



MATERNAL AND CHILD HEALTH PRIORITIES

for the New Administration

Policy Steps to Improve the Health
of Women, Children, and Families

DEAR PRESIDENT-ELECT BIDEN & VICE PRESIDENT-ELECT HARRIS:

Congratulations on your election! As your team works to solidify the health policy agenda for your Administration, we urge you to prioritize maternal and child health (MCH). The Association of Maternal & Child Health Programs stands ready to be a resource and partner for you, especially to reduce the stark health inequities that currently exist in the United States.



About Us

The Association of Maternal & Child Health Programs (AMCHP) leads and supports programs nationally to protect and promote the optimal health of women, children, youth, families, and communities. AMCHP's core membership includes leaders at the state health department level, academia, clinicians, and family members, particularly those with children and youth who have special health care needs.

We are proud of our record of providing timely, accurate, unbiased, technical information and analysis to inform policies that support the health of women and children. Our [current strategic plan](#) provides more detail on how we are working to fulfill our vision: a nation that values and invests in the health and wellbeing of all women, children, youth, families, and communities so that they may thrive.



Why Prioritize **Maternal and Child Health?**

The United States has one of the worst maternal, infant, and child mortality rates among all developed nations. These indicators are a mirror that reflects our legacy of racism, which has produced stark inequities in nearly all indicators within maternal and child health. Internationally, maternal, infant, and child mortality are indicators for the overall health and wellbeing of a nation. The United States' racial inequities in maternal and child health send a signal to the world that we, as a nation, do not value the health of families and demonstrates how our nation has placed different values on the health of families by race. The good news, though, is that we have an opportunity before us to take meaningful action to reverse these alarming trends.

Top Priorities for Maternal and Child Health

Addressing Racism as a Public Health Crisis

[AMCHP acknowledges that racism is a public health crisis](#) and directly impacts the health outcomes of our communities and those we serve. We urge the Biden-Harris Administration to begin addressing racism as a public health crisis with steps such as:

Declare racism a public health crisis

The impact of intergenerational and chronic stress created by all levels of racism on the physical and mental health of Black communities, Tribal, Indigenous, and other communities of color is well-documented. Our ability to build responsive MCH systems and improve our poor international standing in maternal and infant mortality is completely dependent on tackling racism head-on at all levels.

Establish a White House Task Force on Racism, whose majority composition should be members of affected communities, and empower federal employees and federal grantees to acknowledge and seek to oppose racism in our society, including by revoking the September 2020 Executive Order on Combating Race and Sex Stereotyping.

Address the racism that permeates health care in this nation

Starting in medical school and extending to hospitals and clinics, encourage as a minimum requirement education and training on the history of racism in this country and its presence in the U.S. health care system. Create accountability within health care and payment systems – designed by and with patients – to assure dignity, respect, and engagement in care and support.



Achieve Equity in Data

Data sources that our country has been using were not created by the people most acutely impacted by negative outcomes—people of color. We must ensure we are asking the right questions by engaging and partnering with the people most impacted by the data we collect. Partners must be engaged to help us analyze, translate and communicate the data. We must work to assure adequate representation of Black, Tribal, Indigenous, and people of color in community- and other population-level data used to assess needs, measure health and wellness statuses, and inform resource allocation.

Ensure equity in partnership opportunities

Community-based organizations rooted in communities of color have solutions to address and inform intervention for many public health issues. However, they are often unable to secure sustained funding to build on this work because of structural and systemic barriers to applying for and receiving government funding and being recognized for their evidence-based practices. The Biden-Harris Administration must meaningfully engage with and co-design the future of health with community-based organizations, including those that are family- and youth-led, working closest to the populations most impacted by major public health concerns.



Prioritizing MCH Populations in the Context of COVID-19 and Other Emergencies

Public health emergencies pose unique risks for pregnant women, infants, children, youth and especially for children and youth with special health care needs. AMCHP encourages the new administration to bolster our nation’s capacity to prepare and respond to these distinct risks by ramping up investments in the public health workforce as well as preserving and strengthening the Affordable Care Act and Medicaid, which have been vital to providing coverage for individuals and families since enactment and especially for those who have lost access to employer-sponsored insurance during the current economic downturn. We also recommend increased investment in three critical MCH programs:

Title V Maternal and Child Health Block Grant (HRSA)

Due to COVID-19, gaps have emerged in the delivery of maternal and child health services, and additional resources are needed to address these gaps both now and in the aftermath of the immediate crisis. These range from delays in initial newborn hearing and bloodspot screening to concerns about increased risk for injuries at home such as window falls or drownings, adherence to childhood immunization schedules and developmental screenings, and adequate nutrition.

States need additional Title V Maternal and Child Health Block Grant funding in order to meet the maternal and child health needs being impacted by the COVID-19 pandemic, including supporting transition to telehealth services, assuring timeliness of screening and follow-up for heritable disorders and hearing, providing critical information to pregnant women and new mothers, addressing the mental health and substance use of women and youth, and ensuring access to services, medication and equipment for children with special health care needs.

Surveillance for Emerging Threats to Moms and Babies (CDC)

The Surveillance for Emerging Threats to Mothers and Babies program is a sustainable framework for monitoring the unique impacts of public health emergencies on pregnant women, infants, and children. The core focus of the program is a coordinated system of pregnancy and infant public health surveillance and data analysis that views mother and baby as a unit. This enables researchers to more rapidly identify emerging threats to pregnant women and understand impacts on both mothers and infants through childhood.

With this data, CDC can work with public health and clinical organizations to quickly provide guidance to families and health care providers on ways to reduce risk to mothers and babies and tailor interventions to improve their long-term health. State systems have already adapted to conduct surveillance of COVID-19 through their Surveillance for Emerging Threats to Mothers and Babies program, but full funding of this program is necessary in order to equip all states and jurisdictions with this capacity.

Maternal, Infant and Early Childhood Home Visiting or “MIECHV” (HRSA)

MIECHV is more important now than ever, as families who already faced complex needs were thrust into chaos due to COVID-19. Home visitors are a critical link of support for families who are facing a variety of challenges that will be exacerbated by this crisis. With public health at risk and the social safety net in higher demand, these professionals are working overtime to deliver services to families in an unprecedented environment and through creative means.

Supplemental funding is necessary for the MIECHV program to adapt to current challenges and train home visitors to deliver services through technology that enables home visits from a distance, as well as tangible needs for families, such as technology, formula, and diapers.



Chasing Zero: Driving Down Maternal and Infant Deaths

Although the United States is one of the richest countries in the world, we have the highest maternal mortality ratio among developed countries. Black women are three to four times more likely to die from pregnancy-related causes than white women and Indigenous women are two to three times more likely to die from pregnancy-related causes than white women. AMCHP has been engaged in efforts to improve maternal health for decades and over the past 20 years, specifically, we have been collaborating with national partners and our state members to conduct maternal mortality and morbidity surveillance, including maternal mortality review, and translate those findings into population-based action. We urge the Administration to support the following policies:

Extend Postpartum Medicaid and CHIP Coverage to at least 12 months postpartum

All women enrolled in Medicaid or CHIP coverage during pregnancy should have access to at least 12 months of such coverage postpartum to ensure continuity of care. The current pandemic spotlights the importance of continuous coverage to address both routine and unforeseen needs that may arise. While the Medicaid disenrollment freeze that is currently in place because of the public health emergency is important to achieving continuity of insurance coverage, we need a longer-term solution to make sure that no woman loses her coverage in the postpartum period. AMCHP was proud to partner on [creating federal and state-facing resources](#) to further address this topic and we hope it may be a useful tool for the Biden-Harris Administration.

Provide continued funding to state and tribal nation maternal mortality review committees

[Maternal Mortality Review Committees \(MMRCs\)](#) need sustained funding and authorities to study cases of maternal deaths. We must also continue to encourage MMRCs to partner with community-based organizations as members and thought partners in all processes of the MMRC and support

health equity impact assessments for MMRC recommendations.

Making Systems of Care Work for Children and Youth with Special Health Care Needs and their Families

Unfortunately, most children do not receive quality care from the systems built to serve them. This is especially detrimental for the nearly 1 in 5 children and youth with special health care needs (CYSHCN), who are even more impacted by inefficiencies, gaps, and inequities across multiple systems. Approximately [86% of our nation's CYSHCN](#) and their families do not receive care in a well-functioning system. If we can make systems work for CYSHCN and their families, we can make systems better for all children. This is also an issue of racial justice: long-standing systemic health inequities have negatively impacted CYSHCN and their families, with Black and Hispanic communities often being even more isolated from resources and services. Specifically, racial and ethnic disparities are seen in prevalence, access to care and resources, care coordination, and satisfaction with care among CYSHCN and their families.

Support implementation of National Standards for Systems of Care for CYSHCN

In 2014, AMCHP released a [groundbreaking set of standards](#) that outline the essential pieces of an ideal system of care for CYSHCN. These standards are widely endorsed across the country, and are being used within health care, public health, and other child-serving systems to improve health care quality and health outcomes for CYSHCN.

Invest in programs that specifically focus on developing family-centered, community-based, coordinated systems of care

Programs that fit these criteria include Title V Maternal and Child Health Services Block Grant, Autism CARES Act, Learn the Signs. Act Early., and Part C of the Individuals with Disabilities Education Act (IDEA).

Conclusion

There are many other exciting opportunities to advance maternal and child health in the United States to improve current conditions and future outcomes across the life course from early childhood nutrition to adolescent and young adult mental health. AMCHP is well-positioned to provide perspective and leadership to address urgent MCH issues and looks forward to working closely with the Administration to achieve shared goals around nurturing good health for all in the United States, but especially for those who have been most harmed by past and persistent systems of inequity, including Black communities, Tribal and Indigenous communities, and other people of color.

**For further information, please contact
a member of AMCHP's Government Affairs team:**

AMY HADDAD

Chief Government Affairs Officer

ahaddad@amchp.org

ALYSON NORTHRUP

Associate Director for Government Affairs

anorthrup@amchp.org

