

December 9, 2025

The Honorable Susan Collins  
Chair, Committee on Appropriations  
U.S. Senate  
Washington DC, 20510

The Honorable Patty Murray  
Vice Chair, Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Tom Cole  
Chair, Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member, Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chair Collins, Vice Chair Murray, Chair Cole, and Ranking Member DeLauro:

As you finalize the fiscal year (FY) 2026 Labor, Health and Human Services, Education and Related Agencies (LHHS) appropriations bill, the Maternal and Child Health Appropriations Alliance (MCHAA) and underlying organizations dedicated to advancing maternal and child health (MCH) **urge you to pass an FY 2026 LHHS bill into law that includes the highest possible funding levels for the myriad of federal programs that support MCH populations.** Avoiding another government shutdown or continuing resolution by passing a FY 2026 bill is critical to providing federal agencies and the states, communities, and MCH populations they serve with the stability and clarity to sustain and strengthen our country's MCH infrastructure.

MCHAA is a growing coalition of MCH and MCH-related organizations focused solely on ensuring robust and sustained federal investment in MCH. Together, leaders and subject matter experts from policy and advocacy groups, public health and governmental health agencies, clinical and provider networks, and community-based organizations partner together to highlight the importance and interconnectedness of the various federal programs that support the health, safety, and well-being of mothers, children, and families nationwide.

The United States continues to face persistent challenges within MCH, including maternal and infant mortality and morbidity, access to quality care, preventive services, and programs that support families' physical, emotional, and developmental health. According to the Centers for Disease Control and Prevention (CDC), approximately 700 pregnancy-related deaths occur in the U.S. each year,<sup>1</sup> and more than 85 percent of these deaths are preventable.<sup>2</sup> Additionally, CDC released data indicating that the total infant mortality rate in the U.S. increased by 3% from 2021-2022.<sup>3</sup> Further, the recently released March of Dimes 2025 Report Card showed nearly

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<sup>1</sup> <https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm>

<sup>2</sup> <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/index.html?cove-tab=4>

<sup>3</sup> <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-05.pdf>

380,000 babies were born preterm—1 in 10 births—placing the U.S. among the highest rates in developed nations, and more states saw preterm birth worsen than improve in the past year.<sup>4</sup>

An interconnected web of federally-supported programs throughout the Department of Health and Human Services (HHS) exists to address the many needs of MCH populations across the country. While each program addresses a unique need, the combination of programs creates a comprehensive system of work that is complementary to and reliant on one another. *We are appreciative of the proposed funding levels of many HHS-housed MCH programs in both the House and Senate LHHS appropriations bills, but are gravely concerned about the slated reductions for, particularly, Title V's Special Projects of Regional and National Significance (SPRANS) and the Healthy Start program.*

**Title V MCH Services Block Grant: Special Projects of Regional and National Significance (SPRANS)** – The Title V MCH Block Grant is a cost-effective, accountable, and flexible funding source to address the most critical, pressing, and unique needs of each state's maternal and child health populations. State and local health departments use the Title V MCH Block Grant to design and implement a wide range of statewide and community-level maternal and child health programs to fit the needs of their specific populations. While we appreciate the Committee's recognition of the work done by individual states, as reflected in the level funding of the state grant portion of the Title V Block Grant, we remain extremely concerned about the proposed reductions in funding for the SPRANS portion – \$46.5 million in the House of Representatives and \$14 million in the Senate.

SPRANS works to advance MCH by supporting targeted investments that not only bolster the capacity of academic institutions to address health gaps but also foster partnerships between universities, state health agencies, and communities to drive measurable improvements in MCH outcomes nationwide. In FY 2024, \$210.1 million in SPRANS funding supported the work of over 280 grantees across 59 states and jurisdictions by funding innovation, training and workforce, technical assistance, quality improvement, and other mission-critical efforts, including genetics services, newborn screening, and treatments for sickle cell disease and hemophilia. A loss of SPRANS funding could detrimentally impact MCH populations, providers, public health professionals, and trainees in a sweeping way. *While the MCH community has advocated for \$1 billion for the Title V MCH Services Block Grant in FY 2026 and continues to believe this level of funding is needed to best serve our nation's families now and in the future, we urge you to restore funding for all components of the Title V Block Grant to at least its currently enacted level of \$822.7 million, including \$210.1 million for SPRANS.*

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<sup>4</sup> <https://www.marchofdimess.org/peristats/reports/united-states/report-card>

**Healthy Start** – The Healthy Start program is the Health Resources & Services Administration’s signature community-driven initiative that provides funding to support community-based strategies to improve perinatal outcomes for women and children in communities with acute infant mortality rates. Currently, there are over 100 federally-funded Healthy Start projects in U.S. communities where infant mortality rates are more than one and one-half times the national average. In 2021, Healthy Start served more than 76,000 participants, and by 2023, that number had grown to over 83,000 – positively impacting our nation’s most disadvantaged children survive infancy and live longer, more productive lives. For example, in 2021, 96 percent of Healthy Start women and 97% of Healthy Start children participants had a usual source of care.

Importantly, Healthy Start programs employ women from the impacted communities to be outreach workers, peer specialists, and home visitors, bolstering employment rates and workforce development. This approach also saves money compared to hiring nurses whose salaries are considerably higher and promotes greater engagement, as pregnant women respond better to women who have the same personal experiences. Additionally, Healthy Start programs added doula services, fatherhood services, and women’s health providers to provide clinical services, well-woman care, and maternity care services, making the Healthy Start program a critical component of federal efforts to reduce both maternal and infant mortality. *At minimum, we urge you to fund the Healthy Start program at \$145.25 million – the proposed level in the FY26 LHHS Senate bill.*

We are aware that your Committees were forced to make difficult decisions to keep total funding at certain spending levels. As you work to finalize the FY 2026 LHHS bill, we urge you to prioritize the highest possible funding levels for all federally-supported MCH programs. For additional information on MCH programs in your state, please contact Sherie Lou Santos, Chief of Policy, Government Affairs, and Communications at the Association of Maternal & Child Health Programs at 202-964-2411 or [SSantos@amchp.org](mailto:SSantos@amchp.org).

Thank you for your consideration,  
The Maternal and Child Health Appropriations Alliance

*American Academy of Pediatrics  
American College of Nurse-Midwives  
American College of Obstetricians and Gynecologists  
Association of Maternal & Child Health Programs  
Association of State and Territorial Health Officials  
Association of Women’s Health, Obstetric and Neonatal Nurses  
Family Voices National  
First Focus Campaign for Children  
Healthier Moms and Babies  
Institute for Women’s Policy Research  
March of Dimes*

*Maternal Mental Health Leadership Alliance*  
*National Alliance to Advance Adolescent Health*  
*National Association of County & City Health Officials*  
*National Healthy Start Association*  
*National Institute for Children's Health Quality*  
*National Partnership for Women & Families*  
*Society for Maternal-Fetal Medicine*  
*South Georgia Healthy Start*  
*Trust for America's Health*  
*ZERO TO THREE*

cc: The Honorable Shelley Moore Capito  
The Honorable Tammy Baldwin  
The Honorable Robert Aderholt