



Critical Condition: How Federal and State Budget Cuts Are Hurting the Health of Our Nation’s Mothers and Children

For over 75 years, the federal Title V Maternal and Child Health (MCH) Services Block Grant has supported states and communities in addressing the most pressing needs of our nation’s mothers and children. These needs include critical issues, such as reducing infant mortality; improving the health of pregnant women, infants and children; and developing family-centered, coordinated, community-based systems of care for children with special health care needs.

New analysis by the Association of Maternal & Child Health Programs (AMCHP) shows that since the beginning of the economic downturn in 2007, states have cut approximately \$314 million from state MCH program budgets. These cuts are compounded by an additional \$74 million in federal reductions to the Title V MCH Block Grant since 2003. Most recently, on Sept. 21 the Senate Committee on Appropriations voted to cut an additional \$50 million from the Title V MCH Block Grant for fiscal year 2012.

This report shows how budget cuts, approaching nearly half a billion dollars, combined with the recently announced increase in the number of Americans living in poverty (46.2 million) and without health insurance (49.9 million) is creating a perfect storm endangering the health of our nation’s mothers, infants and children, including those with special health care needs. It provides a snapshot of the impact federal and state budget cuts have on maternal and child health in a number of selected states and illustrates why Congress needs to maintain funding to state MCH programs.

Further budget reductions to the Title V MCH Block Grant will dramatically impact the health of women, infants and children, including those with special health care needs. These vulnerable populations have **already been affected by federal, state and local budget cuts. AMCHP calls upon Congress to sustain funding for the Title V MCH Block Grant and other critical MCH programs.**

Why Congress Needs to Sustain Funding for the Title V MCH Block Grant and other MCH Programs

- At a time of economic downturn, a greater number of individuals rely on the services provided by the Title V MCH Block Grant. Now is not the time to cut the foundation on which many public MCH programs are built. On Sept. 13, the U.S. Census Bureau announced the nation's official poverty rate in 2010 was 15.1 percent, up from 14.3 percent in 2009. There were 46.2 million people in poverty in 2010, up from 43.6 million in 2009 – the fourth consecutive annual increase and the largest number in the 52 years for which poverty estimates have been published. The number of people without health insurance coverage also rose from 49 million in 2009 to 49.9 million in 2010.
- According to studies by the National Association of County and City Health Officials and the Association of State and Territorial Health Officials, budget cuts have contributed to the loss of 43,000 state and local public health jobs across the United States. This represents tens of thousands of professionals who are no longer providing services to protect and improve the health of our next generation while working to save the and improve the lives of pregnant women, babies, children and youth with special health care needs.
- Over the past seven years, federal funding for the Title V MCH Block Grant has been reduced by \$74 million and states have cut an additional \$337 million, while the costs of providing health services has gone up. This reduced investment comes at a time when improvements in reducing infant mortality are stalled, low birth weight and preterm births continue to be serious and costly, and the United States ranks 41 internationally in infant mortality rates.
- On Sept. 22, the Senate Committee on Appropriation voted to cut an additional \$50 million from the Title V MCH Block Grant for fiscal year 2012.
- Further budget cuts will result in certain suffering, missed opportunities to prevent serious conditions from getting worse by intervening early, and the prospect of higher infant and maternal mortality rates.

About the Title V Maternal and Child Health Services Block Grant

- The Maternal and Child Health Services Block Grant, created by Title V of the *Social Security Act*, is the only federal program devoted to improving the health of all women, children and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 39 million women and children in the United States.
- **Title V is cost effective:** By identifying health issues affecting women and children early, the Title V MCH Block Grant helps save money by ensuring that people receive preventive services to avoid more costly chronic conditions in the long run. For example, investing \$10 per person per year in community based disease prevention could save more than \$16 billion annually within five years. A comprehensive cost-effectiveness review of a range of MCH services, previously published by AMCHP, is available [here](#).
- **Title V is accountable:** With annual state block grant reviews and 18 national performance measures that states are required to report on around vital health issues. Also, under President George W. Bush the Title V MCH Block Grant received one of the highest ratings of effectiveness from the White House Office of Management and Budget (OMB).

The Impact of Federal and State Budget Cuts on MCH Programs in Selected States

The following information was collected by AMCHP in a survey of states conducted in August 2011.

ARIZONA

In Arizona, state funding for MCH services has dropped by \$7 million or 64 percent since 2007. State general funding for Health Start, Abstinence Education, the County Prenatal Block Grant and Pregnancy Service programs was completely eliminated. The budget for the state High Risk Perinatal Program was reduced by nearly 60 percent and state funding for the Children's Rehabilitative Services Program was eliminated.

These cuts forced Arizona to:

- Suspend enrollment in Children's Rehabilitative Services for more than 4,000 children with special health care needs who are not enrolled in the Arizona Health Care Cost Containment System, the state Medicaid program
- Reduce approximately 8,800 home visits to newborns discharged from neonatal intensive care and enrolled in the High Risk Perinatal Program
- Suspend all prenatal block grants to county health departments for services to 19,000 women and children

Additional state cuts resulted in:

- Elimination of all state funding for children's vaccines
- Suspension of grants to counties for public health personnel
- Reduction in support for both Arizona Poison Control Centers by more than 50 percent

- Elimination of all birth defect call-center services

According to program officials, “The MCH Block Grant is more critical to Arizona than ever before. State budget cuts have eliminated nearly all other public health funding for services for children and moms. The Title V Block Grant is the glue holding maternal and child health together in Arizona in the face of drastic state budget cuts. State resources simply do not exist.”

CALIFORNIA

The California Title V Maternal, Child, and Adolescent Health (MCAH) program has experienced a reduction in annual state funding of over \$40 million and a reduction in matching federal Medicaid reimbursements of over \$10 million since 2007. Cuts have forced elimination of the state Battered Women’s Shelter Program, multiple county Adolescent Family Life Programs supporting teen parents, and Black Infant Health programs targeting appalling disparities in infant mortality and birth outcomes.

- In California, budget cuts have decimated teen pregnancy prevention programs that provide primary prevention, pregnant and parenting teen case management and referrals, and address teen birth outcomes, repeat pregnancy, school drop-out and welfare dependency rates. Program cuts or eliminations have resulted in:
 - About 15,000 pregnant and parenting teens per month not receiving needed Cal-Learn case management services.
 - Cal-SAFE programs are serving 39 percent fewer student parents. This is a comprehensive, integrated, community-linked, school-based program that serves expectant and parenting students and their children, providing critical services such as childcare, transportation, career and vocational guidance, transition to community college, daily nutritional snacks for pregnant and lactating students, parenting and childbirth classes, and connection with health and social services. Forty eight percent fewer children of Cal-SAFE parents are attending Cal-SAFE-sponsored child development programs. Seventeen percent of agencies have eliminated their Cal-SAFE programs and another six are scheduled to close next year.
 - The Adolescent Family Life Program is serving nearly 6,500 fewer pregnant and parenting teens.
- Elimination of the California Diabetes and Pregnancy Program (CDAPP) will abolish regional programs that have recruited, trained and retained approximately 138 affiliate

clinical sites that provide care for approximately 17,250 pregnant women with preexisting or gestational diabetes.

- Budget cuts eliminated two out of three local maternal health quality improvement projects that partnered with local public health providers and hospitals to address the rising maternal mortality rate in California. The remaining project will be eliminated next year.
- Birth defects are the leading cause of death for babies born in California and across the country. The California Birth Defects Monitoring Program (CBDMP) was created by the state legislature in 1982 to collect data that would help decrease risks and diminish the emotional and financial burdens of birth defects. Over the last 28 years, the program has been recognized as an innovative leader in the field. Before funding cuts, CBDMP was planning to expand into an ideal sampling of over half the births in California. However, loss of half its budget with General Fund cuts has resulted in loss of staff and decreased surveillance, to 29 percent of births in California – along with decreased outreach to the public and delays in processing data for public health and research requests.
- Funding reductions impact MCAH Operations, greatly constraining ability to travel, provide training and purchase general office supplies. The state is forced to cut back on some service contracts and staffing vacancies will not be filled as they occur due to hiring freeze.
- Additionally, both the state MCAH programs and local health agencies have lost the ability to leverage state general funds to draw down Title XIX Medicaid matching funds. This has reduced local capacity to provide services and collect data and will impact the state's ability to document positive program outcomes which would support proposals for restoration of funding in the future. Cuts are projected to have the greatest fiscal impact on the smallest counties in California that contribute little or no agency funding to their MCAH budget, leaving minimal Title V funding, which is inadequate to sustain operations. With the local health agencies' reduced capacity to identify and address local objectives, some local health jurisdictions may choose to discontinue providing any MCAH services.

IOWA

Several hundred thousand dollars of budget cuts in Iowa have forced local MCH agencies to reduce gap filling services, such as immunizations and lead screenings, to children and infants. Budget cuts have also reduced the number of children and youth with special health care needs served by Child Health Specialty Clinics.

FLORIDA

In Florida, state budget cuts to MCH programs exceed \$20 million, while the number of births paid for by the state Medicaid program has experienced a significant increase from 42.7 percent in 2007 to 47.5 percent in 2009. Investments in Title V MCH programs help to ensure women are as healthy as possible before becoming pregnant, which promotes better birth outcomes and less costly complications.

- In FY 2011/2012 there was a \$5.4 million cut in state General Revenue dollars for the 32 local Healthy Start Coalitions. This was the largest MCH General Revenue budget reduction since the inception of Healthy Start in 1992. The consequences of the reduction are unknown at this time, but certain to reduce services to vulnerable populations.
- Cuts to Florida County Health Departments have reduced critical prenatal care services for 2,105 less women than in 2007.

Since 2007, Florida Children's Medical Services program has experienced the following reductions and eliminations:

- Elimination of a pediatric cancer registry
- Elimination of funds for outpatient medical care at academic medical centers for uninsured and underinsured CSHCN (impacted 6,000 children)
- Elimination of funds for inpatient services at the largest tertiary hospital for uninsured and underinsured CSHCN (impacted over 4,000 children)
- Elimination of two- and three-point transport for high-risk moms and neonates (covers services not covered by Medicaid, primarily additional personnel and three-point transport)
- Reduction of high-risk obstetrical satellite clinics
- Elimination of the Regional Perinatal Intensive Care Center Data System support that provided data on outputs and outcomes at Regional Perinatal Intensive Care Centers
- A 22 percent reduction in funds to support medical evaluations for children who are suspected of being abused or neglected, which is required by state law
- Elimination of funds for services for children requiring liver transplants not funded by Medicaid, such as psychological counseling (impacted over 640 children)

- Reduction of funds to support sickle cell community education and follow up
- Elimination of pediatric rheumatology outreach clinics
- Reduction in the number of Craniofacial/Cleft Lip and Cleft Palate Programs, which provides access to multidisciplinary care and support services, such as educational materials and specialized bottles.
- Reduction of funds to the Children’s Cardiac Program, which provides coordinated and family centered health care, including evaluation, diagnosis and treatment for eligible children requiring medical and/or surgical intervention for their cardiac condition
- Reduction of funds for the Comprehensive Children’s Kidney Failure Program which provides services for children with chronic renal failure and end stage renal disease.
- Reduction in the Fetal Alcohol Spectrum Disorder Program

ILLINOIS

Illinois has cut nearly \$16 million in state MCH funds since 2007, reducing the number of women and children served by the Illinois MCH program. The most significant issue the state is experiencing as a result of decreased state MCH funds is the loss of local partner agencies to provide MCH services under contract. A number of local health departments and community-based agencies have withdrawn from contracts with the state MCH program over the past several years, indicating they cannot provide the MCH services needed within the contract amounts, nor can they operate within a system of slow and delayed payments.

KANSAS

Kansas has cut close to half a million dollars in state general funds used for MCH activities. The impact of these reductions on MCH populations has resulted in:

- Budget reductions to local health department MCH programs that provide nurse care coordination to assure early and comprehensive prenatal care for high-risk women
- Elimination of state agency staff
- Reduction of posture seating and mobility services for special health needs children and families

- Diminished ability to provide metabolic treatment products for vulnerable children, youth and women who are pregnant or nursing their infants
- Reduction of medical specialty clinics and professional services for special health needs children and families
- A reduction in primary and preventive care services for pregnant women, infants, children and adolescents

MAINE

State cuts of nearly \$3 million in Maine has moved the state Children with Special Health Care Needs (CSHN) program from a primary focus on direct services to a focus on population-based services.

- The CSHN Program discontinued funding for developmental evaluation clinics (DEC) and two of the previously funded service providers have stopped providing services.
- Cuts have also eliminated funding to support the children's cancer program, hemophilia clinics and spina bifida clinics. Funding for metabolic clinics has been reduced, as well as funding for cleft lip and palate clinics.
- In addition, the CSHN Program has reduced staff by five positions.
- Maine has also experienced serial reductions to its Oral Health Program (OHP). Between state general funds dedicated to OHP, MCH Block Grant match and the Fund for A Healthy Maine, there has been a \$430,000 or 40 percent reduction in funds, resulting in less preventive education programs and dental clinic programs for low-income patients.
- Level funding to critical service providers, such as the Northern New England Poison Center, family planning, community health nursing and school-based health centers, has led to a decrease in the number of individuals served.

MASSACHUSETTS

In Massachusetts, state budget cuts of close to \$12 million have significantly reduced services in Early Intervention Partnership Programs School-Based Health Centers, school health services,

teen pregnancy prevention programs and have eliminated new initiatives such as Shaken Baby Syndrome Prevention.

MICHIGAN

Cuts of close to \$16 million in Michigan resulted in the erosion of programs dedicated to the prevention of chronic disease, obesity, violence and injury reduction, and mental health and substance abuse services. Preschool programs and child care supports have also been significantly reduced.

- The Michigan family planning program provides statewide reproductive health screening, pregnancy detection and community education; short-term, long-term and permanent contraception options; and follow-up and primary care referral for both females and males. These services are delivered through local health departments, hospitals, and private and nonprofit agencies. The FY 2009-2010 state budget cut nearly \$4.2 million from the Family Planning Services budget, eliminating services for 32,400 low-income Michigan citizens who have no other subsidized access to family planning services. This occurred at a time when service demand increased due to Michigan's very high unemployment rate and the subsequent loss of health care coverage, as well as an increased desire by individuals to avoid unplanned pregnancies due to loss of income. Michigan has one of the nation's highest infant mortality rates, particularly among African Americans, and research reflects that unintended pregnancies have a higher rate of poor birth outcomes for both mother and infant than do planned pregnancies.
- Over the same budget years, Michigan lost all of its funding dedicated to addressing infant mortality. This amounted to approximately \$3.5 million in state and matching Title XIX dollars. For the 11 urban communities in Michigan with the highest African American infant death rates, this eliminated each community's targeted efforts to addressing infant mortality. Services in each community were eliminated, leaving hundreds of women at high risk for poor outcomes without aid.
- Since 2008, Michigan lost nearly \$1.2 million in state funding and related Title XIX match for services to lead-poisoned children. This significantly decreased the scope of services that are provided, particularly to the 10 largest urban areas where lead poisoning is most prevalent. This decreased lead testing, case management for lead-poisoned children and their families, and environmental investigations through local health departments. This has significantly slowed the state's progress toward its goal of eliminating lead poisoning. Michigan remains one of the states with the highest rates of lead-poisoned children.
- Many other smaller targeted funding lines for critical MCH services have been eliminated as well over the past several years. For example, approximately \$300,000 in state and

Title XIX match, which was used for outreach, assessment and immunizations for 3,500 migrant children served through local health centers in key Michigan communities was eliminated. An additional 1,700 migrant children lost the same services through migrant Head Start programs, also thus reducing Head Start capacity for following up on identified needs with the local health centers.

- The Children with Special Health Services Program also experienced state funding cuts to families of children with special needs for some long standing benefits, including incontinent supplies. Nonemergency transportation assistance was cut in FY 2010, resulting in a significant impact on seriously ill children. Funding was restored in FY 2011 because of the devastating impact the cut had on the health of the population due to delayed and forgone care because of the families' inability to afford the travel expenses. Families were sleeping in their cars in hospital parking lots because they could not afford lodging while their child was hospitalized without CSHCS assistance.

MISSOURI

- Budget cuts of over \$6 million in Missouri have eliminated school health services contracts, which addressed access to care, oral health promotion, obesity prevention, smoking cessation, injury control, mental health promotion, and management of children and youth with special health care needs, including children with chronic conditions. The program represented 270,000 school age children from participating school districts in 97 of the 115 counties.

MONTANA

- The elimination of \$500,000 in state general funds per year for family planning services, combined with a Title X cut, has resulted in a 24 percent decrease in funds to Montana Title X Family Planning Clinics. This decrease has caused reduced clinic hours, decreased staff hours, a reduction in the types of contraceptive methods available and an increase in patients' costs for contraception. The full impact of these budget cuts in terms of decreased patients served, the resulting loss of patient revenue, and decreased patient satisfaction and access is unknown at this time.
- Reflecting the unique challenges in providing MCH services in rural and frontier states, historically, two Montana counties opted out of receiving their MCH Block Grant allocation due to modest amounts. Liberty County, Montana recently joined McCone and Garfield and also has opted out. From 2008 through 2011, Liberty provided MCH services to an average of 254 infants, children, mothers and children with special health care needs. The loss of services to the 254 people in Liberty County may seem small, but considering the total population is 2,339, it is 10 percent of their population. Another consideration is the nearest county health department is 42 miles away.

NEW HAMPSHIRE

New Hampshire has experienced deep cuts to services that impact families throughout our state, including:

- Significant reductions for community mental health services and primary care services for both children and adults
- Significant reduction in state General Funds for Family Planning Services
- Re-creation of a child-care subsidy waitlist
- Elimination of core funding for Family Resource Centers

The state FY 2012 MCH budget reflects significantly fewer State General Funds than in FY 2011. Specifically, a \$2 million reduction for state community health centers will dramatically limit access to primary and prenatal care for the state's most vulnerable.

In addition to the significant cuts to the community health centers, New Hampshire eliminated funding for one provider of prenatal support services in one of the neediest communities in the state. Staff positions within the state MCH program such as the Adolescent Health Program Coordinator and Prenatal Coordinator have also been eliminated or re-organized into other roles through attrition. The state children with special health care needs program, Special Medical Services (SMS) has experienced the loss of three positions in the last two years. One of those positions was a Public Health Nurse Coordinator role in charge of a Specialty Clinic.

NEW MEXICO

In New Mexico, the number of pregnant women entering prenatal care in the first trimester declined 7.1 percent since 2007, from 73 percent to 65.9 percent.

- Budget cuts in New Mexico have forced cuts to local health department MCH and Children and Youth with Special Health Care Needs (CYSHCN) programs undermining capacity to provide care coordination to CYSHCN due to hiring freezes and vacancy rates hovering between 30 percent to 50percent at times. Title V services mandates, such as attending to youth transition, is frequently overlooked as the social workers are forced to prioritize urgent client needs on a daily basis. An increase in poverty, unemployment and family stress has impacted the need for families with CYSHCN as well.

- Budget cuts in New Mexico have forced cuts to local health department MCH CYSHCN programs also limiting capacity to provide access to pediatric specialty care as the CYSHCN program has been unable to increase the number of outreach clinics since FY 2010 though the numbers of children with chronic health conditions such as asthma and diabetes continue to rise. Children in rural areas are particularly affected by this lack of access to specialty care.

NORTH CAROLINA

In 2010, state budget cuts greater than \$32 million eliminated or reduced the following services:

- The North Carolina Perinatal Outreach Coordination Program was eliminated in 2010. This program ensured that all perinatal and neonatal providers received consistent evidence-based skills training. The overall goal of this program was to facilitate and promote high-quality, risk-appropriate perinatal and neonatal care as a means of reducing maternal and infant morbidity and mortality.
- North Carolina eliminated funding dedicated to providing prenatal care services for high-risk, pregnant women. The tertiary centers were staffed with perinatologists, obstetricians, neonatologists, licensed clinical social workers and nutritionists to assure that low-income women with medically complicated pregnancies had access to risk-appropriate perinatal services. These High Risk Maternity Clinics provide care to women referred from local health departments within their respective perinatal region. This program reduced the likelihood of low income women having to pay out of pocket for services, as well as ensuring the services were strategically located throughout the state to improve access.
- Historically, North Carolina has supplemented federal funds to provide most of the Advisory Committee on Immunization Practices recommended vaccines universally. However, state appropriations for vaccines have been eliminated. The long term impact on immunization coverage cannot yet be determined, although is likely to decline. The known short-term impact includes:
 - Out of pocket costs (co-pays and deductibles) are barriers to many families seeking vaccines
 - Many medical homes no longer stock vaccines for children – studies show that children are most likely to get immunized on time if they have a single medical home and as few visits with providers as necessary
 - Local Health Departments who cannot bill insurance for the cost of vaccines are not providing vaccines to insured children

- Cuts eliminated a hemophilia grant that covered financial assistance for hospitalization, physician services, pharmaceuticals, dental care, transportation and blood products for children. The grant provided services for approximately 130 children with each child averaging a cost of approximately \$692.00.
- Cuts eliminated the Adult Cystic Fibrosis Purchase of Care Program supporting adult patients with no other means of coverage.
- Reductions eliminated the state Community Transition Coordination Program, which included 11 Community Transition Coordinator (CTC) contracts with health departments or hospitals. The CTCs reviewed records of children admitted to the hospital and upon discharge referred those with special needs to local resources in their communities, predominantly child service coordinators and early intervention specialists. The hospital-located coordinators screened approximately 62,000 children annually.
- Cuts also eliminated seven Assistive Technology Resource Centers (ATRC) across the state, funded through four contracts with the Division of Public Health. These sites served young children with disabilities from birth through five years of age. Annually, about 10,936 assistive technology equipment loans were made to 1,874 children with disabilities age birth to five years. Contracts totaled \$506,216.
- Loss of positions such as five physical therapists, nutrition program consultants, several social workers and several speech language pathologists. These positions provided program oversight, consultation, technical assistance and direct services for children with special health care needs.

OKLAHOMA

Cuts of \$2.1 million have eliminated nearly 80 nursing positions in the county health department system. These positions provide services for pregnant women, infants and children.

PENNSYLVANIA

- The Pennsylvania Newborn Hearing Screening Program budget cuts have eliminated the funds used to maintain and advance the existing network of out-of-hospital hearing screens. Presently, the program screens 40 percent to 45 percent of the approximately 4,000 newborns born out-of-hospital through partnership with midwives by making screening equipment, equipment annual maintenance and calibration, as well as electrode and ear tip supplies available for use.
- The Pennsylvania Comprehensive Specialty Care Program provides funding for multi-disciplinary clinic staffing and received a budget cut of approximately 30 percent. This impacts the number of patients that can be seen during clinic hours, reduces the hours clinics are able to operate and increases the workload of clinic staff.
- The Pennsylvania Sickle Cell Disease Program provides multi-disciplinary, comprehensive medical and psychosocial services and case management to individuals with the disease. Funding reductions adversely impact patient care coordination, transition to adult care and assistance with transportation to medical appointments. This will be most apparent in services provided by community-based organizations (CBOs). In at least one case, a CBO discontinued participation with the state network because of inadequate funding.
- Pennsylvania also has seen a steady increase in the percentage of women who have had no prenatal care prior to delivery. In 2007, the statewide percentage was 1.2 percent, and by 2009 it had increased to 1.7 percent. The percentage for certain populations continues to increase. For example, the percentage of black women who had no prenatal care in 2007 was 3.7 percent, by 2009 that percentage had increased to 5 percent.

RHODE ISLAND

Budget cuts of over half a million dollars in the state of Rhode Island have forced cuts to local community-based organizations and community health centers that provide MCH related services, undermining the capacity to provide comprehensive maternal and child programs and services to mothers and children.

WASHINGTON

- Reductions in Washington state funding for neurodevelopmental centers will likely impact the quality and comprehensiveness of services at 15 centers across the state by reduced training opportunities for therapists, increased use of less expensive therapy assistants, reduced ability to do home visits, and elimination of supplemental services often needed by the children and their families, like social work and nutrition services.
- Reductions in CSHCN staff at the state level have resulted in delays in producing statewide analysis and reports about children and youth with special health care needs. This impacts requests for data within the agency, by other state agencies and legislators, and the ability to do state and local planning for services.
- Reductions in CSHCN staff at the state level is also creating delays in approving requests from public health nurses on behalf of parents of children and youth with special health care needs for medically necessary services or products not covered by any other funding sources, like batteries for hearing aids, nutrition products for tube feedings, corrective shoe inserts and oral surgery.
- The Genetics Services Section has been deeply cut in recent years. As a result, contracts to Regional Genetic Clinics serving primarily pediatric and adult clients were reduced from eight facilities to only three. These three sites are in eastern Washington, the more rural part of the state. In addition, the contract with Seattle Children's Hospital to provide medical genetics coverage to outreach clinics statewide was reduced from \$110,000 to \$30,000. This resulted in a significant – 45 percent – decrease in the number of outreach clinics held. There were 36 outreach clinics annually and this dropped to 16 in 2010 – the lowest level of outreach service since 1990. While the 2010 service-utilization data are not yet available, Washington estimates that the number of families served dropped from more than 10,000 families to less than 5,000 families. Current budget reduction plans will eliminate all state funds for genetic services. This will mean no contracts even for rural facilities and an end to medical genetics coverage to all outreach clinics.
- The state First Steps Maternity Support Services (MSS) provides enhanced support services for pregnant and postpartum women who are receiving Medicaid. In Washington, this represents almost 50 percent of births. Services include home visiting and case management by nurses, behavioral health specialists and registered dietitians. The program began in 1990. By the end of 2009, more than 475,000 pregnant women had received services. Gains in prenatal care access, low birth weight (LBW), and infant mortality were clear by 1995. MSS is associated with decreased LBW for medically high-risk infants. In spring 2010, the program was reduced 20 percent, including reduction of state administrative staff; other cuts are being considered due to budget shortfalls. Data on women served has not yet been evaluated for 2010, but current impacts include:

- Decreased numbers of women served
- Provider attrition, resulting in some rural areas in the state with no services, and most areas with reduced access
- Clients served receiving a reduced level of service with decreased opportunities for Family Planning and tobacco cessation
- Women with acute medical issues or severe depression may be missed or receive reduced service

Impacts that may be expected due to Maternity Support Services reductions include:

- Low-income pregnant women will have increasing difficulty accessing prenatal care
- Increase in LBW/prematurity
- Increased child abuse/neglect cases, or missed referrals
- Decreased support for providers from state staff resulting in loss of expertise in evolving evidence-based practices
- Cuts to support for school-based health centers (SBHCs) have resulted in loss of expertise at the state level to assist start-up clinics and loss of funds to assist with SBHC start up and maintenance. Funding for SBHCs is made up of local dollars, usually local taxes, public private funds from billing and, in some cases, state funds. In Washington, one SBHC has closed due to local fund shortfalls and many sites had been considering beginning clinics, but, with local and state budget reductions, have not been able to follow through with planning

CONCLUSION

This snapshot of the impact federal and state budget reductions are having shows how cuts approaching nearly half a billion dollars, combined with the recently announced increase in the number of Americans living in poverty (46.2 million) and without health insurance (49.9 million), is creating a perfect storm endangering the health of our nation's mothers, infants and children, including those with special health care needs. It also provides insight on the impact these cuts on have on maternal and child health in a number of selected states, illustrating why Congress needs to continue funding to state MCH programs.

ABOUT AMCHP

AMCHP's mission is to support state maternal and child health programs and provide national leadership on issues affecting women and children. For more information, please contact Brent Ewig, AMCHP Director of Policy at bewig@amchp.org or call (202) 266-3041.