

FY 2023 House Appropriations Committee Public Testimony

**Submitted by the March of Dimes for the Subcommittee on Labor, Health and Human Services,
Education, and Related Agencies (LHHS) RE: Support for HHS**

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MARCH OF DIMES: FISCAL YEAR 2023 FEDERAL FUNDING PRIORITIES

PROGRAM	FISCAL YEAR 2022 REQUEST
National Institutes of Health (total)	\$49,000,000,000
National Institute of Child Health and Development	\$1,815,957,000
National Institute of Environmental Health Sciences	\$908,700,351
National Children’s Study Alternative (ECHO)	\$180,000,000
Centers for Disease Control and Prevention (total)	\$11,000,000,000
National Center for Birth Defects and Developmental Disabilities	\$205,000,000
<i>Emerging Threats to Moms and Babies</i>	\$100,000,000
Section 317 Immunization Program	\$10,675,000,000
Newborn Screening Quality Assurance Program	\$29,000,000
Polio Eradication	\$441,000,000
Division of Reproductive Health	Set-aside funding under SMI
<i>Safe Motherhood Initiative</i>	\$164,000,000
<i>Preterm Birth</i>	\$2,000,000
<i>Perinatal Quality Collaboratives</i>	Set-aside funding under SMI
<i>Maternal Mortality Review Committees</i>	Set-aside funding under SMI
Office on Smoking and Health	\$310,000,000
National Center for Health Statistics	\$210,000,000
Health Resources and Services Administration (total)	\$9,800,000,000
Title V Maternal and Child Health Block Grant	\$1,000,000,000
Heritable Disorders	\$29,883,000
Healthy Start	\$145,000,000
Grants for Maternal Depression Screening and Treatment	\$11,500,000
Maternal Mental Health Hotline	\$7,000,000
Title X Family Planning Program	\$512,000,000
Office of the Secretary Health - Teen Pregnancy Prevention	\$150,000,000
Agency for Healthcare Research and Quality (total)	\$500,000,000

March of Dimes, the nation’s leading nonprofit organization fighting for the health of all moms and babies, appreciates this opportunity to submit testimony for the record on fiscal year (FY) 2023 appropriations for the Department of Health and Human Services (HHS). March of Dimes leads the fight for the health of all mothers and infants through our research, community services, education, and advocacy.

Our organization strongly supports President Biden’s ongoing and demonstrated commitment to maternal health in his HHS budget proposal for FY 2023, which includes strong increases for critical programs supporting families, and we recommend the following funding levels for programs and initiatives that are essential investments in maternal and child health.

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD): March of Dimes recommends that Congress provide no less than \$1.816 billion for NICHD’s groundbreaking biomedical research activities in FY 2023. Increased funding will allow NICHD to sustain vital research on preterm birth, maternal mortality, maternal substance use, prenatal substance exposure and related issues through extramural grants, Maternal-Fetal Medicine Units, the Neonatal Research Network and the intramural research program.

Additionally, now that the Task Force on Research Specific to Pregnant and Lactating Women (PRGLAC) has laid the foundation for addressing research on safe and effective therapies for pregnant and lactating women in clinical trials by releasing recommendations in September 2018, as mandated by Congress in the *21st Century Cures Act* (P.L. 114-255), and provided an additional implementation plan increased funding will allow for NICHD to more closely look at ways to include and integrate pregnant and lactating women in clinical trials. NICHD funding also supports research to address gaps in our understanding of the best way to treat mothers with opioid use disorder and the long-term impact of opioid exposure in utero. We support the inclusion of this dedicated funding to address the nation’s preterm birth crisis.

Surveillance for Emerging Threats to Mothers and Babies Initiative: March of Dimes recommends funding the Surveillance for Emerging Threats to Mothers and Babies Initiative Program (known as SET-NET) within the National Center for Birth Defects and Developmental Disabilities at Centers for Disease Control and Prevention (CDC) at \$100 million. SET-NET was created during the Zika outbreak, which allowed CDC to create, a unique nationwide mother-baby linked surveillance network to monitor the virus’ impact in real-time to inform clinical guidance, educate health care providers and the community, and connect families to care. Unfortunately, states were unable to sustain systems due to the program being chronically underfunded, and we were left without a national system to mobilize when COVID-19 struck.

Consequently, we have an incomplete picture on how to best care for mothers and babies with confirmed or suspected virus infection as the CDC currently only supports 28 state, local, and territorial health departments. The

increased funding will allow for CDC to address these knowledge gaps and expand the initiative to provide real-time clinical and survey data from all 50 states, territories and jurisdictions on the impact of COVID-19 and new public health threats.

Perinatal Quality Collaboratives: PQCs are state or multistate networks working to improve the quality of obstetric care and improve outcomes. Currently, CDC funds 13 state-based PQCs that are implementing recommendations across health facility networks. However, many PQCs lack adequate resources to meet demands and reach their maximum potential. We request a specific funding level be set-aside under the \$164 million Safe Motherhood Initiative request to fully scale these programs in all states.

Maternal Mortality Review Committees: Under the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program, CDC provides funding, technical assistance, and guidance to state maternal mortality review committees. These multidisciplinary committees identify, review and characterize maternal deaths and prevention opportunities. Currently, CDC has made 24 awards and supports 25 state agencies and organizations that coordinate and manage MMRCs. However, more standardized data collection is needed to help examine all the factors contributing to severe maternal mortality, preventable deaths, and poor birth outcomes. To this end, we request a specific funding level be set-aside under the \$164 million Safe Motherhood Initiative request to reach all 50 states, DC, and Puerto Rico and tribes with enhanced technical assistance to maximize MMRCs.

Newborn Screening: Newborn screening is one of our nation's most successful public health programs. Each year, nearly every one of the approximately 4 million infants born in the United States is screened for certain genetic, metabolic, hormonal and/or functional conditions. The early detection afforded by newborn screening ensures that infants who test positive for a screened condition receive prompt treatment, saving or improving the lives of more than 12,000 infants each year.

Both the Newborn Screening Quality Assurance Program at CDC and the Heritable Disorders program at Health Resources and Services Administration's (HRSA) have significantly improved the quality of newborn screening programs throughout the country. NSQAP works hand-in-hand with state laboratories by performing quality testing for more than 500 laboratories to ensure the accuracy of newborn screening tests. Where the Heritable Disorders program provides assistance to states to improve and expand their newborn screening programs and supports the work of the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC), which provides

recommendations to the HHS Secretary for conditions to be included in the Recommended Uniform Screening Panel (RUSP). To continue sustaining, improving, and enhancing these programs, March of Dimes urges funding of \$29 million for NSQAP and \$29.883 million for the Heritable Disorders program for FY23.

In addition, we request \$15 million under the CDC to support full implementation of the Recommended Uniform Screening Panel (RUSP) in all 50 states. These additional resources for timely implementation of newborn screening conditions with a goal of complete RUSP implementation nationwide by 2025.

Lastly, we request \$2 million under HRSA to support a newborn screening study. It would direct HHS to commission a study with the National Academy of Medicine (NAM) on uniform screening panel review and recommendation processes to identify factors that impact decisions to add new conditions to the uniform screening panel, to describe challenges posed by newly nominated conditions, including low-incidence diseases, late onset variants, and new treatments without long-term efficacy data.

Grants for Maternal Depression Screening and Treatment: 1 in 5 women are affected by anxiety, depression, and other maternal mental health (MMH) conditions during pregnancy or the year following pregnancy. These illnesses are the most common complication of pregnancy and childbirth, impacting 800,000 women in the United States each year. Sadly, MMH conditions often go undiagnosed and untreated, increasing the risk of multigenerational long-term negative impact on the mother's and child's physical, emotional, and developmental health, increasing the risk of poor health outcomes of both the mother and baby. Furthermore, women of color and women who live in poverty are disproportionately impacted by MMH conditions, experiencing them 2-3 times the rate as White women.

At the current funding level, only seven states have received grants to provide real-time psychiatric consultation, care coordination, and training for front-line providers to better screen, assess, refer and treat pregnant and postpartum women for depression and other behavioral health conditions. March of Dimes urges the Committee to provide \$11.5 million in FY 2023 to add five programs and provide technical assistance to non-grantee states.

Maternal Mental Health Hotline: We thank the Committee for funding \$4 million in FY22 to the new maternal mental health hotline launched by HRSA. This funding will allow qualified counselors to staff a hotline 24 hours a day and conduct outreach efforts on maternal mental health issues. COVID-19 has exacerbated maternal mental health conditions at 3-4 times the rate prior to the pandemic and leaving these conditions untreated can have a long-term

effects. We urge the Committee to support President Biden's request of \$7 million to allow for the hotline to provide text messaging services, culturally-appropriate support, and continue public awareness efforts.

Conclusion: March of Dimes looks forward to working with you and all Members of Congress to secure the resources needed to improve our nation's health. Federal public health programs are essential to preventing preterm birth, ending preventable maternal deaths, and addressing the maternal mental health that impacts mother, infants and families.