



Updated March 7, 2018

Maternal and Child Health (MCH) Services Block Grant

The Maternal and Child Health (MCH) Services Block Grant is a federal-state partnership program that aims to improve the health of low-income pregnant women, mothers, and children. In addition, the program aims to connect low-income families with other services and programs, such as Medicaid and the State Children's Health Insurance Program (CHIP). The MCH Services Block Grant program is administered by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services (HHS). The program is authorized under Title V of the Social Security Act of 1935 (SSA; P.L. 74-121).

The MCH Services Block Grant program has three components: (1) block grants to states, (2) the Special Projects of Regional and National Significance (SPRANS) program, and (3) the Community Integrated Service Systems (CISS) program.

Block Grants to States

The block grants to states program is a block grant within the MCH Services Block Grant that provides formula-based grants to enable states to undertake a number of activities that, among other things, aim to ensure that quality health care is provided to mothers and children, particularly to those with low incomes or limited availability of care. Block grants to states are awarded to all 50 states, the District of Columbia, and eight jurisdictions (referred to collectively as states). The eight jurisdictions are American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Palau, Puerto Rico, and the U.S. Virgin Islands.

Use of Block Grants by States

Block grants may be used by states "to provide and to assure [that] mothers and children (in particular those with low income or with limited availability of health services) [have] access to quality maternal and child health services" (SSA, §501(a)(1)(A)). States determine the actual services provided under the block grant. For example, a state may provide medical services in sectors where public and private health insurers offer limited coverage options, such as coverage for dental and durable medical equipment (e.g., wheelchairs and oxygen equipment).

Individual State Allocation

Individual state allocations are determined by a formula that compares the proportion of low-income children in a state with the total number of low-income children within all states. Specifically, the first \$422 million of the amount appropriated is distributed to each state based on the amount the state received under the consolidated maternal and child health programs in 1983. Any funds above that amount are distributed based on the number of children in

each state who are at or below 100% of the federal poverty level (FPL) as a proportion of the total number of children at or below 100% of the FPL for all states. The 2018 FPL for a family of four is \$25,100.

States are required to use at least 30% of their block grant allocations for the population of children with special health care needs (CSHCNS), 30% for services for preventive and primary care services for children, and 40% for services for either of these groups or for other appropriate maternal and child health activities (SSA, §504(d)). However, states may use no more than 10% of their federal allocations for administrative costs. CSHCNs are infants and children who have or are at risk of having a disability, chronic illness/condition, or educational/behavioral issue.

Special Projects of Regional and National Significance (SPRANS)

The SPRANS program is a set-aside that provides competitive grants for research and training programs and services related to maternal and child health, and CSHCNs. SPRANS grants are awarded to (1) public or nonprofit private institutions of higher learning that train health care and maternal and child health personnel, and (2) public or nonprofit private organizations or institutions of higher learning that conduct maternal and child health research.

Use of SPRANS Funds

SPRANS funds may be used for genetic disease testing, counseling, and information development and dissemination programs; for grants relating to hemophilia without regard to age; for the screening of newborns for sickle cell anemia and other genetic disorders; and for follow-up services. Generally, the priority for funding SPRANS projects is determined by HRSA; however, Congress has sometimes provided specific directives for certain programs, including set-asides. For example, Congress provided SPRANS set-aside funds for oral health (\$5.24 million), epilepsy (\$3.63 million), sickle cell (\$2.99 million), and fetal alcohol syndrome (\$0.48 million) in FY2017.

Community Integrated Service Systems (CISS)

The CISS program is a set-aside that provides competitive grants to support development and expansion of a variety of service delivery strategies. CISS grants are awarded to public and private organizations or institutions.

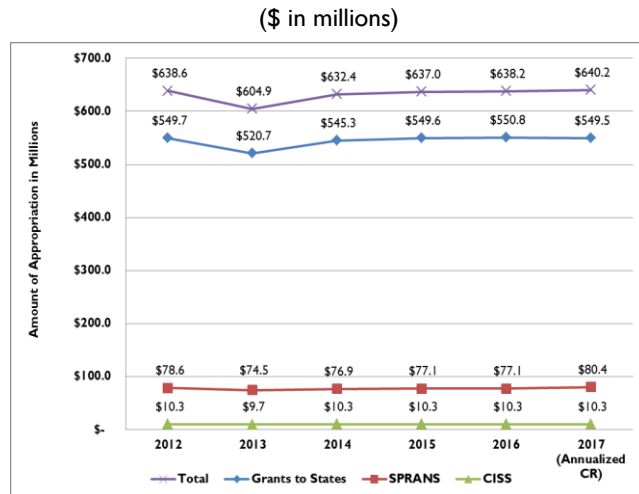
Use of CISS Funds

CISS funds may be used for home visitation, integrated service delivery systems, services to rural populations, outpatient and community-based services for CSHCNs, and increased participation of obstetricians and pediatricians under Medicaid and the Title X Family Planning program.

Appropriation

The MCH Services Block Grant was funded at \$640.2 million in FY2017. Of the FY2017 amount, an estimated \$10.3 million (1.6%) was for CISS, \$80.4 million (12.6%) was for SPRANS, and \$549.5 million (85.8%) was for block grants to states. See **Figure 1** for the past six years of appropriations.

Figure 1. Appropriations to the MCH Services Block Grant, FY2012-2017



Source: Figure was prepared by CRS using annual HRSA budget justifications and appropriations legislation for the relevant years.

Note: Funding levels are not adjusted for inflation.

Allocation of Funding by Formula

The MCH Services Block Grant is allocated by formula. The allocation requirements are as follows (42 U.S. Code §702(a)):

For an appropriation that is above \$600 million.

Part 1. The CISS program receives 12.75% of the amount that exceeds \$600 million. Of the remaining exceeding amount, SPRANS receives 15% of it. Block grants to states receive the remainder.

Part 2. The SPRANS program receives 15% of the amount that is at or below \$600 million. Block grants to states receive the remainder.

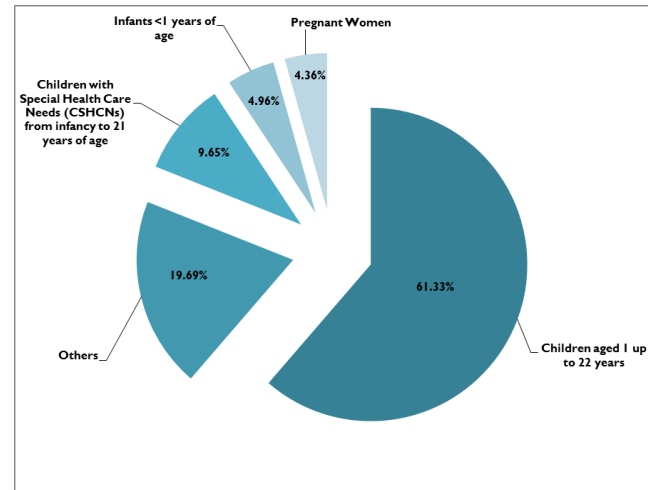
For an appropriation that is at or below \$600 million.

The SPRANS program receives 15% of the total appropriation. Block grants to states receive the remainder. The CISS program is not funded.

Population Served

In FY2016 (the most recent available data), 76,405,066 individuals were served (see **Figure 2**). Of the total served, 46,862,500 were children aged 1 up to 22 years; 15,046,754 were others; 7,373,507 were CSHCNs; 3,789,175 were infants; and 3,333,130 were pregnant women.

Figure 2. Percentage of Individuals Served Under the MCH Services Block Grant Program, by Classification, FY2016



Source: Figure prepared by CRS using data from HRSA, “Explore the Title V Federal-Partnership,” <https://mchb.tvisdata.hrsa.gov/>.

Notes: “Others” includes women of childbearing age and any others who are not classified by the state.

State and National Reporting Requirements

Each state must prepare and submit an annual report to the Secretary of HHS on all MCH Services Block Grant activities. Specifically, these reports must include information on program participation, standardized measures of maternal and child health, and data on maternal and child health systems, including measures of the pediatric and family practice workforce. HRSA must annually compile the information reported by states and present the data to the House Committee on Energy and Commerce and the Senate Committee on Finance in a report to Congress.

Discussion

According to HRSA’s *FY2017 Annual Performance Report*, “The MCH Services Block Grant program also serves as the payer of last resort. In cases where no resources or services are available, states use their block grants to fund direct care services, such as prenatal care, pediatric specialty care, or services for children with special health care needs.” See HRSA, *FY2017 Annual Performance Report*, p. 34, <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/fy17annualperformancereport.pdf>. Therefore, any change in current state funding levels under programs such as Medicaid and the Title X Family Planning program may cause states to change the amount of funding they request through the MCH Services Block Grant program.

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IF10777

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