

# SEQUESTRATION:

## Impact on Women, Infants, Children and Families

Investments in maternal and child health improve the well-being and quality of life for women, infants, children, and families while reducing government costs in medical care, education, and other areas. Sequestration will eliminate nearly **one billion dollars** in federal funding, which will hinder access to critical health care services, stunt the impact and development of prevention initiatives, and reduce crucial funding for medical research – much of which would not be funded without government dollars – designed to promote and improve the health of all women and their families. Below are specific examples illustrating the impact of sequestration as of Jan. 3, 2013.

AGENCY	FY12 FUNDING (in millions)	8% REDUCTION	TOTAL
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	\$6,618	-529	\$6,089
Title X	\$294	-24	\$270
Children's Hospital Graduate Medical Education Program	\$265	-21	\$244
Health Resources and Services Administration Maternal and Child Health Bureau*	\$570	-46	\$524
Title V Maternal and Child Health Services Block Grant	\$639	-51	\$588
317 Immunization Program	\$558	-45	\$513
National Center for Birth Defects and Developmental Disabilities	\$137	-11	\$126
Safe Motherhood	\$44	-4	\$40
National Institutes of Child Health and Human Development	\$1,324	-106	\$1,218
<b>TOTAL</b>	<b>\$10,449</b>	<b>-837</b>	<b>\$9,612</b>

\* Includes funding for Maternal Infant and Child Early Education Home Visiting Program, heritable disorders, autism, traumatic brain injury, sickle cell, hearing screening, and Healthy Start.

### Access to Critical Health Care Services for Women and Children Represents a Small Segment of Spending, but Provides a Significant Return on Investment

**WIC represents less than 0.2 percent of the federal budget and provides nutrition and breast feeding education, nutritious foods, and improved health care and social service access to nearly nine million mothers and young children per month.** Sequestration will result in cutting more than 750,000 mothers and infants from the program.

**Children's Hospitals Graduate Medical Education (CHGME) program provides 55 freestanding children's hospitals in 30 states with critical federal support for residency and fellowship programs.** Although eligible children's hospitals represent only 1 percent of all hospitals, CHGME funds training for more than 40 percent of general pediatricians and 43 percent of all pediatric subspecialists each year. This amounts to more than 5,600 pediatric residents being trained each year through CHGME. Sequestration will reduce the number of residency slots, jeopardizing access to critical health services, especially for children with special health care needs. Today, one in three American children must travel 40 miles or more to see a needed pediatric subspecialist. Reduced funding for CHGME will only deteriorate access to specialized children's health care services by limiting the supply of available doctors.



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**Title X provides critical family planning services to low-income, uninsured, and underinsured women, men, children, and families.** Sequestration will reduce federal funding for the only dedicated family planning program to its lowest point in a decade. Funding cuts will lead to staff layoffs and limited service hours which will reduce access to critical health services that detect breast and cervical cancer, prevent and treat STIs, and have shown to decrease the incidence of unplanned pregnancies.

## Funds for Prevention are Cost-Effective and Essential to Women and Children's Health

**The Title V Maternal and Child Health Services Block Grant, Healthy Start and other programs at the Maternal and Child Health Bureau will be cut by nearly \$100 million under the scheduled sequestration.** This will eliminate critical services, health education, and programs that protect and promote the health of more than 40 million women, infants and children with special health care needs in the United States. Sequestration will also result in the closure of rural clinics serving children with special health care needs and lost capacity to support regionalized systems of care for low birth weight and medically fragile newborns.

**The 317 Immunization Program funds the purchase and delivery of vaccines to vulnerable populations, including underinsured children and adolescents, uninsured and underinsured adults, and special populations at high risk for vaccine-preventable diseases.** Every \$1 spent on the childhood vaccine series in the Section 317 immunization program saves the health care system \$16.50 in future medical costs. If funding for the 317 program were cut in a sequestration, life-saving immunizations could be threatened for 30,000 children and 20,000 adults. Without continued vigilance, the nation risks a resurgence of deadly threats virtually eliminated in the United States, such as measles and whooping cough.

**The National Center for Birth Defects and Developmental Disabilities promotes the health of all babies and children by identifying the causes of birth defects and developmental disabilities.** Sequestration will greatly hamper state-based birth defects surveillance, intervention and prevention activities. As a result, the United States will lose its national capacity to monitor birth defects and conduct research, limiting opportunities to address this significant public health burden. Furthermore, no other entity in the United States exists to fill this gap in a crucial public health service.

**The Safe Motherhood Initiative supports CDC's work with state health departments and other state-based organizations to identify and prevent pregnancy-related deaths.** More than one-third of all pregnant women experience delivery complications, and between 2 and 3 women a day die from these complications. Today, 40 states and New York City operate state-based surveillance programs to monitor changes in maternal and child health indicators (e.g., unintended pregnancy, prenatal care, breastfeeding, smoking, drinking, infant health) in an effort to improve the health of mothers and infants. Sequestration will eliminate 4 state-based surveillance programs, reducing our nation's capacity to identify causes of and prevent the occurrence of pregnancy-related deaths.

## NICHD Research Dollars Save Lives and Benefit the Economy

**Adequate success rates and pay-lines are needed to ensure a steady supply of researchers that reapply for National Institute of Health (NIH) grants or apply at all.** A \$106 million sequester cut to the National Institute for Child Health and Human Development (NICHD) would be a particularly devastating blow since NICHD already has the lowest percentage of grant applications funded of all NIH Institutes.

**Costly diseases affecting mothers and babies add billions to the health care system.** Prematurity rates have increased by almost 35 percent since 1981, and cost the United States \$26 billion annually, \$51,600 for every infant born preterm. Additional research can help drive down these rates, saving dollars and lives.

**NIH is an economic engine.** Data show that every \$1 invested in research at these institutions generates in \$2.60 in economic activity. A total of 432,000 jobs were created from NIH investments in 2011, contributing to \$62.1 billion in new economic activity.

**NIH already faces budget constraints, and has lost 20 percent in purchasing power over the last decade, adjusting for inflation.** However, the opportunities for research are greater than ever: the molecular basis of more than 4,000 diseases has been discovered in the past decade, yet only 250 therapeutics have been developed to date.

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