



[Fiscal Year 2020 House Labor-HHS Appropriations Bill](#) – Key Maternal and Child Health Provisions

Health Resources & Services Administration (HRSA):

- **Title V MCH Block Grant: \$705,000,000 (+\$27.3 million)**
 - Of the \$27.3 million increase to the Block Grant, the bill directs \$10 million to Special Projects of Regional and National Significance (SPRANS) and **the remaining \$17.3 million increase is presumably directed to the portion of the Block Grant that is distributed by formula to states.**
 - **SPRANS Programs with Increased or New Funding – Report Language:**
 - **Alliance for Maternal Health Safety Bundles:** Directs \$5 million (\$2 million increase) through SPRANS 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. 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.
 - **Infant-Toddler Court Teams:** Directs \$10 million (\$7 million increase) through SPRANS for the third year of a cooperative agreement to support research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families.
 - **Pediatric Hospice Care:** Directs \$1 million (new funding) through SPRANS to establish a pilot program aimed at developing best practices for counseling, support, medication, and other factors impacting the end of life experience for children.
 - **Maternal Health Innovation:** Directs \$23 million (level funding) for State Maternal Health Innovation Grants to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality.
- **Autism and Other Developmental Disorders:** \$53,099,000 (+\$2.5 million)
- **Leadership Education in Neurodevelopmental and Related Disorders (LEND):** \$35.245 million (+\$1.745 million)
- **Heritable Disorders Program:** \$22,000,000 (+\$5.6 million)
- **Healthy Start:** \$130,500,000 (+8 million)
 - Directs \$15 million (\$3 million increase) for 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)
- Report Language on **Adverse Childhood Experiences:** Encourages the Maternal and Child Health Bureau to develop protocols to train professionals to screen, diagnose, and provide evidence-based interventions to individuals suffering from adverse childhood experiences.

- Report Language on **Breastfeeding Services and Supplies**: Urges HRSA, during the next review of the Women’s Preventive Services Guidelines for breastfeeding services and supplies, to incorporate into the clinical and implementation considerations section of the guideline the following:
 - Evidence of the critical timeframe for breastfeeding initiation following delivery; and
 - Recommendations for assessing risk factors, initiating milk production and ensuring that women are able to build supply and sustain breastfeeding in the early post-partum period (as well as during the antenatal, perinatal, and the postpartum period) in both pre-term and term infants.

Office of Populations Affairs:

- **Title X Family Planning**: \$400 million (+\$113.5 million)
 - Includes report language that directs the Secretary of Health and Human Services to carry out the Title X Family Planning program in accordance with the regulations that were in place on January 18, 2017. In effect, this language prevents HHS from implanting the new Title X final rule.
 - Includes report language that directs the Secretary of Health and Human Services to ensure that Title X grantees certify that they:
 - Provide medically accurate and complete counseling, including referral as requested, on all matters;
 - Shall not condition the receipt of Title X-supported services on patients remaining sexually abstinent until marriage; and
 - Will not make any appoints or referrals for patients that are contrary to the patient’s wishes.

Office of the Assistant Secretary for Health:

- **Teen Pregnancy Prevention Program**: \$110 million (+\$9 million)
- **Sexual Risk Avoidance Program**: \$0 (-\$35 million)
 - Eliminates funding for grants to implement education in sexual risk avoidance, also known as abstinence-only until marriage programs.
- **Office of Women’s Health**: \$36 million (+\$3.86 million)
 - Report language on **Maternal Mortality**: Directs the Office of Women’s Health to focus on activities to reduce maternal mortality, including the expansion of evidence-based interventions and dissemination of information about evidence-based interventions.

Centers for Disease Control and Prevention (CDC):

- **Birth Defects and Developmental Disabilities**: \$161,560,000 (+\$6 million)
 - **Surveillance for Emerging Threats to Mothers and Babies**: \$10 million (level funding) 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 the United States and U.S. Territories to better understand how Zika and other emerging threats can affect children as they age.
 - **Neonatal Abstinence Syndrome**: \$2 million (level funding)
Make use of existing state biosurveillance and other surveillance tools to improve voluntary, de-identified prenatal and newborn health data, which may include opioid-related information during pregnancy and early motherhood, to reduce risks associated with neonatal abstinence syndrome and optimize care.
- **Injury Prevention and Control**: \$697,559,000 (+\$49 million)
- **Safe Motherhood and Infant Health**: \$60 million (+\$2 million)
 - **Maternal Mortality Review Committees**: Maintains \$12 million funding 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.

- Requests that CDC provide routine updates on the status of implementing programs authorized under the Preventing Maternal Deaths Act of 2018.
- Directs the \$2 million increase to training grants to states, local governmental entities, and nonprofits to improve the quality of infant and child death scene investigations.
- **Chronic Disease Prevention and Health Promotion:** \$1.36 billion (+169.8 million)
 - **Hospitals Promoting Breastfeeding:** \$10 million (+\$2 million)
- **Public Health Scientific Services:** \$603.9 million
 - **Public Health Data Surveillance/IT Systems Modernization:** \$100 million (new funding) for the first year of a multi-year initiative for CDC to improve public health data by providing support to federal data modernization efforts including the National Center for Health Statistics, state, local, tribal and territorial partners, and to work with academic and private sector partners to innovate new tools and approaches for maximizing the public health impact of data.

Centers for Medicare and Medicaid Services (CMS):

- Report language on **Birth Centers:**
 - Describes the [findings of a five-year study on the Center for Medicare & Medicaid Innovation \(CMMI\)'s Strong Start Initiative](#).
 - Highlights the cost savings and improved childbirth outcomes for Medicaid and CHIP beneficiaries who received enhanced prenatal care at birth centers, which provided a midwife-led model of holistic care.
 - Urges CMS to disseminate these findings to payors and consumers.
 - Urges CMS to develop a proposal for how it will increase access to birth centers and midwives in all state Medicaid programs and incentivize this model of care for low-risk women.

National Institute of Child Health and Human Development (NICHD): \$1.58 billion (+\$73.6 million)

- Report language on **Maternal Mortality Research:** Encourages NICHD to continue its support of research into the leading causes of maternal morbidity and mortality, including factors contributing to racial disparities in maternal health outcomes and evidence-based interventions to address these disparities.

Office of the Secretary of Health and Human Services:

- Report language on **Maternal Mental Health:** Directs the Secretary of Health and Human Services, in consultation with HRSA, SAMHSA, CDC, CMS, Office of the Surgeon General, Office of Women's Health, and Office of Minority Health, to the Committees on Appropriations on the role that each agency can take to address gaps in maternal mental health public awareness, screening, diagnosis, and treatment for pregnant and postpartum women.