AMCHP Supports Reauthorization of Key Title V Maternal and Child Health Programs

AMCHP strongly supports the reauthorization of three critical components of the Title V statute that are set to expire. The Maternal, Infant, and Early Childhood Home Visiting program (MIECHV), the Personal Responsibility Education Program (PREP), and Family-to-Family Health Information Centers (F2F-HICs) each work in concert with the Title V Maternal and Child Health (MCH) Services Block Grant to ensure a continuum of services and supports to improve the health of our nation’s mothers, children and families, including children and youth with special health care needs.

The Maternal, Infant, and Early Childhood Home Visiting Program was created as Section 511 of the Title V Statute in 2010 and is administered by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau in close collaboration with the Administration for Children and Families. The program aims to improve health and developmental outcomes for children and families who reside in at-risk communities through implementation of evidence-based voluntary home visiting programs. The original authorization provided initial funding of $1.5 billion in mandatory dollars for 2010 through 2014. As part of the Medicare physician payment fix in March 2014, the program was extended through March 31, 2015 at $400 million.

The MIECHV program supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to age five. Providers in the community work with parents who chose to participate in the program voluntarily to build the skills to help take care of their children and family. Priority populations include low-income families; teen parents; families with a history of drug use or of or of child abuse and neglect; families with children with developmental delays or disabilities; and military families.

The legislation requires that all grantees demonstrate improvement in six benchmark areas:

1. Improved maternal and newborn health
2. Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits
3. Improvement in school readiness and achievement
4. Reduction in crime or domestic violence
5. Improvements in family economic self-sufficiency
6. Improvements in the coordination and referrals for other community services and supports

The Personal Responsibility Education Program (PREP), created as Section 513 of the Title V Statute in 2010 is administered by the Administration for Children and Families and awards grants to state agencies to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, including HIV/AIDS. The program targets youth ages 10-19 who are homeless, in foster care, live in rural areas or in geographic areas with high teen birth rates, or come from racial or ethnic minority groups. The program also supports pregnant youth and mothers under the age of 21.
PREP projects replicate effective, evidence-based program models or substantially incorporate elements of projects that have been proven to delay sexual activity, increase condom or contraceptive use for sexually active youth, or reduce pregnancy among youth. Through a systematic review, the U.S. Department of Health and Human Services (HHS) selected 28 models that states could use, depending on the needs and age of the target population in each state. The original authorization provided $75 million in annual mandatory funding from 2010-2014. As part of the Medicare physician payment fix in March 2014, the program was extended through September 30, 2015 at level funding.

**Family-to-Family Health Information Centers** (F2F HICs) were originally authorized in 2005 as part of section 501 of the Title V statute and are administered by the HRSA Maternal and Child Health Bureau. F2Fs are family-staffed organizations that assist families of children and youth with special health care needs (CYSHCN) and the professionals who serve them. F2F HICs provide support, information, resources, and training, and are uniquely able to help families because they are staffed by family members who have first-hand experience navigating the maze of health care services and programs for CYSHCN. F2F HIC staff understand the issues that families face and are especially qualified to help families make informed decisions.

Each Family-to-Family Health Information Center is unique, reflecting the needs and character of the community and state that it serves. Organizational structure, locations, partnerships, and specific initiatives may vary. However, all F2F HICs provide:

- Assistance to families and professionals in navigating health care systems
- Information, education, training, support and referral services
- Outreach to underserved/underrepresented populations
- Guidance on health programs and policy
- Collaboration with other F2F HICs, family groups, and professionals in efforts to improve services for CYSHCN
- Evaluation and outcome assessment

The program was originally authorized at $5 million per year and, as part of the Medicare physician payment fix in March 2014, the program was extended through September 30, 2015 at level funding.

###

AMCHP strongly supports each of these programs. We urge Congress to expeditiously reauthorize them to avoid disrupted services and assure continued support for programs improving the health of all America’s women, children and families.

The AMCHP 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, Director of Policy, at bewig@amchp.org or call (202) 775-0436.