

## Insights

# Children's Health Policy Update: Fall 2019

As 2019 draws to a close, we're sharing an update on policies and public programs that impact children's health outcomes. We've included breastfeeding legislation passed over the summer, important legislation to watch in the coming months, and insights on vital public programs and funding needs for fiscal year 2020. By knowing what's happened and what's coming down the pike, children's health advocates can work together to promote policies that help children and families achieve their optimal health and well-being.

## Fairness for Breastfeeding Mothers Act signed into law

The *Fairness for Breastfeeding Mothers Act*, signed July 25, 2019, is an important step toward promoting policies that better support women toward reaching their breastfeeding goals. The law requires that [certain federal buildings have a clean, private lactation space](#) where women can pump breastmilk and breast/chest feed their babies. This bill expands on the previous law, which only required a designated lactation space for federal employees.

Breastfeeding has numerous benefits on maternal and child health, including supporting mother-child bonding, reducing the risk of certain maternal cancers, and lowering the risk of Sudden Infant Death Syndrome (SIDS). The Fairness for Breastfeeding Mothers Act reflects the need for more policies that make it easier for mothers to incorporate breastfeeding into their daily lives. As internationally and nationally recognized breastfeeding expert, Lori Feldman-Winter, MD, MPH, puts it: "Women should feel empowered to meet their breastfeeding goals *and* their personal and workforce goals." Read her article [here](#), where she expands on the need for paid parental leave.

## The Home Visiting to Reduce Maternal Mortality and Morbidity Act

With approximately [700 women](#) dying from pregnancy or pregnancy-related complications every year, the U.S.'s maternal mortality rate is the worst in the developed world. And disturbingly, there are stark racial inequities: Black, American Indian and Alaskan native women are dying at more than three times the rate of white women. According to the CDC, approximately [60 percent](#) of pregnancy-related deaths are preventable, which illustrates a vital need for comprehensive, multi-pronged, preventive strategies.

The proposed *Home Visiting to Reduce Maternal Mortality and Morbidity Act* (H.R. 4768) responds to this need. Beginning in 2020, the Act would double the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) funding from \$400 million to \$800 million over two years. Home visiting programs have been shown to reduce pregnancy induced hypertensive disorder, pre-term birth and maternal depression—all risk factors for maternal mortality and morbidity. Because home visitors have strong relationships with families, they better understand the social determinants affecting families' health. This uniquely positions them to connect families with relevant resources and interventions, provide appropriate screenings and referrals, and help families develop relationships with health care providers in their community.

In November 2019, NICHQ joined more than 50 national organizations that co-signed a letter offering strong support for the Home Visiting to Reduce Maternal Mortality and Morbidity Act. Consideration of this bill on the House floor is expected this month.

## **Two pieces of legislation to keep your eye on:**

- [H.R. 4995](#), the *Maternal Health Quality Improvement Act of 2019*, aims to improve obstetric care in rural areas through better data collection and coordination, developing a rural maternal and obstetric care training demonstration program and initiating telehealth approaches, among other initiatives. The bill also authorizes grants for innovation in maternal health to develop and disseminate best practices in providing maternal care.
- [H.R. 4996](#), the *Helping Medicaid Offer Maternity Services (MOMS) Act of 2019*, would create a new state plan option to extend continuous Medicaid or CHIP eligibility for one year postpartum.

## **The number of uninsured children is on the rise**

This fall, the U.S. census bureau released a report sharing that approximately [425,000 more children](#) were uninsured in 2018 than in 2017. This jump in large part reflects a decline in public coverage, specifically Medicaid and the Children's Health Insurance Program (CHIP). While private insurance coverage remained relatively unchanged from year to year, the percentage of children with public coverage decreased by 1.3 percentage points. Funding cuts to the Affordable Care Act's Navigator outreach programs and the 2017 delay in CHIP funding combined to make it more difficult for children and families to enroll in these vital public programs.

Experts at the Georgetown University's Center for Children and Families also note the "public charge" rule's ["chilling effect"](#) on enrollment for immigrants and mixed-status families. Because the rule makes it harder for immigrants on public assistance to become American citizens, families seeking citizenship are withdrawing from or not enrolling in Medicaid/CHIP.

**Spread the word about open enrollment!** Open enrollment ends on Dec. 15. Click [here](#) to learn how to help families apply and enroll in public coverage.

Giving all children the opportunity to reach their optimal health requires universal coverage. Not only can children with health insurance access needed medical care, they also [perform better in school and have greater financial security](#) later in life.

“The 2018 jump in the number of children without insurance is startling and worrisome,” says NICHQ President and CEO Scott D. Berns, MD, MPH, FAAP. “As children’s health advocates, we need to speak out for policies that encourage increased enrollment in public insurance programs, so that all children have access to health care, resources and interventions.”

## **Appropriations for fiscal year 2020: Possible increases in Title V Maternal and Child Health Block Grant**

The federal government’s fiscal year (FY) began on Oct. 1, 2019 and goes through Sept. 30, 2020. Like previous fiscal years, the Federal Government is currently funded through a Continuing Resolution through Dec. 20, 2019. In the coming weeks, the House and Senate will continue negotiations on appropriations for specific federal programs, including the *Title V Maternal and Child Health Block Grant*, for the final FY2020 budget. The Senate Appropriations Committee has proposed flat funding for the grant, while the House of Representatives Labor, Health and Human Services, and Education (Labor-HHS) Appropriations bill contained a \$34 million increase in funding from FY19. Maternal and child health advocates support an increase in this important funding and hope it will be reflected in the final appropriation for FY2020.

*Interested in legislative updates from early in 2019? Read [our article from earlier this year](#) to catch up on what you might have missed.*