

MATERNAL MENTAL HEALTH EQUITY: POLICY AND PROGRAM INSIGHTS FROM COLORADO AND MICHIGAN

**SHIRA SMALL &
ISHA WEERASINGHE**
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EXECUTIVE SUMMARY

High maternal mortality rates and rising mental health stressors across the country underscore the need for policies, research, and programming that support maternal mental health and evaluate existing services, particularly for communities of color who face disproportionate barriers to accessing care.

This paper seeks to advance maternal mental health care and policy that best serves communities of color and other historically disenfranchised populations, highlighting both progress and opportunities for improvement.

Using Michigan and Colorado as case studies, the report analyzes key state-level policies and programs ascertained through informant interviews, focus groups, and background research to identify existing services, policies, funding streams, and the broader context in both states. Through this analysis, the authors aim to help policymakers develop, evaluate, and advance maternal mental health systems to eliminate inequities in their own states.

Inequities in Care

Barriers to maternal mental health care have deadly consequences. In Michigan, 81 percent of Black maternal deaths are preventable, and these inequities persist regardless of income level. In Detroit specifically, pregnant Black people are 2.2 times more at risk of maternal mortality than their white counterparts.

Similarly, in Colorado, pregnant Black and Indigenous people face the highest maternal mortality rates in the state, and almost 40 percent of Colorado counties are considered maternal health care deserts, meaning they lack a hospital, birth center, or obstetric care providers. Existing disparities and implementation challenges have been compounded by diminishing fiscal support from the federal government.

The Trump Administration's 2025 budget package is expected to greatly deplete funding for federal health programs, including those serving communities of color, communities with low incomes, and other historically marginalized groups.

Many of the state-administered programs discussed in this report distribute federal funding to local communities, meaning their work is at risk. Current and upcoming federal funding cuts have already changed program infrastructure and will greatly impact the programs discussed in this report and the families they serve.

Michigan and Colorado

Maternal mental health is a rising policy priority in Michigan, with Governor Gretchen Whitmer's leadership fueling legislative efforts to address maternal mortality inequities in the state. Positive policy developments include:



A 2023 bill making doula care Medicaid-reimbursable.



A 2024 bill requiring health care providers to offer mental health screenings to postpartum patients for up to 12 months after birth.



A 2024 four-year plan launched by the Michigan Department of Health and Human Services to improve birth outcomes for families in Michigan and eliminate inequities in care.

Colorado lawmakers have also achieved legislative momentum for maternal mental health, with the COVID-19 pandemic underscoring the need to better support new parents.

Efforts in the state legislature built on the creation of the Colorado Behavioral Health Task Force Governor Jared Polis commissioned in 2019, but strict budget limitations across the state have restricted progress.

Positive policy developments include:



A 2021 bill authorizing reimbursement for peer support services through Medicaid.



A 2021 bill requiring that Medicaid include screening for perinatal mood and anxiety disorder for any caregiver of a child enrolled in Medicaid.



A 2024 bill authorizing doula care to be covered by health insurance, including Medicaid.

Despite the increased awareness, interest, and policy development to improve maternal mental health in both states, key informants felt that their state still needs more policies in place to support birthing people's needs and expand the supply of affordable, accessible, and culturally responsive care.

Amid efforts to improve the system, there can still be a disconnect between policymakers, providers, and directly impacted groups.

Maternal Mental Health Recommendations

The report makes recommendations to help states provide equitable care that prioritizes the well-being of people during the perinatal, pregnancy, and postpartum periods. They include, but are not limited to:

- **Investing** in maternal mental health care across communities to dismantle inequalities in access.
- **Coordinating** statewide efforts across policies and programs to improve existing services before launching new endeavors.
- **Engaging** parents and other directly impacted groups in the policymaking process early so that their needs are considered at the outset, not as an afterthought.
- **Expanding** the definition of the postpartum period beyond one year to ensure new parents have access to continual mental health support.
- **Improving** referrals and solid connections to treatment so that when new parents express their mental health concerns, they can easily be connected to care.
- **Supporting** and expanding a strained provider workforce so that it can provide culturally responsive care to patients.
- **Centering** maternal mental health within the care continuum for the sake of the parent, not only because they're a caregiver, but because their well-being matters on its own.