

2024

Federal Policy Agenda



AMCHP acknowledges that racism is a public health crisis that directly impacts the health of women, children, and youth, including those with special health care needs, and families. We commit to evaluating policies through the lens of dismantling racism and pursuing health equity and racial equity.

AMCHP will play a **leadership role** to advance policies that:



1. Robustly fund maternal and child health (MCH) programs and initiatives.

- Fund the Health Resources & Services Administration's (HRSA's) Title V MCH Services Block Grant at \$1 billion, including robust increases for both the state formula and SPRANS funding, for FY2025.
- Robustly fund additional critical federal MCH programs, including, but not limited to, the:
 - Centers for Disease Control and Prevention's (CDC's) Safe Motherhood Portfolio,
 - CDC's Emerging Threats to Mothers and Babies (SET-NET) Program,
 - HRSA's Healthy Start Program,
 - HRSA's Rural Maternity and Obstetrics Management Strategies (RMOMS) Program, and
 - National Institutes of Health's Maternal-Fetal Medicine Units Network (MFMU).



2. Prevent and respond to MCH concerns, with an emphasis on supporting communities that are disparately impacted.

- Improve maternal and infant health while addressing racial and ethnic disparities in maternal and infant mortality and morbidity.
- Respond to emerging MCH issues (e.g., maternity care deserts, rising congenital syphilis rates, and health workforce shortages).



3. Support the needs of AMCHP's membership at-large.

- Serve as our members' eyes, ears, and voice in Washington, DC.
- Uplift our members' stories to ensure their experiences and needs are reflected in federal policy conversations.

AMCHP will play a **partnership role** to:

Advance MCH federal legislation, including, but not limited to:

- Reauthorizing the Preventing Maternal Deaths Act,
- Reauthorizing the PREEMIE Act,
- Permanently authorizing the Children's Health Insurance Program,
- Reauthorizing the Newborn Screening Saves Lives Act, and
- Reauthorizing the Family-to-Family Information Center Program.

Ensure the specialized needs of MCH populations are considered in national public health policy areas including behavioral health, insurance coverage, services for children and youth with special health care needs, reproductive health, data science and epidemiology, nutrition, and social determinants of health. Select examples include:

- Addressing the mental health and substance use disorder needs of MCH populations by increasing access to the full spectrum of integrated behavioral health services;
- Opposing all efforts to repeal or weaken the Affordable Care Act (ACA);
- Promoting safe communities and preventing childhood injuries, including full funding to support the Core State Injury Prevention Program;
- Promoting equitable access to food and nutrition for MCH populations, including increased investments in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and
- Expanding access to the full spectrum of reproductive health care services, including preconception care, family planning services, contraceptive care, and abortion care.