

Congress of the United States

Washington, DC 20515

March 27, 2026

The Honorable Robert Aderholt
Chair
House Appropriations Subcommittee on Labor,
Health and Human Services, Education & Related
Agencies
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee on Labor,
Health and Human Services, Education & Related
Agencies
Washington, DC 20515

Dear Chair Aderholt and Ranking Member DeLauro:

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 robust funding for the below programs that seek to prevent maternal deaths, enhance maternal health, and improve maternal and infant health outcomes.**

More women die from pregnancy-related complications in the United States than in any other developed country.¹ A recently published study found a 27.7% increase in the age-standardized pregnancy-related death rate from 2018 to 2022,² and according to 2021 data from 46 state Maternal Mortality Review Committees (MMRCs), 87% of pregnancy-related deaths were determined to be preventable.³ Further, the Centers for Disease Control and Prevention (CDC) released data indicating that the total infant mortality rate in the U.S. increased by 3% from 2021-2022.⁴

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 and wellbeing 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 data – 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.

Healthy Start – The Healthy Start program is HRSA’s signature community-driven initiative that provides funding to support community-based strategies to improve perinatal outcomes for women and children in communities with high infant mortality rates. In particular, the Healthy Start program seeks to reduce disparities

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

² <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2832320>

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

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

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; 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 CDC’s 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.

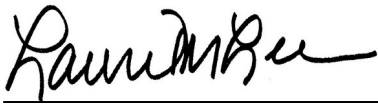
Providing strong and sustained funding for each of these programs is critical to addressing the maternal and infant health crisis in the U.S. that has only continued to worsen. Thank you for your consideration of these requests to prioritize the highest possible funding level for programs that seek to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

Sincerely,

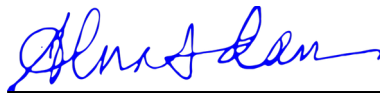
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Member of Congress



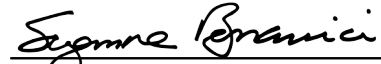
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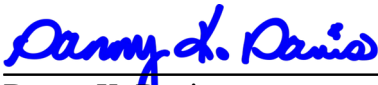
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Dina Titus
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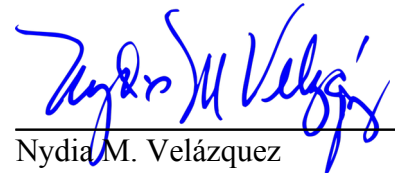
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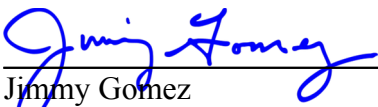
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Nydia M. Velázquez
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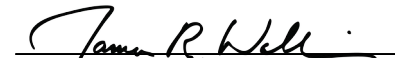
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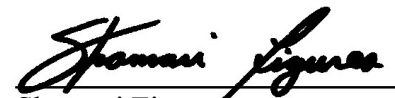
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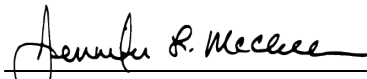
Julia Brownley
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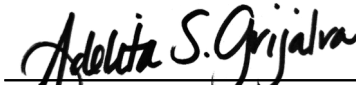
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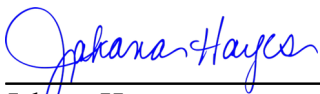
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Adelta S. Grijalva
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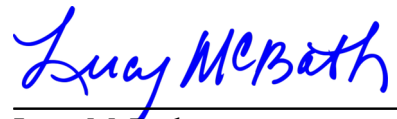
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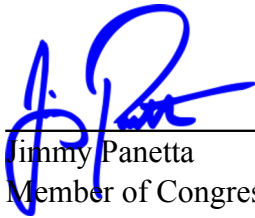
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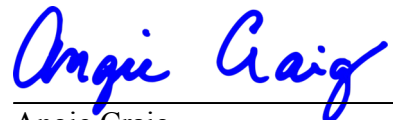
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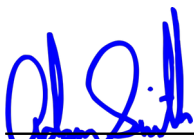
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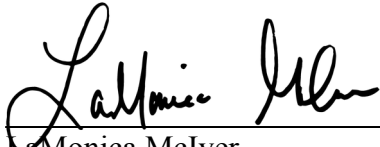
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SETH MOULTON
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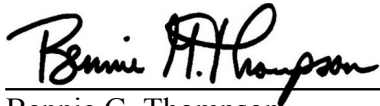
LaMonica McIver
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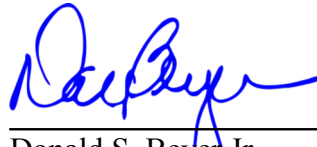
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Valerie P. Foushee
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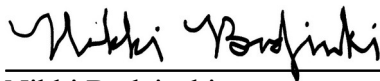
Bennie G. Thompson
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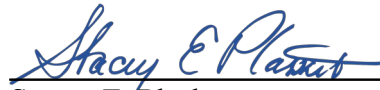
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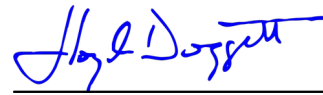
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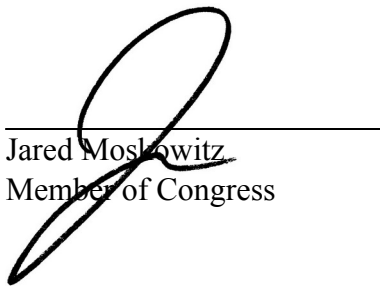
Aumua Amata Coleman
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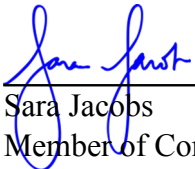
Ritchie Torres
Member of Congress



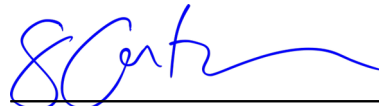
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Sara Jacobs
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Sean Casten
Member of Congress



Pablo José Hernández
Member of Congress



Jesús G. "Chuy" García
Member of Congress



Kim Schrier, M.D.
Member of Congress



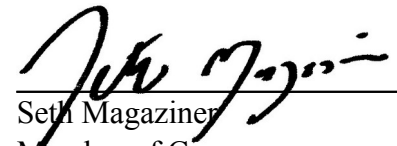
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Ro Khanna
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Greg Landsman
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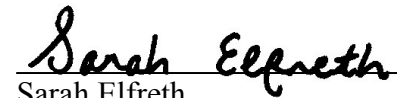
Seth Magaziner
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Eric Swalwell
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Emanuel Cleaver, II
Member of Congress



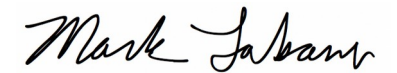
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Robert J. Menendez
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Eric Sorensen
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Mark Takano
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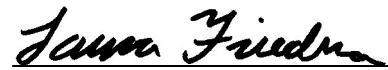
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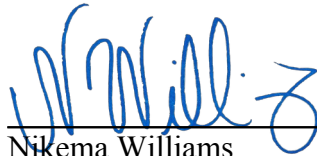
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Laura Friedman
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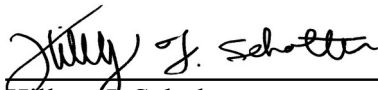
Sydney Kamlager-Dove
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Nikema Williams
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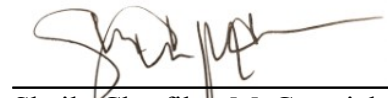
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Hillary J. Scholten
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Sheila Cherfilus-McCormick
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