

April 1, 2020

The Honorable Charles Grassley
Chairman
Senate Committee on Finance
219 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Senate Committee on Finance
219 Senate Dirksen Office Building
Washington, DC 20510

Dear Chairman Grassley and Ranking Member Wyden:

The Home Visiting Coalition Steering Committee, representing a diverse group of organizations committed to the well-being of children who work to expand access to voluntary home visiting programs that strengthen families in communities across the country, welcomes the opportunity to respond to your request for information on solutions to improve maternal health.

The United States is the only developed country where the maternal mortality rate has been steadily risingⁱⁱ and the U.S. maternal mortality rate has increased from 10.3 per 100,000 live births in 1991ⁱⁱⁱ to 17.4 in 2018.^{iv} Further, for every woman who dies from pregnancy-related causes, significantly more suffer from severe maternal morbidity. The #1 complication of pregnancy and childbirth—perinatal mood and anxiety disorders (PMADs)—affect at least 1 in 7 women, yet only half of perinatal women with depressive symptoms receive any treatment. Examining PMADs alone, the national economic costs of not treating these disorders amounted to \$14.2 billion in 2017.^v

Home visiting empowers, educates, and builds resiliency in mothers facing a variety of adverse circumstances that affect their health in the perinatal period and into their child's early years, thus creating opportunities to impact positive changes for families. These programs impact maternal mortality and morbidity in myriad ways, including:

- Creating human-to-human relationships that enable home visitors to provide supports based on the very specific needs of each family;
- Reducing pregnancy induced hypertensive disorders, pre-term birth, and maternal depression;
- Providing referrals for mothers when certain risk factors, including trauma or domestic violence, are present in the home;
- Providing resources to children who experience trauma and toxic stress, which research has shown to lead to poor health outcomes for those children in adulthood^{vi};
- Targeting the social determinants of health affecting families, such as social support, parental stress, access to health care, income and poverty status, and environmental conditions.^{vii}
- Providing screening in maternal depression both prenatally and postpartum, and connecting mothers in need with appropriate community-based behavioral health care;
- Creating connections between mothers and health practitioners in the community, breaking down barriers to care and strengthening the link between healthcare resources and the families

As the Committee considers appropriate solutions for improving maternal health outcomes, we urge you to increase support for the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program by adopting H.R. 4768, *the Home Visiting to Reduce Maternal Mortality and Morbidity Act*, legislation that would double federal funding for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program over two years from \$400 million to \$800 million by 2022 and increase tribal set-aside funding from 3-6%.

Our organizations were grateful for bipartisan support to reauthorize MIECHV in early 2018. That reauthorization meant certainty for states and local programs, who work each day to deliver home visiting programs to families that need them. Because of that reauthorization, we also know that home visiting is already doing work in communities today to address this crisis of poor maternal health outcomes, disparate access to care, and gaps in connections to services. By building on this investment, we can ensure that MIECHV is able to continue playing a role to improve maternal health outcomes for women in communities across the nation.

Sincerely,

American Academy of Pediatrics
Association of Maternal & Child Health Programs
First 5 California
First Five Years Fund
First Focus Campaign for Children
Healthy Families America
HIPPI USA
Nurse-Family Partnership
Parents as Teachers

ⁱ The Lancet, "Global, Regional, and National or Territory Number of Maternal Deaths, Maternal Mortality Ratio, and Annualised Rates of Change in Percent, 1990-2015," October 2016, available at:

<https://www.thelancet.com/action/showFullTableHTML?isHtml=true&tableId=tbl1&pii=S0140-6736%2816%2931470-2>.

ⁱⁱ Commonwealth Fund, "What is the Status of Women's Health and Health Care in the U.S. Compared to Ten Other Countries?" December 2018, available at: https://www.commonwealthfund.org/sites/default/files/2018-12/Gunja_status_womens_health_sb.pdf.

ⁱⁱⁱ "Pregnancy-related Mortality in the United States, 1991-1997,"

Obstet Gynecol. 2003 Feb; 101(2):289-96. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/12576252>.

^{iv} Centers for Disease Control and Prevention, "Maternal Mortality in the United States: Changes in Coding, Publication, and Data Release, 2018," available at: https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_02-508.pdf.

^v Mathematica Policy Research, "Societal Costs of Untreated Perinatal Mood and Anxiety Disorders in the United States," April 2019, available at: <https://www.mathematica.org/our-publications-and-findings/publications/societal-costs-of-untreated-perinatal-mood-and-anxiety-disorders-in-the-united-states>

^{vi} Center for Disease Control and Prevention. (2014). *Injury prevention and control: Adverse Childhood Experiences (ACE) Study*. Retrieved July 7, 2014, from www.cdc.gov/violenceprevention/acestudy/

^{vii} Artiga, S., Hinton, E., (2018). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity.