

United States Senate

WASHINGTON, DC 20510

May 14, 2024

The Honorable Tammy Baldwin
Chair
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington, DC 20510

The Honorable Shelley Moore Capito
Ranking Member
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington, DC 20510

Dear Chair Baldwin and Ranking Member Capito:

Our nation continues to face a crisis in maternal health. **As you develop the appropriations legislation for Fiscal Year 2025, we encourage you to prioritize continued robust funding 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 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.¹ Major disparities in maternal mortality still exist, and data from the CDC and the National Center for Health Statistics show a marked increase in maternal deaths during the pandemic.^{2,3} Further, CDC recently released provisional data indicating that the total infant mortality rate in the U.S. increased by 3% from 2021-2022.⁴

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. States, territories, and other jurisdictions use this flexible and cost-effective funding source 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 into meaningful action. Title V also supports Special Projects of Regional and National Significance, such as State Maternal Health Innovation Grants – a program to implement evidence-based interventions to address critical gaps in maternity care service; the MCH Leadership, Education, and Advancement in Undergraduate Pathways 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 with acute infant mortality rates. 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 prenatal care, nutrition assistance, and help to connect low-income families with other vital resources.

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

¹ <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>

² <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2793640>

³ <https://www.gao.gov/products/gao-23-105871>

⁴ <https://www.cdc.gov/nchs/data/vsrr/vsrr033.pdf>

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. Most research on 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, 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). Further, NICHD funding supports research to identify the best practices 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 and infant health crisis in the U.S. that has only continued to worsen. 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,



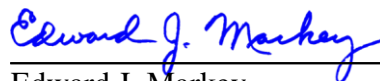
Tim Kaine
United States Senator



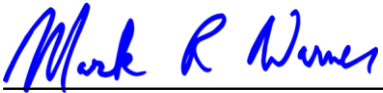
Roger Marshall, M.D.
United States Senator



Alex Padilla
United States Senator



Edward J. Markey
United States Senator



Mark R. Warner
United States Senator



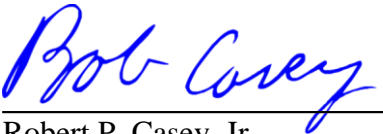
Tammy Duckworth
United States Senator



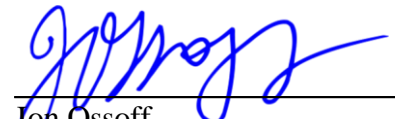
Thomas R. Carper
United States Senator



Amy Klobuchar
United States Senator



Robert P. Casey, Jr.
United States Senator



Jon Ossoff
United States Senator



Maria Cantwell
United States Senator



Jeffrey A. Merkley
United States Senator



Cory A. Booker
United States Senator



Gary C. Peters
United States Senator



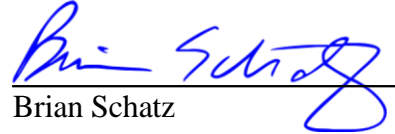
Elizabeth Warren
United States Senator



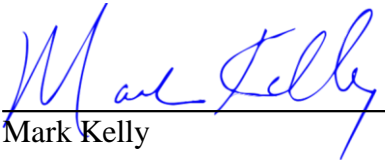
Sheldon Whitehouse
United States Senator



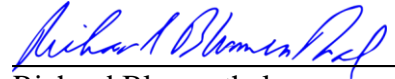
Tina Smith
United States Senator



Brian Schatz
United States Senator



Mark Kelly
United States Senator



Richard Blumenthal
United States Senator



Peter Welch
United States Senator



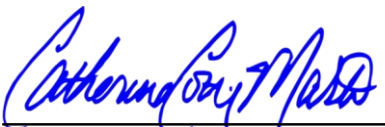
John Hickenlooper
United States Senator



Benjamin L. Cardin
United States Senator



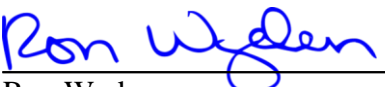
Debbie Stabenow
United States Senator



Catherine Cortez Masto
United States Senator



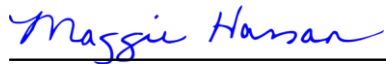
Chris Van Hollen
United States Senator



Ron Wyden
United States Senator



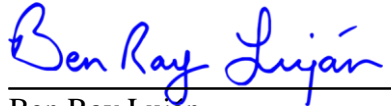
Christopher S. Murphy
United States Senator



Margaret Wood Hassan
United States Senator



Kyrsten Sinema
United States Senator



Ben Ray Lujan
United States Senator



Sherrod Brown
United States Senator



Michael F. Bennet
United States Senator



Jacky Rosen
United States Senator