

August [REDACTED], 2026

The Honorable Susan Collins
Chairwoman
Senate Committee on Appropriations
Washington, DC 20510

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

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

The Honorable Tom Cole
Chairman
House Committee on Appropriations
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Committee on Appropriations
Washington, DC 20515

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

Dear Chairwoman Collins, Vice Chair Murray, Chair Capito, Ranking Member Tammy Baldwin, Chairman Cole, Ranking Member DeLauro, and Chair Aderholt:

As organizations committed to improving maternal and infant health, strengthening families, and advancing healthy child development, **we write to urge you to reject the elimination of funding for the Healthy Start program in the House Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) appropriations bill and to provide no less than \$145.25 million for Healthy Start in FY2027.**

The House Committee on Appropriations eliminated funding for Healthy Start based on the mistaken assertion that it duplicates the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. That conclusion is inaccurate. Although both programs support pregnant women and families with young children, they were designed for different purposes, serve communities in different ways, and together comprise complementary components of our nation's maternal and infant health infrastructure. Eliminating Healthy Start would leave significant gaps in services for communities experiencing the highest rates of maternal and infant mortality.

The need for Healthy Start has never been greater. The United States continues to experience unacceptably high rates of maternal and infant mortality across the country. Healthy Start serves communities with 1.5 times the national infant mortality rate. Still, there are many under-resourced communities where infants are twice as likely to die before their first birthday, and mothers continue to face substantially higher risk of dying from pregnancy-related causes. In addition, families living in communities with high poverty rates, limited access to maternity care, and other structural barriers continue to experience the greatest burden of poor birth outcomes.

For more than three decades, Healthy Start has enjoyed bipartisan support and served as the federal government's flagship community-driven initiative focused on reducing infant mortality and improving birth outcomes in communities with the greatest need. Through federally funded community-based organizations, Healthy Start provides comprehensive services that support families from pregnancy through the postpartum period and early infancy while addressing the underlying social and economic factors that influence health.

Unlike many traditional healthcare programs, Healthy Start is community driven. Local organizations work alongside residents to identify priorities, develop solutions, and build systems of care that reflect the strengths, cultures, and needs of the communities they serve. Programs coordinate clinical care with services that address food insecurity, housing instability, transportation, behavioral health, father engagement, breastfeeding support, doula services, care coordination, and other social drivers of health. Healthy Start also develops trusted community-based workforces by employing community health workers, peer support specialists, and other professionals whose personal experiences strengthen relationships with families and improves engagement in care.

Healthy Start has consistently demonstrated strong outcomes for participating families. The program increases timely prenatal care, promotes well-child visits and safe sleep practices, screens for maternal depression, strengthens father and partner involvement, and connects families to ongoing healthcare and community resources. These outcomes contribute to healthier pregnancies, healthier infants, and stronger families while helping reduce costly adverse birth outcomes.

Healthy Start is not interchangeable with MIECHV. The two programs were intentionally designed to accomplish different objectives. MIECHV provides formula funding to states to implement evidence-based home visiting models selected by each state. Healthy Start, by contrast, provides direct federal funding to community-driven organizations in communities experiencing disproportionately high rates of infant mortality. Healthy Start employs a place-based approach that integrates clinical care, community engagement, systems coordination, workforce development, fatherhood programming, and services addressing social drivers of health. While some Healthy Start projects include home visiting among their array of services, home visiting is only one component of a much broader community-based model. Many MIECHV-funded home visiting models focus primarily on early childhood development and family support extending up through the first five years of a child's life, whereas Healthy Start concentrates on improving outcomes during pregnancy, birth, the postpartum period, and infancy while strengthening local systems of care.

These distinctions are intentional. Congress has long recognized that improving maternal and infant health requires multiple evidence-based and informed strategies that work together to meet families where they are.

At a time when maternity care deserts are expanding, community-based maternal health providers face growing financial pressures, and difference in maternal and infant health outcomes remain unacceptable, Congress should strengthen, not eliminate, Healthy Start.

We respectfully urge you to provide \$145.25 million for the program in the final FY2027 Labor-HHS appropriations bill. If we can provide further information or otherwise be of assistance, please contact Deborah Frazier, Chief Executive Officer, National Healthy Start Association (dfrazier@nationalhealthystart.org, 202-296-2195).

Thank you for your consideration of this request.

Sincerely,