

April 21, 2026

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

The Honorable Shelley Moore Capito  
Chair, Senate Appropriations Subcommittee  
Labor, Health and Human Services,  
Education & Related Agencies  
U.S. Senate  
Washington DC, 20510

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

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

Dear Chair Collins, Vice Chair Murray, Chair Cole, Ranking Member DeLauro. Chair Capito, Ranking Member Baldwin, and Chair Aderholt:

As you develop the fiscal year (FY) 2027 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 develop an FY 2027 LHHS bill that includes the highest possible funding levels for the myriad of interconnected federal programs that support MCH populations.**

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 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 U.S. continues to face persistent challenges within MCH, including maternal and infant mortality and morbidity, as well as 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 according to 2021 data from 46 state Maternal Mortality Review Committees (MMRCs), 87% of pregnancy-related deaths were determined to be preventable.<sup>2</sup> Increasingly, mental health conditions, including postpartum depression, suicide, substance use disorder, and overdose, are cited as one of the leading causes of these tragedies.<sup>3</sup> Additionally, CDC released data indicating that the total infant mortality rate in the U.S. increased by 3% from 2021-2022.<sup>4</sup> Further, the 2025 March of Dimes Report Card showed nearly 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>5</sup>

**We were grateful for Congress' decision to reject proposed cuts to MCH programs that were outlined in the FY 2026 President's Budget, and we urge similar action for FY 2027 given similar proposals contained in the released FY 2027 President's Budget.** We appreciate Congress' longstanding commitment to funding the interconnected web of programs within the Department of Health and Human Services (HHS) that 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 initiatives that are complementary to and reliant on one another. For example:

**Title V MCH Services Block Grant: Special Projects of Regional and National Significance (SPRANS)** – The Title V MCH Block Grant within the Health Resources Services Administration (HRSA) 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.

The SPRANS portion of Title V works to advance MCH by enabling cross-jurisdiction collaboration, quality improvement, training centers, and national technical assistance efforts that states cannot sustain alone. For example, SPRANS investments support national training centers for MCH leadership, workforce development, and epidemiology; power quality improvement collaboratives to reduce maternal and infant mortality; and ensure evidence-based practices reach all states and jurisdictions rather than only those with the capacity to develop these resources independently. In FY 2025, \$210.1 million in SPRANS funding supported the work of over 280 grantees across 59 states and jurisdictions. As additional Congressional priorities continue to be outlined as SPRANS set-asides, overall SPRANS funding must grow respectively to ensure all efforts are meaningfully supported and existing programs are not financially diluted. A loss or

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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/maternal-mortality/php/data-research/mmrc/index.html?cove-tab=3>

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

<sup>5</sup> <https://www.marchofdimes.org/peristats/reports/united-states/report-card>

stagnation of SPRANS funding could detrimentally impact MCH populations, providers, public health professionals, and trainees in a sweeping way. *We urge you to provide an increase to the Title V Block Grant to at least \$1 billion, including at least \$745 million for the state formula fund and \$244.7 million for SPRANS funding, in FY 2027.*

**Healthy Start** – HRSA’s Healthy Start program funds community-driven strategies to improve perinatal outcomes in areas with high infant mortality. With more than 100 projects nationwide, the program served over 83,000 participants in 2023, connecting women and children to care and helping ensure most have a usual source of care, a vital factor in improving maternal and infant health outcomes. A key strength of Healthy Start is its community-based workforce model. Programs employ trusted community members as outreach workers, peer specialists, and home visitors, which strengthens engagement and supports local workforce development. This approach is also cost-effective and helps build trust with participants. Together, these efforts make Healthy Start a critical component of federal efforts to reduce maternal and infant mortality. *At minimum, we urge you to fund Healthy Start at \$145.25 million, consistent with the FY 2026 enacted levels.*

**Safe Motherhood and Infant Health** – This portfolio of programs at CDC supports a broad range of activities that seek to improve the health of mothers and infants. 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 (MMRCs). It also includes support for perinatal quality collaboratives (PQCs), 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. *We urge you to provide an increase to at least \$164 million for the Safe Motherhood portfolio in FY 2027.*

**Project Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH)** - Project LAUNCH at the Substance Abuse and Mental Health Services Administration (SAMHSA) plays a necessary role in strengthening early childhood systems by promoting the social, emotional, cognitive and behavioral well-being of children from birth through eight years of age. The program supports states, territories, and communities in integrating behavioral health into pediatric care, expanding access to developmental and mental health screenings, and connecting families to services to help prepare children to thrive in school and beyond. Additionally, Project LAUNCH builds the capacity of caregivers and health care providers to further support healthy child development while identifying and addressing behavioral health concerns. Through the collaboration of health care providers, early childhood programs, and community organizations, Project LAUNCH improves outcomes for children and families while

reducing long-term strain on health care and education systems. *We urge you to fund Project LAUNCH at \$25.605 million in FY 2027.*

**Infant Early Childhood Mental Health (IECMH) Grant Program** – SAMHSA’s IECMH Grant Program works on improving the mental health outcomes for children from birth through 12 years of age through supporting the development and expansion of comprehensive mental health promotion, early intervention, and treatment services. IECMH assists states and communities in building sustainable systems for children who are at risk of or experiencing mental health challenges while simultaneously strengthening caregiver relationships through multigenerational therapy services. Furthermore, IECMH also expands access to a full continuum of support and builds workforce capacity for providers serving young children and families. By addressing gaps in early childhood mental health systems and supporting early identification, IECMH helps to ensure children receive timely support during key developmental years. *We urge you to fund IECMH at \$17 million in FY 2027.*

As you work to develop the FY 2027 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 & Gynecologists*  
*Association of Maternal & Child Health Programs*  
*Association of State and Territorial Health Officials (ASTHO)*  
*Association of Women’s Health, Obstetric and Neonatal Nurses*  
*Family Voices National*  
*Institute for Women's Policy Research*  
*March of Dimes*  
*Maternal Mental Health Leadership Alliance*  
*National Healthy Start Association*  
*National Institute for Children's Health Quality*  
*Society for Maternal-Fetal Medicine*  
*Trust for America's Health*  
*ZERO TO THREE*