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**Public Witness Testimony by
Dawn Bailey, President
Association of Maternal & Child Health Programs (AMCHP)
for
United States Senate Committee on Appropriations
Subcommittee on Labor, Health & Human Services, Education, and Related Agencies
re: Department of Health and Human Services Fiscal Year 2026 Appropriations**

Chair Capito, Ranking Baldwin, and distinguished Subcommittee Members, I appreciate the opportunity to submit this testimony to the subcommittee today on behalf of the Association of Maternal & Child Health Programs also known as “AMCHP.” In Fiscal Year 2026, **AMCHP requests that the Subcommittee fund the Title V Maternal & Child Health Services Block Grant (Title V) administered by the Health Resources and Services Agency (HRSA) at \$1 billion, reflecting increases for both the state formula fund as well as the Special Projects of Regional and National Significance (SPRANS) portion of the grant program.**

My name is Dawn Bailey, and I humbly and proudly serve as the President of the Board of AMCHP. AMCHP is a national membership organization with members from the highest levels of state government, family leaders, community-based organizations, and others who partner with and support maternal and child health (MCH) programs. AMCHP’s mission is to advance the health of women, children and youth, both with and without special health care needs, and families through the advancement of public health systems.

I am also the Family Engagement Consultant in Arizona’s Maternal and Child Health/Title V Program, a role I have passionately served in since 2015. My professional experiences are driven by my most important role - a mom to my young adult daughter, Taryn. Taryn was born with complex medical, cognitive, and physical conditions due to a rare genetic chromosomal abnormality. Caring and advocating for her has given me a unique and valuable perspective, shaped by many years of navigating the vast systems and services she needs to live a full life. In both my personal and professional role, Title V has been instrumental in providing services and resources, as well as coordinating with other helpful programs like Medicaid and Family-to-Family Health Information Centers. The collaboration and success of all of these programs are key to ensuring optimal health not only for Taryn, but for all families across the nation

According to the Centers for Disease Control and Prevention (CDC), data show a nearly twofold increase in pregnancy-related deaths from 2019 to 2021,ⁱ with more than 80 percent of these deaths being preventable.ⁱⁱ CDC also recently released data indicating that the total infant mortality rate in the U.S. increased by 3% from 2021-2022.ⁱⁱⁱ Additionally, according to HRSA's National Survey of Children's Health, about 20% of children in the United States under 18 years of age have a special health care need,^{iv} like my daughter Taryn. HRSA's Title V MCH Block Grant, often referred to as the backbone of our nation's public health infrastructure for women, children, and families, is the only federal program of its kind devoted solely to improving the health of all women and children. In fact, in FY23, the Title V Block Grant served 98.5% of infants, 94.6% of pregnant women, and 59% of children nationwide.^v

We are thankful to the Subcommittee for supporting funding for Title V 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 a cost-effective, accountable, and flexible program that works 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. By design, initiatives may vary among states and jurisdictions, but all Title V programs function as chief strategists and architects for maternal and child health initiatives in their respective states. They work with local, state, and national partners to ensure people receive an array of most-needed preventive services to avoid more costly chronic conditions later in life, thereby saving federal and state governments money. Funding is distributed to every state and territory by a formula tied to the child poverty rate, and Title V grantees must match every \$4 of federal funds with at least \$3 of their own state and local funds.

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 support innovation to improve maternal health outcomes; train the next generation of leaders in maternal and child health; 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 as shared directly from Title V programs:

- In my own state of Arizona, Title V staff within the Department of Health Services developed the Stillbirth and Infant Mortality Action Plan which outlines a total of six goals to address stillbirth and infant mortality throughout the state. The action plan provides recommendations, background/gaps associated with each goal, an action plan, partner agencies/organizations, and associated metrics.

- In Wisconsin, only 46.6% of children with special health care needs receive care within a medical home—defined as accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective care (according to 2020–2021 National Survey of Children’s Health data). The Title V program is actively working to improve this by promoting the medical home model through shared messages and tools for families and providers, encouraging best practices, and supporting youth and family engagement and leadership at the individual, community, policy, and system levels.
- With support from Title V funding, the West Virginia Office of Maternal, Child, and Family Health (OMCFH) is leading critical efforts to address the growing needs of infants exposed to Hepatitis C and intrauterine substance exposure (IUSE) by developing a referral process for infants with confirmed or perinatal exposure to Hepatitis C. As syphilis cases rise and IUSE remains prevalent, Title V funding has enabled OMCFH to activate existing state policies and leverage the care coordination services of its Children with Special Health Care Needs (CSHCN) Program to connect families with the care and support they need.
- With the eighth highest maternal mortality rate in the nation, South Carolina is using Title V funding to drive efforts to improve maternal health outcomes. For example, given that the leading causes of pregnancy-related deaths include mental health conditions/substance use, thrombotic embolism, and cardiomyopathy, the South Carolina Title V program continues to work with its partners to address chronic conditions, mental health, and substance use disorders during preconception, postpartum, and intrapartum periods to see positive changes in maternal health.
- Title V funding supports the Kansas Infant Death and SIDS (KIDS) Network in its mission to reduce infant mortality through statewide and local safe sleep initiatives. With this support, the KIDS Network works to build a strong culture of safe sleep in Kansas by training a statewide network of Safe Sleep Instructors; developing and delivering education for parents, physicians, home visitors, and childcare providers; and promoting consistent safe sleep messaging across communities.
- In Louisiana, the Title V program within the Bureau of Family Health launched the Whole Health Louisiana (WHL) Initiative. Louisiana ranks 49th in overall child well-being in the United States, with one of the highest rates of children per capita experiencing two or more adverse childhood experiences. The WHL Initiative coordinated the development of the state’s first-ever multi-sector plan to integrate trauma-informed and healing-centered approaches in the systems of care that support children and families, engaging over 600 people and 100 organizations from across the state.

These initiatives are a mere sampling of the amazing and life-changing work that Title V programs are doing across the country for MCH populations. MCH programs and the MCH workforce need sustained, increased investments to best serve our nation's mothers, children, and families. At this juncture in which the country is experiencing a maternal and infant health crisis, it is critical for Congress to increase funding for programs like the Title V MCH Block Grant as well as complementary but separate federal programs that support maternal and child health, including CDC's Safe Motherhood funding line, HRSA's Healthy Start program, CDC's Surveillance for Emerging Threats to Mothers and Babies Network, and CDC's Pregnancy Risk Assessment Monitoring System (PRAMS).

Thank you again, Chair Capito, Ranking Member Baldwin, and members of the Subcommittee for enabling me to share my perspective with you, and thank you for your work, day in and day out, to advance the best interests of the mothers, children, and families you represent. We thank you for funding the Title V MCH Block Grant at \$813.7 million in FY2024 and FY2025 and **urge you to provide an increase to at least \$1 billion in FY2026. Increased investments in both the state formula fund and the SPRANS portion of the MCH Block Grant are needed to scale effective public health programs, meaningfully impact more families, and strengthen the backbone of our nation's public health infrastructure to support healthy children, healthy families, and healthy communities now and into the future.**

Sincerely,



Dawn Bailey

President

Association of Maternal & Child Health Programs

ⁱ <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance/index.html>

ⁱⁱ <https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/>

ⁱⁱⁱ <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-05.pdf>

^{iv} <https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn>

^v

<https://mchb.tvisdata.hrsa.gov/FileUpload/DownloadContent?fileName=NationalSnapshot.pdf&isForDownload=False>