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**United States House of Representatives  
House Committee on Appropriations  
Subcommittee on Labor, Health & Human Services, Education, and Related Agencies  
Public Witness Written Testimony re: Fiscal Year 2027 Appropriations  
Submitted April 16, 2026  
Jacqueline Johnson, MPA, President  
Association of Maternal & Child Health Programs (AMCHP)**

Chair Aderholt, Ranking Member DeLauro, 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 (AMCHP). For Fiscal Year 2027, **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, including at least \$745 million for the state formula fund and \$244.7 million for Special Projects of Regional and National Significance (SPRANS).**

My name is Jacqueline Johnson, and I 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 have worked in the MCH field for over 20 years and currently serve as the State Title V Children and Youth with Special Health Care Needs (CYSHCN) Section Chief at the Tennessee Department of Health. Having previously served as the Principal Investigator on Tennessee's Title V Block Grant, I held responsibility for the full scope of the MCH program. Throughout my career, I have developed an in-depth understanding of the needs of women, infants, children, and families, as well as the systems designed to support them.

In addition to my professional experience, my perspective is further shaped by having received Title V-supported services as a child. That experience provides me with firsthand knowledge of the critical importance of sustained funding and access to resources of this nature. It has reinforced my commitment to ensuring that families not only have access to services, but that those services are coordinated, meaningful, and impactful.

More women die from pregnancy-related complications in the United States than in any other developed country.<sup>i</sup> According to the Centers for Disease Control and Prevention (CDC), data show a nearly twofold increase in pregnancy-related deaths from 2019 to 2021,<sup>ii</sup> and according to 2021 data from 46 state Maternal Mortality Review Committees (MMRCs), 87% of pregnancy-related deaths were determined to be preventable.<sup>iii</sup> Further, CDC released data indicating that the total infant mortality rate in the U.S. increased by 3% from 2021-2022,<sup>iv</sup> and in 2025, March of Dimes reported more states saw preterm birth worsen than improve in the past year.<sup>v</sup> Additionally, according to HRSA's National Survey of Children's Health, about 20% of children in the United States under 18 years of age has a special health care need.<sup>vi</sup> 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 FY24, the Title V Block Grant served 99% of infants, 92% of pregnant women, and 62% of children nationwide; and the SPRANS portion of Title V supported the work of over 280 grantees across 59 states and territories.<sup>vii</sup>

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 Title V is awarded through SPRANS grants - discretionary funds that work to advance MCH by enabling cross-jurisdiction collaboration, quality improvement, training centers, and national technical assistance efforts that states cannot sustain alone. For example, these grants 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. As Congressional priorities continue to be included as SPRANS set-asides, overall SPRANS funding must grow to ensure all SPRANS initiatives are meaningfully supported. A loss or stagnation of SPRANS funding could detrimentally impact MCH populations, providers, public health professionals, and trainees in a sweeping way.

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 and regions as shared directly from Title V programs:

- In my own state of Tennessee, Title V piloted a digital referral platform, FindHelp, to improve care coordination and streamline service referrals. The pilot was a resounding success, with families being successfully connected to needed services, providers confirming service delivery upon referral, and care coordinators noting ease of use. Further, the pilot's demonstrated success led TennCare, Tennessee's Medicaid agency, to absorb the platform's cost and ensure its integration into statewide public health programs.
- Title V funding in Oklahoma enables the state MCH program to engage in infant mortality and maternal mortality initiatives to work towards reducing rates in the state. For example, the Oklahoma Family Network (OFN), a partner entity to Title V, informs and connects individuals with special health care needs and disabilities, their families, and professionals to services and support in their communities. A young mother connected with OFN shortly after her baby was born, and she credits OFN's peer-to-peer support group, and her subsequent involvement in OFN, with saving her life, as she found herself impacted by severe postpartum depression.
- In 2023, Alabama had one of the highest infant mortality rates in the U.S., with sudden unexplained infant deaths representing a significant portion of those fatalities. In response, Alabama Title V established themselves as a Cribs for Kids Partner. Through this partnership, the Fetal Infant Mortality Review (FIMR) Program distributed 1,389 cribs with safe sleep information to families throughout the state.
- As a result of the initiatives led by Connecticut's Title V program, positive trends have appeared in certain infant health indicators, including a decline in infant mortality rates, reflecting the impact of coordinated maternal and child health initiatives. Further, provider training and public health campaigns have increased awareness and usage of developmental screening tools, leading to earlier identification and intervention for children with developmental concerns.
- In Louisiana, the 2026 - 2030 Title V Program will support a robust infant health surveillance system, ensuring evidence-based decision-making. Through the Louisiana Perinatal Quality Collaborative (LaPQC), the program will support quality improvement initiatives promoting access to perinatal nutrition supports as well as supports for substance exposed dyads. The program will also support community-based health education initiatives aiming to promote safe sleep environments and caretaking behaviors.

Maternal and child health programs and the maternal and child health workforce need sustained, increased investments to best serve our nation's maternal and child health populations now and into the future. At this juncture in which the country continues to experience 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 – the home of federal support for Maternal Mortality Review Committees and the Pregnancy Risk Assessment Monitoring System (PRAMS), HRSA’s Healthy Start program, and CDC’s Surveillance for Emerging Threats to Mothers and Babies Network.

Thank you again, Chair Aderholt, Ranking Member DeLauro, 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 \$818.7 million in FY2026 and *urge you to provide an increase to at least \$1 billion, including at least \$745 million for the state formula fund and \$244.7 million for SPRANS funding, in FY2027.* 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,

  
Jacqueline Johnson

<sup>i</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>

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

<sup>iii</sup> <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/index.html?cove-tab=4>

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

<sup>v</sup> <https://www.marchofdimes.org/peristats/reports/united-states/report-card#:~:text=More%20states%20saw%20preterm%20birth%20worsen%20than%20improve%20in%20the%20past%20year>

<sup>vi</sup> <https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn>

<sup>vii</sup>

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