

Note: The below bipartisan letter in support of FY22 funding for federal programs to improve maternal health is currently circulating for co-signers in the Senate. The letter is co-led by Sen. Tim Kaine (D-VA) and Sen. Roger Marshall, M.D. (R-KS). Senate staff can add their boss as a co-signer by e-mailing Katie Wright ([Katie.Wright@kaine.senate.gov](mailto:Katie.Wright@kaine.senate.gov)) and Nigel Stinson ([Nigel.Stinson@kaine.senate.gov](mailto:Nigel.Stinson@kaine.senate.gov)) in Sen. Kaine's office or Charlotte Pineda ([Charlotte.Pineda@marshall.senate.gov](mailto:Charlotte.Pineda@marshall.senate.gov)) in Sen. Marshall's office. **The deadline to join as a co-signer is COB Wednesday, June 23.**

Signers of the FY21 version of this letter included: Sens. Blumenthal, Booker, Brown, Cantwell, Carper, Coons, Duckworth, Durbin, Feinstein, Gillibrand, Harris, Hassan, Jones, Kaine, Klobuchar, Markey, McSally, Menendez, Merkley, Murphy, Peters, Rosen, Sinema, Smith, Van Hollen, Warner, Warren, and Wyden

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Dear Chair Murray and Ranking Member Blunt:

Our nation continues to face a crisis in maternal health. **As you develop the appropriations legislation for Fiscal Year 2022, we encourage you to prioritize the highest possible funding level for the below programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health overall.**

More women die from pregnancy-related complications in the United States than in any other developed country, and the rate of maternal deaths continues to rise. According to the Centers for Disease Control and Prevention (CDC), approximately 700 pregnancy-related deaths occur in the U.S. each year and 60 percent of these deaths are preventable. Major disparities in maternal mortality exist, with Black women three to four times more likely than non-Hispanic White women to die due to pregnancy-related complications and Indigenous women more than twice as likely than non-Hispanic White women to die due to pregnancy-related complications. Moreover, for every maternal death that occurs, more than 70 other women suffer severe complications of pregnancy or childbirth.

**Title V Maternal and Child Health (MCH) Services Block Grant** – The Title V MCH Services Block Grant administered by the Health Resources and Services Administration (HRSA) is the only federal program of its kind devoted solely to improving the health of all women and children in the United States. This flexible and cost-effective funding source is used by states, territories, and other jurisdictions to address their most critical maternal and child health needs. This includes supporting statewide maternal mortality reviews - the gold standard in maternal mortality surveillance - and implementing strategies to translate recommendations made by maternal mortality review committees to meaningful action. Title V also supports the Alliance for Innovation on Maternal Health program, a data-driven maternal safety and quality improvement initiative, and State Maternal Health Innovation Grants, a demonstration program to implement evidence-based interventions to address critical gaps in maternity care service.

**Healthy Start** – HRSA's Healthy Start program provides grants to support community-based strategies to improve perinatal outcomes for women and children in high-risk communities throughout the nation. In particular, the Healthy Start program seeks to reduce

disparities in infant and maternal mortality by empowering at-risk women and their families to identify and access maternal and infant health services in their communities. To further support healthy maternal outcomes, since FY 2019, Healthy Start programs across the nation have had health care providers on-site to provide clinical services, such as well-woman care and maternity care services, making the Healthy Start program a critical component of federal efforts to reduce both maternal and infant mortality.

**Safe Motherhood and Infant Health** – This portfolio of programs at CDC supports a broad range of activities that seek to improve the health of moms and babies and reduce disparities in maternal and infant health outcomes. This includes implementation of the Preventing Maternal Deaths Act (P.L. 115-344) through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program to provide funding, technical assistance, and guidance to state maternal mortality review committees. It also includes support for perinatal quality collaboratives, which are state or multi-state networks of teams working to improve the quality of care for mothers and babies. Among other activities, in 2020 CDC launched the HEAR HER Campaign, a communication campaign to increase awareness of warnings signs that could lead to pregnancy-related death or delivery complications and strengthen patient and provider communication.

**National Institutes of Health** – Research is critically important to optimizing the health of women and their families in the United States and identifying the causes behind pregnancy-related deaths and complications. The vast majority of research in pregnancy in the U.S. occurs at the National Institutes of Health (NIH). Broadly, 21 of 27 institutes at the NIH support at least one grant or project related to pregnancy-related research, with the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) consistently providing the greatest support of perinatal research in the United States. NICHD's work includes the Maternal-Fetal Medicine Units Network (MFMU), a network of 12 centers across the country that conduct clinical studies to improve maternal, fetal, and neonatal health. NICHD is also working to advance safe and effective therapies for pregnant and lactating women as recommended in 2019 by the federal Task Force on Research Specific to Pregnant Women and Lactating Women (authorized under P.L. 114-255). Strengthened, prioritized support for maternal health research at the NIH is crucial to fully understanding the health inequities and disparities in outcomes that the U.S. is facing.

Providing strong and sustained funding for each of these programs is critical to addressing our nation's maternal health crisis. Thank you for your consideration of this request to prioritize the highest possible funding level for programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health overall.

Sincerely,