



Statement from Phyllis Sloyer, R.N., Ph.D., PAHM, FAAP

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(AMCHP)**

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**House of Representatives Committee on Appropriations
Subcommittee on Labor, Health and Human Services and Education**

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Summary: To improve the health of all women, infants, children, and adolescents, including children with special health care needs, the Association of Maternal and Child Health Programs (AMCHP) is asking for the subcommittee's leadership to appropriate \$850 million for the Title V Maternal and Child Health Services Block Grant administered by the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

Mr. Chairman and distinguished Subcommittee Members:

I am grateful for this opportunity to testify on behalf of the Association of Maternal & Child Health Programs (AMCHP), our members, and the millions of women and children that are served by the Title V Maternal and Child Health Services Block Grant. My name is Dr. Phyllis Sloyer and I am the current President of AMCHP as well a division director at the Florida Department of Health. I am here today to ask the Subcommittee to support full funding for the Title V Maternal and Child Health Services Block Grant at its authorized level of \$850 million for Federal Fiscal Year 2010.

To help illustrate the importance of Title V MCH Funding, I want to begin by sharing the story of a boy named Adam, in his own words:

Hi! My name is Adam and I live in Milwaukee, WI. I have a very rare genetic disorder that affects my vision, cognitive abilities, and motor skills. Title V services have been very important to my family. It's great to see more services are becoming available through the funding, especially the five Wisconsin Regional Centers for Children and Youth with Special Health Care Needs. These centers are dedicated to meeting families' needs through a statewide coordinated system of information, referral and follow up, family to family support, and strong partnerships with providers. I want you to know that families that have kids with special needs really do benefit from the services offered through Title V. Please help so that other kids like me can develop to their best potential through access to these services. Thanks!

While Adam lives in Milwaukee, we know that the Title V MCH Block Grant in Wisconsin supports two regional centers in Chairman Obey's district. The Western Regional Center for Children and Youth with Special Health Care Needs (CYSHCN) is located at the Chippewa County Courthouse and the Northern Regional Center is located in the Marathon County Health Department. The MCH Block Grant supports a similar network in my home state of Florida, and none of this could happen without the Title V MCH Block Grant funding.

Title V of the Social Security Act was created during the Great Depression to "improve the health of all women and children." The MCH Block Grant is a celebrated example of an effective Federal and state partnership with a common goal of improving the health of all mothers and children, including those children with special health care needs. It is also at the forefront of promoting family-centered care in all of its work. But we are losing ground fast and we believe it is time to go back to the roots of Title V and recommit ourselves to truly improving the health of our nation's women and children by fully investing in the MCH Block Grant.

Despite major advances in medicine, technology, and our health care system, America still faces huge challenges to improving maternal and child health outcomes and addressing the needs of very vulnerable children.

Reductions in maternal and infant mortality have stalled in recent years and rates of preterm and low birth weight births have increased over the last decade. As we sit here today, the United States ranks 29th in infant mortality rates when compared to other nations. Every 18 minutes a baby in America dies before his or her first birthday. Each day in America we lose 12 babies due to a Sudden, Unexpected Infant Death. There are places in this country where the African American infant mortality rate is double, and in some places even triple, the rate for whites. Childhood obesity threatens to reverse a century of progress in extending life expectancy, preventable injuries remain the leading cause of death for all children and we are failing to adequately screen all young children for developmental concerns.

Sadly, there are gaps between what a family needs and actually receives for a child with a special need. Out of pocket health care costs are increasing and we are erasing gains we made in supporting effective services for children with special needs and their families. Only 50% of these children receive comprehensive care within the context of a medical home and less than 20% of youth with special needs are able to find an adult health care provider who can appropriately care for them.

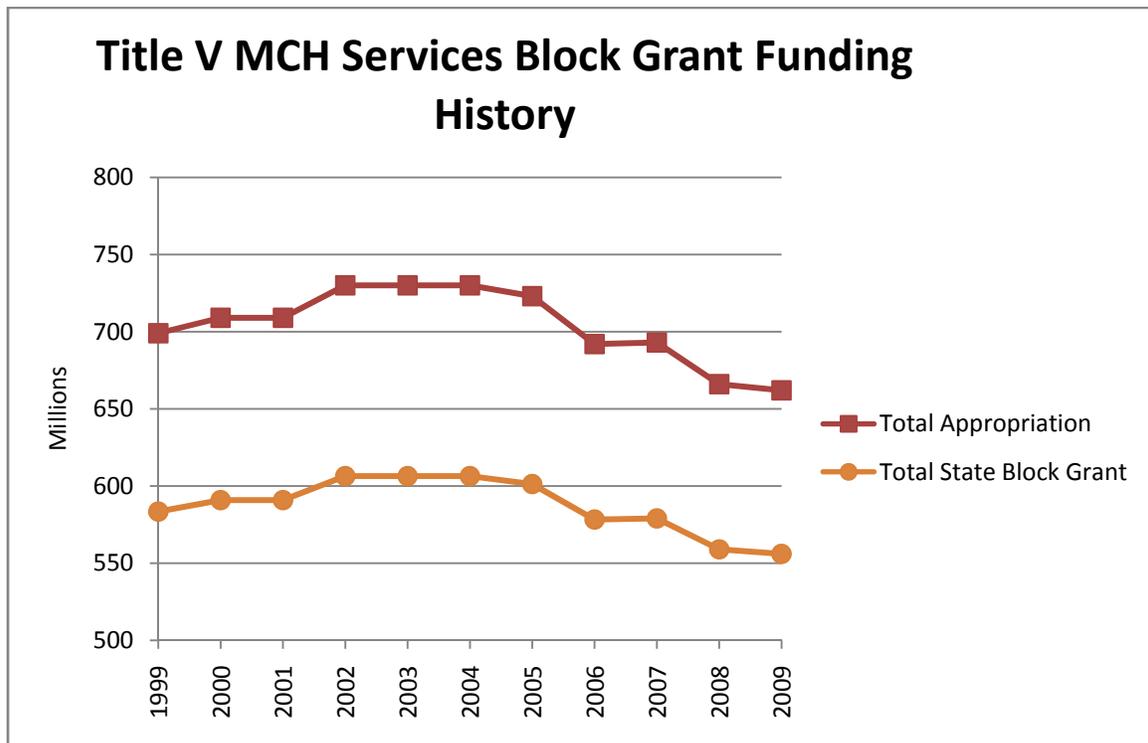
State programs funded through MCH Block Grant dollars are key to reversing this picture. Considering these and many other urgent health needs, AMCHP asks for your leadership in fully funding the MCH Block Grant at \$850 million for FY 2010.

AMCHP urges Congress to recognize the need to revitalize resources for states and their partners to reverse the trends and continue this critical work. We have a track record of demonstrating that we make a positive difference and are fully accountable for the funds that we receive. Fully funding the MCH Block Grant is an effective and efficient way to invest in our nation's women, children, and families.

The Office of Management and Budget found that MCH Block Grant-funded programs deliver results and 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. Close coordination with other health programs assures that funding is maximized and services are not duplicated.

Our results are available to the public through a national website known as the Title V Information System. Such a system is remarkably rare for a federal program and we are proud of the progress we have made.

Despite the increasing demand for maternal and child health services, reductions to the MCH Block Grant threaten the ability of programs to carry out their work. As states face increasing economic hardship, more women and children will seek services through MCH Block Grant funded programs. Due to years of reduced investment, the MCH Block Grant is at its lowest funding level since 1993, \$662 million dollars, meaning states again are being asked to serve additional people with less.



Now, as economic troubles increase demand for health services, state MCH programs desperately need additional resources to:

- increase outreach and screening services to identify and link women and children to available health care services;
- assure coordination of those services and assist new parents through efforts such as expanded home visitation programs; and
- deliver essential prevention and health promotion services to make sure that every mom has a healthy pregnancy; every child has the opportunity for a healthy birth and strong start in life; and every child with special health care needs receives ongoing comprehensive care within a medical home.

Crucial MCH activities are also supported by Title V under the Special Projects of Regional and National Significance (SPRANS) program, including MCH research, training, hemophilia diagnostic and treatment centers, and MCH improvement projects that develop and support a broad range of strategies. The SPRANS investment drives innovation for MCH programs and is an important part of the Title V MCH Block Grant.

Mr. Chairman and distinguished members, in closing I ask you to imagine with me an America in which every child in the United States has the opportunity to live until his or her first birthday; a nation where our Federal and state partnership has effectively moved the needle on our most pressing maternal and child health issues. Imagine a day when we are celebrating significant reductions or even the total elimination of health disparities by creatively solving our most urgent maternal and child health challenges. The MCH

Block Grant aims to do just that – using resources effectively to improve the health of all of America’s women and children.

I want to close with one more story from a parent in my state that I think illustrates the personal impact of Title V MCH Block Grant funds:

My daughter Ashley continues to be at risk for a detached retina with myopia of the eye. Title V Children and Youth with Special Health Care Needs has been instrumental in providing medically necessary funding for the type of eyeglasses that she needs in order to be able to see and have some quality of life as an adolescent. There are medications that she needs to be able to control her executive functions, her impulses and her motor coordination in order to be able to function in school that I would not be able to afford as a parent. As a parent it would be devastating if she could not go to school which increases her chances of being able to transition into work and/or higher education.

Thank you.