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AMCHP Takes to the Hill for Title V

President testifies to Congress about impact of grants on maternal and child health, seeks funding boost to meet today's challenges

The president of the Association of Maternal & Child Health Programs (AMCHP) urged a congressional subcommittee today to increase funding for the federal Title V Maternal and Child Health Services Block Grant, making the case that the program enables states to craft effective strategies to combat critical challenges to the health of the nation's mothers and children.

"We are currently faced with many maternal and child health challenges that require a sustained investment in public health approaches," Susan Chacon said in testimony this morning before the House Appropriations Committee's Subcommittee on Labor, Health and Human Services, Education, and Related Agencies. "The flexibility of the Title V MCH Block Grant allows states and jurisdictions to design and implement a wide range of maternal and child health programs that respond to locally defined needs."

Chacon implored the subcommittee to support an increase of \$8.3 million in funding for the Title V Maternal and Child Health Services Block Grant in fiscal year 2019, to a total of \$660 million – backing up the request with examples of how states use Title V funds to confront such challenges as the opioid crisis and maternal mortality, and to support systems of care for children and youth with special health care needs. ([See the full, written testimony](#) submitted to the subcommittee.)

Established by [Title V of the Social Security Act](#), the block grant provides a foundation for ensuring the health of the nation's mothers and children – the only federal program solely dedicated to that mission.

Title V's value goes beyond the formula block grant to states, Chacon told federal lawmakers, noting that the funds also support Special Projects of Regional and National Significance (SPRANS), thus "driving innovation, promoting evidence-based programming and training young professionals interested in maternal and child health."

That's particularly important now, said Chacon, who serves as director of New Mexico's Title V Children and Youth with Special Health Care Needs (CYSHCN) Program, known as Children's Medical Services.

“As you well know, our country is steeped in an opioid epidemic, with implications for every sector of the population, including for newborns of mothers addicted to opioids,” Chacon told the subcommittee as it met in the Rayburn House Office Building, adjacent to the Capitol. “Title V is playing an important role to address the maternal and child health aspect of the crisis.”

In Tennessee, the Title V program is conducting public health surveillance for Neonatal Abstinence Syndrome (NAS), tapping local health educators to provide health prevention education on NAS for female inmates, and providing support for women in recovery to prevent recurrence of NAS. In Massachusetts, the Title V program helped to develop an interactive web-based resource for pregnant and postpartum women in treatment or recovery for substance use disorders, as well as a webinar series for obstetric providers caring for women with opioid use disorders.

Title V is also playing a critical role in assessing and addressing the causes of maternal mortality, she said. Using SPRANS funds, the Maternal and Child Health Bureau of the Health Resources and Services Administration is implementing the Alliance for Innovation on Maternal Health (AIM), which is aligning national-, state-, and hospital-level quality improvement efforts to improve maternal health outcomes.

In Michigan, for example, the Department of Health and Human Services announced that its participation in AIM has shown early signs of success: Complications during labor and delivery among women who experience hemorrhage are down 17.9 percent. In Oklahoma, Title V funds are being used to facilitate the state’s Maternal Mortality Review – the gold standard for understanding why women die during pregnancy, childbirth, and the first year postpartum.

When it comes to children and youth with special health care needs (CYSHCN), Chacon noted that nearly 20 percent of children in the United States have a special health care need – and that state Title V programs improve care coordination by working collaboratively with parents, providers, and payers. In her home state of New Mexico, she said, the Title V program uses licensed medical social workers to link families to health and social services, and to improve the transition of CYSHCN as they move into adulthood.

Chacon also pointed to the value of Title V in preventing health problems for mothers and children.

“When it comes to improving maternal and child health outcomes, we know a lot about low-tech ways to conduct prevention and improve health outcomes throughout the life course, such as by ensuring women have access to preconception care,” she said.

She cited the Idaho Title V program’s collaboration with the Maternal, Infant and Early Childhood Home Visiting Program and the Family Planning program to increase pre- and inter-conception education and referrals to prenatal care and well-woman care.

For more information about Title V, contact Amy Haddad, AMCHP'S director of public policy and government affairs, ahaddad@amchp.org. Find out more about AMCHP at www.amchp.org.