

Congress of the United States

Washington D.C. 20515

March 24, 2023

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

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

Dear Chair Aderholt and Ranking Member DeLauro:

Our nation continues to face a crisis in maternal health. **As you develop the appropriations legislation for Fiscal Year 2024, we encourage you to prioritize the highest possible funding level for the below programs that seek to prevent maternal deaths, improve maternal health, and eliminate inequities in maternal health outcomes.**

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 drastically. According to the Centers for Disease Control and Prevention (CDC), approximately 700 pregnancy-related deaths occur in the U.S. each year, and more than 80 percent of these deaths are preventable. Further, data from CDC and the National Center for Health Statistics show a marked increase in maternal deaths due to the pandemic. 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.

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 State Maternal Health Innovation Grants, a demonstration program to implement evidence-based interventions to address critical gaps in maternity care service; the MCH Leadership, Education, and Advancement in Undergraduate Pathways (LEAP) Training Program, a program to promote the development of a diverse and representative public health and health care workforce; and the Sickle Cell Disease Newborn Screening Follow-up Program to facilitate access to quality sickle cell disease care.

Healthy Start – The Healthy Start program is HRSA's signature community-driven initiative that provides funding 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. Locally funded Healthy Start programs provide services such as health education, home visits, links to social services, screening, and referrals for interpersonal violence and depression. To further support healthy maternal outcomes, since FY 2019, Healthy Start programs required the addition of fatherhood services, added doula services, and required women's health providers to provide clinical services, 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 warnings 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, 24 of 27 institutes and centers 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.

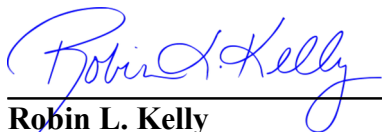
Sincerely,




Diana DeGette
Member of Congress



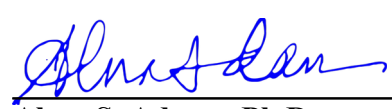
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Robin L. Kelly
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Brian Fitzpatrick
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Alma S. Adams, Ph.D.
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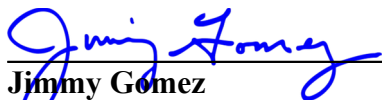
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Jr.**
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, Committee on Ways and
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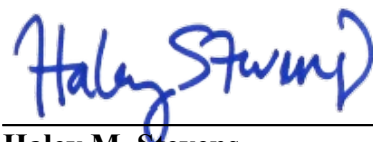
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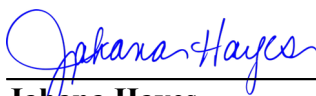
Jason Crow
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Lizzie Fletcher
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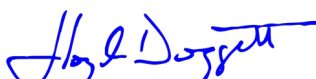
Jahana Hayes
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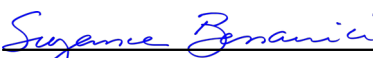
Deborah K. Ross
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Lloyd Doggett
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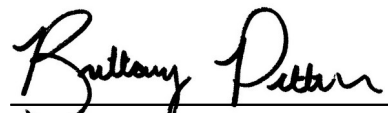
Lori Trahan
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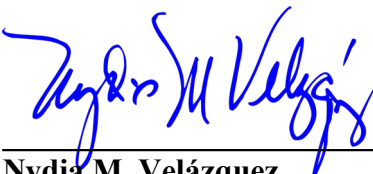
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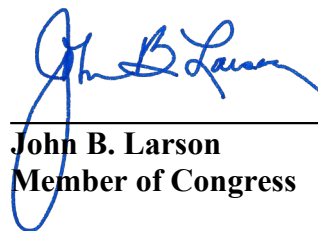
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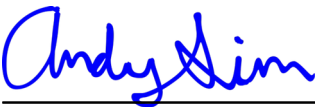
Stephen F. Lynch
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Bill Foster
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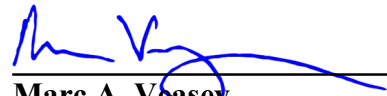
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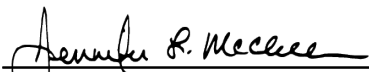
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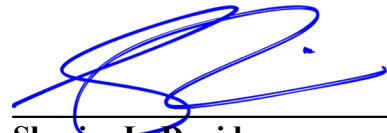
Gwen S. Moore
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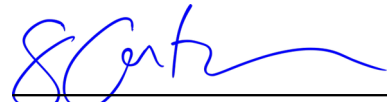
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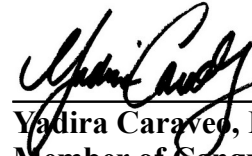
John Garamendi
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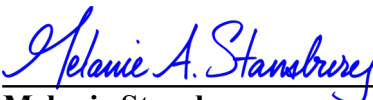
Terri A. Sewell
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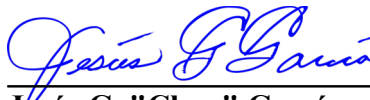
Debbie Dingell
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Adam Smith
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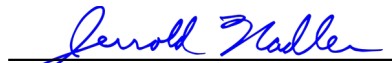
Melanie Stansbury
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Jesús G. "Chuy" García
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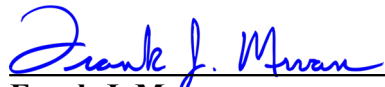
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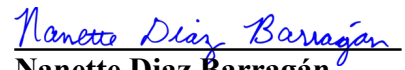

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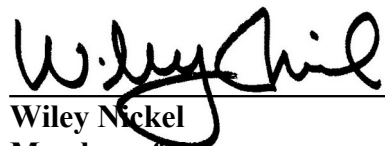

Nanette Diaz Barragan
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Jamaal Bowman, Ed.D.
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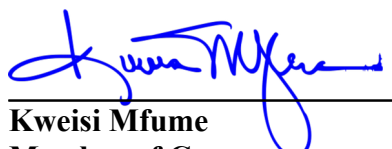

Chris Deluzio
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Ro Khanna
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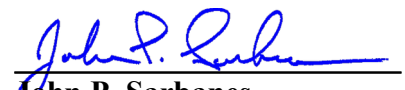

Val Hoyle
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Wiley Nickel
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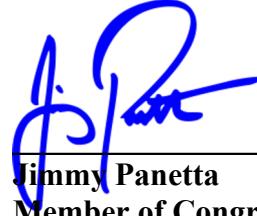

John P. Sarbanes
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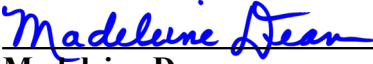
Ruben Gallego
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Sara Jacobs
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Jimmy Panetta
Member of Congress



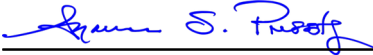
Madeleine Dean
Member of Congress



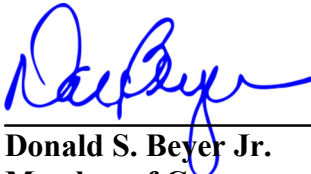
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Troy Carter
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