

October 6, 2023

The Honorable Patty Murray
Chair, Committee on Appropriations
U.S. Senate
Washington DC, 20510

The Honorable Susan Collins
Vice Chair, Committee on Appropriations
U.S. Senate
Washington, DC 20510

The Honorable Kay Granger
Chair, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Chair Murray, Vice Chair Collins, Chair Granger, and Ranking Member DeLauro:

The undersigned 55 organizations representing the public health community, health professionals, academic institutions, and families are writing to express opposition to the proposed cuts to the Title V Maternal and Child Health (MCH) Services Block Grant in the FY 2024 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) bills being separately considered in both chambers.

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 each state's maternal and child health populations. State health departments use the Title V MCH Block Grant to design and implement a wide range of statewide and community-level maternal and child health programs to fit the needs of their specific populations. According to data gathered by the Health Resources and Services Administration (HRSA), Title V MCH Block Grant funding provided access to health care and public health services for an estimated 60 million people in FY 2021, including 98% of infants, 92% of all pregnant people, and 58% of children nationwide.

While we appreciate the Committee's recognition of the work done by individual states as reflected in the level funding of the state grant portion of the Title V Block Grant, we remain extremely concerned about the proposed reductions in funding for the Special Projects of Regional and National Significance (SPRANS) portion – \$35 million in the House of Representatives and \$10 million in the Senate. Although the state allotments comprise the bulk of Title V MCH Block Grant spending, the SPRANS portion of the Title V Block Grant, particularly its flexibility, is essential to achieving Title V's mission of ensuring the health of the nation's mothers, women, children and youth, including children and youth with special health care needs, and their families.

In FY 2023, \$212.1 million in SPRANS funding supports the work of 201 grantees across 59 states and jurisdictions by funding innovation, training and workforce, technical assistance, quality improvement, and other mission-critical efforts, including genetics services, newborn

screening, and treatments for sickle cell disease and hemophilia. A loss of SPRANS funding could detrimentally impact MCH populations, providers, public health professionals, and trainees in a sweeping way:

- Approximately 55,000 pregnant women, mothers and providers would lose access to on-demand, expert consultation about exposures (e.g., medications, vaccinations, chemicals, herbal products, and substances of abuse) during pregnancy each year.
- Forty communities would lose funding for Healthy Tomorrows projects that increase access to care and reduce health care costs through health promotion, prevention, and early intervention.
- Over 52,000 individuals with blood conditions, including Hemophilia, Thalassemia, Hereditary Hemorrhagic Telangiectasia, and other genetic disorders, would lose access to specialized comprehensive care, increasing the likelihood of life-threatening bleeding, severe anemia, and early death.
- More than 9,000 clinical and public health trainees would lose access to their specialized undergraduate, graduate, and post-graduate MCH training, including specialized training in nutrition, public health, and care for children and youth with complex needs.
- More than 83,000 practicing clinical and public health professionals would lose access to continuing education on the aforementioned critical MCH topics.
- MCH initiatives would lose access to technical assistance that helps them more efficiently and effectively implement programs to improve the health of mothers, children, and families. For example, last year, SPRANS funding supported the review and addition of 16 new practices to the Association of Maternal & Child Health's Innovation Hub database. This frequently used online platform shares effective practices and policies that help MCH populations (e.g., access to care, birth outcomes, care coordination, health promotion, injury prevention, and mental health).
- States and jurisdictions would lose access to critical MCH data, analysis, and support.
 - The State Systems Development Initiative (SSDI) Program supports data analysis and translation of data into action at the state/jurisdictional level. Reduced funding would negatively impact data sharing and analysis necessary for state and local public health programs and health care systems to respond to evolving public health information, including emergencies and emerging issues/threats like COVID-19.
 - Many states use these funds to support a state MCH epidemiologist or access to critical data to inform program planning and action related to emergencies and emerging issues/threats. With these funds, State Title V programs also link program data to data from systems such as Vital Records (birth and death), Medicaid, Newborn Screening and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), etc. These data linkages provide essential information to state and local programs so they can effectively support the health and wellbeing of mothers, children, and families throughout the country.
- Maternal and child health programs in every state would be hindered from leveraging national and state data to assess the needs of families and measure their performance in serving families. For example, states have used information from research and analysis to evaluate the need for behavioral health services for children, produce reports on topics

such as developmental disabilities, expand initiatives, and develop comprehensive early childhood health systems. Moreover, funding for research and analysis can inform clinical care guidelines and recommendations for maternal and pediatric populations.

We are aware that your Committees were forced to make difficult decisions to keep total funding at certain spending levels. We maintain that nondefense discretionary programs cannot continue to bear the brunt of efforts to reduce the federal deficit. As you work to advance the FY 2024 Labor-HHS bill, we urge you to restore funding for all components of the Title V Maternal and Child Health Services Block Grant to at least its currently enacted level of \$822.7 million and if possible, increase funding to at least \$1 billion to support the vast needs of MCH populations across the country. For additional information on MCH programs in your state, please contact Sherie Lou Santos at the Association of Maternal & Child Health Programs at 202-964-2411 or SSantos@amchp.org.

Thank you for your consideration,

2 Degrees Foundation
Academy of Nutrition and Dietetics
Alliance for Black NICU Families
American Academy of Pediatrics
American Association of Colleges of Nursing
American College of Clinical Pharmacy
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American College of Physicians
American Heart Association
American Nurses Association
American Psychological Association
American Society of Hematology
APS Foundation of America, Inc
Association of Maternal & Child Health Programs
Association of State and Territorial Health Officials
Association of State Public Health Nutritionists
Baby Cafe USA
Centering Healthcare Institute
Child Welfare League of America
Dean, UC Berkeley School of Public Health
Division for Early Childhood of the Council for Exceptional Children (DEC)
Family Voices
First Focus Campaign for Children
GLO Preemies
HealthConnect One
Healthy Teen Network

HealthyWomen
Help Me Grow National Center
Hemophilia Federation of America
Hyperemesis Education and Research Foundation
IDEA Infant and Toddler Coordinators Association (ITCA)
Institute for Perinatal Quality Improvement (PQI)
Jamie Zahlaway Belsito
March for Moms
March of Dimes
National Association of Councils on Developmental Disabilities
National Association of Nurse Practitioners in Women's Health
National Association of Pediatric Nurse Practitioners
National Family Planning & Reproductive Health Association
National Institute for Children's Health Quality
National League for Nursing
National Nurse-Led Care Consortium
Postpartum Support International
PremieWorld
Prevent Blindness
RH Impact: The Collaborative for Equity and Justice
ROOTT - Ohio
Shades of Blue Project
Society for Maternal-Fetal Medicine
Tara Hansen Foundation
The National Alliance to Advance Adolescent Health/Got Transition
The Organization of Teratology Information Specialists
University of South Carolina
ZERO TO THREE