



## Talking Points – MIECHV Expansion

### Key Messages:

- **(Senate Only)** Thank you for including a two-year extension of the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) in the *Senate Prescription Drug Pricing Reduction Act*. **We respectfully request your leadership and support to expand the program to serve more families by advancing a house-passed provision that doubles funding for MIECHV over the next two years.**
- **(House Only)** Thank you for passing H.R. 4768, the Home Visiting to Reduce Maternal Mortality and Morbidity Act. The bill would double funding for MIECHV over two years, and would double the Tribal set aside, responding to the disproportionately high levels of maternal mortality and morbidity in American Indian and Alaska Native communities. **Please make sure this critical provision is retained in any House/Senate negotiated package.**
- MIECHV is an important part of a continuum of voluntary, research-based services for families at risk of maternal mortality or morbidity.
- A doubling of funding for MIECHV would provide substantial reach to address maternal mortality and morbidity through an effective, existing infrastructure. MIECHV programs are already on the ground, addressing the social determinants of health that affect maternal well-being, such as social support, transportation, mental health, housing, and nutrition.

### Background on Home Visiting's effects on Maternal Mortality and Morbidity:

- The CDC has reported that approximately three in five pregnancy-related deaths were preventable. Contributing factors can be categorized at the community, health facility, patient, provider, and system levels, and evidence-based home visiting plays a unique role at the intersection of all these areas.<sup>1</sup>
- Home visiting programs impact maternal mortality and morbidity in several specific ways. Notably, these programs:
  - create human-to-human relationships that enable home visitors to provide supports based on the very specific needs of each family;

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<sup>1</sup> *Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017*



- create connections between mothers and health practitioners in the community, breaking down barriers to care and strengthening the link between healthcare resources and the families who need them;
  - provide screening in maternal depression both prenatally and postpartum, and connect mothers in need with appropriate community-based interventions;
  - provide referrals for mothers when certain risk factors, including trauma or domestic violence, are present in the home;
  - target the social determinants of health affecting families, such as social support, parental stress, access to health care, income and poverty status, and environmental conditions.<sup>2</sup>
- Home visitors provide regular support in the form of trained professionals that meet a mother where she is in order to ensure that both she and her young child thrive.
  - There are clear maternal health benefits in home visiting. Home visiting studies demonstrate reductions in pregnancy induced hypertensive disorders, pre-term birth, and maternal depression.
  - Home visiting also 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.

#### **MIECHV and Need for Expansion:**

- MIECHV-funded programs already exist in all 50 states, D.C., 5 territories, and 25 tribal communities.
- We know that MIECHV works. The impact of voluntary home visiting in rural and urban communities alike has been well documented through research for over three decades.
- With bipartisan support, MIECHV was reauthorized in 2018 for five years. That reauthorization made some statutory changes to MIECHV but did not expand funding for the program.
- In 2017, a report found that 18 million pregnant women and families could benefit from home visiting programs but were not being reached. These numbers have held steady since 2015.<sup>3</sup>

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<sup>2</sup> Artiga, S., Hinton, E., (2018). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity.

<sup>3</sup> [https://www.nhvrc.org/wp-content/uploads/NHVRC\\_Yearbook\\_2018\\_FINAL.pdf](https://www.nhvrc.org/wp-content/uploads/NHVRC_Yearbook_2018_FINAL.pdf)