

September 24, 2024

The Honorable Patty Murray  
Chair, Committee on Appropriations  
U.S. Senate  
Washington DC, 20510

The Honorable Susan Collins  
Vice Chair, Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Tom Cole  
Chair, Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member, Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chair Murray, Vice Chair Collins, Chair Cole, and Ranking Member DeLauro:

The undersigned 77 organizations representing the public health community, health professionals, academic institutions, and families are writing to express opposition to the proposed cuts to the Title V Maternal and Child Health (MCH) Services Block Grant in the FY 2025 Labor, Health and Human Services, Education and Related Agencies (Labor-HHS) bills being separately considered in both chambers.

The Title V MCH Block Grant is a cost-effective, accountable, and flexible funding source to address the most critical, pressing, and unique needs of each state's maternal and child health populations. State and local health departments use the Title V MCH Block Grant to design and implement a wide range of statewide and community-level maternal and child health programs to fit the needs of their specific populations. According to data gathered by the Health Resources and Services Administration (HRSA), Title V MCH Block Grant funding provided access to health care and public health services for an estimated 61 million people in FY 2022, including 99% of infants, 93% of all pregnant people, and 61% of children nationwide.

We appreciate the Committee's recognition of the work done by individual states as reflected in the proposed \$5 million increase in the House of Representatives and proposed level funding in the Senate of the state grant portion of the Title V MCH Block Grant. However, we remain deeply concerned about the proposed reductions by the House of Representatives in funding for the Special Projects of Regional and National Significance (SPRANS) portion. While the Senate recommended a \$3 million increase for SPRANS, the House of Representatives proposed a \$15.848 million reduction. This marks the second consecutive year that the House of Representatives has proposed substantial cuts to SPRANS funding.

Although the state allotments comprise the bulk of Title V MCH Block Grant spending, the SPRANS portion of the Title V Block Grant, particularly its flexibility, is essential to achieving Title V's mission of ensuring the health of the nation's mothers, women, children and youth, including children and youth with special health care needs, and their families. SPRANS projects complement the State Title V MCH Block Grant awards and other federal MCH programs by

providing targeted support for MCH priorities across the life course, responding to emerging issues, and driving innovation. For example, the Alliance for Innovation on Maternal Health (AIM) program, a national data-driven maternal safety and quality improvement initiative, began as a SPRANS pilot in FY 2014 and became authorized under the Public Health Service Act in FY 2022. The flexibility of SPRANS allows for the development of projects like AIM that can eventually grow in scale and impact for MCH populations.

In FY 2024, \$210.1 million in SPRANS funding supports the work of nearly 225 grantees across 59 states and jurisdictions by funding innovation, training and workforce, technical assistance, quality improvement, and other mission-critical efforts, including genetics services, newborn screening, and treatments for sickle cell disease and hemophilia. A loss of SPRANS funding could detrimentally impact MCH populations, providers, public health professionals, and trainees in a sweeping way:

- Approximately 50,000 pregnant women, mothers, and providers would lose on-demand access to expert consultation about exposures (e.g., medications, vaccinations, chemicals, herbal products, and substances of abuse) during pregnancy each year.
- Forty communities would lose funding for Healthy Tomorrows projects that increase access to care and reduce health care costs through health promotion, prevention, and early intervention.
- Over 53,500 individuals with blood conditions, including Hemophilia, Thalassemia, Hereditary Hemorrhagic Telangiectasia, and other genetic disorders, would lose access to specialized comprehensive care, increasing the likelihood of life-threatening bleeding, severe anemia, and early death.
- More than 9,400 clinical and public health trainees would lose access to specialized undergraduate, graduate, and post-graduate MCH training, including specialized training in nutrition, public health, and care for children and youth with complex needs.
- More than 74,000 practicing clinical and public health professionals would lose access to continuing education on the aforementioned critical MCH topics.
- MCH initiatives would lose access to technical assistance that helps them more efficiently and effectively implement programs to improve the health of mothers, children, and families. For example, last year, SPRANS funding supported the review and addition of 7 new practices to the Association of Maternal & Child Health's Innovation Hub database—a frequently used online platform to share effective practices and policies to improve MCH.
- States and jurisdictions would lose access to critical MCH data, analysis, and support.
  - The State Systems Development Initiative (SSDI) Program supports data analysis and translation of data into action at the state/jurisdictional level. Reduced funding would negatively impact data sharing and analysis necessary for state and local public health programs and health care systems to respond to evolving public health information, including emergencies and emerging issues/threats like COVID-19.
  - Many states use SSDI funds to support a state MCH epidemiologist or access to critical data to inform program planning and action related to emergencies and emerging issues/threats. With these funds, State Title V programs also link program data to data from systems such as Vital Records (birth and death),

Medicaid, Newborn Screening, and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), etc. These data linkages provide essential information to state and local programs so they can effectively support the health and wellbeing of mothers, children, and families throughout the country.

- Maternal and child health programs in every state would be hindered from leveraging national and state data to assess the needs of families and measure their performance in serving families. For example, states have used information from research and analysis to evaluate the need for behavioral health services for children, produce reports on topics such as developmental disabilities, expand initiatives, and develop comprehensive early childhood health systems. Moreover, funding for research and analysis can inform clinical care guidelines and recommendations for maternal and pediatric populations.

We know your Committees were forced to make difficult decisions to keep total funding at certain spending levels. As you work to advance the FY 2025 Labor-HHS bill, we urge you to increase funding for the Title V Maternal and Child Health Service Block Grant to at least \$1 billion, with respective increases to both state block grant funds as well as SPRANS funds, in order to support the vast needs of MCH populations across the country. For additional information on MCH programs in your state, please contact Sherie Lou Santos at the Association of Maternal & Child Health Programs at 202-964-2411 or [SSantos@amchp.org](mailto:SSantos@amchp.org).

Thank you for your consideration,

Academy of Nutrition and Dietetics  
AFE Foundation  
AIDS Alliance for Women, Infants, Children, Youth & Families  
American Academy of Pediatrics  
American Association of Colleges of Nursing  
American College of Clinical Pharmacy  
American College of Obstetricians and Gynecologists  
American College of Physicians  
American Heart Association  
American Nurses Association  
American Psychological Association  
APS Foundation of America, Inc  
Association of Maternal & Child Health Programs  
Association of Public Health Laboratories  
Association of Public Health Nurses  
Association of State and Territorial Health Officials  
Association of State Public Health Nutritionists  
Baby Cafe USA  
Centering Healthcare Institute  
Centro Pediátrico de Lactancia y Crianza  
Child Welfare League of America

CMU Health  
Council of State and Territorial Epidemiologists  
Division for Early Childhood of the Council for Exceptional Children (DEC)  
Every Mother Counts  
Families USA  
Fathers' UpLift, Incorporated  
First Focus Campaign for Children  
Futures Without Violence  
GLO Premies  
HealthConnect One  
Healthy Birth Day, Inc.  
Healthy Teen Network  
HealthyWomen  
IDEA Infant and Toddler Coordinators Association (ITCA)  
Institute for Perinatal Quality Improvement, LLC (PQI)  
Lifeline for Families Center and the Lifeline for Moms at UMass Chan Medical School  
March for Moms  
March of Dimes  
MomsRising.org  
Montclair State University  
Naphsis  
National Association of County and City Health Officials  
National Association of Nurse Practitioners in Women's Health  
National Association of Pediatric Nurse Practitioners  
National Black Women's HIV/AIDS Network  
National Blood Clot Alliance  
National Coalition of STD Directors  
National Family Planning & Reproductive Health Association  
National Healthy Start Association  
National Institute for Children's Health Quality  
National League for Nursing  
National Nurse-Led Care Consortium  
National WIC Association  
Nurse-Family Partnership  
Organization of Teratology Information Specialists  
PCOS Challenge: The National Polycystic Ovary Syndrome Association  
Planned Parenthood Federation of America  
Postpartum Support International  
Power to Decide  
Preeclampsia Foundation  
PremieWorld Foundation Inc.  
Prevent Blindness  
Prevention Institute  
Reproductive Freedom for All (formerly NARAL Pro-Choice America)  
School-Based Health Alliance

Society for Maternal-Fetal Medicine  
Society for Public Health Education  
Society for Reproductive Investigation  
Spina Bifida Association  
The National Alliance to Advance Adolescent Health  
Trust for America's Health  
U.S. Breastfeeding Committee  
United Cerebral Palsy  
University at Albany College of Integrated Health Sciences Maternal and Child Health Program  
University of Illinois Chicago School of Public Health  
ZERO TO THREE