Federal MCH Policy and Leveraging Resources for MCH

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AMCHP
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Association of Maternal & Child Health Programs (AMCHP)

- Washington, DC based association
- Core membership: MCH leaders in the 59 states and jurisdictions who are responsible for administering the Title V Maternal and Child Health (MCH) Block Grant Program
- AMCHP is:
  - An advocate in Congress and the executive branch for the Title V Block Grant and other federally funded programs that promote the health and well-being of America's women, children, including children and youth with special health care needs, and families
  - A national resource for state public health leaders and others working to improve the health of MCH populations

Title V MCH Block Grant: Largest single source of federal funding for MCH programs

- Administered by the Maternal and Child Health Bureau (MCHB)
- Formula grants to states based on percent of children in poverty
- FY ’22 funding: **$747.7 million** ($35 million over FY21)
- FY ’23 “ask” - **$1 billion**
- Increase in funding reflects the importance of meeting MCH needs at the state level, especially during the pandemic
- Other federal agencies funding MCH programs: CDC, NIH, SAMHSA

High priority issues effecting MCH populations during the pandemic

- Maternal health workforce and coverage
- Children's mental health during the pandemic
- Continuity of coverage for women, children and families, post-pandemic

How can state policy makers and the federal government collaborate to develop solutions?

State solution: Doulas

- Potential strategy to alleviate the maternal health crisis that disproportionally affects women of color.
- Doula care is linked to lower Medicaid costs and improvement in the birthing experience and birth-related outcomes of women of color in underserved communities.
- **17 states** are in various stages of consideration, planning, or implementation of Medicaid doula reimbursement.

State solution: 12-month Postpartum Medicaid Extension

- Current Medicaid law requires two months of post-partum coverage
- 12-month extension is an evidence-based approach to improving outcomes for mothers and babies
- **40 states** have pending state/federal action underway or have implemented the 12-month extension
- **Five states** from the NCSL MCH Fellows group (thus far) have fully implemented the extension

Pediatric Mental Health

More than 200,000 children in the United States have experienced the death of a parent or grandparent caregiver due to COVID

Mental illness - and the demand for behavioral health services - are at all-time highs, especially among children.

More than 25% of high school students report worsening emotional and cognitive health during the pandemic

Severe shortages of pediatric mental health providers throughout the country

Situation has exacerbated racial disparities

Pediatric Mental Health Care Access (PMHCA)

- $11 million from the American Rescue Plan Act (ARPA)
- Goal: Integrate telehealth services into pediatric care
- Train pediatric primary care providers to screen, diagnose and treat behavioral disorders
- Hub and spoke model
- Grants to state and regional networks of pediatric mental health care teams, which provide telehealth consultation to pediatric primary care providers.
- 45 state grantees

One of the most important PHE-related issues for Medicaid-enrolled children and families:

Unwinding the COVID-19
Medicaid Continuous Eligibility Provision

Background

- Beginning March 2020 (first month of PHE): States must keep Medicaid enrollees continuously insured through the end of the PHE
- States receive an extra 6.2% in the state's federal match (FMAP) for duration of the PHE
- Current PHE expiration October 13th (unless extended)
- States must begin a redetermination process – 80 million people – **including half the children** - in the U.S.
- As many as **6.7 million children** could lose coverage if the redetermination process goes poorly

Opportunities for Title V programs to protect coverage for children and families during the Medicaid redetermination process

Association of Maternal & Child Health Programs

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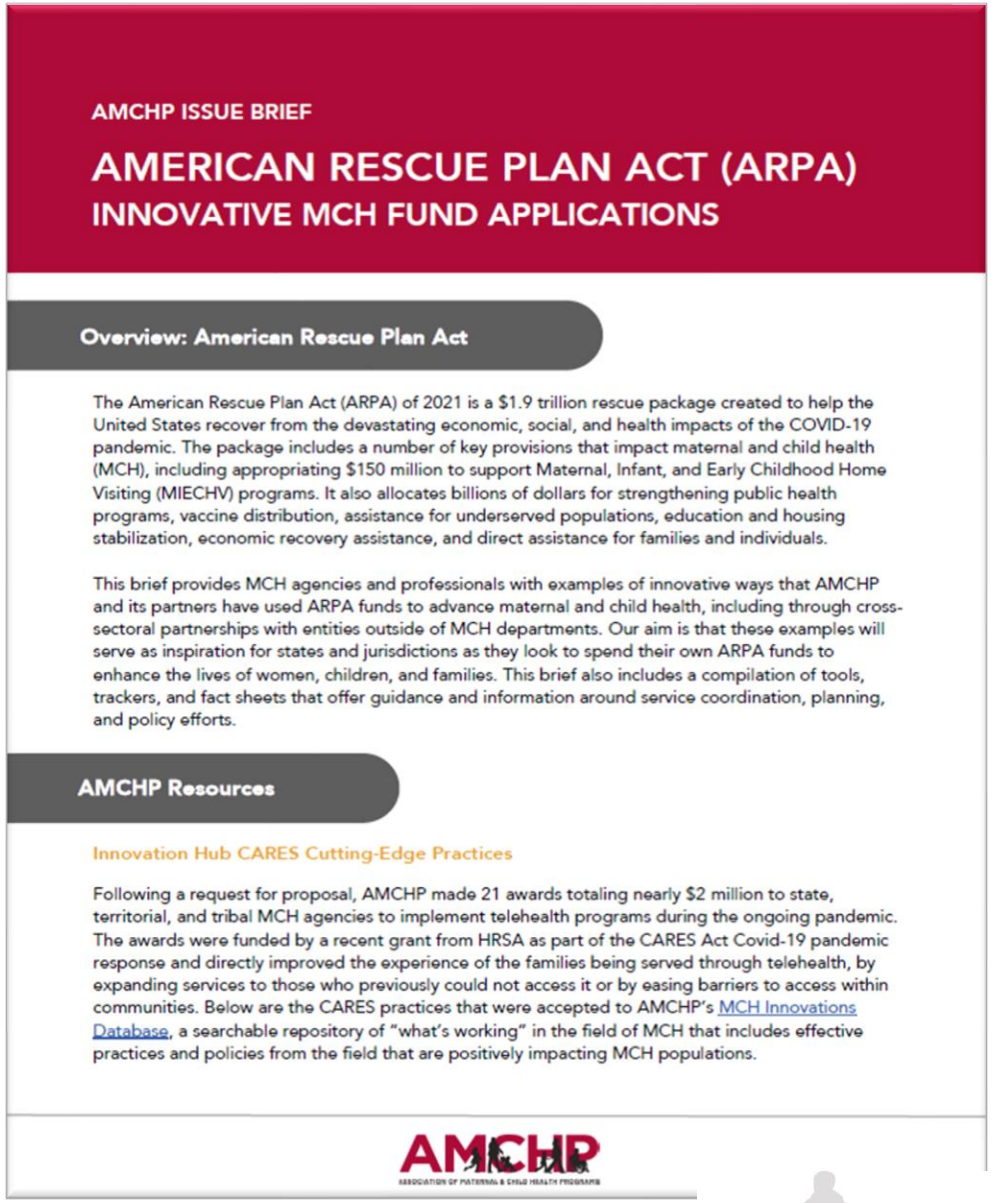
AMERICAN RESCUE PLAN ACT (ARPA)

AMCHP Issue Brief

- Examples of innovative ways states have used ARPA funding
- Compilation of tools, trackers, and fact sheets that offer guidance and information around service coordination, planning, and policy efforts
- AMCHP & External Resources



AMCHP ISSUE BRIEF

AMERICAN RESCUE PLAN ACT (ARPA)
INNOVATIVE MCH FUND APPLICATIONS

Overview: American Rescue Plan Act

The American Rescue Plan Act (ARPA) of 2021 is a $1.9 trillion rescue package created to help the United States recover from the devastating economic, social, and health impacts of the COVID-19 pandemic. The package includes a number of key provisions that impact maternal and child health (MCH), including appropriating $150 million to support Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. It also allocates billions of dollars for strengthening public health programs, vaccine distribution, assistance for underserved populations, education and housing stabilization, economic recovery assistance, and direct assistance for families and individuals.

This brief provides MCH agencies and professionals with examples of innovative ways that AMCHP and its partners have used ARPA funds to advance maternal and child health, including through cross-sectoral partnerships with entities outside of MCH departments. Our aim is that these examples will serve as inspiration for states and jurisdictions as they look to spend their own ARPA funds to enhance the lives of women, children, and families. This brief also includes a compilation of tools, trackers, and fact sheets that offer guidance and information around service coordination, planning, and policy efforts.

AMCHP Resources

Innovation Hub CARES Cutting-Edge Practices

Following a request for proposal, AMCHP made 21 awards totaling nearly $2 million to state, territorial, and tribal MCH agencies to implement telehealth programs during the ongoing pandemic. The awards were funded by a recent grant from HRSA as part of the CARES Act Covid-19 pandemic response and directly improved the experience of the families being served through telehealth, by expanding services to those who previously could not access it or by easing barriers to access within communities. Below are the CARES practices that were accepted to AMCHP's MCH Innovations Database, a searchable repository of "what's working" in the field of MCH that includes effective practices and policies from the field that are positively impacting MCH populations.

AMCHP

Examples of innovative ways states have used ARPA funding

- **Alaska Virtual Home Visiting Summit**: A virtual summit of home visitors across the state, agnostic to models and funding sources, to increase home visitors' capacity to address interpersonal violence as well as improve their own self-care and resilience.

- **Arizona Virtual Support for Families of Children who are Deaf or Hard of Hearing (DHH) during the Covid-19 Pandemic**: When the COVID 19 pandemic hit in March, Arizona Hands & Voices quickly transformed their operations to provide families with one-to-one and group support from teachers of the DHH, Deaf mentors and DHH Guides by adapting their "Guide By Your Side" Program for a virtual setting.

- **Connecticut Newborn Diagnosis and Treatment Network**: The Network centralizes reporting, coordination, and follow-up of out-of-range newborn screens; and provides high-level family-centered support for families and healthcare providers throughout the pre-diagnosis, diagnosis, and long term follow up phases.

Examples of innovative ways states have used ARPA funding

- **Guam CARES Telehealth Project**: Provides early hearing intervention services to families by working collaboratively with other organizations to innovatively provide teletherapy and telehealth services through the utilization of technology.

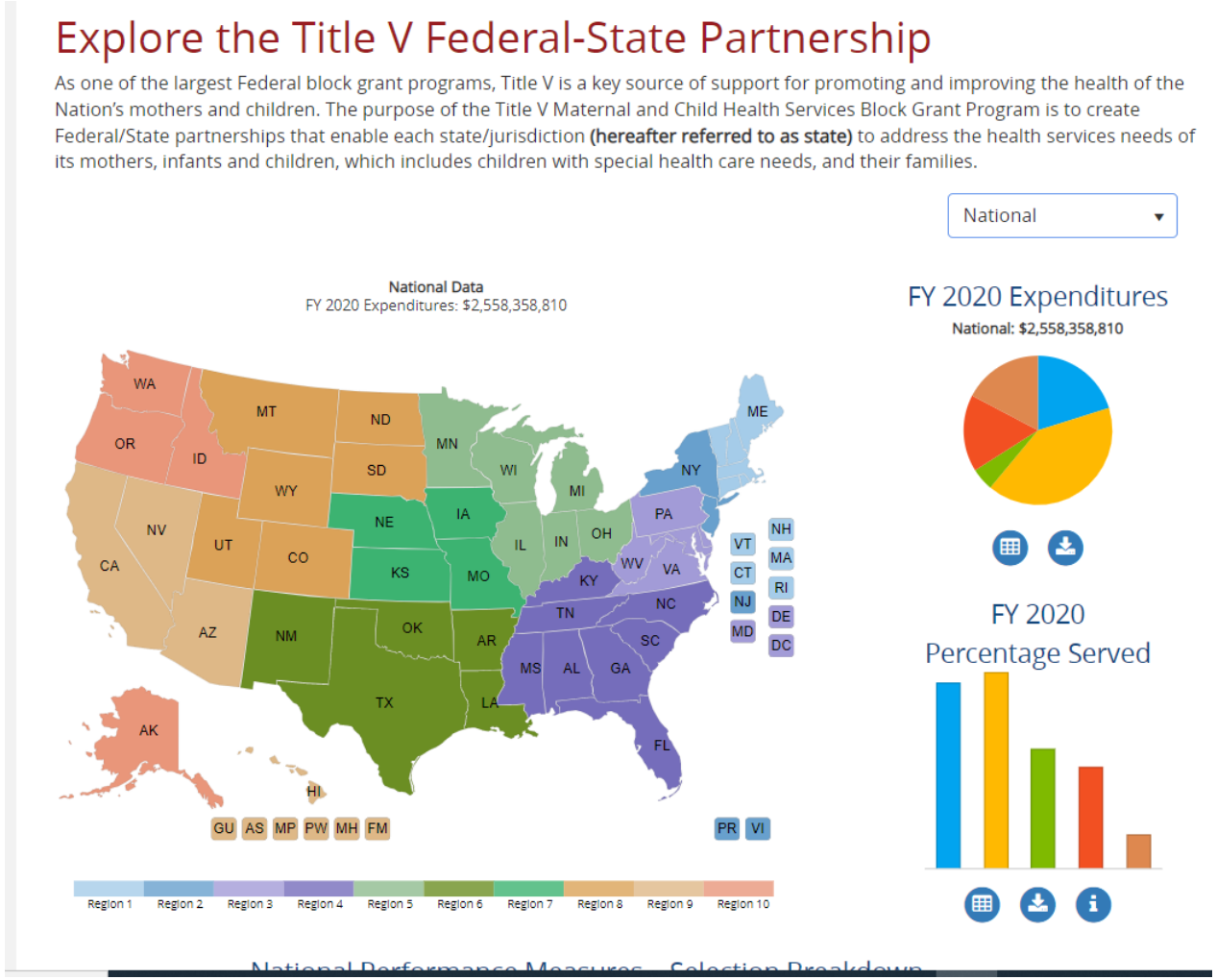
- **Massachusetts Community Telehealth Kiosk in City of Lawrence:** After engaging families and community-based organizations located in the City of Lawrence in a needs assessment, the Massachusetts Department of Health and its partners implemented a telehealth kiosk in a local library to serve as a secure and accessible space for families to access telehealth and early intervention services.

- **Nevada Prenatal Care via Telehealth Pilot Program**: Facilitates access to prenatal care for underserved pregnant persons through telehealth.

Programmatic and legislative MCH resources for state legislators

Title V Information Service (TVIS)

- Contains all state applications for federal MCH block grant funding



AMCHP Federal bill tracker

MATERNAL HEALTH BILL TRACKER

Learn more about pending federal legislation to improve maternal health by searching the below table. This page will be updated regularly to track legislation through the 117th Congress. If you experience issues loading the tracker in Internet Explorer, we recommend using Chrome, FireFox or Edge. For questions, comments, or corrections, please email govtaffairs@amchp.org.

Bill | Bipartisan? Choose a Value | Topics Choose a Value

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Bill	Status	Lead Sponsor(s)	Summary	Committee(s)
Maternal Health Quality Improvement Act H.R.4387 S.1675	Enacted 3/15/22 as part of Consolidated Appropriations Act of 2022 Public Law 117-103	Rep. Robin Kelly (D-IL-2) Rep. Larry Bucshon (R-IN-8) Sen. Raphael Warnock (D-GA) Sen. Marco Rubio (R-FL)	Authorizes $9M for each of FY22-26 for HHS to award grants to identify, develop, or disseminate best practices to improve maternal and infant health. (Based on the Alliance for Innovation in Maternal Health (AIM) program administered by the Health Resources and Services Administration's Maternal and Child Health Bureau) Authorizes $5M for each of FY22-26 for HHS to award grants to health professional training programs to train health care professionals to improve maternal health care for "racial and ethnic minority populations, including with respect to perceptions and biases that may affect the approach to, and provision of, care." Requires HHS to contract with an independent research organization to conduct a study and make recommendations to health professional training programs on best training practices to improve maternal health care for "racial and ethnic minority populations, including with respect to perceptions and biases that may affect the approach to, and provision of, care." Requires CDC to provide grants to support perinatal quality collaboratives to improve perinatal care and Prenatal Health outcomes for pregnant and postpartum women and their infants. Authorizes $10M for each of FY22-26 for HHS to award grants to states, tribes, and tribal organizations to establish or operate evidence-based or innovative, evidence-informed programs to deliver integrated health care services to pregnant and postpartum women to optimize the health of women and their infants. Requires HHS to take into consideration as part of its public awareness campaigns related to the importance of vaccinations the importance of increasing awareness and knowledge of the safety and effectiveness of vaccines to prevent disease in pregnant and postpartum women and in infants and the need to improve vaccination rates in communities and populations with low rates of vaccination.	House E&C Senate HELP
Rural Maternal and Obstetric Modernization of Services Act (Rural MOMS Act) H.R.765 S.1491	Enacted 3/15/22 as part of Consolidated Appropriations Act of 2022 Public Law 117-103	Rep. Dan Newhouse (R-WA-4) Rep. Cindy Axne (D-IA-3) Sen. Tina Smith (D-MN) Sen. Lisa Murkowski (R-AK)	Directs various units within the U.S. Department of Health and Human Services to improve data collection and research efforts related to maternal health. Authorizes $3M for each of FY22-26 for HHS to award grants to establish rural obstetric networks for quality improvement and innovation. Amends existing grant programs at HHS for telehealth networks and resource centers to include a focus on maternal health care. Authorizes $5M for each of FY22-26 for HHS to award grants to train maternal care providers to work in rural community-based settings.	House Energy & Commerce (E&C) Senate Health Education Labor and Pensions (HELP)

A sampling of federally-funded learning collaboratives for state MCH staff

Rural Maternal and Obstetric Modernization of Services Act (RMOMS)	• MN, MO, NM, WV, TX
Children with Medical Complexity	• AL, CO, IN, KY, MA, MN, OR, TX, WA, WI
Promoting Innovation in state MCH Policymaking (PRISM)	• WA, NM, IA, SC, IN, MO, CNMI, AR, NV

Thank you!

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