



**House Committee on Appropriations
Subcommittee on Labor, Health & Human Services, Education, and Related Agencies
Testimony Submitted by Belinda Pettiford, MPH
President, Association of Maternal & Child Health Programs (AMCHP)
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Chair DeLauro, Ranking Member Cole, and distinguished Subcommittee Members: My name is Belinda Pettiford and I am grateful for this opportunity to appear before you today on behalf of the Association of Maternal & Child Health Programs also known as “AMCHP.” I proudly serve as the President of the Board of AMCHP as well as Chief of the Women, Infant, and Community Wellness Section in the Division of Public Health in the North Carolina Department of Health and Human Services. In Fiscal Year 2023, AMCHP requests that the Subcommittee fund the Title V Maternal & Child Health Services Block Grant administered by the Health Resources and Services Agency (HRSA) at \$1 billion, including a robust increase for the state formula fund.

We are thankful to the Subcommittee for the increases in funding for the Block Grant over the past several years and for recognizing the essential role Title V plays in improving the health and well-being of women, children, including those with special health care needs, and their families. As you may know, the Title V Block Grant is driven by evidence, flexibility, and results to: 1) ensure access to quality maternal and child health services; 2) reduce infant mortality, maternal mortality, and preventable diseases and conditions; and 3) provide and promote family-centered, community-based, coordinated care for children with special health care needs. Funding is distributed to every state and territory by a formula tied to the child poverty rate.

Another significant portion of the Block Grant is awarded through Special Projects of Regional and National Significance or “SPRANS,” which are discretionary grants that support a range of programs, including those to train the next generation of leaders in maternal and child health; to support innovation to improve maternal health outcomes; to improve family/provider

partnerships to promote the optimal health for children and youth with special health care needs; and much more.

In order to illustrate the far reaching impact of Title V, I would like to share a few examples of how these funds are being used in various states and regions as shared in their Title V annual reports:

- California's Adolescent Family Life Program found ways to safely continue supporting pregnant and parenting young people throughout the public health emergency by employing creative strategies to enroll and engage participants virtually as well as safely deliver supports that were needed.
- In Tennessee, the Block Grant funded efforts to improve coordination between emergency preparedness and maternal and child health to develop a checklist for families, modeled on a similar CDC-funded effort, to ensure families know how to plan for emergencies, including supplies to keep on hand and how to safely store important documents.
- Florida's maternal mortality review committee identified leading causes of maternal deaths and issued Urgent Maternal Mortality Messages to providers and hospitals around hemorrhage and hypertensive disorders.
- In Virginia, Title V-funded care coordinators routinely help families with more than just medication and durable medical equipment needs – in one instance, the care coordinators were instrumental in ensuring a family could add an accessible bathroom for their daughters with severe disabilities.
- In Massachusetts, the shift to provide home visiting services in a virtual manner ensured a new mother in crisis was able to get the counseling she needed.

As this Subcommittee's Members are aware, our nation is facing an unprecedented shortage of infant formula, including specialty formulas for infants with metabolic and other disorders. Title V agencies around the country have been using their voices as trusted messengers to

share critical information to families and providers at this time about how to obtain formula as well as to warn of misinformation that has been spreading during this crisis.

This situation is evolving, and we know many families and caregivers are worried about finding formula for their babies. In North Carolina, we are closely monitoring supply, working with the federal government, manufacturers, and retailers to get more formula on North Carolina shelves. The North Carolina Department of Health and Human Services is sharing information and resources, and we are working specifically with our Title V Maternal and Child Health partners to share this information with families. We have developed a flyer to help families understand their options for standard formula that is being shared with retailers, providers, and directly with families. We are also working on a plan to support moms who are breastfeeding or using a combination of formula and breastfeeding to ensure that they can access additional support if they want to or need help to increase breastfeeding during the formula shortage. We appreciate the flexibilities provided by the U.S. Department of Agriculture and are seeking additional flexibilities to help WIC participants access available formula through rule waivers. Our goal is to ensure safe and nutritious options for North Carolina families.

During the past two years, Title V-funded programs have been at the forefront of COVID-19 response efforts with a particular focus on addressing the unique impacts of the pandemic on maternal and child health populations. The flexible nature of the Title V MCH Block Grant made it an easily deployable source of support for states to meet locally identified needs and promote positive maternal and child health outcomes during the public health emergency. The Title V MCH Block Grant is well-positioned to continue to address maternal and child health needs in response to the ongoing physical and mental health ramifications of the COVID-19 pandemic. However, while the Title V MCH Block Grant is the backbone of our nation's public health infrastructure for women, children, and families, that infrastructure has been severely strained as a result of the pandemic.

Maternal and child health programs and the maternal and child health workforce need sustained, increased investment to rebuild, recover, and best serve the nation's maternal and child health populations now and into the future. Further, our nation has long-standing racial, ethnic, geographic, and socioeconomic inequities in maternal and child health outcomes. While incremental funding increases to programs like the Title V MCH Block Grant make a difference in advancing maternal and child health, to make transformational improvements that finally address these inequities will require transformational investments in the Block Grant and complementary federal programs that support maternal and child health, including CDC's Safe Motherhood funding line, HRSA's Healthy Start program, and CDC's Surveillance for Emerging Threats to Mothers and Babies Network.

We thank you for funding the Title V MCH Block Grant at \$747.7 million in FY2022 and **urge you to provide an increase to at least \$1 billion in FY2023, including a robust increase for the state formula fund, to ensure that states have the public health foundation they need to support healthy children, healthy families, and health communities now and into the future.**