

# BABIES IN THE BUDGET 2024: INFANT AND MATERNAL HEALTH AND WELL-BEING

## FACT SHEET



TOTAL SPENDING ON INFANT AND MATERNAL HEALTH						
	2020	2021	2022	2023	2024	PB 2025
<b>Estimated Spending Level on Children (Age 0-3)</b>	\$35.145 B	\$36.943 B	\$43.676 B	\$49.298 B	\$50.692 B	\$54.999 B
<b>Real Change from Prior Year (Inflation-Adjusted)</b>	-0.93%	1.77%	9.55%	7.40%	0.06%	5.83%
<b>Share of Total Spending</b>	0.54%	0.54%	0.74%	0.80%	0.75%	0.78%

First Focus on Children takes a broad view of infant and maternal health and well-being in this fact sheet that includes programs outside of traditional health programs. These programs include paid family and medical leave; the Maternal, Infant, and Early Childhood Home Visiting Program; and the Special Supplemental Program for Women, Infants, and Children (WIC).

### Background

Maternal health is intrinsically linked to the health and well-being of our infants and toddlers, and maternal and infant mortality in the United States are serious problems that lawmakers must continue to address. Infant mortality, already higher in the U.S. than in other wealthy countries, increased in 2022 for the first time in 20 years.<sup>1</sup> The U.S. maternal mortality rate is among the worst and most racially disparate in the world. U.S. maternal mortality rates far outstrip those in 10 similar high-income countries, and they rose even higher during the COVID-19 pandemic.<sup>2</sup> In 2022, 817 women in the U.S. died as a result of pregnancy or delivery, a decrease over the previous year, but still unacceptably high.<sup>3</sup> The maternal mortality rate for Black women was more than 2.5 times the rate for white women during that time. Over 80% of maternal deaths from 2017-2019 were determined to be preventable.<sup>4</sup>

### Overall Analysis

Awareness and concern over infant and maternal health and well-being have grown in recent years, but funding for some essential programs has faltered. The Maternal and Child Health Services Block Grant (MCH Services Block Grant) lost nearly 3% in inflation-adjusted funding between FY 2023 and FY 2024, as did Healthy Start, which provides vital services to reduce infant mortality rates across the country. The Safe Motherhood and Infant Health Programs saw large increases between FY 2020 and FY 2023, but have lost ground since then. The share of federal funding for infant and maternal health and well-being experienced a 39.7% increase between FY 2020 and FY 2024, the majority of which is due to increased Medicaid funding during that time. Programs including Infant and Early Childhood Mental Health; Vaccines for Children; Screening and Treatment for Maternal Depression; Adverse Childhood Experiences; the Maternal, Infant, and Early Childhood Home Visiting Program; and Safe Motherhood/Infant Health Programs also experienced increases during that period. However, the share of funding for infant and maternal health and well-being peaked in FY 2023 at 0.8% and fell to 0.75% in FY 2024. Infant and maternal health and well-being programs receive well under 1% of the share of federal funding, and this number is wholly inadequate to meet the challenges that these populations face.

The MCH Services Block Grant is an important source of funding that supports the health and well-being of mothers, children, and families. Funding under the MCHBG for Special Projects of Regional and National Significance (SPRANS) include some congressional and administration priorities in infant and maternal

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well-being, including Infant-Toddler Court Teams, State Maternal Health Innovation Grants, the Maternal Mental Health Hotline, Minority Serving Institutions, and Early Childhood Education Expert Grants. Several of these programs received funding increases in FY 2023 when Congress shifted more money within the MCH Services Block Grant to SPRANS and the block grant received its highest funding to date. Inflation-adjusted funding for the block grant fell in FY 2024 though.

## Special Programs of Regional and National Significance (SPRANS) Funding FY 2022 – FY 2024 (\$ in millions)<sup>5</sup>

Program	Purpose	FY 2022 Funding	FY 2023 Funding	FY 2024 Funding
Children's Health and Development	Study ways to improve child health through a statewide system of early childhood developmental screenings and interventions.	\$3.5	N/A	\$10.0
Early Childhood Development Expert Grants	Place early childhood development experts in pediatrician offices that serve a population with a high percentage of Medicaid and CHIP patients.	\$4.9	\$10.0	\$10.0
Hereditary Hemorrhagic Telangiectasia Centers of Excellence	Support coordination and expansion of care for HHT patients and participation in a prospective, longitudinal registry of HHT patients to better understand this rare disease and accelerate the development of new diagnostic and treatment options.	\$2.0	\$2.0	\$2.0
Infant-Toddler Court Teams	Provide ongoing training and technical assistance, implementation support, and evaluation research to support research-based Infant-Toddler Court Teams, which aim to improve child welfare practices and the early developmental health and well-being of infants, toddlers, and families.	\$12.8	\$18.0	\$18.0
Maternal Mental Health Hotline	Support state-specific actions that address disparities in maternal health and improve maternal health outcomes, including the prevention and reduction of maternal mortality and severe maternal morbidity.	\$4.0	\$7.0	\$7.0
National Fetal Infant and Child Death Review	Expand support and technical assistance to states and tribal communities and improve the availability of data on sudden unexpected infant deaths and child mortality.	\$2.1	\$5.0	\$5.0
Minority-Serving Institutions	Establish a research network that is composed of and supports minority-serving institutions to study health disparities in maternal health outcomes.	N/A	\$10.0	\$10.0
Regional Pediatric Pandemic Network	Coordinate among the nation's pediatric hospitals and their communities to prepare for and coordinate research-informed responses to future pandemics.	\$17.9	\$25.0	\$25.0
State Maternal Health Innovation Grants	Support state-led demonstrations to implement evidence-based interventions to address critical gaps in maternity care service delivery and reduce maternal mortality.	\$28.0	\$55.0	\$55.0
Set aside for oral health	Improve perinatal and infant oral health.	\$5.25	\$5.25	\$5.25
Set-aside for epilepsy	Improve access to quality health care services for children and youth with epilepsy or seizure disorders.	\$3.6	\$3.6	\$3.6
Set-aside for sickle cell disease	Improve care coordination for children and families with sickle cell diseases.	\$5.9	\$7.0	\$7.0
Set-aside for fetal alcohol syndrome	Decrease incidents of alcohol use during pregnancy through the dissemination of provider and consumer information.	\$1.0	\$1.0	\$1.0

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*\*Beginning in FY 2024, funding for the Maternal Mental Health Hotline was moved from SPRANS to a separate budget line item, as amended in the Public Health Services Act.*

## Overview of the President's FY25 Budget

The President's FY 2025 budget proposal includes support for maternal and infant health programs, including \$172 million for the Healthy Start program, which is an increase of \$27 million over the FY 2024 level. This is an especially important signal because the House FY 2024 Labor HHS Appropriations bill attempted to zero out this program, but fortunately Senate and House champions of the program disagreed. States currently have the option to provide 12 months of postpartum coverage in Medicaid and CHIP, and 46 states plus the District of Columbia have done so. The proposed budget would make this coverage required. The budget request also incentivizes an optional Medicaid benefit to expand maternal health support services across the prenatal, labor and delivery, and postpartum periods. The benefit would include coverage for services provided by doulas, community health workers, nurse home visitors, and peer support workers, although home visitors should not be limited to nurses. The budget request includes a slight increase for the MCH Services Block Grant, but this funding level would not keep up with inflation.

The FY 2025 budget request would establish a national paid family and medical leave program under the Social Security Administration to provide 12 weeks of paid leave for workers to care for themselves, a new child, a seriously ill loved one, or to take time to address other health-and family-related circumstances. The budget request recommends \$2.5 million in additional funding for the Department of Labor to give grants and technical assistance to states and localities to develop, improve, and implement the programs. Research shows that paid leave policies improve outcomes for children and families, including through better infant and child brain and language development regardless of socioeconomic status; significantly increased breastfeeding rates and reduced incidences of postpartum depression; improved maternal and infant health through decreased rates of intimate partner violence and rehospitalization; increased pediatric health visits and immunizations; and reductions in infant mortality rates.<sup>6,7,8,9,10</sup> It is estimated that a 12-week paid leave program would result in at least 600 fewer infant and post-neonatal deaths per year.<sup>11</sup>

The President's FY 2025 budget would also increase funding for WIC to \$7.7 billion, providing enough support and modernization to reach an additional 800,000 mothers and babies per month. This funding is sufficient to meet all of the current program's needs. The budget also supports WIC's enhanced fruit and vegetable cash value benefit levels, allowing mothers to purchase more produce for their babies and children. Finally, the budget offers a \$34 million contingency fund to finance any unexpected expenses like increased participation or soaring food costs.

The President's FY 2025 budget proposal includes important increases for some programs benefiting infant and maternal health and well-being, but the share of federal funding would still only be 0.78% of the federal budget.

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## Infant and Maternal Health and Well-Being Programs Tracked for Babies in the Budget Book 2024

0-6 Continuous Eligibility in Medicaid/ CHIP
36-month Continuous Eligibility in Medicaid/ CHIP
Adverse Childhood Experiences
Birth Defects, Developmental Disabilities, Disability and Health
Child Maltreatment
Children's Health Insurance Program (CHIP)
Environmental Health Laboratory: Newborn Screening/ Severe Combined Immunodeficiency Diseases
Environmental Health Laboratory: Newborn Screening Quality Assurance Program
Healthy Start
Hospitals Promoting Breastfeeding
Infant and Early Childhood Mental Health
Innovation in Maternal Health Program
Integrated Services for Pregnant and Postpartum Women
Maternal and Child Health Services Block Grant
Maternal, Infant, and Early Childhood Visiting Program
National Paid Leave
Paid Leave State Grants
Prohibit CHIP enrollment fees/ premiums
Require 12 months of postpartum coverage in Medicaid
Safe Motherhood/Infant Health Programs
Screening and Treatment for Maternal Depression
Special Supplemental Program for Women, Infants and Children (WIC)
Universal Newborn Hearing Screening and Early Intervention (Early Hearing Detection and Intervention)
Vaccines For Children
WIC Emergency Contingency Fund

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### Endnotes

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