The Association of Maternal & Child Health Programs calls on Congress to fund the Title V Maternal and Child Health (MCH) Services Block Grant at $645 million for FY 2013.

The MCH Block Grant authorized by Title V of the Social Security Act is the only federal program of its kind devoted solely to improving the health of all women and children. In 2009 alone, 41 million individuals were served by the programs funded through the block grant. Our FY 2013 request is level with FY 2012 and is an $11 million decrease from FY 2011. Since FY 2003, the funding for the block grant has decreased by $85 million. This reduced investment comes at a time when a greater number of individuals rely on the services provided by the block grant, low birth weight and preterm births continue to be serious and costly and the United States ranks 41st internationally in infant mortality rates. Additionally, racial and ethnic disparities persist across several indicators, with black infant mortality rate double the rate for whites.

Maintaining funding for the MCH Block Grant is critical to help states sustain critical health care services to millions of pregnant women, infants and children, including those with special health care needs. In addition to direct services, the MCH Block Grant supports enabling preventive and systems-building services needed to promote optimal health.

AMCHP supports $645 million for the MCH Block Grant to enable states to:
• Reduce infant mortality;
• Provide and enable access to comprehensive prenatal and postnatal care and improve the overall health of mothers and children;
• Ensure access to quality care and meeting transportation and translation needs;
• Increase the number of children receiving health assessments and follow-up diagnostic and treatment services;

The MCH Block Grant improves the health of America’s women and children by:
• Supporting programs that work. The MCH Block Grant earned the highest program rating by the Office of Management and Budget (OMB)’s Program Assessment Rating Tool (PART). OMB found that MCH Block Grant-funded programs helped to decrease the infant mortality rate, prevent disabling conditions, increase the number of children immunized, increase access to care for uninsured children, and improve the overall health of mothers and children. Reduced funding threatens the ability of these programs to carry on this work.
• Addressing the growing needs of women, children and families. As states face economic hardships and face limits on their Medicaid and CHIP programs, more women and children seek care and services through MCH-funded programs. Resources are needed to reduce infant mortality, provide mental health care to those in need, improve oral health care, reach more children and youth with special health care needs, and reduce racial disparities in health care.
• Supporting other federally funded programs such as community health centers, Healthy Start, WIC, autism, CHIP and Medicaid. The MCH Block Grant invests in needs assessments, planning and policy development, quality assurance and standards development, training, collection of health care data and analysis, and development of...
information systems that complement health care services and promote prevention for all populations.

Close coordination with other health programs assures that funding is maximized and services are not duplicated.

About the Title V Maternal and Child Health (MCH) Services Block Grant

The MCH Block Grant is the only federal program of its kind devoted solely to improving the health of all women and children. When Title V of the Social Security Act was passed in 1935, the Federal Government pledged its support of state efforts to extend and improve health and welfare services for mothers and children.

Sustained funding will allow state MCH and Children and Youth with Special Health Care Needs (CYSHCN) Programs to continue to improve health outcomes by expanding the following types of services:

MATERNAL AND CHILD HEALTH PYRAMID OF HEALTH SERVICES

DIRECT HEALTH CARE SERVICES
- Basic health services and health services for Children with Special Health Care Needs (CSHCN)

ENABLING SERVICES
- Transportation, translations, outreach, respite care, health education, family support services, purchase of health insurance, case management coordination with Medicaid, WIC, and Education.

POPULATION-BASED SERVICES
- Newborn screening, lead screening, immunization, sudden infant death syndrome counseling, oral health, injury prevention, nutrition, and outreach/public education.

INFRASTRUCTURE-BUILDING SERVICES
- Needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, systems of care, and information systems.

ADDITIONAL INFORMATION

For additional information, including state specific MCH profiles, contact AMCHP Policy and Government Affairs Team at (202) 775-0436 or www.amchp.org.

WHAT IS AMCHP?

For over 60 years, the Association of Maternal and Child Health Programs has worked to protect the health and well-being of all families, especially those who are low income or underserved. AMCHP represents state public health leaders, including high level state government officials, directors of maternal and child health (MCH) programs, directors of programs for children with special health care needs and adolescent health coordinators. Members of AMCHP also include academic, advocacy and community-based family health professionals, as well as families themselves.

The conceptual framework for the services of the Title V Maternal and Child Health Block Grant is envisioned as a pyramid with four tiers of services and levels of funding that provide comprehensive services for mothers and children. The pyramid also displays the uniqueness of the MCH Block Grant, which is the only Federal program that consistently provides services at all levels of the pyramid.