
HEALTH SEMINAR FOR NEWER LEGISLATORS MATERNAL AND CHILD HEALTH

BOSTON, MASSACHUSETTS | APRIL 27, 2019



MATERNAL AND CHILD HEALTH

- Overview of State Roles and Priorities
- Federal Actions/Updates
- State Legislative Trends from 2018-2019
- Adverse Childhood Experiences (ACEs):
What are ACEs and What are States Doing
to Address Them?



STATE ROLES IN MATERNAL AND CHILD HEALTH

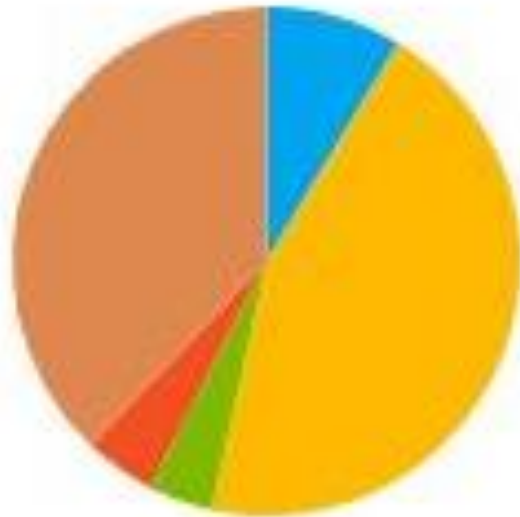
- Title V Block Grant
- State Priorities
- Examples of Legislative Roles and Working with State Department of Health
 - Newborn Screening
 - Maternal Mortality



FEDERAL-STATE PARTNERSHIP: TITLE V BLOCK GRANT

FY 2017 Expenditures

National: \$6,217,764,762

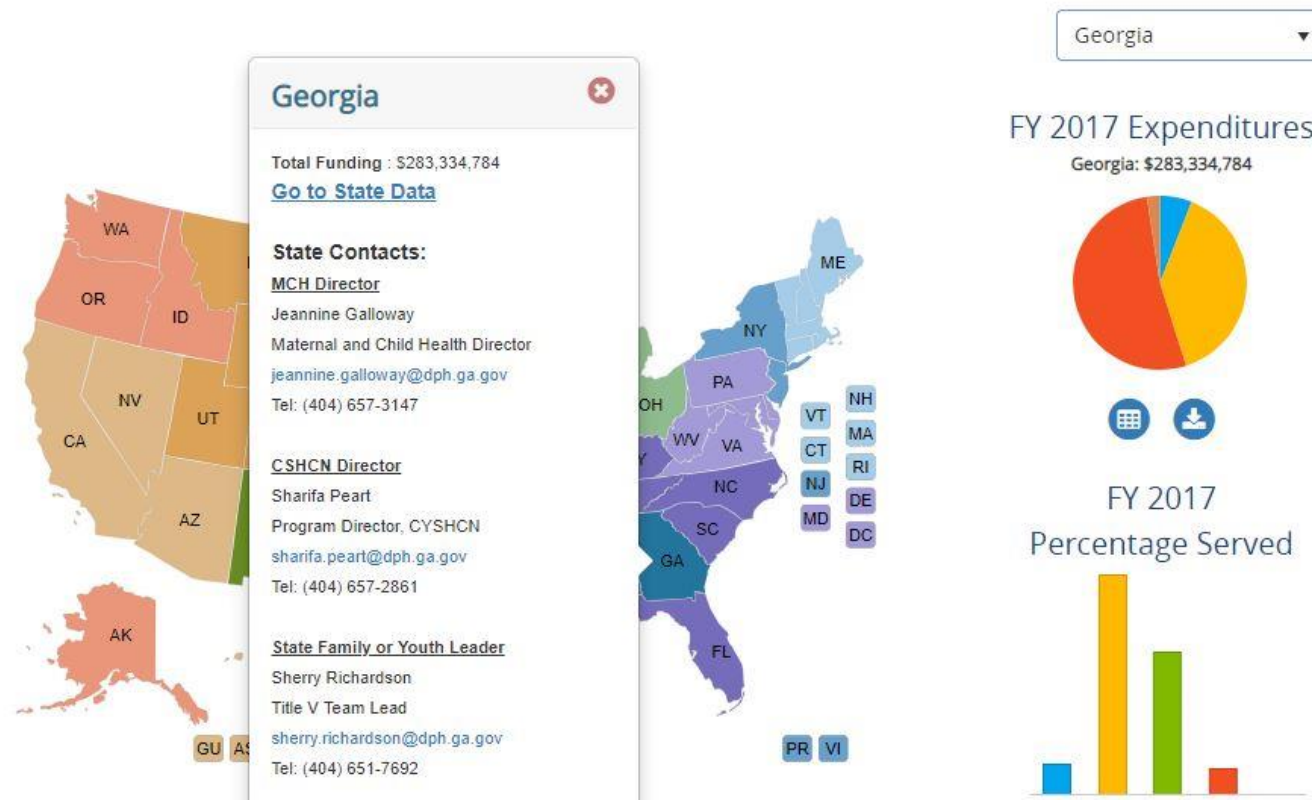


- Yellow: State Funds
- Orange/Tan: Program Income
- Blue: Federal Funds
- Green: Local Funds
- Red: Other

HOW THIS BREAKS DOWN IN YOUR STATE

Explore the Title V Federal-State Partnership

As one of the largest Federal block grant programs, Title V is a key source of support for promoting and improving the health of the Nation's mothers and children. The purpose of the Title V Maternal and Child Health Services Block Grant Program is to create Federal/State partnerships that enable each state/jurisdiction (**hereafter referred to as state**) to address the health services needs of its mothers, infants and children, which includes children with special health care needs, and their families.



You can find your state data on expenditures, funding sources, populations served, priorities and performance measures here:

<https://mchb.hrsa.gov/>

NATIONAL PERFORMANCE MEASURES- TOP 10

Measure Short Name	Population Domain	Number of States
Breastfeeding	Perinatal/Infant Health	49
Well-Woman Visit	Women/Maternal Health	46
Medical Home	Child Health, Adolescent Health, Children with Special Health Care Needs	44
Developmental Screening	Child Health	40
Adolescent Well-Visit	Adolescent Health	37
Transition	Adolescent Health, Children with Special Health Care Needs	36
Safe Sleep	Perinatal/Infant Health	32
Preventive Dental Visit	Women/Maternal Health, Child Health, Adolescent Health	32
Smoking	Women/Maternal Health, Child Health, Adolescent Health	26
Physical Activity	Child Health, Adolescent Health	24
Injury Hospitalization	Child Health, Adolescent Health	21

MATERNAL AND CHILD HEALTH PRIORITIES FROM FELLOWS

- Infant and Maternal Mortality
- Access to Prenatal Care
- Screenings: Newborn and Developmental
- School Based Health Services
- Childhood Obesity
- Maternal and Child Mental Health
- Neonatal Abstinence Syndrome
- Immunization Rates



EXAMPLE OF STATE ROLE: NEWBORN SCREENING



- Every state has a newborn screening program.
- There are 3 types of tests:
 - Hearing Screen
 - Heel Stick (collecting a small blood sample)
 - Pulse Oximetry (evaluating the amount of oxygen in the blood)
- The national Recommended Uniform Screening Panel (RUSP)
 - States decide what conditions to screen for.

Disorders Screened Heat Map

Screening Panel

Disorder Category

Core

(All)

Alaska



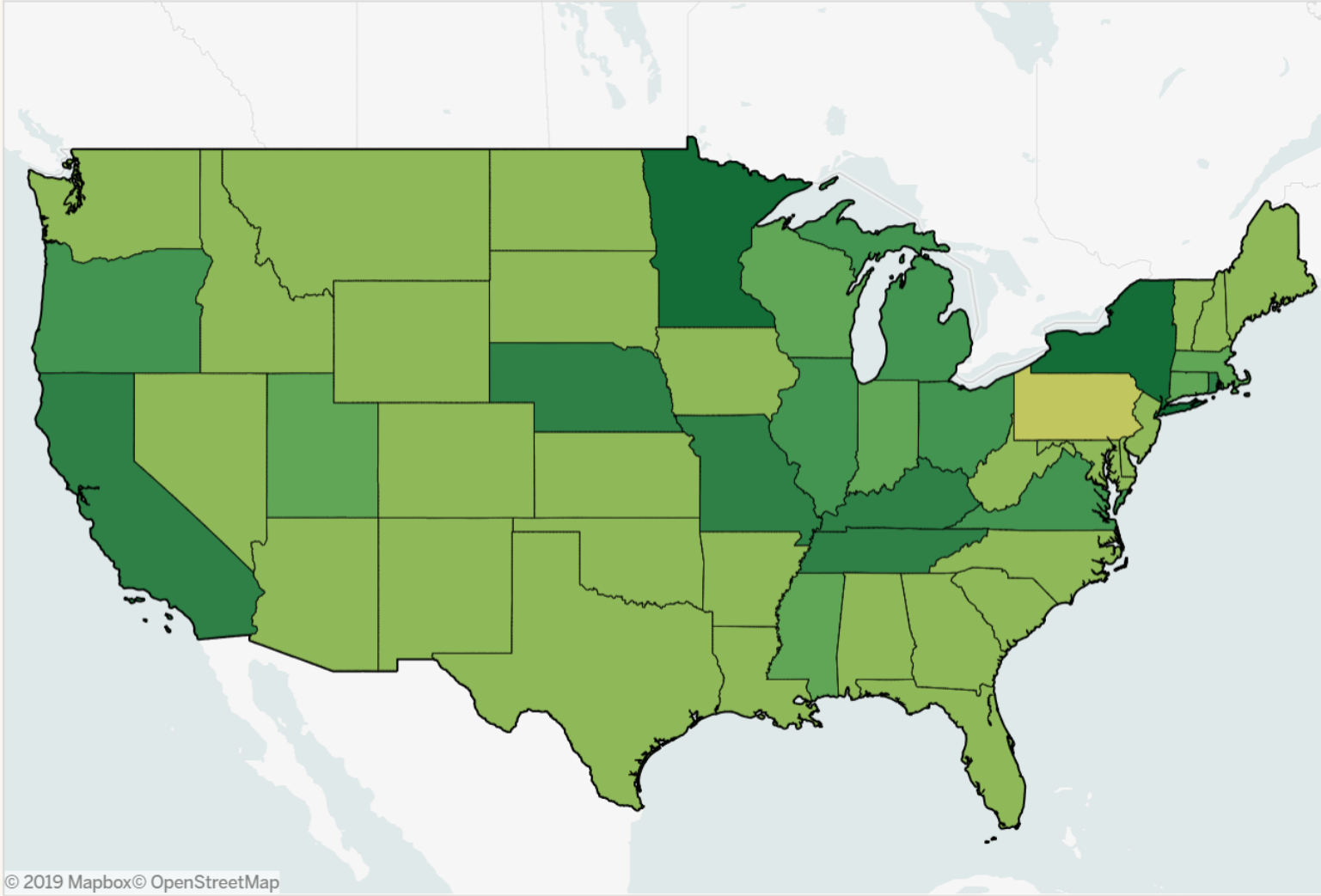
Guam



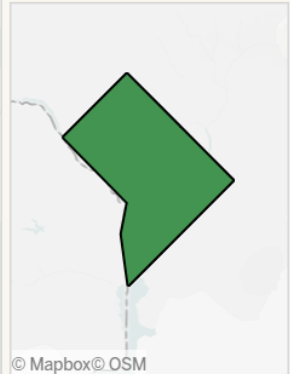
Hawaii



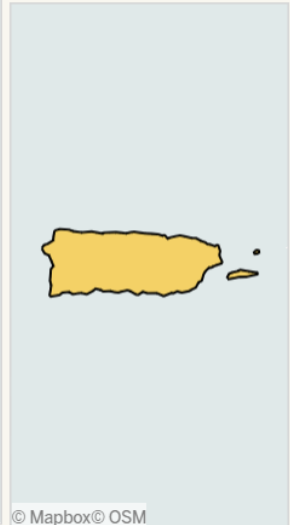
Number of All Core Disorders Universally Screened



D.C.



Puerto Rico



Number of Disorders Universally Screened

29



35

Disorders Screening Status Map

Screening Panel

Core

Disorder Category

(All)

Disorder

Spinal Muscular Atrophy - SMA

Alaska



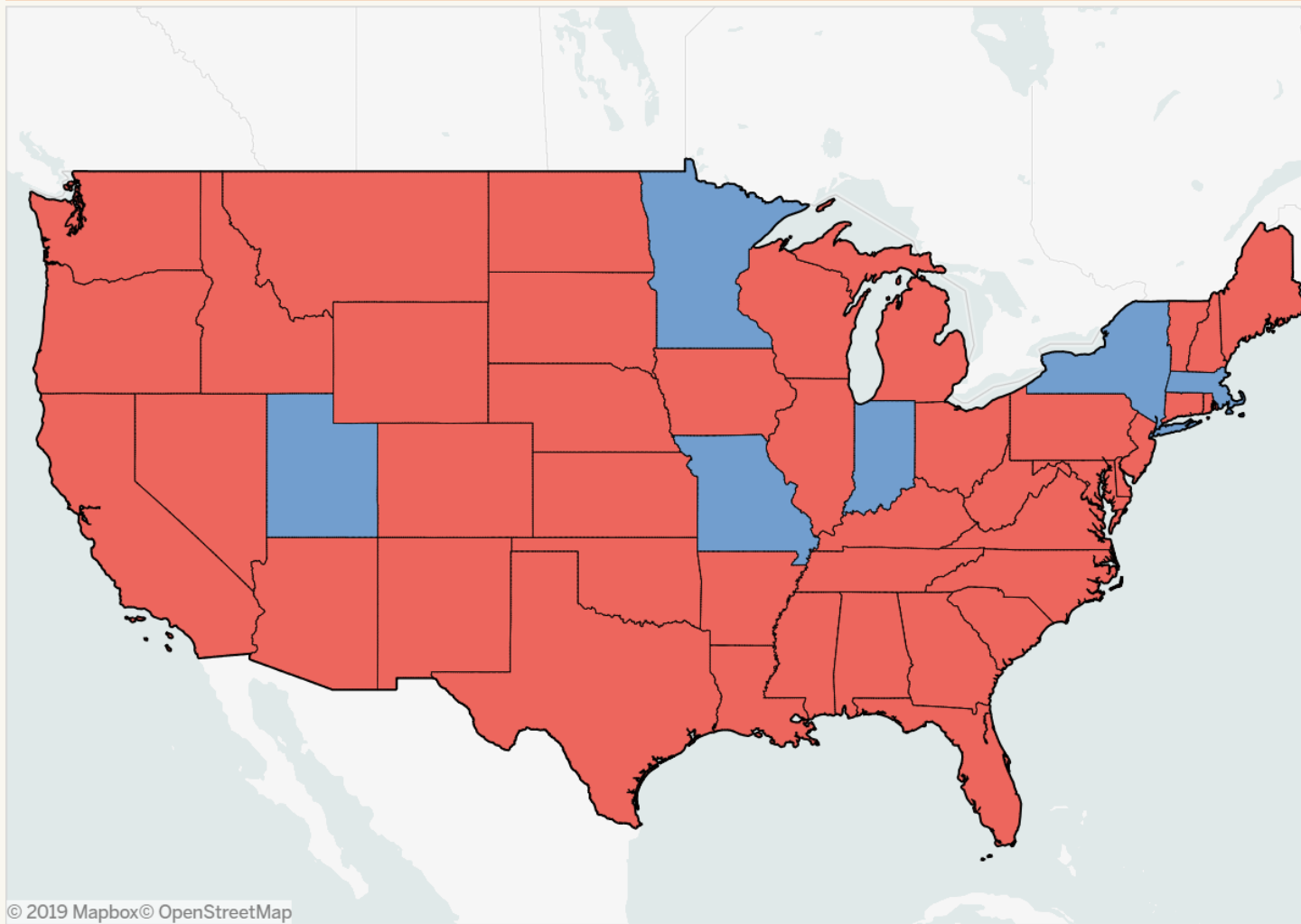
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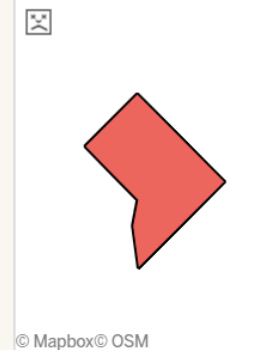
Hawaii



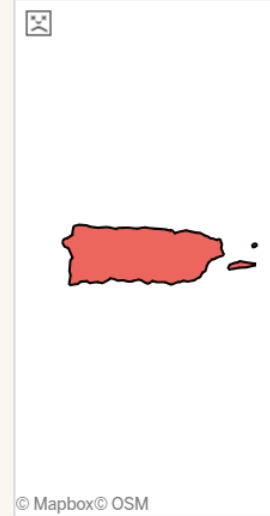
Spinal Muscular Atrophy - SMA



D.C.

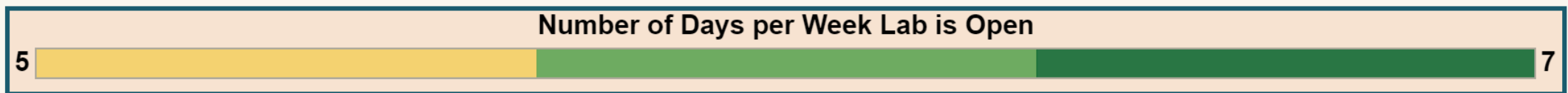
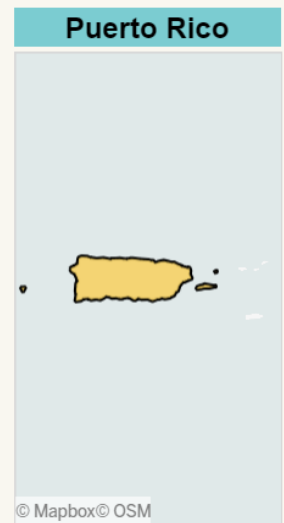
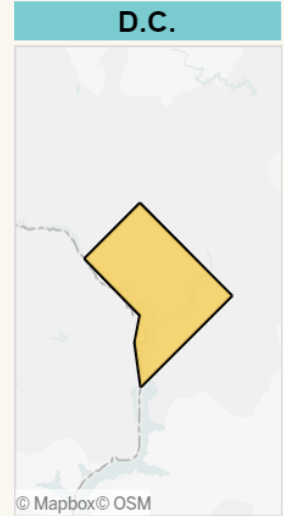
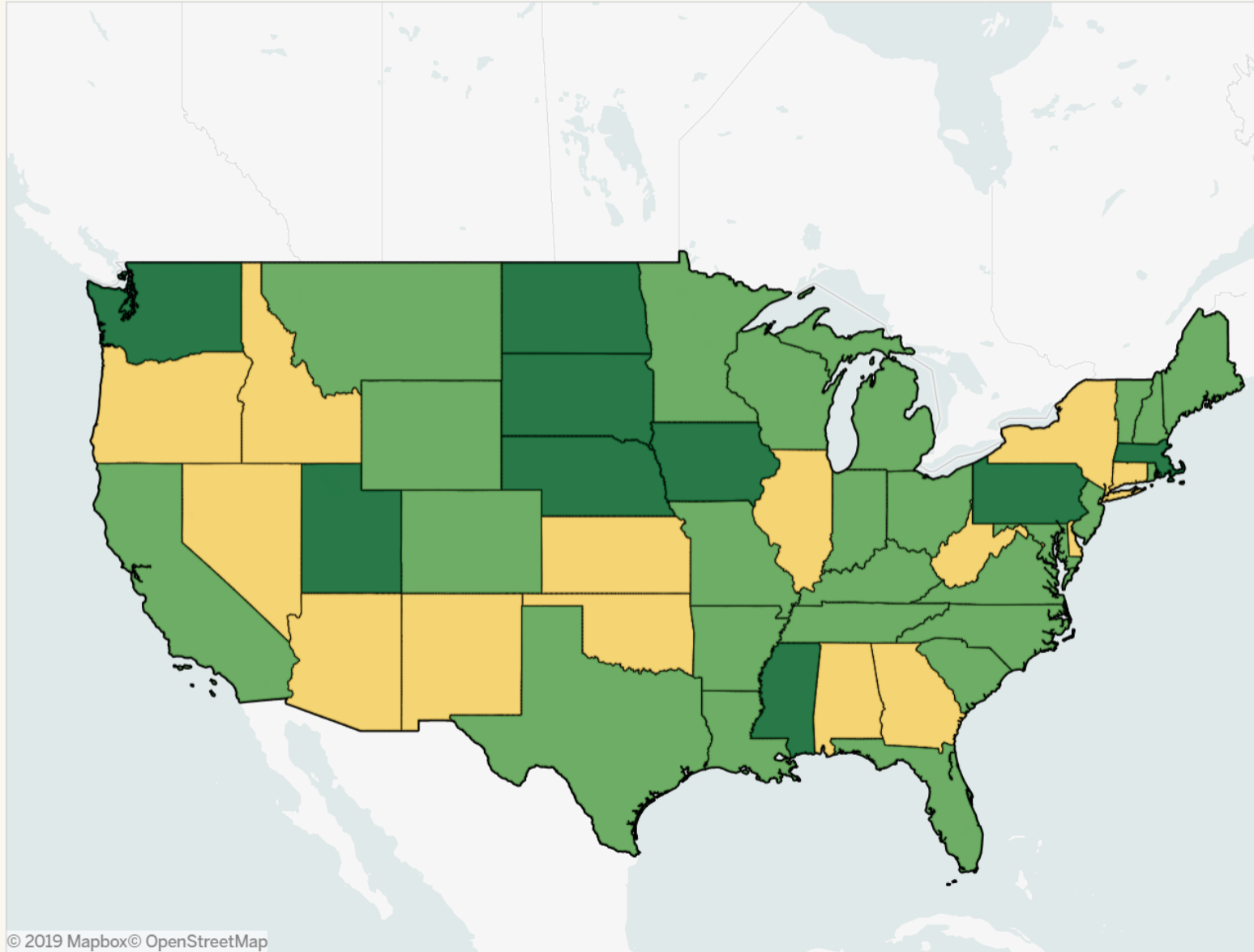
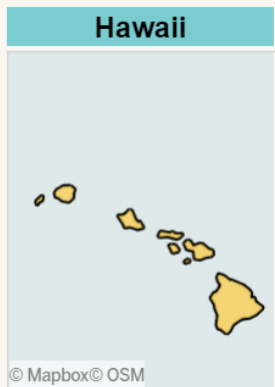


Puerto Rico

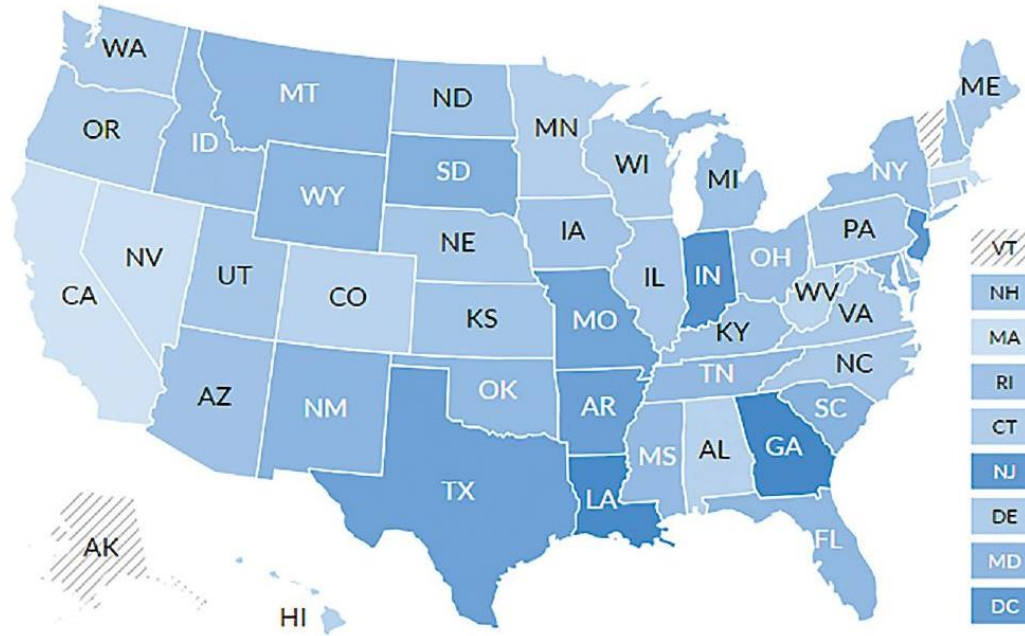


- Universally Screened
- Not Screened

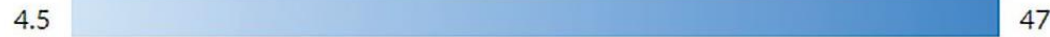
How many days per week is each newborn screening laboratory open?



MATERNAL MORTALITY RATES



20.7 Maternal mortality rate (maternal deaths per 100,000 live births)



 No data

Note: Numbers are based on vital statistics collected by the Centers for Disease Control and Prevention and calculated by the United Health Foundation. (The averages for Delaware, New Hampshire and Wyoming are calculated over 10 years.) Source: Stateline, The Pew Charitable Trusts.



NATIONAL CONFERENCE OF STATE LEGISLATURES



Questions?

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NCSL Health Seminar for Newer Legislators

NCSL Health Program

NCSL MATERNAL AND CHILD HEALTH (MCH) FEDERAL UPDATE

HALEY NICHOLSON-POLICY DIRECTOR, HEALTH
NCSL, WASHINGTON D.C.



MCH CONGRESSIONAL ACTIVITY:



MCH CONGRESSIONAL ACTIVITY:

- **S. 116- MOMS Act.**
- **S. 916 and H.R. 1897- Mothers and Offspring Mortality and Morbidity Awareness Act (MOMMA's Act).**
- **H.R. 1846: End Diaper Need Act of 2019.**
- **S. 317- Advancing Care for Exceptional Kids Act of 2019/H.R. 1226 ACE Kids Act of 2019.**

MCH CONGRESSIONAL ACTIVITY:

- **Passage of PREEMIE Reauthorization Act of 2018 passed last December.**
- **Since then funding for states under the act have been allocated.**

FEDERAL FUNDS INFORMATION: PREEMIE REAUTHORIZATION

Rhode Island	50	150	166	179	400	0
South Carolina	57	0	242	179	384	0
South Dakota	50	0	317	179	0	0
Tennessee	70	300	378	179	0	0
Texas	234	0	157	179	400	0
Utah	50	150	325	179	0	0
Vermont	50	149	198	179	808	0
Virginia	83	300	238	179	154	0
Washington	75	0	232	179	400	0
West Virginia	50	300	148	139	0	0
Wisconsin	63	0	482	179	0	0
Wyoming	50	0	136	179	0	0
Puerto Rico	50	0	172	0	0	0
Virgin Islands	20	0	0	0	0	0
American Samoa	20	0	0	0	0	0
Guam	20	0	0	0	0	0
Northern Mariana Islands	20	0	0	0	400	0
Total	\$4,000	\$5,090	\$15,268	\$8,754	\$10,757	\$3,474

Source: HHS Tracking Accountability in Government Grants System (TAGGS)

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MATERNAL AND CHILD HEALTH IN FEDERAL AGENCIES:



MATERNAL AND CHILD HEALTH IN FEDERAL AGENCIES:

- Health Resources and Services Administration (HRSA)- National Survey of Children's Health.
- HRSA recently awarded more than \$100 million in grants for *Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Health Start)*.
- HRSA Funding: MIECHV, behavioral health integration, and the Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program.

MATERNAL AND CHILD HEALTH IN FEDERAL AGENCIES:

- **HRSA Programs Focusing on Perinatal, Infants and Children's Health.**
- **Resources for Children with Special Health Needs.**
- **CDC Report on Neonatal Abstinence Syndrome (NAS).**
- **CDC Recommendations on Protecting Mothers and Babies from Emerging Health Threats.**

RESOURCES:

- To search for legislation by title or bill number: <https://www.congress.gov/>
- HRSA National Survey of Children's Health
- Maternal and Child Health Bureau Programs List
- CSHCN Programs & Initiatives page
- Medicaid and CHIP Payment and Access Commission (MACPAC) CHIP Fact Sheet
- Centers for Disease Control Report on Neonatal Abstinence Syndrome (NAS)
- HRSA Healthy Start Funding Announcement

THANK YOU!

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Policy Director-Health

State-Federal Affairs,

NCSL-Washington, D.C.



NATIONAL CONFERENCE OF STATE LEGISLATURES

MATERNAL AND CHILD HEALTH LEGISLATION

STATE POLICY TRENDS

@NCSLORG #NCSL #HEALTHSEMINAR

Erik Skinner, MPH
Policy Associate
NCSL Health Program



POLICY TRENDS IN MATERNAL AND CHILD HEALTH STATE POLICY LAUNCH PAD!

- Summarize enacted legislation from around the country
- Present legislative examples that address important maternal and child health (MCH) priorities
- Learn about the different ways states approach similar problems



POLICY TRENDS IN MATERNAL AND CHILD HEALTH

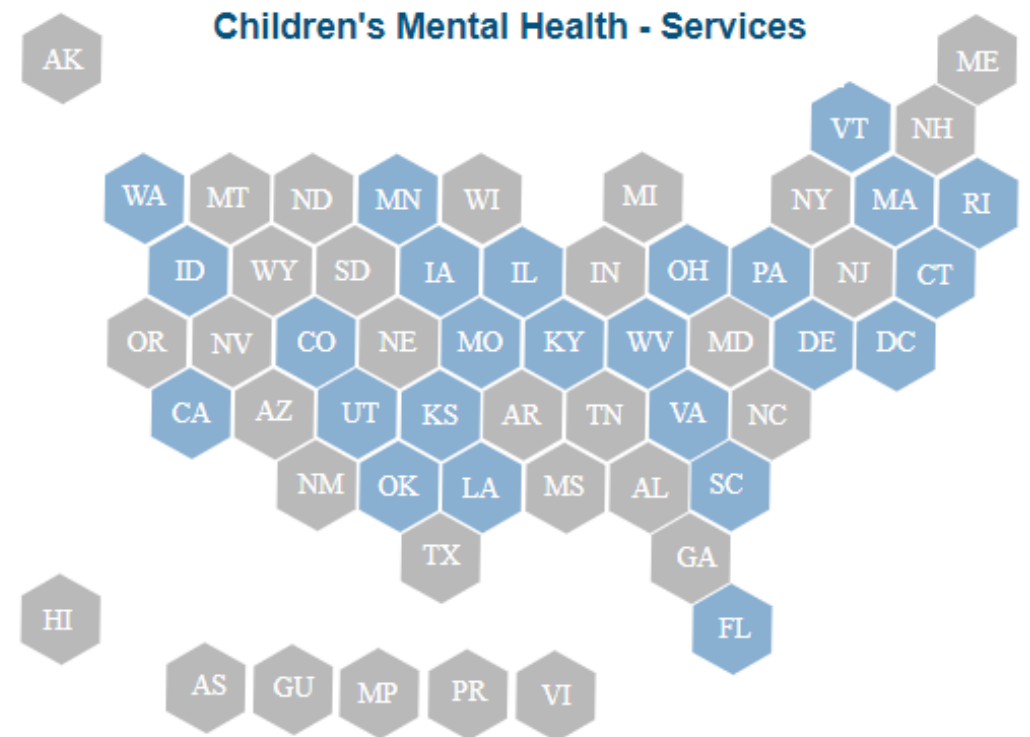
STATE POLICY ROAD TRIP!

- **Children's Mental Health Services – 75 enacted**
- **Childhood Immunization Requirements – 54 enacted**
- **Newborn Screening – 42 enacted**
- **Infant Mortality – 31 enacted**
- **Maternal Mortality and Morbidity – 34 enacted**
- **Maternal Mental Health – 27 enacted**



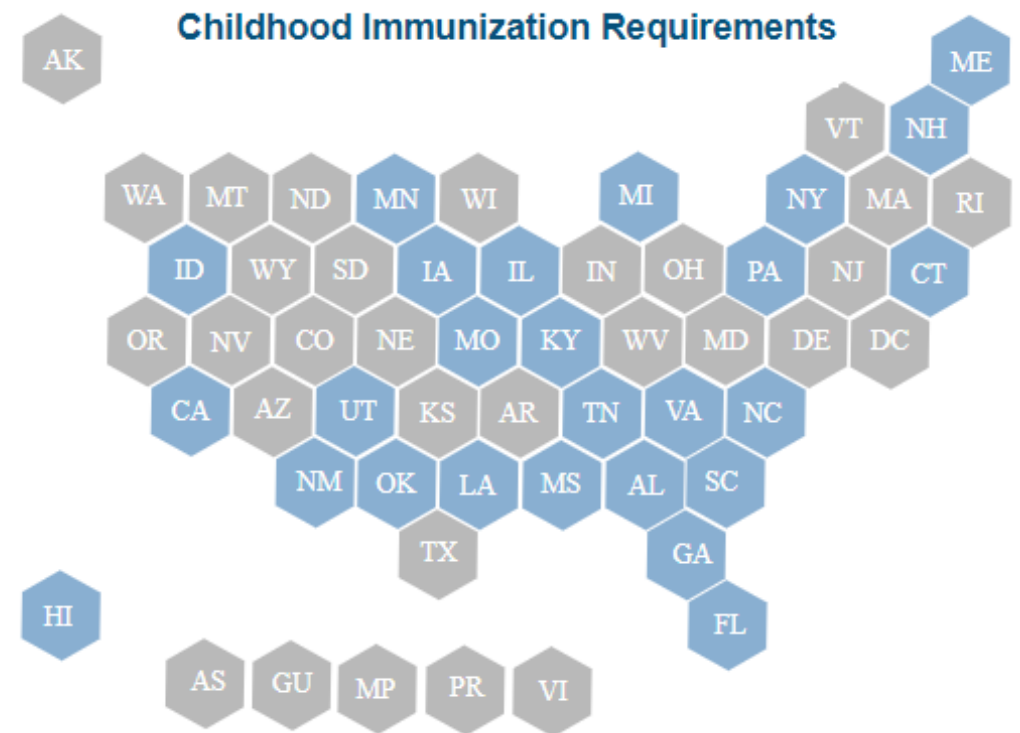
CHILDREN'S MENTAL HEALTH – SERVICES: 75 BILLS

- Prevention, tracking/monitoring and treatment of children's mental illness in community, home, residential and health facility settings.
- Bills address:
 - Issue identification – formation of advisory councils, committees, task forces, etc.
 - Access to children's mental health services
 - Public/private insurance regulation
- **Example: Illinois HB 3502**
 - Creates the Advisory Council on Early Identification and Treatment of Mental Health Conditions



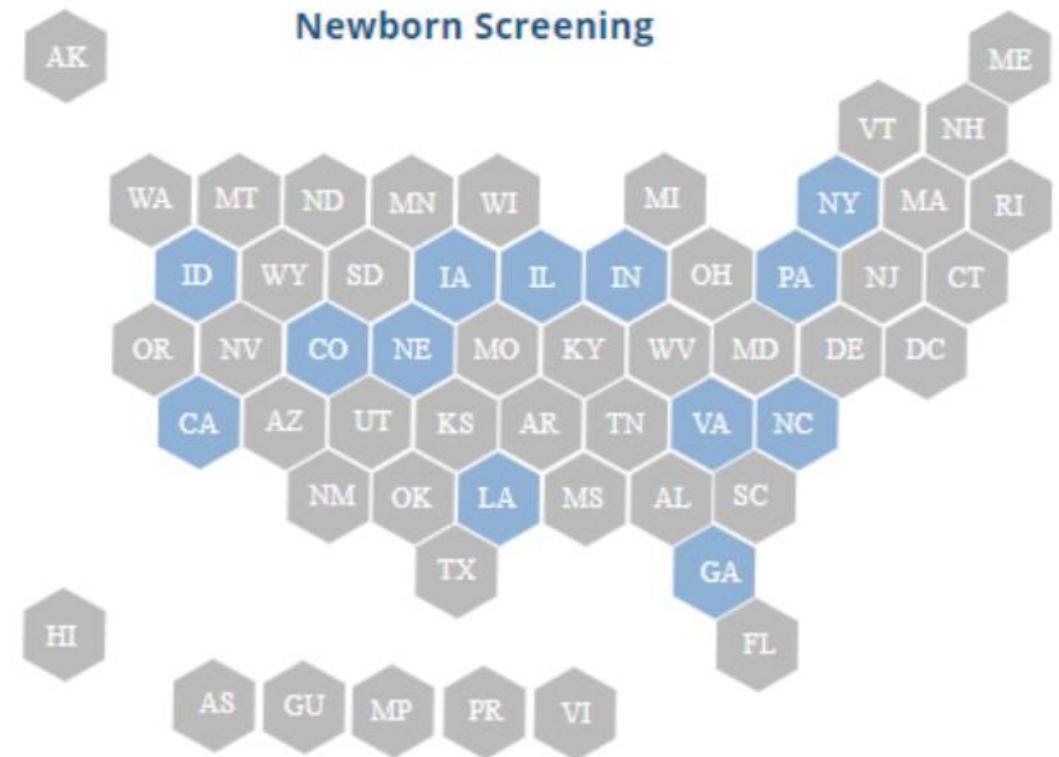
CHILDREN'S IMMUNIZATION REQUIREMENTS– SERVICES: 54 BILLS

- Prevention, education and tracking/monitoring related to immunizations and requirements for public school entry
- Bills address:
 - Adding and removing exemptions
 - Parental education
 - Provider education guidelines
- **Example: Maine SB 362**
 - Requires the Public Health Nursing Program to provide support to communities within the Maine Center for Disease Control and Prevention for the Childhood Immunization Program.



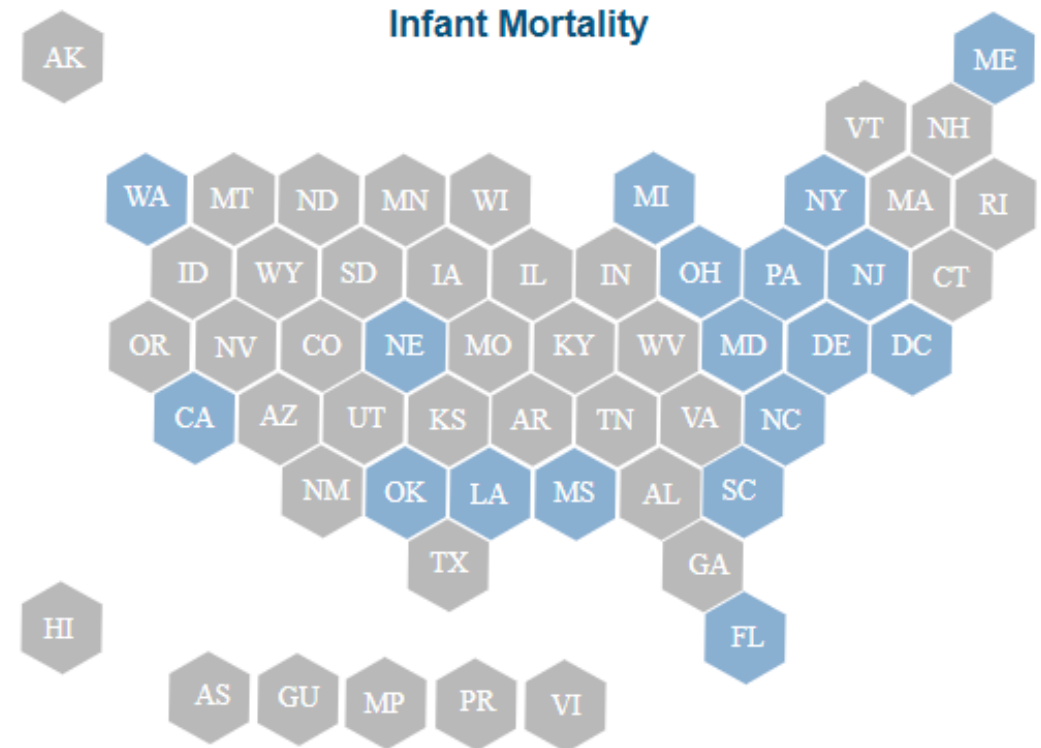
NEWBORN SCREENING: 42 BILLS

- Developmental, genetic, hearing and metabolic disorders
- Blood test
- Recommended Uniform Screening Panel (RUSP)
- **Example: Indiana SB 41**
 - Requires newborns to be examined for the detection of Krabbe disease, Pompe disease, and Hurler syndrome.



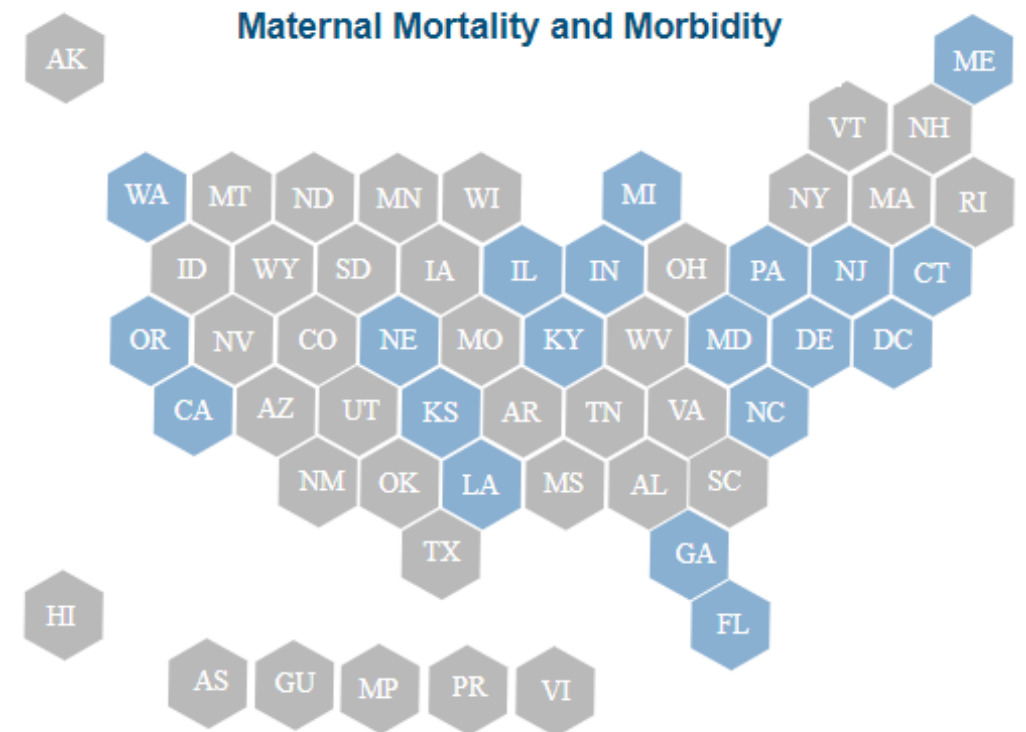
INFANT MORTALITY: 31 BILLS

- These policies set the foundation for infant mortality commissions, prevention services, intervention services and other programs.
- Bills address:
 - Formation/responsibilities of an infant mortality commission
 - Prevention/intervention services
 - Often focused on educating mothers and parents
 - Connection between infant mortality and maternal mortality
- **Example: Maine SB 366**
 - Expands infant and maternal investigation timelines for death reviews



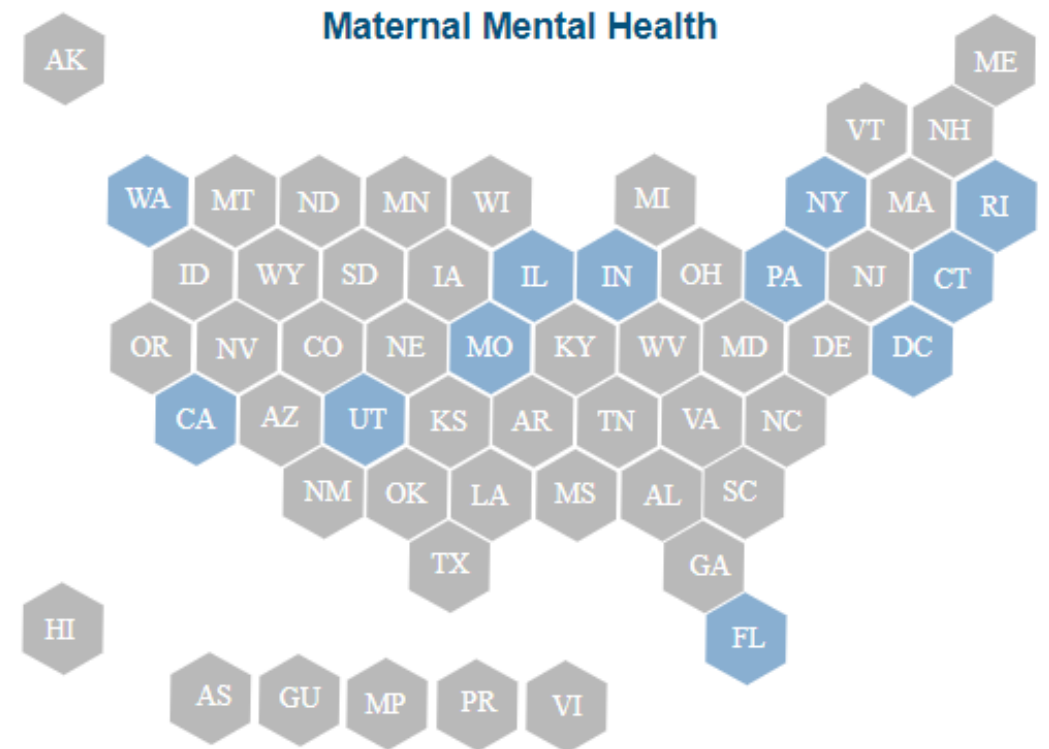
MATERNAL MORBIDITY AND MORTALITY: 34 BILLS

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- Bills address:
 - Formation/responsibilities of a maternal mortality commission
 - Prevention/intervention services
 - Often focused on educating mothers and parents
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- **Example: Louisiana HB 818**
 - Creates the Healthy Moms, Healthy Babies Advisory Council
 - Includes a legislator from each chamber



MATERNAL MENTAL HEALTH: 27 BILLS

- State laws that focus on women's mental health in the periods before, during and after child birth.
- Bills address:
 - Post-partum depression
 - Mental health before and during pregnancy
 - Impacts on child mental and physical health
- **Example: Missouri HB 2280**
 - Clears the way for an 1115 waiver to extend MO HealthNet coverage of substance use and mental health services for pregnant women



ADDITIONAL RESOURCES

- [Maternal and Child Health Database](#), NCSL
- [From Pregnancy to Postpartum](#), NCSL
- [Maternal Care in Crisis](#), State Legislatures Magazine, NCSL
- [Children's Mental Health](#), 2018 Legisbrief, NCSL
- [Vaccination Policies: Requirements and Exemptions for Entering School](#), 2017 Legisbrief, NCSL



Addressing Children's Mental Health

BY ALISON TAKKUNEN AND ANNIE ZLEVOR

An estimated one in five children in the United States has a diagnosable mental health condition that, when left untreated, places a strain on families and budgets. The long-term costs of childhood psychological problems result in a lifetime loss in family income of approximately \$300,000, according to a study in *Social Science and Medicine*. Given these costs, along with the prominent national conversation surrounding behavioral health, some lawmakers are looking into identifying and treating mental health issues early.

Medicaid, the Children's Health Insurance Program (CHIP) and private health insurance plans provide

percent of children enrolled. Medicaid requires states to provide a full range of services, including mental health care, for children through the Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) program.

All marketplace health plans under the Affordable Care Act (ACA) must cover screenings for mental health conditions, such as depression, at no cost.

Federal Action

Three major federal laws regulate insurance coverage of behavioral health parity, including the Mental Health Parity Act (MHPA) of 1996, the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 and additional provisions under the Af-

Did You Know?

- Untreated mental disorders and mental illness in children can lead to costly outcomes such as school dropout, substance use and suicide.

- Half of lifetime cases of mental illness begin by age 14 and 75 percent of all lifetime cases present by age 24.

MATERNITY CARE IN CRISIS

1/11/2019

STATE LEGISLATURES MAGAZINE | JANUARY-FEBRUARY 2019



American Women Are Dying From Childbirth at a Higher Rate Than in Any Other Developed Country

By Tahra Johnson

Kira and Charles Johnson were excited to welcome a second son into their family. Langston was to be delivered, like his older brother, by cesarean section on April 12, 2016. The Johnsons knew what to expect and were prepared for Kira's recovery. Or so they thought. While Kira was still in the hospital, Charles noticed blood in her catheter. He alerted the medical staff immediately, but hours went by before Kira could get a CT scan. By the time she went into surgery, it was too late.

IN THIS ARTICLE

- Uptick in Maternal Deaths
- Severe Maternal Morbidity
- Aiming For Answers
- A Better Review Process
- Data Delivers
- Hope on the Horizon



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Questions?

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NCSL Maternal and Child Health Fellows Program

NCSL Health Program

STATE STRATEGIES TO PREVENT AND MITIGATE TOXIC STRESS IN CHILDHOOD

@NCSLORG #NCSL #HEALTHSEMINAR

Amber Bellazaire, MPH
Policy Associate, Health Program
National Conference of State Legislatures



CHILDHOOD IS AN OPPORTUNITY



Image Source: MI PHAM via Unsplash

“Child development is a foundation for community development and economic development as capable children become the foundation of a prosperous and sustainable society.”

Source: [Center on the Developing Child Harvard University](#)



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PRESENTATION AGENDA

- Talk ACEs, outcomes and state action
- Highlight NCSL's Injury Prevention database
 - Which includes ACE-related state legislation
- Share additional NCSL resources
- Answer questions



Image Source: Unknown



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CHILDHOOD ADVERSITY, TRAUMA OR TOXIC STRESS?

Adversity (The Event)

- **Adverse Childhood Experiences**
- Death of a family member
- Poverty
- Homelessness
- Community violence
- Teen dating violence
- Serious accident or injury
- Bullying

Trauma (The Outcome)

- When an event or series of events is perceived as harmful or life-threatening.

Toxic Stress (The Mechanism)

- Chronic overactivation of a person's stress response system
- "Trauma without support."
Toxic stress results when severe, chronic stressors are perceived as harmful *and* a supportive, responsive adult is not available.



What was measured?

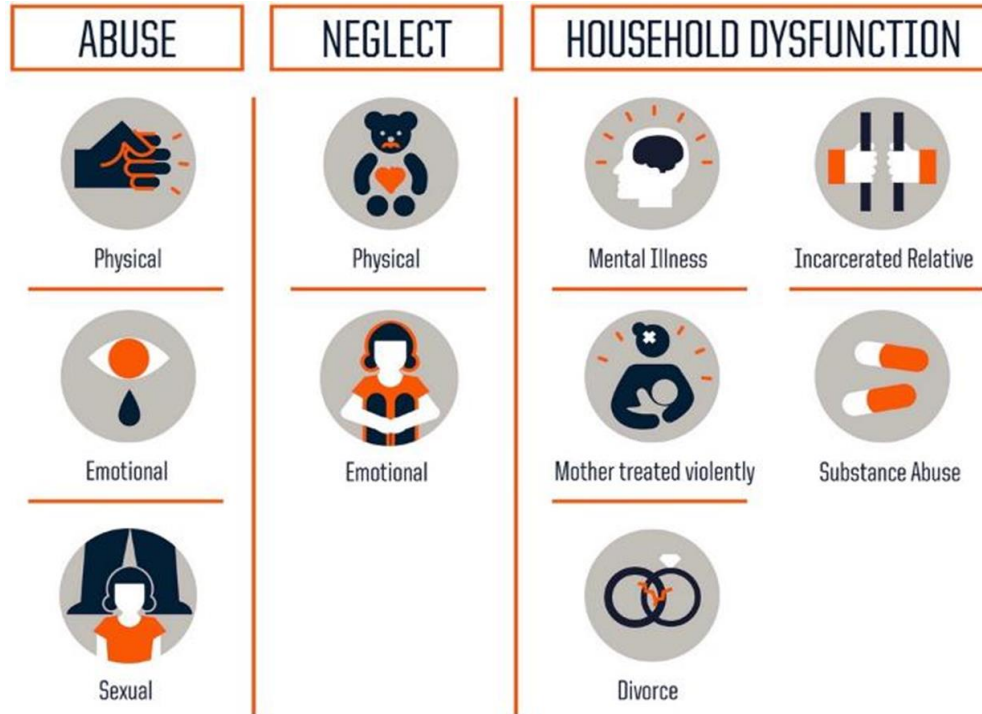
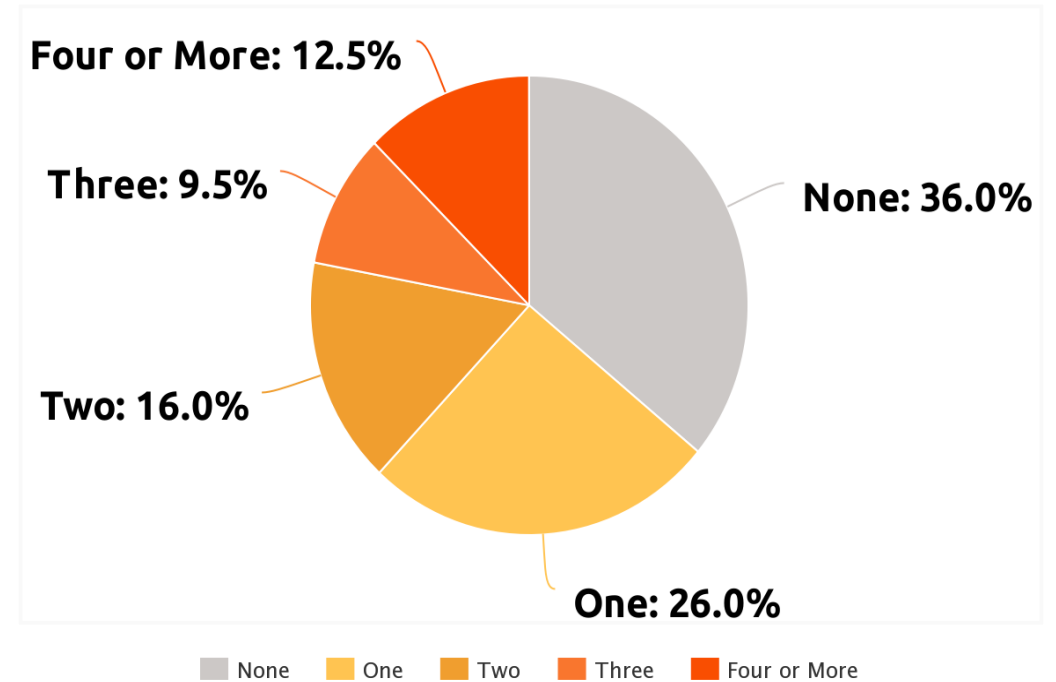


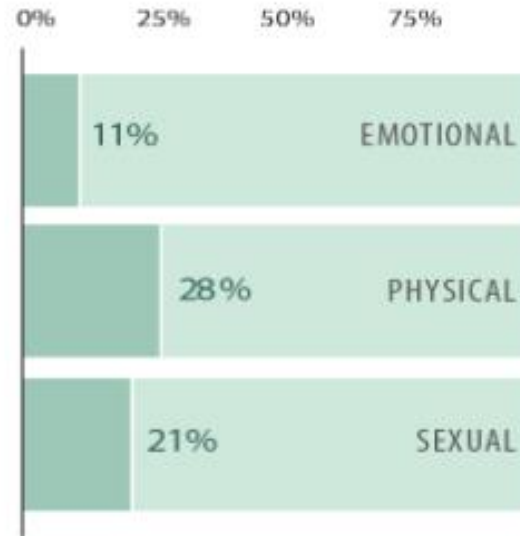
Image Source: Robert Wood Johnson Foundation

What was the prevalence?



meta-chart.com

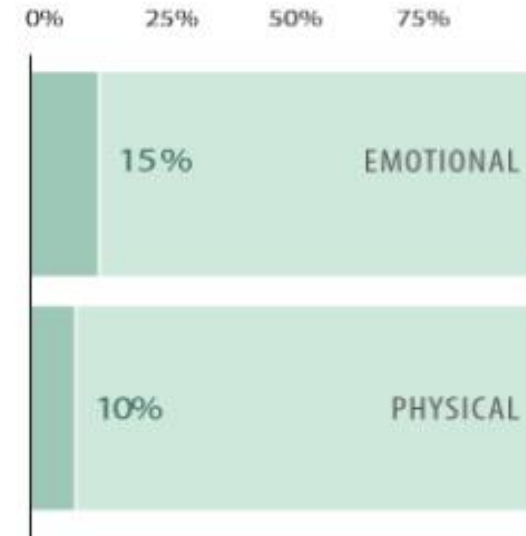
ABUSE



HOUSEHOLD CHALLENGES



NEGLECT



Link to source: <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html>

IMPLICATIONS OF TOXIC STRESS IN CHILDHOOD

Behavior

- Lack of physical activity
- Smoking
- Alcohol misuse
- Drug misuse
- Early sexual initiation
- Promiscuity
- Criminality

Physical & Mental Health

- Heart disease
- Cancer
- Stroke
- Chronic lung disease
- Severe obesity
- Diabetes
- Depression
- Suicide attempts
- Sexually-transmitted diseases
- Adolescent pregnancy and unintended pregnancy

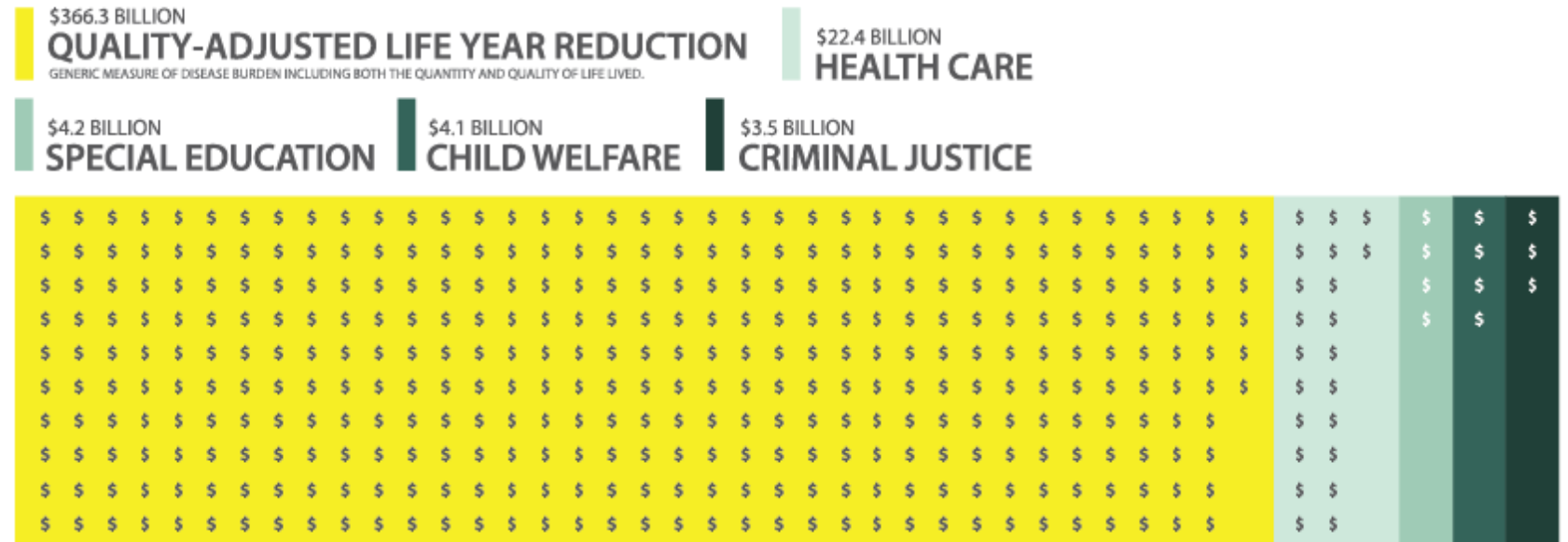
Other Outcomes

- Lack of school readiness
- Low educational attainment
- Poor academic performance
- Low workforce participation
- Poor work performance
- Intergenerational ACEs

IMPLICATIONS OF TOXIC STRESS IN CHILDHOOD

The lifetime cost of non-fatal child maltreatment (which covers 5 of 10 ACEs) incurred annually in the United States is **\$401 billion**.

It is estimated that the lifetime cost of child abuse and neglect is **\$401 billion**, annually.



Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child abuse & neglect*, 86, 178-183.
 The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
 2015 non-fatal child maltreatment estimates

Link to source: https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html

CHILDHOOD ADVERSITY IS NOT A “FIXED DEFICIT.”

BRAINS ARE BUILT OVER TIME.... EXPERIENCING ADVERSITY DOES NOT GUARANTEE A NEGATIVE OUTCOME.

WHAT WE KNOW

- Children require stable, caring and interactive relationships with adults.



Image Source: CDC

- Prevention and early intervention are more efficient and produce more favorable outcomes than remediation later in life.

ACTION AND APPROACHES

- Home Visiting
 - Support parents and positive parenting
- Quality Early Childhood Care and Education
 - Build skills to be healthy, productive adults
- Screening and Treatment
 - Institute a trauma-informed approach



ACTION AND APPROACHES

State legislation related to childhood adversity from January 1, 2019 to April 24, 2019:

- Introduced: **244** in 41 states
 - Adopted: **25** in 15 states
 - Enacted: **15** in 9 states
 - To Governor: **6** in 5 states
- Awareness day or month
 - Educational programming
 - Task force creation
 - Workforce training
 - Targeted health services
 - Screening and care coordination

NCSL INJURY PREVENTION LEGISLATION DATABASE

The Injury Prevention Legislation Database tracks **introduced and enacted** injury prevention state legislation.

The database is searchable by state, topic, keyword, year, or primary sponsor. Topics tracked include:

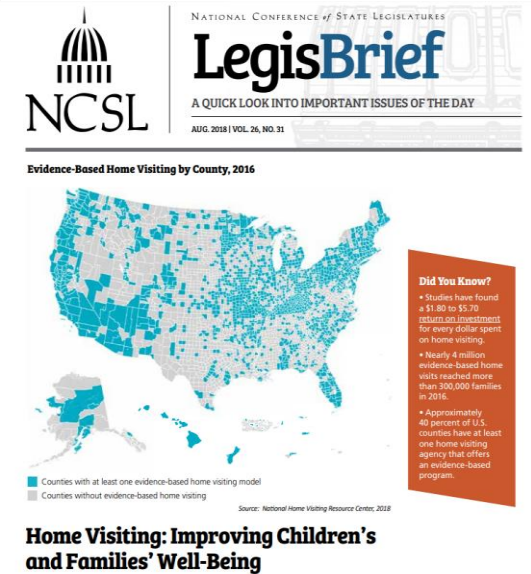
- **Adverse Childhood Experiences**
- **Child Abuse and Neglect**
- **Teen Dating Violence**
- Traumatic Brain Injury
- Older Adult Falls
- Other Substance Misuse Prevention Topics (e.g., Opioid Taxation)
- Pain Management Clinics
- Prescription Drug Monitoring Programs
- Prescription Guidelines and Limits
- Provider Training Related to Substance Misuse Prevention
- Rescue Drugs (e.g., Naloxone)

(Link to source: <http://www.ncsl.org/research/health/injury-prevention-legislation-database.aspx>)



RELATED NCSL RESOURCES

- [Adverse Childhood Experiences Policy Brief](#)
- [Home Visiting LegisBrief](#)
- [Early Care and Education Database](#)
 - Presents home visiting legislation from 2008 - 2018





Questions?

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