April 3, 2018

The Honorable Roy Blunt
Chairman
Senate Appropriations Subcommittee on Labor, Health and Human Services, Education & Related Agencies
Washington DC 20510

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

The Honorable Tom Cole
Chairman
House Appropriations Subcommittee on Labor, Health and Human Services, Education & Related Agencies
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee on Labor, Health and Human Services, Education & Related Agencies
Washington, DC 20515

Dear Chairman Blunt, Ranking Member Murray, Chairman Cole, and Ranking Member DeLauro:

As organizations dedicated to improving the health of all women, children, and families, we strongly urge you to support at least $660 million for the Title V Maternal and Child Health (MCH) Services Block Grant in the FY2019 Labor, Health and Human Services, Education & Related Agencies Appropriations bill.

The Title V MCH Block Grant is a cost-effective, accountable, and flexible funding source used to address the most critical, pressing, and unique needs of maternal and child health populations in each state, territory and jurisdiction. In FY2019, the Title V MCH Block Grant will support population-based services that protect and improve the health of all families and will deliver additional services that benefit over half of pregnant women and nearly one-third of infants and children in the U.S.

States and jurisdictions use the Title V MCH Block Grant to design and implement a wide range of maternal and child health programs to fit the needs of their specific populations. These programs save federal and state governments money by ensuring that people receive preventive services to avoid more-costly chronic conditions later in life. Although initiatives may vary among the states and jurisdictions, all of them work with local, state, and national partners to accomplish the following:

- Reduce infant mortality;
- Assure access to quality care, especially for those with low-incomes or limited availability of care;
- Provide and ensure access to comprehensive prenatal and postnatal care to women (especially low-income and at-risk pregnant women);
- Increase the number of children who receive regular health assessments and, when indicated, diagnostic and treatment services and appropriate follow-up;
• Provide and ensure access to preventive and primary care services for low-income children as well as rehabilitative services for children with special health needs; and
• Implement family-centered, community-based systems of coordinated care for children with special health care needs (CSHCN).

Specific examples of how states are using the Title V MCH Block Grant in order to improve maternal and child health outcomes include: Support for a statewide registry for monitoring birth defects and a statewide Maternal Mortality Review project in Oklahoma; identifying and implementing strategies for health promotion, prevention, and access to early intervention and treatment for children’s mental health in Washington; support for home visiting in Missouri through the Healthy Families Missouri Home Visiting and Building Blocks of Missouri Home Visiting programs; and the Connecticut Medical Home Initiative (CMHI) for Children and Youth with Special Health Care Needs (CYSHCN), which provides community-based, culturally-competent care coordination and family support services to more than 7,200 CYSHCN in Connecticut.

Title V MCH Block Grant programs also work diligently to train the next generation of maternal and child health workforce leaders as well as address emerging issues, including the effect of the opioid epidemic on the maternal and child health community as well as response to the Zika virus. Many state Title V agencies have identified neonatal abstinence syndrome (NAS) as an emerging issue of concern among their states’ populations and are working to get ahead of it. Vermont’s Title V program supports the Medicaid Obstetrical and Maternal Support (MOMS) program, which provides intensive, holistic, and comprehensive case management services, including substance use treatment coordination, to pregnant Medicaid beneficiaries. Kentucky’s Title V program participated in the development of the Center for the Prevention of NAS in partnership with universities and hospitals in Kentucky. State Title V agencies are also at the front line of response to the Zika virus and are well-positioned to monitor infections and assist with follow-up with pregnant women who test positive for Zika virus and referral to services for infants with microcephaly or other adverse outcomes linked to Zika virus.

We are very concerned that the President’s FY19 budget proposal asks states and territories to do more with less funding for maternal and child health programs. Specifically, eliminating new grants through Special Projects of Regional and National Significance (SPRANS) would weaken capacity to address critical and emerging issues in maternal and child health, such as maternal mortality and morbidity; child obesity; and adolescent mental health. Further, the proposal to eliminate funding for several other programs that support maternal and child health, such as Autism and Other Developmental Disabilities and Heritable Disorders, would put added pressure on states to absorb these vital activities and further stretch Title V programs.

Our funding request for FY2019 represents a $71 million decrease from the Title V MCH Block Grant’s highest funding level of $731 million in FY2002. We thank you for funding the Title V MCH Block Grant at $651.7 million in the omnibus appropriations legislation for FY2018 and urge you to provide a modest increase to $660 million in FY2019 given the increased demands being placed on the Block Grant. For additional information on MCH programs in your state, please contact Amy Haddad at the Association of Maternal & Child Health Programs at 202-266-3045 or ahaddad@amchp.org.

Thank you for your consideration,

1,000 Days
Academy of Nutrition and Dietetics
Alliance for Strong Families and Communities
American Academy of Child and Adolescent Psychiatry
American Academy of Pediatrics
American Association on Health and Disability
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American College of Preventive Medicine
American Medical Women's Association
American Public Health Association
American Society of Hematology
Association of Maternal & Child Health Programs
Association of Public Health Laboratories
Association of Schools and Programs of Public Health
Association of State and Territorial Dental Directors
Association of State and Territorial Health Officials
Association of State Public Health Nutritionists
Association of University Centers on Disabilities
Association of Women's Health, Obstetric and Neonatal Nurses
Autism Society
Autism Speaks
Boston University School of Public Health Center for Excellence in Maternal and Child Health
Center on Social Disparities in Health, Department of Family and Community Medicine, University of California, San Francisco
Centering Healthcare Institute
Child Welfare League of America
Children's Dental Health Project
CityMatCH
Coalition on Human Needs
Council of State and Territorial Epidemiologists
Easterseals
Emory University Rollins School of Public Health
Every Mother Counts
Family Voices
First Focus Campaign for Children
Genetic Alliance
Indiana University National Center of Excellence in Women's Health
The Jewish Federations of North America
Lakeshore Foundation
March of Dimes
National Alliance of State and Territorial AIDS Directors
National Alliance to Advance Adolescent Health
National Association for Children's Behavioral Health
National Association of Councils on Developmental Disabilities
National Association of County and City Health Officials
National Association of Pediatric Nurse Practitioners
National Association of State Emergency Medical Services Officials
National Family Planning & Reproductive Health Association
National Institute for Children's Health Quality (NICHQ)
National Organization on Fetal Alcohol Syndrome (NOFAS)
National Partnership for Women & Families
National WIC Association
National Women's Health Network
Nurse-Family Partnership
Organization of Teratology Information Specialists
Parents as Teachers
PCOS Challenge: The National Polycystic Ovary Syndrome Association
Power to Decide
Preeclampsia Foundation
Prevent Blindness
Prevention Institute
Public Health Institute
Redstone Global Center for Prevention and Wellness
RESULTS: The Power to End Poverty
Safe States Alliance
School-Based Health Alliance
Society for Maternal-Fetal Medicine
Society for Public Health Education
Trust for America's Health
University of Minnesota School of Public Health
University of South Florida College of Public Health
University of Washington School of Public Health
United States Breastfeeding Committee
Zero To Three