Comments on MCH Block Grant Guidance for the Federal Register Public Comment Request: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915-0172-Revision

Prepared by Dr. Arden Handler, Professor Emeritus at University of Illinois School of Public Health (UIC-SPH) on behalf of Arden Handler (UIC-SPH) and Kay Johnson of Johnson Policy Consulting

In February 2026, Arden Handler and Kay Johnson published ***Strengthening Title V: A Nationwide Examination of Variability in State Budgets for the MCH Block Grant***, which examines variation in federal and non-federal funding budgeted for the Title V MCH Block Grant in each state and territory overall for FY2023. *Strengthening Title V* takes a broad look at Title V budgets, specifying the shares budgeted for the three Title V focus populations: children 1-21, CSHCN, and pregnant women and infants. The report details the federal and non-federal funds budgeted by state MCH agencies, including sources of non-federal funds.

The Title V program provides federal block grant dollars to support the MCH infrastructure and services in each of the 59 jurisdictions (states, DC, and US territories referred to hereafter as states). State matching funds (ratio of $3 non-federal funds for every $4 in federal funds) are required under federal law. Many states secure and budget funds beyond this 3:4 matching requirement resulting in an "overmatch."

The four categories for the non-federal match under Title V include: 1) state funds (i.e., appropriated by state legislatures), 2) program income (e.g., Medicaid and other revenue generated from payments for services delivered), 3) local dollars, and 4) 'other" funds (e.g., tobacco taxes). The report shows that the 59 states and territories most often use state dollars as their primary source for the Title V MCH Block Grant match. In 37 states, more than half of state Title V matching dollars come from state funds; in 22 states, state dollars make up 100% of their Title V match. Only two jurisdictions use local funding as more than half of their non-federal match, while 43 report no local funding used for their match. In six, funds from program income are more than half of the non-federal match, while 29 do not use this source of funds for their match. Finally, in six jurisdictions, 'other' funds make up more than half of their non-federal match, while 39 states report no use of these dollars.

While state funds are the most often used source of non-federal matching funds, it is difficult to determine exactly what counts as state funding in the Title V Block Grant applications**.** Information provided in the Title V applications reviewed

does not distinguish whether states have access to undesignated general state revenue as part of their non-federal matching funds for Title V. When states use funding designated for other state programs for their match, the Title V program does not have full discretion in how the funds are used, providing less flexibility for states to carry out their Title V Action Plans and to meet their state priorities.

In addition, the *Strengthening Title V* report documents significant discrepancies in reporting of federal and non-federal funds between the various MCH Block Grant reporting forms. A further finding is the great variability across the states as to the" other" federal funds reported on Form 2. Of note, the extent to which these "other" federal programs are actually administered by the Title V program or whether these grants are just co-located in an office that also houses Title V (e.g., Office of Community and Family Health), is unclear.

The variation in the budget narratives, the fact that there is almost no information on whether state general revenue funds used for the match are designated versus non-designated funds, and the generally inconsistent information across the Title V application budget narratives suggests the need for MCHB to revise a few key parameters for the budget forms and budget narrative descriptions in the proposed MCH Title V Block Grant guidance. Suggested components to include in each Title V application related to the budget and the budget narrative, and to be incorporated into the proposed MCH Block Grant Guidance are as follows:

- More explicit descriptions of what should be included in the categories for *State Funds*, *Local Funds*, *Program Income Funds*, and *Other Funds* on Form 2 should be provided to the states by MCHB. The amounts for each of these funding categories on Form 2 are pre-populated by TVIS from SF424 (18c-f) but instructions for what to include in each category are limited to the brief definitions provided in the "Reporting Definitions for the Forms" on page 77-78 of the proposed Title V Block Grant guidance, likely leading to inconsistent reporting across states.
- With respect to *State Funds* in particular, specific delineation of the percent of undesignated state general revenue funds used for non-federal Title V funding should be required. This will provide a truer picture of how often states are counting other state funded programs as their match and the extent to which states actually have unrestricted funding available to them to achieve their goals and objectives.

As the anchor for investments and program infrastructure for maternal and child health in the US, continued and expanded federal funding for the Title V MCH Block Grant is essential. Requiring increased precision in the budget and budget narrative in the state MCH Block Grant application will enable more informed

decisions by state legislatures about the level of state general revenues committed to MCH efforts and can further support state agency efforts to conduct needs assessments, prepare plans, and formulate budgets. Promoting the health of all women, children, and families requires dedicated resources at both the federal and state levels matched to priority needs.