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Association of Maternal and Child Health Programs, Public Witness Testimony
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On behalf of the Association of Maternal and Child Health Programs (AMCHP), I am pleased to submit testimony describing AMCHP's request for **\$640 million in funding for fiscal year 2014 for the Title V Maternal and Child Health (MCH) Services Block Grant administered by the Health Resources and Services Administration Maternal and Child Health Bureau**. This funding request represents a \$90 million decrease from its highest level of \$730 million in fiscal year 2003. Non defense discretionary programs cannot continue to bear the brunt of efforts to reduce the federal deficit. Specifically, sequestration combined with reductions throughout the past ten years resulted in a \$124 million decrease bringing funding for the Title V MCH Block Grant to its lowest level since 1991. The Title V MCH block grant is the foundation upon which core public health programs dedicated to improving the lives of our families is built and I strongly urge you to halt the erosion of funding for this critical program.

In 2011 the Title V MCH Block Grant provided support and services to 44 million American women, infants and children, including children with special health care needs. It has been proven a cost effective, accountable, and flexible funding source used to address the most critical, pressing and unique MCH needs of each state. States and jurisdictions use the Title V MCH Block Grant to design and implement a wide range of maternal and child health programs. Although specific 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 and incidence of disabling conditions among children;
- Increase the number of children appropriately immunized against disease;

- Increase the number of children in low-income households who receive assessments and follow-up diagnostic and treatment services;
- Provide and ensure access to comprehensive perinatal care for women; preventative and child care services; comprehensive care, including long-term care services, for children with special health care needs; and rehabilitation services for blind and disabled children and
- Facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children with special health care needs.

In addition to providing services to over 40 million Americans, Title V MCH Block Grant programs save federal and state governments' money by ensuring that people receive preventive services to avoid more costly chronic conditions later in life. Below are some examples of the cost effectiveness of maternal and child health interventions and the role of this program:

- **Total medical costs are lower for exclusively breastfed infants than never-breastfed infants since breastfed infants typically need fewer sick care visits, prescriptions and hospitalizations.** State MCH programs promote breastfeeding by developing educational materials for new mothers on breastfeeding practices and providing information on breastfeeding to all residents of their states through websites, toll free telephone lines and coordinating with other local and state programs.
- **Studies demonstrate that every \$1 spent on smoking cessation counseling for pregnant women saves \$3 in neonatal intensive care costs.** State MCH programs fund state-wide smoking cessation or “quit lines” for pregnant women and provide education within their state about the dangers of smoking during pregnancy, helping moms and moms-to-be quit smoking and reducing their risk of premature birth.

- **Every \$1 spent on preconception care programs for women with diabetes can reduce health costs by up to \$5.19 by preventing costly complications in both mothers and babies. Investing \$10 per person per year in community based disease prevention could save more than \$16 billion annually within five years.** State MCH and chronic disease programs work together at the state and community levels to educate women, children and families about the importance of physical activity, nutrition and obesity prevention throughout the lifespan.
- **Early detection of genetic and metabolic conditions can lead to reductions in death and disability as well as saved costs.** For example, phenylketonuria (PKU) a rare metabolic disorder affects approximately one of every 15,000 infants born in the US. Studies have found that PKU screening and treatment represent a net direct costs savings. State MCH programs are responsible for assuring that newborn screening systems are in place statewide and that clinicians are alerted when follow up is required.
- **Early detection of physical and intellectual disabilities results in more efficient and effective treatment and support for children with special health care needs.** High-quality programs for children at risk produce strong economic returns ranging from about \$4 per dollar invested to over \$10 per dollar invested. State MCH programs administer the state and territorial Early Childhood Comprehensive Systems Initiative to support state and community efforts to strengthen, improve and integrate early childhood service systems.
- **The injuries incurred by children and adolescents in one year create total lifetime economic costs estimated at more than \$50 billion in medical expenses and lost productivity.** State MCH programs examine data and translate it into information and policy to positively impact the incidence of infant mortality and other factors that may contribute to

child deaths. State MCH programs invest in injury prevention programs, including state and local initiatives to promote the proper use of child safety seats and helmets. Additionally state MCH programs promote safe sleeping practices to prevent Sudden Infant Death Syndrome (SIDS).

- **The total cost of adolescent health risk behaviors is estimated to be \$435.4 billion per year. Risky behaviors have impact on the health and well being of adolescents included smoking, binge drinking, substance abuse, suicide attempts and high risk sexual behavior.** State MCH programs and their partners address access to health care, violence, mental health and substance use, reproductive health and prevention of chronic disease during adulthood. State MCH programs often support state adolescent health coordinators who work to improve the health of adolescents within their states and territories.

I know that some Members of Congress contend that savings in such as these will not be realized in the near future and therefore will not result in immediate savings in these tight fiscal times.

But today we can highlight a real-time example of how the Title V MCH Block Grant has played a role in helping save millions in annual health care costs. In Ohio, Title V played a lead role in providing funding for the Ohio Perinatal Quality Collaborative (OPQC). The OPQC is charged with reducing preterm births and improving outcomes of preterm newborns. Using the Institute for Healthcare Improvement Breakthrough Series, OPQC worked with 20 maternity hospitals (47% of all births in the state) through a collaborative focused on several obstetric improvement projects. OPQC reports that as a result of their efforts over 9,000 births are full term and that approximately 250 NICU admissions have been avoided. OPQC estimates approximately **\$10 million in annual health care cost savings**. Other states have similar initiatives and we are tracking their successes.

Another key component of the Title V MCH Block Grant is the Special Projects of Regional and National Significance (SPRANS). SPRANS funding complements and helps ensure the success of State Title V, Medicaid and CHIP programs by driving innovation, training young professionals and building capacity to create integrated systems of care for mothers and children. Examples of innovative projects funded through SPRANS include guidelines for child health supervision from infancy through adolescence (i.e. Bright Futures); nutrition care during pregnancy and lactation; recommended standards for prenatal care; successful strategies for the prevention of childhood injuries; and health safety standards for out of home childcare facilities.

Without a sustained federal investment the aforementioned savings will not be realized, program capacity and supports will be diminished and our nation's ability to address the most pressing needs of these vulnerable populations will not be possible. The Title V MCH Block Grant supports a system which treats a whole person, not by their specific disease and I therefore strongly urge you to sustain this investment at \$640 million in fiscal year 2014.

In addition to the Title V MCH block grant AMCHP is extremely concerned about any future proposals to cut funding from other core programs designed to assure the health of our nation's families. We strongly urge you to sustain funding for the Centers for Control and Prevention (CDC). It is short sighted and counterproductive to further cut discretionary funding for prevention in the interest of deficit reduction. CDC programs should be protected from further cuts that will have profound consequences on our capacity to address the needs of the most vulnerable.