

# United States Senate

WASHINGTON, DC 20510

April 21, 2026

The Honorable Shelly Moore Capito  
Chair  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington, DC 20510

The Honorable Tammy Baldwin  
Ranking Member  
Senate Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education & Related Agencies  
Washington, DC 20510

Dear Chair Capito and Ranking Member Baldwin:

Our nation continues to face a crisis in maternal health. **As you develop the appropriations legislation for Fiscal Year 2027, we encourage you to prioritize continued robust funding for the below programs that seek to prevent maternal deaths, eliminate inequities in maternal health outcomes, and improve maternal health.**

More women die from pregnancy-related complications in the United States than in any other developed country.<sup>1</sup> According to the Centers for Disease Control and Prevention (CDC), data show a nearly twofold increase in pregnancy-related deaths from 2019 to 2021,<sup>2</sup> and according to 2021 data from 46 state Maternal Mortality Review Committees (MMRCs), 87% of pregnancy-related deaths were determined to be preventable.<sup>3</sup> Further, CDC released data indicating that the total infant mortality rate in the U.S. increased by 3% from 2021-2022.<sup>4</sup> Major disparities in maternal mortality exist, with Black women three to four times more likely than non-Hispanic white women to die due to pregnancy-related complications and Indigenous women more than twice as likely than non-Hispanic white women to die due to pregnancy-related complications.

**Title V Maternal and Child Health (MCH) Services Block Grant** – The Title V MCH Services Block Grant administered by the Health Resources and Services Administration (HRSA) is the only federal program of its kind devoted solely to improving the health of all women, children, and families in the United States. Fifty-nine states and territories use this flexible and cost-effective funding source to address their most critical maternal and child health needs. This includes implementing strategies to translate recommendations made by statewide maternal mortality reviews – the gold standard in maternal mortality surveillance – into meaningful action. Title V also supports Special Projects of Regional and National Significance (SPRANS), such as State Maternal Health Innovation Grants – a program to strengthen a state’s health care system and implement evidence-based interventions to address critical gaps in maternity care service; the MCH Leadership, Education, and Advancement in Undergraduate Pathways (LEAP) Training Program – a program to promote the development of a diverse and representative public health and health care workforce; and the Sickle Cell Disease Newborn Screening Follow-up Program to facilitate access to quality sickle cell disease care. In FY24, the Title V state formula fund, which includes a 75% state match requirement, served 99% of infants, 92% of pregnant women, and 62% of children nationwide; and the SPRANS portion of Title V supported the work of over 280 grantees across 59 states and territories.<sup>5</sup>

**Healthy Start** – The Healthy Start program is HRSA’s signature community-driven initiative that

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<sup>1</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>

<sup>2</sup> <https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance/index.html>

<sup>3</sup> <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc/index.html?cove-tab=4>

<sup>4</sup> <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-05.pdf>

<sup>5</sup> <https://mchb.tvisdata.hrsa.gov/#:~:text=National%3A%20%242%2C875%2C051%2C892,-FY%202024,Percentage%20Served,-National%20Performance%20Measures>

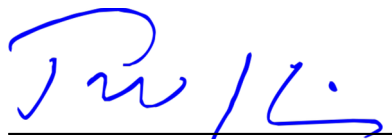
provides funding to support community-based strategies to improve perinatal outcomes for women and children in communities with acute infant mortality rates. In particular, the Healthy Start program seeks to reduce disparities in infant and maternal mortality by empowering women and their families to identify and access maternal and infant health services in their communities. Locally funded Healthy Start programs provide services such as prenatal care, food assistance, housing supports, green spaces, referrals for interpersonal violence and depression, fatherhood supports, and a network of doulas and social services—all designed to address the social determinants of health driving infant mortality. Further, the Healthy Start program employs women from the impacted communities who serve as outreach workers, peer specialists, and home visitors. This approach saves money; promotes equity, as pregnant women respond better to women with the same lived experiences; bolsters employment rates; and serves as a workforce pipeline, making the Healthy Start program a critical component of federal efforts to reduce maternal and infant mortality.

**Safe Motherhood and Infant Health** – This portfolio of programs at CDC supports a broad range of activities that seek to improve the health of moms and babies and reduce disparities in maternal and infant health outcomes. This includes implementation of the Preventing Maternal Deaths Reauthorization Act (P.L. 119-75) through the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program to provide funding, technical assistance, and guidance to state maternal mortality review committees. It also includes support for perinatal quality collaboratives, which are state or multi-state networks of teams working to improve the quality of care for mothers and babies. Among other activities, Safe Motherhood supports Pregnancy Risk Assessment Monitoring System (PRAMS), an essential, population-based surveillance system that provides state-specific, actionable data on women’s experiences before, during, and after pregnancy, and PRAMS data represent 81% of all U.S. live births.

**National Institutes of Health** – Research is critically important to optimizing the health of women and their families in the United States and identifying the causes behind pregnancy-related deaths and complications. Most research on pregnancy in the U.S. occurs at the National Institutes of Health (NIH). Broadly, 23 of 27 institutes and centers at the NIH support at least one grant or project related to pregnancy-related research, with the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) consistently providing the greatest support of perinatal research in the United States. NICHD’s work includes the Maternal-Fetal Medicine Units Network, a network of 15 centers across the country that conduct clinical studies to improve maternal, fetal, and neonatal health. NICHD is also working to advance safe and effective therapies for pregnant and lactating women as recommended in 2019 by the federal Task Force on Research Specific to Pregnant Women and Lactating Women (authorized under P.L. 114-255). Further, NICHD funding supports research to identify the best practices to support pregnant and postpartum women with a substance use disorder. Strengthened, prioritized support for maternal health research at the NIH is crucial to fully understanding the health inequities and disparities in outcomes that the U.S. is facing.

Providing strong and sustained funding for each of these programs is critical to addressing the maternal and infant health crisis in the U.S. that has only continued to worsen. Thank you for your consideration of these requests to prioritize the highest possible funding level for programs that seek to prevent maternal and infant deaths, eliminate inequities in maternal health outcomes, and improve maternal health.

Sincerely,



Tim Kaine  
United States Senator



Roger Marshall, M.D.  
United States Senator



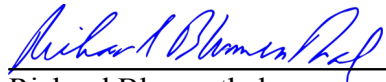
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Angela D. Alsobrooks  
United States Senator



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Michael F. Bennet  
United States Senator



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Richard Blumenthal  
United States Senator



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Lisa Blunt Rochester  
United States Senator



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Cory A. Booker  
United States Senator



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Maria Cantwell  
United States Senator



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Christopher A. Coons  
United States Senator



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Catherine Cortez Masto  
United States Senator



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Tammy Duckworth  
United States Senator



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Richard J. Durbin  
United States Senator



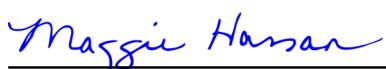
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Ruben Gallego  
United States Senator



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Kirsten Gillibrand  
United States Senator



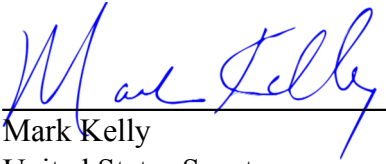
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Margaret Wood Hassan  
United States Senator

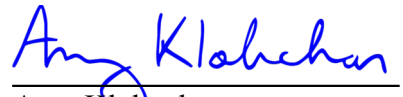


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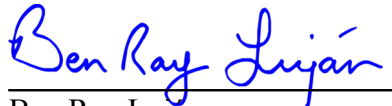
John Hickenlooper  
United States Senator



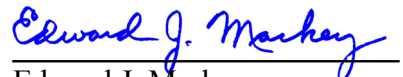
Mark Kelly  
United States Senator



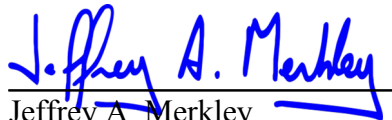
Amy Klobuchar  
United States Senator



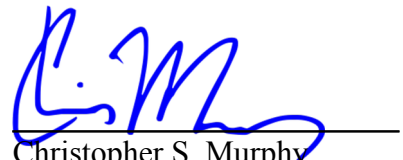
Ben Ray Lujan  
United States Senator



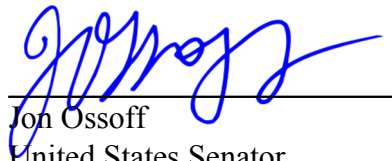
Edward J. Markey  
United States Senator




Jeffrey A. Merkley  
United States Senator



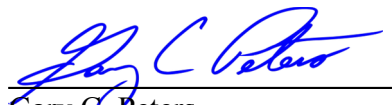
Christopher S. Murphy  
United States Senator



Jon Ossoff  
United States Senator



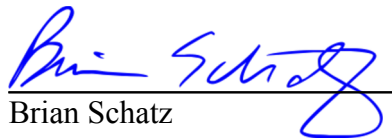
Alex Padilla  
United States Senator



Gary C. Peters  
United States Senator



Jacky Rosen  
United States Senator



Brian Schatz  
United States Senator



Adam B. Schiff  
United States Senator



Tina Smith  
United States Senator



Chris Van Hollen  
United States Senator



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Mark R. Warner  
United States Senator




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Raphael Warnock  
United States Senator



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Elizabeth Warren  
United States Senator



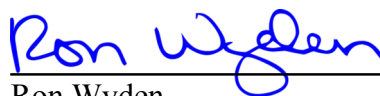
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Peter Welch  
United States Senator



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Sheldon Whitehouse  
United States Senator



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Ron Wyden  
United States Senator