

HRSA:

- Title V MCH Block Grant: \$677,700,000 (\$26 million increase directed to SPRANS)
 - Of the \$26 million increase to the SPRANS portion of the Block Grant, the bill directs \$23 million for State Maternal Health Innovation Grants and \$3 million to expand implementation of the Alliance for Innovation in Maternal Health Initiative’s maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as tribal entities.
 - State Maternal Health Innovation Grants will establish demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality. The demonstrations will be representative of the demographic and geographic composition of communities most affected by maternal mortality.
 - Encourages HRSA to work with states to collect comprehensive data associated with all pregnancy-associated and pregnancy-related deaths, regardless of the outcome of the pregnancy.
 - Funding for the portion of the Block Grant that is distributed by formula to states remains level.
- Autism and Other Developmental Disorders: \$49,099,000 (level funding)
- Heritable Disorders Program: \$15,883,000 (level funding)
- Healthy Start: \$122,500,000 (\$12 million increase specifically to address maternal mortality)
 - The \$12 million increase is directed to Healthy Start grantees to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide. Clinical staff will provide direct access to well-woman care and maternity care services to reduce barriers in access to maternity care and help address maternal health disparities among high-risk and underserved women. Clinical staff will also support health educators by conducting training on maternal early warning signs.
- Emergency Medical Services for Children: \$22,334,000 (level funding)
- Screening and Treatment for Maternal Depression: \$5,000,000 (level funding)
- Pediatric Mental Health Care Access: \$10,000,000 (level funding)
- Title X Family Planning: \$286,479,000 (level funding)
 - Note: The House appropriations legislation would eliminate this funding.
- Report Language on the Home Visiting:
 - Encourages HRSA and ACF to continue their collaboration and partnerships to improve health and development outcomes for at-risk pregnant women, parents, and young children through evidence-based home visiting programs.
 - Encourages HRSA to expand partnerships between health centers and evidence-based home visiting programs in high need areas to improve pregnancy, child health and development, and other health outcomes, all while reducing costs.

CDC:

- Birth Defects and Developmental Disabilities: \$153,560,000 (\$13 million increase, of which \$10 million is directed to a new initiative, Surveillance for Emerging Threats to Mothers and Babies)
 - Surveillance for Emerging Threats to Mothers and Babies: Supports CDC’s continued collaboration with State, tribal, territorial, and local health departments to monitor mothers and babies impacted by Zika virus during pregnancy in highest risk jurisdictions and allow CDC to pilot the Zika surveillance/registry system in additional jurisdictions to capture data on other emerging public health threats to mothers and babies, such as opioid use during pregnancy, natural disasters, and pandemic influenza.
- Chronic Disease: \$1,166,771,000 (\$3.875 million increase)
- Injury Prevention and Control: \$648,559,000 (level funding)
- Safe Motherhood and Infant Health: \$58,000,000 (\$12 million increase)
 - The \$12 million increase is specified for CDC to continue and expand its technical assistance to state Maternal Mortality Review Committees (MMRCs) to build stronger data systems, improve data collection at the State level, and create consistency in data collection across state MMRCs.
 - CDC is directed to provide a report regarding how states currently account for maternal mortality and the additional steps required to achieve comprehensive surveillance and data collection in all states regarding maternal mortality for all pregnancy-associated and pregnancy-related deaths, regardless of the outcome of the pregnancy.
- Report Language on Preterm Birth:
 - Commends CDC for funding state-based perinatal collaboratives that focus on improving birth outcomes using known prevention strategies such as reducing early elective deliveries.
 - Encourages CDC to continue support for perinatal collaboratives particularly due to the rise in neonatal abstinence syndrome as a result of the opioid crisis.
 - Encourages CDC to improve the timeliness in data reporting by working with existing state biosurveillance tools to report on neonatal abstinence syndrome, hypertension, diabetes, and other risk factors.
- Report Language on Trauma Surveillance:
 - Commends CDC for providing funding to states to conduct surveillance on youth and adult behavioral risk factors.
 - Encourages CDC to prioritize collection and reporting of data on adverse childhood experiences, including exposure to violence.
 - Encourages CDC to report on the prevalence of adverse childhood experiences across geography, race and ethnicity, and socioeconomic status.
- Report Language on Violence and Injury Prevention:
 - Encourages CDC to prioritize funding for youth violence prevention efforts in high-violence, high-poverty areas and, in particular, large urban communities that are seeking to address relevant impacts and root causes of community violence and collective trauma

Office of the Assistant Secretary for Health:

- Teen Pregnancy Prevention Program: \$101 million (level funding)
 - Note: The House appropriations legislation would eliminate this funding.
- Sexual Risk Avoidance Program: \$35,000,000 (\$10 million increase)
 - Requires grantees to use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors.
- Report Language on Adverse Childhood Experiences: Encourages the Office of the Surgeon General to collaborate with CDC, NIH, SAMHSA, and ACF to develop a report on the connection between adverse childhood experiences (ACEs), future substance misuse, and other health conditions.

NIH:

- Report language on Opioid Use Disorders During Pregnancy and Neonatal Abstinence Syndrome (NAS):
 - Encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS.
 - Encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.
 - Encourages NICHD to coordinate with other agencies, including CDC and HRSA, to support additional research on preventing, screening, and treating NAS.