

Note: The below bipartisan letter in support of FY23 funding for federal programs to improve maternal health is currently circulating for co-signers in the House. The letter is co-led by Reps. DeGette (D-CO), Gallagher (R-WI), Kelly (D-IL), Fitzpatrick (R-PA), Adams (D-NC), and Meijer (R-MI). **The deadline for Members of Congress to join as co-signers is COB Friday, April 22.**

To add your national organization to the list of groups that support this letter, please complete [this Google Form](#). The list of endorsing organizations will be shared with congressional staff on a rolling basis until the letter closes on April 22. **Please add your organization as an endorser of this letter as soon as possible so that early in this process we can demonstrate to Members of Congress the breadth of support for these programs.**

Questions? Please contact Alyson Northrup, Associate Director for Public Policy & Government Affairs at the Association of Maternal and Child Health Programs, at anorthrup@amchp.org.

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The Honorable Rosa DeLauro
Chair
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington, DC 20515

Dear Chair DeLauro and Ranking Member Cole:

Our nation continues to face a crisis in maternal health. **As you develop the appropriations legislation for Fiscal Year 2023, we encourage you to prioritize the highest possible funding level for the below programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health.**

More women die from pregnancy-related complications in the United States than in any other developed country, and the rate of maternal deaths continues to rise. According to the Centers for Disease Control and Prevention (CDC), approximately 700 pregnancy-related deaths occur in the U.S. each year and 60 percent of these deaths are preventable. Major disparities in maternal mortality exist, with Black women three to four times more likely than non-Hispanic white women to die due to pregnancy-related complications and Indigenous women more than twice as likely than non-Hispanic white women to die due to pregnancy-related complications. The latest data from CDC show a marked increase in maternal deaths during the first year of the pandemic. Moreover, for every maternal death that occurs, more than 70 other women suffer severe complications of pregnancy or childbirth.

Title V Maternal and Child Health (MCH) Services Block Grant – The Title V MCH Services Block Grant administered by the Health Resources and Services Administration (HRSA) is the only federal program of its kind devoted solely to improving the health of all women and children in the United States. This flexible and cost-effective funding source is used by states, territories, and other jurisdictions to

address their most critical maternal and child health needs. This includes supporting statewide maternal mortality reviews - the gold standard in maternal mortality surveillance - and implementing strategies to translate recommendations made by maternal mortality review committees to meaningful action. Title V also supports the Alliance for Innovation on Maternal Health program, a data-driven maternal safety and quality improvement initiative, State Maternal Health Innovation Grants, a demonstration program to implement evidence-based interventions to address critical gaps in maternity care service, and the new Maternal Mental Health Hotline.

Healthy Start – HRSA's Healthy Start program provides grants to support community-based strategies to improve perinatal outcomes for women and children in communities throughout the nation. In particular, the Healthy Start program seeks to reduce disparities in infant and maternal mortality by empowering women and their families to identify and access maternal and infant health services in their communities. To further support healthy maternal outcomes, since FY 2019, Healthy Start programs across the nation have had health care providers on-site to provide clinical services, such as well-woman care and maternity care services, making the Healthy Start program a critical component of federal efforts to reduce both maternal and infant mortality.

Safe Motherhood and Infant Health – This portfolio of programs at CDC supports a broad range of activities that seek to improve the health of moms and babies and reduce disparities in maternal and infant health outcomes. This includes implementation of the Preventing Maternal Deaths Act (P.L. 115-344) through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program to provide funding, technical assistance, and guidance to state maternal mortality review committees. It also includes support for perinatal quality collaboratives, which are state or multi-state networks of teams working to improve the quality of care for mothers and babies. Among other activities, Safe Motherhood supports CDC's HEAR HER Campaign, a communication campaign to increase awareness of warning signs that could lead to pregnancy-related death or delivery complications and strengthen patient and provider communication.

National Institutes of Health – Research is critically important to optimizing the health of women and their families in the United States and identifying the causes behind pregnancy-related deaths and complications. The vast majority of research in pregnancy in the U.S. occurs at the National Institutes of Health (NIH). Broadly, 20 of 27 institutes at the NIH support at least one grant or project related to pregnancy-related research, with the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) consistently providing the greatest support of perinatal research in the United States. NICHD's work includes the Maternal-Fetal Medicine Units Network (MFMU), a network of 12 centers across the country that conduct clinical studies to improve maternal, fetal, and neonatal health. NICHD is also working to advance safe and effective therapies for pregnant and lactating women as recommended in 2019 by the federal Task Force on Research Specific to Pregnant Women and Lactating Women (authorized under P.L. 114-255). NICHD funding also supports research to address gaps in our understanding of the best way to support pregnant and postpartum women with a substance use disorder. Strengthened,

prioritized support for maternal health research at the NIH is crucial to fully understanding the health inequities and disparities in outcomes that the U.S. is facing.

Providing strong and sustained funding for each of these programs is critical to addressing a maternal health crisis in the U.S. that has only worsened during the pandemic. Thank you for your consideration of this request to prioritize the highest possible funding level for programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health.

Sincerely,