



**House Committee on Appropriations
Subcommittee on Labor, Health & Human Services, Education, and Related Agencies
Testimony Submitted by Cate Wilcox, MPH
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Chairwoman DeLauro, Ranking Member Cole and distinguished Subcommittee Members, I am grateful for this opportunity to submit written testimony on behalf of the Association of Maternal & Child Health Programs (AMCHP), our members, and the millions of women, children, and families that are served by the Title V Maternal and Child Health (MCH) Services Block Grant. I am asking the Subcommittee to support an increase of \$20 million in funding for the Title V MCH Services Block Grant administered by HRSA's Maternal and Child Health Bureau for a total of \$698 million in fiscal year 2020.

AMCHP would like to express our gratitude for the increase provided to the Title V MCH Block Grant in FY2019 and for recognizing the role that Title V grantees play in improving the health of women, children, children with special health care needs, and their families. The Title V MCH Block Grant is driven by evidence, flexibility and results to: 1) ensure access to quality maternal and child health services; 2) reduce infant mortality and preventable diseases and conditions; and 3) provide and promote family centered, community-based, coordinated care for children with special health care needs.

We are proud of recent progress in lowering our nation's infant mortality rate, reducing teen pregnancy, and decreasing the incidence of childhood injury. The United States, however, is currently faced with many other maternal and child health challenges that require a sustained investment in public health approaches. The flexibility of the Title V MCH Block Grant allows

states and jurisdictions to design and implement a wide range of maternal and child health programs that respond to locally-defined needs. In addition to formula funding to states, Special Projects of Regional and National Significance, or “SPRANS,” funding complements and helps ensure the success of state Title V programs by driving innovation, promoting evidence-based programming, and training young professionals interested in maternal and child health.

Last year, Congress recognized that the Title V MCH Block Grant is playing a critical role in addressing the alarming maternal mortality rate in the United States, particularly as compared to other developed countries and especially when it comes to racial disparities that persist in maternal health outcomes. The increased investment in the Title V SPRANS program Alliance for Innovation on Maternal Health or “AIM” is continuing to align national-, state- and hospital-level quality improvement efforts to improve maternal health outcomes. Last year, the Michigan Department of Health and Human Services announced that participation in the AIM effort is showing early signs of reducing pregnancy complications. Since participating in the AIM project, complications during labor and delivery among women who experience hemorrhage have decreased 17.9 percent. AMCHP applauds Congress for recognizing this type of achievement and providing resources so that more states can continue replicating similar results. With sustained investment in this program as well as through the new State Maternal Health Innovation Grants, also funded through Title V SPRANS, I am confident we will continue to see positive outcomes.

Title V funds are being used to support maternal mortality review committees in nearly every state. These committees are the gold standard for understanding why women die during pregnancy, childbirth, and the first year postpartum. Many states have indicated that increased

Title V funding would allow them to better resource their committees with specialized expertise, such as case abstraction, which would enable them to more rapidly complete reviews.

The opioid epidemic, which has affected every state in the U.S., has devastating implications for newborns of mothers addicted to opioids. In some counties in West Virginia, for example, more than 10 percent of babies born in 2017 were diagnosed with Neonatal Abstinence Syndrome (NAS). Title V is playing an important role to address the maternal and child health aspect of the crisis. In Tennessee, the Title V program is conducting public health surveillance for NAS, utilizing local health educators to provide health prevention education on NAS for female inmates as well as running a pilot project in East Tennessee to provide support for women in recovery to prevent recurrent NAS. The Massachusetts Title V program played a role in developing an interactive web-based resource for pregnant and postpartum women in treatment or recovery for substance use disorders as well as a webinar series for obstetric providers caring for women with opioid use disorders.

To make progress in addressing the opioid epidemic and maternal mortality, it is important that we invest in prevention as well as treatment. When it comes to improving maternal and child health outcomes, we know a lot about low-tech ways to conduct prevention and improve health outcomes throughout the life course, such as by ensuring women have access to preconception care. That's why the Idaho Title V program is collaborating with and providing training to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and the Family Planning program to increase pre- and inter-conception education and referrals to prenatal care and well-woman care using One Key Question®.

Another primary focus area for state Title V programs is supporting systems of services for children and youth with special health care needs. Children and youth with special health care

needs are defined as children birth to age 21 years who have, or are at increased risk for, chronic physical, developmental, behavioral, or emotional conditions. Nearly 20 percent of children in the United States have a special health care need and require a coordinated system of care for their health and related services.

In Oregon, where I serve as the Title V director, we are proud of the work we do to promote high-quality, family-centered coordinated systems of care for children and youth with special health care needs. For example, our CaCooN (CAre COordinatiON) program for children with special health needs, is a public health nurse home visiting program serving families that have a child (age 0-21 years) with a disability or a chronic health condition. Children served in the CaCooN program make fewer visits to the emergency department and have higher rates of immunization, well-child, and dental care visits.

Thank you again for your support. We hope to continue to build on recent successes and that you can support our request of \$698 million for the cost-effective and accountable Title V MCH Block Grant.