

**TESTIMONY ON BEHALF OF MARCH OF DIMES REGARDING FISCAL YEAR 2020 APPROPRIATIONS
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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MARCH OF DIMES: FISCAL YEAR 2020 FEDERAL FUNDING PRIORITIES

PROGRAM	FISCAL YEAR 2020 REQUEST
National Institutes of Health (total)	\$41,600,000,000
National Institute of Child Health and Development	\$1,600,000,000
National Institute of Environmental Health Sciences	\$909,000,000
National Children’s Study Alternative (ECHO)	\$165,000,000
Centers for Disease Control and Prevention (total)	\$7,800,000,000
National Center for Birth Defects and Developmental Disabilities	\$166,140,000
<i>Zika Response Activities</i>	\$10,680,000
<i>Birth Defects Research and Surveillance</i>	\$20,292,000
<i>Folic Acid Campaign</i>	\$3,360,000
<i>NAS</i>	\$2,136,000
Section 317 Immunization Program	\$710,000,000
Newborn Screening Quality Assurance Program	\$29,650,000
Polio Eradication	\$174,000,000
Safe Motherhood Initiative	\$58,000,000
<i>Preterm Birth</i>	\$2,000,000
<i>Maternal Mortality Review Committees</i>	\$12,000,000
Office on Smoking and Health	\$310,000,000
National Center for Health Statistics	\$176,000,000
Health Resources and Services Administration (total)	\$8,560,000,000
Title V Maternal and Child Health Block Grant	\$660,000,000
Heritable Disorders	\$21,880,000
Universal Newborn Hearing	\$18,174,000
Healthy Start	\$122,500,000
Grants for Maternal Depression Screening and Treatment	\$5,000,000
Title X Family Planning Program	\$400,000,000
Office of the Secretary Health - Teen Pregnancy Prevention	\$110,000,000
Agency for Healthcare Research and Quality (total)	\$460,000,000

March of Dimes, a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers representing every state, the District of Columbia and Puerto Rico, appreciates this opportunity to submit testimony for the record on fiscal year (FY)

2020 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 recommends the aforementioned 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 at least \$1.6 billion for NICHD's groundbreaking biomedical research activities in FY 2020. 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. March of Dimes is strongly supportive of NICHD's efforts to expand research identifying safe and effective therapies for pregnant and lactating women. The Task Force on Research Specific to Pregnant and Lactating Women (PRGLAC) laid the foundation for this important work by releasing recommendations in September 2018 as mandated by Congress in the *21st Century Cures Act* (P.L. 114-255). March of Dimes is encouraged that NIH has renewed PRGLAC for an additional two years to continue its essential work. Funding for NICHD will also support important 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 as well as to determine the health risks that Zika virus infection poses to pregnant women and their developing fetuses.

Title V Maternal and Child Health Block Grant Program: March of Dimes recommends funding the Title V Maternal and Child Health Block Grant Program (Title V Block Grant) at \$698 million. States, territories and other jurisdictions use Title V Block Grant funds to support their

most pressing maternal and child health needs. We thank you for new funds made available in FY 2019 to intensify state efforts to prevent maternal deaths and severe maternal morbidity. States are using this new investment to support maternal mortality review committees, implement the Alliance for Innovation on Maternal Health program, and continue State Maternal Health Innovation Grants. We urge the Committee to increase funding for the Title V Block Grant in FY 2020 to allow states to address maternal mortality while maintaining and expanding its work to improve maternal and child health across the nation.

Safe Motherhood Initiative: The mission of the Safe Motherhood Initiative at the CDC's National Center for Chronic Disease Prevention and Health Promotion is to promote optimal reproductive and infant health. March of Dimes recommends funding of \$58 million for the Safe Motherhood program, level with the amount provided in FY 2019. The money would be used to sustain CDC's efforts to address the nation's alarming number of maternal deaths by supporting state-based maternal mortality review committees. March of Dimes also strongly urges maintenance of the preterm birth sub-line at \$2 million, as authorized in the PREEMIE Reauthorization Act of 2018 (P.L. 115-328), to maintain ongoing and essential preterm birth research at CDC. This work is helping prevent preterm birth and improve outcomes for the one in 10 babies born too soon in the United States.

National Center on Birth Defects and Developmental Disabilities (NCBDDD): NCBDDD is the lead federal agency tasked with supporting vital surveillance, research, and prevention activities on birth defects and developmental disabilities. For FY 2020, March of Dimes urges the Committee to provide at least \$166.14 million for NCBDDD and apply this increase across the full range of NCBDDD activities. This increase aligns with March of Dimes' request to increase

funding for the CDC by 22 percent by FY22. We also urge the Committee to continue support for two new NCBDDD activities funded in FY 2019, the Surveillance for Emerging Threats to Mothers and Babies Initiative and work to improve neonatal abstinence syndrome (NAS) surveillance. The Emerging Threats Initiative enables select states and jurisdictions to continue important work begun during the Zika virus response to identify and address new threats to mothers and infants. NCBDDD's efforts to improve NAS surveillance are vital to helping us understand and address the opioid epidemic's short- and long-term impact on infants.

Newborn Screening: March of Dimes urges funding of \$29.8 million for CDC's Newborn Screening Quality Assurance Program (NSQAP) and \$21.9 million for the Health Resources and Services Administration's Heritable Disorders program, which play critical roles in assisting states in the adoption of additional screenings, educating providers and consumers, and ensuring coordinated follow-up care. The Heritable Disorders program also 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). In recent years, the ACHDNC has added four new conditions to the RUSP, bringing the total number of recommended screens to 35. Additional funding for NSQAP and the Heritable Disorders program is crucial to ensure states have adequate funds and technical assistance to implement screening tests for these new additions to the RUSP.

Grants for Maternal Depression Screening and Treatment: Research shows that up to one in seven pregnant women or new mothers experience some sort of maternity-related depression, yet only about 15 percent of those affected receive treatment. The *21st Century Cures Act* sought to address this gap by authorizing grants to states to improve screening for and

treatment of maternal depression in pregnant and postpartum women. March of Dimes appreciates that Congress provided funding for this innovative grant program in FY 2019 and urges the Committee to make available the full authorized amount of \$5 million again in FY 2020.

Funding to Promote Optimal Birth Spacing and Improved Birth Outcomes: Research shows that appropriate birth spacing – waiting at least 18 months between pregnancies – can dramatically reduce the risk of poor birth outcomes. Additionally, we know that the youngest mothers have some of the worst birth outcomes. We can mitigate these risk factors by ensuring women have access to evidence-based counseling and education prior to pregnancy and access to all forms of contraception approved by the Food and Drug Administration. To support these important goals, March of Dimes recommends funding of \$400 million for Title X Family Planning Program and \$110 million for the Teen Pregnancy Prevention Program administered by the Office of the Assistant Secretary for Health.

Conclusion: March of Dimes volunteers and staff look forward to working with appropriators and all 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 opioid epidemic’s impact on mother, infants and families.