and infant morbidity and mortality in our country. The U.S. has the highest maternal mortality rate among developed countries and according to the Centers for Disease Control and Prevention, 60 percent or more of these maternal deaths are preventable. From 2018 to 2021, the mortality ratio more than tripled among pregnant and postpartum women aged 35 to 44 years.¹

Improving care for pregnant people with substance use disorders must start with compassion and be based on the full slate of evidence-based medical care that reduces complications and supports long-term health for the newborn, mother and family. Increasing access to evidence-based care for pregnant and postpartum women with an opioid use disorder (OUD) or other substance use disorder is vitally important, especially considering that among pregnant and postpartum persons, drug overdose mortality increased approximately 81 percent from 2017 to 2020, mirroring the trends among persons of reproductive age overall.² Pre-adolescent females and women who died from a drug overdose during pregnancy, compared to those who died from obstetric causes, were more likely to be aged 10 to 34, be

¹ <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2811811>.

² <https://jamanetwork.com/journals/jama/fullarticle/2799164>.

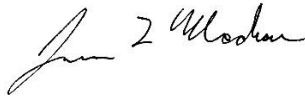
Honorable Ben Lujan
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Page 2

non-college graduates, be unmarried, and die in “non-home, non-healthcare settings.”³ Left untreated, OUD during pregnancy can have severe medical and social consequences. It can destabilize a pregnancy and contribute to adverse outcomes such as low birth weight, preterm labor, and fetal distress and demise.⁴ It can also increase the likelihood of newborns being separated from their families at birth, raising the risk of trauma to the mother, and harms to the newborn.⁵

The AMA believes that the programs that would be reauthorized by the Pregnant and Postpartum Women Treatment Reauthorization Act are vitally important and will help improve maternal and infant health outcomes across the U.S., especially for those individuals who need access to residential treatment. This is one important component of a much larger set of policies that the AMA has encouraged to be enacted at the local, state and national levels.⁶

The AMA is committed to tackling the issues surrounding maternal mortality and morbidity and working with Congress to find solutions to improve maternal health outcomes nationwide. We appreciate your leadership on this critical issue and look forward to working with you to advance S. 3447.

Sincerely,



James L. Madara, MD

³ <https://www.nih.gov/news-events/news-releases/overdose-deaths-increased-pregnant-postpartum-women-early-2018-late-2021>.

⁴ Harter K. Opioid use disorder in pregnancy. *Ment Health Clin.* 2019 Nov 27;9(6):359-372. doi: 10.9740/mhc.2019.11.359. PMID: 31857932; PMCID: PMC6881108.

⁵ “When Reimagining Systems Of Safety, Take A Closer Look At The Child Welfare System”, *Health Affairs Blog*, October 7, 2020. DOI: 10.1377/hblog20201002.72121.

⁶ See, for example, the policy recommendations in the 2024 AMA publication, “Improving Access to Care for Pregnant and Postpartum People with Opioid Use Disorder: Recommendations for Policymakers.” The report is available at https://end-overdose-epidemic.org/wp-content/uploads/2024/07/AMA-Manatt-2024-Improving-Access-to-Care-Pregnant-Parenting-People-with-SUD_July-2024.pdf.