Children's Memorial Hospital
2300 Children's Plaza, Chicago, Illinois 60614-3394
773.880.4000
www.childrensmemorial.org

Division of Neonatology, Box #45
Ph. 773.880.4142
Fax 773.880.3061

Children's Memorial Hospital

Children's Memorial Foundation

Children's Memorial Research Center

Affiliated with Northwestern University's Feinberg School of Medicine

Robin H. Steinhorn, MD
Division Head

Daniel H. Polk, MD
Associate Head

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Praveen Kumar, MD

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Karen K. L. Mestan, MD

Kama Murthy, MD

Nicolas F. M. Porta, MD

Beverley Robin, MD

Malika D. Shah, MD

December 30, 2005

The Honorable Michael O. Leavitt
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Mr. Secretary:

The HHS Advisory Committee on Infant Mortality (ACIM) truly supports the 10 principles that you have outlined in your 500-Day Plan. The committee members and I, as Chairperson, have spent considerable time looking at how we, as the Advisory Committee, can assist our nation's most vulnerable populations, especially our mothers and children. We are charged with advising you on programs that are directed at reducing infant mortality and improving the health status of pregnant women and infants. We also offer recommendations to assist you and the Department coordinate the variety of Federal, State, local and private programs and efforts that are designed to deal with the health and social problems impacting on infant mortality.

At our recent meeting in November, the ACIM spent time reviewing and discussing the current 2004 statistics reported by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics in light of the budget cuts in the continuing resolution for such programs as Medicaid, especially Early Periodic Screening Diagnosis and Treatment services (EPSDT), the Maternal and Child Health (MCH) Services, Block Grant, and Health Start. From the CDC report, we know that:

- There were no improvements in timely receipt of prenatal care from 2003 to 2004 – 84.1 percent of all mothers in 2003 and 83.9 percent, of all mothers in 2004.
- More than a half-million infants were born preterm (less than 37 weeks gestation) in 2004, the highest number reported since comparable national data on gestational age have been available in 1981. In 2003, 12.3 percent of infants were born preterm, in comparison to 12.5 percent in 2004.
- Infants were also more likely to be born low birthweight (LBW) (Less than 2,500 grams) in 2004 – the LBW rate rose from 7.9 to 8.1 percent between 2003 and 2004.

Each of the identified funding programs provides considerable support and benefits to pregnant women and infants.

- Potential cuts in the Medicaid budget would eliminate many needed services for low-income pregnant women and children. These benefits to pregnant women and children allow the healthcare system to prevent future, more catastrophic, needs such as low-birth weight, prematurity, debilitating disorders in children if screening or treatment is not available, and increased costs in our healthcare system if prenatal care is not received in a timely manner. The EPSDT benefit under Medicaid, which provides essential screening, diagnostic, and treatment services, is critical for families and children to receive the needed services to circumvent long-lasting negative consequences that can impact on the child's life. Any cuts to Medicaid based on restricting benefits or imposing additional cost-sharing measures for beneficiaries would undoubtedly lead to an increase in higher utilization of costly medical care, especially emergency room visits.

Our concern as an Advisory Committee is that with potential budget cuts in the overall Medicaid program, our statistics for prenatal care, preterm births, low birthweight infants, and children with special health care needs will not improve in 2006 and future years. We believe sound health policy begins with strongly supporting prevention-related services. We, therefore, request your support in alerting policymakers about the impact of setting a dangerous "flexibility in benefits" precedent.

- The MCH Services, Block Grant, is a safety-net program to states devoted to improving the health of all women and children, including those who are low-income, at-risk, uninsured and underinsured. States use the block grant to provide an array of services and benefits to women and children such as pregnancy care, newborn screening, lead poisoning, injury prevention and services for children with disabilities and chronic illnesses. States match the program with over $2.5 billion, leveraging the federal investments to create health care for many pregnant women, infants, and children. Currently, the states serve over 28 million people including over 95 percent of all newborns, 50 percent of all pregnant women, and 20 percent of all children in the United States. Federal support for this program and these services has decreased substantially over the past 5 years. Congress is authorized to provide up to$850 million for the MCH Services, Block Grant, however it has been flat-funded for the past three years while the need for health services has grown. Any fiscal reduction in the MCH Services Block Grant will result in reduction of services to individuals. With budget cuts, states are already eliminating many maternal and child health programs – Missouri ended a primary health care program for over 30,000 low-income women, while Iowa and Ohio have closed specialty clinics for children with special health care needs. *Our concern as an Advisory Committee is that with a budget reduction, more and more states will be eliminating services thus causing families to have to travel farther for services, even out of state, or go without the health care for pregnant women or children. The Advisory Committee is urging continued funding of the MCH Services Block Grant at the 2005 level of $724 million.*
- The Health Start Program not only provides valuable services to pregnant women and their infants, it also helps eliminate disparities in health outcomes, which is a top priority at HHS. Health Start programs help break down barriers to care by operating accessible, culturally competent clinics (some communities offer mobile clinics to outreach to underserved minority populations). These clinics offer basic health care, prenatal care, and makes referrals for overall health and wellness of women. Services such as depression and/or substance abuse screenings, smoking cessation, alcohol abuse screenings, and weight management are vital to the overall health and well-being of women, especially pregnant women and their subsequent infants. Presently, the Healthy Start program serves approximately 300,000 community participants each year. *Our Concern as an Advisory Committee is that a reduction in funding of the Healthy Start program would have a definite impact on services to families who may not typically access service or families who are under-served or under-represented. It is anticipated that a $5 million reduction in this program will result in at least 6 or 7 projects in this country having to close The Advisory Committee is urging no budget cuts to the Healthy Start program.*

The ACIM is committed to assisting you and your staff in reducing infant mortality and providing needed and beneficial services in maternal and child health. ***We urge you to continue to support these three programs at the 2005 funding levels so that mothers, infants and children can get the health services they so desperately need.*** Our goals, match your goals in foreseeing a nation in the next 5,000 days in which consumers have better health care and more choices, wellness and prevention are essential services to good health care, inequalities in health care are eradicated, and more Americans (especially women, infants, and children) have health insurance to provide them with healthy happy lives. Please feel free co contact me by telephone at (773) 880-4142 or by email at jcollins@northwestern.edu.

Thank you for your commitment to maternal and child health programs.

Sincerely,

/S/

James W. Collins, Jr., M.D.,M.P.H.

Chairperson
Advisory Committee on Infant Mortality