What's in Biden's Budget Proposal for Moms and Babies?

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The Alliance for Patient Access (allianceforpatientaccess.org), founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access. AfPA is organized as a non-profit 501(c)(4) corporation and headed by an independent board of directors. Its physician leadership is supported by policy advocacy management and public affairs consultants. In 2012, AfPA established the Institute for Patient Access (IfPA), a related 501(c)(3) non-profit corporation. In keeping with its mission to promote a better understanding of the benefits of the physician-patient relationship in the provision of quality healthcare, IfPA sponsors policy research and educational programming.

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Framed as an investment for future generations, the budget calls for funds to:

- **Reduce maternal mortality and morbidity rates nationwide.** The president identified more than \$200 million for programs to improve care for pregnant moms, including the creation of more state pregnancy medical homes. The medical home model aims to coordinate services and supports in a patient-centered way, with the ultimate goal of reducing preterm births.

President Biden also wants to bolster maternal mortality review committees, which perform comprehensive reviews of women’s deaths within a year of the end of a pregnancy. The multidisciplinary committees are tasked with identifying prevention opportunities and helping to understand better the drivers of maternal mortality and the associated disparities. The Centers for Disease Control and Prevention currently supports just 25 states’ review efforts. (2) New funds could allow the federal government to support committees in more states.

- **Lower health insurance premiums.** President Biden’s proposed budget includes funding to make permanent the health insurance tax credits instituted by the COVID-19 rescue package. As it was officially named, the American Rescue Plan reduced the premiums of 9 million people by an average of \$50 per month.
- **Address disparities in health care.** Social determinants of health, the social and economic factors that affect how people live, work, and play, have an outsized role in maternal health outcomes. If Congress approves the president’s proposal, the Centers for Disease Control and Prevention will get another \$153 million to support states and territories in their efforts to collect more data and address health inequities caused by social determinants.

Related, the administration is interested in doubling the federal investment in community health centers, which play a critical role in providing access to care, including prenatal care, in underserved communities. Expanding this funding, the administration says, would help reduce health disparities.

- **Invest in innovation.** The president also would like to address some of the most resource-intensive diseases, reducing their burden for the next generation. He proposed \$6.5 billion for the creation of the Defense Advanced Research Projects Agency for Health, which would focus on breakthrough treatments and cures for diseases like cancer, diabetes, and Alzheimer’s.

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Funding the Budget

While the proposed budget provides important investments and generous support to those who need it, paying for those programs will depend on increasing revenues or adding to the federal debt.

The president has suggested higher taxes on the wealthy and

corporations to offset much of his new spending. He has also proposed allowing the Trump-era tax cuts on the low and middle class to expire, as scheduled, in 2025.

The president's proposed budget – and funding suggestions – begin the negotiation process with Congress. The fate and details of his proposal will be hammered out over the coming months.

References:

1. https://www.whitehouse.gov/wp-content/uploads/2021/05/budget_fy22.pdf
2. <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html>

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Still a Premie?

Some preemies are born months early, at extremely low birthweights. They fight for each breath and face nearly insurmountable health obstacles.

But that's not every preemie's story.

Born between 34 and 36 weeks' gestation?

STILL A PREMIE

Just like preemies born much earlier, these "late preterm" infants can face:

- Jaundice
- Feeding issues
- Respiratory problems

And their parents, like all parents of preemies, are at **risk for** postpartum depression and PTSD.

Born preterm at a "normal" weight?

STILL A PREMIE

Though these babies look healthy, they can still have complications and require NICU care.

But because some health plans determine coverage based on a preemie's weight, **families of** babies that weigh more may face access barriers and unmanageable medical bills.

Born preterm but not admitted to the NICU?

STILL A PREMIE

Even if preterm babies don't require NICU care, they can still face health challenges.

Those challenges can extend through childhood, adolescence and even into adulthood.

Some Premies	All Premies
Will spend weeks in the hospital	Face health risks
Will have lifelong health problems	Deserve appropriate health coverage
Are disadvantaged from birth	Need access to proper health care

NCfIH National Coalition for Infant Health
Protecting Access for Premature Infants through Age Two
www.infanthealth.org