



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

March 30, 2011

Chairman Fred Upton
Committee on Energy and Commerce
United States House of Representatives
Washington, D.C. 20515

Ranking Member Henry Waxman
Committee on Energy and Commerce
United States House of Representatives
Washington, D.C. 20515

Chairman Joe Pitts
Energy and Commerce Subcommittee
on Health
United States House of Representatives
Washington, D.C. 20515

Ranking Member Frank Pallone, Jr.
Energy and Commerce Subcommittee
on Health
United States House of Representatives
Washington, D.C. 20515

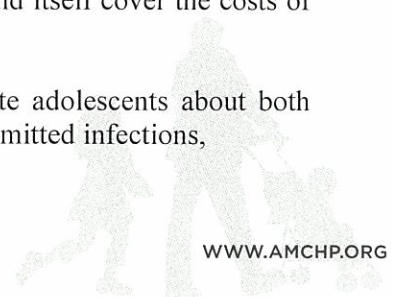
Dear Chairmen Upton and Pitts and Ranking Members Waxman and Pallone:

On behalf of the Association of Maternal & Child Health Programs (AMCHP) I am writing in strong opposition to the Energy and Commerce Health Subcommittee's scheduled mark up of legislation designed to eliminate or reclassify the Prevention and Public Health Fund, school based health centers and Personal Responsibility Education Program (PREP). These provisions are cornerstone investments in maternal and child health that will yield enormous economic and public health benefits in the near future and beyond.

These Affordable Care Act (ACA) provisions represent a historic movement in the realm of public health to move us away from a "sick care" system to one of prevention and wellness. Providing quality affordable health care to all Americans is a necessary and fundamental step to improving health in America. However, the U.S. already spend close to twice as much per capita than the next closest country, yet lags behind many industrialized nations in the two key measures of infant mortality and life expectancy. To truly improve our national health outcomes while driving down health care costs we need to preserve these critical public health investments to promote the primary prevention of disease, reduce teen pregnancy and enhance health services to children and adolescents.

Specifically, the Prevention and Public Health Fund is critical to bringing effective programs to scale, reversing the erosion of vital public health programs and making new investments to promote the health of all Americans. States are already using the resources from the Fund to help control obesity, reduce tobacco use and improve nutrition. Coupled together these initiatives will contribute to vast improvements in maternal health and birth outcomes. For example, if we are able to reverse the costly and serious trend of preterm birth rate in this country and reduce it by half we would save an estimated \$13 billion dollars annually. More importantly, this progress would save the lives of thousands of babies and would itself cover the costs of the Fund.

Additionally, PREP is designed replicate evidence based programs to educate adolescents about both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections,



including HIV/AIDS. Although adolescents are seen as a healthy population who suffer from few life-threatening conditions, many of their behaviors, especially those related to sexual risk-taking, during this developmental phase can have life-long consequences. The most recent birth data from the Centers for Disease Control and Prevention (CDC) confirm that the U.S has the highest teen pregnancy rates in the industrialized world. The sustained investment afforded via PREP therefore is a critical component to reach more adolescents with evidence based programs and achieve what Dr. Thomas Frieden, Director of the CDC has coined as a “winnable battle” against teenage pregnancy.

Finally, numerous studies have shown that school-based health centers (SBHCs) keep students healthy and learning. Stronger school-based health centers means a stronger health care safety net – and stronger, more successful children and adolescents. The one-time federal funding provided by the Affordable Care Act will be leveraged with other sources to provide needed primary, mental, and oral health care. No other source of federal funding uniquely supports SBHCs, which is why it made sense for Congress to provide a one-time allocation for construction, renovation, and equipment grants, and we oppose its elimination.

The U.S. Department of Health and Human Services and state and local health departments are working to combat and prevent many conditions that plague our most vulnerable populations. However, due to the economic downturn and chronic underfunding these entities are unable to fully implement the promising research, programs and community interventions to ensure appropriate prevention as well as prompt diagnosis and treatment of a broad array of conditions and diseases. The mandatory appropriations created by the Affordable Care Act are critical to assure sustained and predictable support for federal and state capacity today, and will result in better health and cost savings in both the short and long term.

At a time of unprecedented cuts to domestic discretionary spending now is not the time to dismantle these critical public health investments. Without a sustained investment in public health we will no longer be able to make improvements in the health of our most vulnerable populations - women and children. Accordingly I strongly urge you to oppose any efforts to eliminate, cut or reclassify the Prevention and Public Health Fund, school based health centers and PREP.

Sincerely,



Michael R. Fraser, Ph.D., CAE
Chief Executive Officer

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