



December 21, 2023

The Honorable Patty Murray
Chair, Committee on Appropriations
U.S. Senate
Washington DC, 20510

The Honorable Susan Collins
Vice Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Kay Granger
Chair, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair Murray, Vice Chair Collins, Chair Granger, and Ranking Member DeLauro:

Our nation continues to face a crisis in maternal and child health (MCH). As you finalize the FY 2024 Labor, Health and Human Services, Education and Related Agencies appropriations bill, **the Association of Maternal & Child Health Programs (AMCHP) urges you to prioritize the highest possible funding levels for the below programs that seek to prevent maternal and infant deaths, improve MCH, and eliminate inequities in MCH outcomes.** It is essential that Congress fully finalize the FY 2024 process and avoid the extremely damaging sequestration cuts that would undermine nondefense discretionary programs, including those that benefit MCH populations.

AMCHP is a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth, and families, including those with special health care needs. AMCHP members administer the Title V MCH Services Block Grant program in 59 states and jurisdictions and coordinate with other federal health programs to support systems to improve the health and well-being of all women, children, youth, and families in the U.S.

More women die from pregnancy-related complications in the U.S. 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 an 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 are 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 devoted solely to improving the health of all women and children in the U.S. States, territories, and other jurisdictions use this flexible and cost-effective funding source to address their most critical maternal and child health needs. According to data gathered by the Health Resources and Services Administration (HRSA), Title V MCH Block Grant funding provided access to health care and public health services for an estimated 60 million people in FY 2022, including 99% of infants, 93% of all pregnant people, and 61% of children nationwide.

While we appreciate the Committee’s recognition of the work done by individual states, as reflected in the level funding of the state grant portion of the Title V Block Grant, we remain extremely concerned about the proposed reductions in funding for the Special Projects of Regional and National Significance (SPRANS) portion – \$35 million in the House of Representatives and \$10 million in the Senate. Although the state allotments comprise the bulk of Title V MCH Block Grant spending, the SPRANS portion of the Title V Block Grant, particularly its flexibility, is essential to achieving Title V’s mission of ensuring the health of the nation’s mothers, women, children and youth, including children and youth with special health care needs, and their families. *We urge you to restore funding for all components of the Title V Maternal and Child Health Services Block Grant to at least its currently enacted level of \$822.7 million and, if possible, increase funding to at least \$1 billion to support the vast needs of MCH populations across the country.*

Healthy Start – The Healthy Start program is HRSA’s signature community-driven initiative that focuses on reducing infant mortality and ensuring that infants in families marginalized by inequities and facing the greatest disparities live long, productive lives. Currently, there are 101 federally-funded Healthy Start projects in U.S. communities where infant mortality rates are more than one and one-half times the national average. In particular, the Healthy Start program seeks to reduce infant and maternal mortality disparities by empowering women and their families to identify and access maternal and infant health services in their communities. Importantly, these programs employ women from the impacted communities to be outreach workers, peer specialists, and home visitors, bolstering employment rates and workforce development. This approach also saves money compared to hiring nurses whose salaries are considerably higher; promotes greater equity, as pregnant women respond better to women who have the same lived experiences; and promotes participant enrollment. Since FY 2019, Healthy Start programs added doula services. They also began requiring fatherhood services and 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 implementing 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.

Surveillance for Emerging Threats to Mothers and Babies (SET-NET) – The U.S. continues to grapple with ongoing public health emergencies that put our most vulnerable populations, including pregnant individuals and infants, at risk. SET-NET is an innovative data collection system that links maternal exposures during pregnancy to health outcomes for babies. Building on a mom-baby linked data collection approach developed in response to the Zika outbreak, SET-NET leverages existing data sources to enable CDC and health departments to detect the impact of new and emerging health threats on pregnant individuals and their babies. Findings from SET-NET help families, health care providers, public health professionals, and policymakers take action to save lives, reduce risk, and improve the health of pregnant individuals and infants.

Rural Maternity and Obstetrics Management Strategies (RMOMS) – According to CDC data, maternal mortality is significantly higher for women who reside in rural areas, with rates two to three times higher than their peers living in urban areas. Racial and ethnic disparities persist as well. To address the unique needs of pregnant and postpartum people living in rural areas, we urge the Committee to fully fund the rural obstetric network grant program in FY24 to identify and implement innovative strategies to improve access to and quality of obstetric care in rural areas.

National Institutes of Health – Research is critically important to optimizing the health of women and their families in the U.S. 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 U.S.. 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 and 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.

We are aware that your Committees were forced to make difficult decisions to keep total funding at certain spending levels. We maintain that nondefense discretionary programs cannot continue to bear the brunt of efforts to reduce the federal deficit. As you work to finalize the FY 2024 Labor-HHS bill, we urge you to prioritize the highest possible funding levels for critical programs that seek to prevent maternal deaths, improve MCH, and eliminate inequities in MCH outcomes. For additional information on MCH programs in your state, please contact Sherie Lou Santos, Chief of Policy and Government Affairs at the Association of Maternal & Child Health Programs at 202-964-2411 or SSantos@amchp.org.

Thank you for your consideration,
Association of Maternal & Child Health Programs