Federal Funding Priorities

House leaders

Rep. Tom Cole (R-OK)

Rep. Rosa DeLauro (D-CT)

Rep. Robert Aderholt (R-AL)

Senate leaders

Sen. Susan Collins (R-ME)

Sen. Patty Murray (D-WA)

Sen. Shelley Moore Capito (R-WV)

Sen. Tammy Baldwin (D-WI)

Background

March of Dimes supports the work of the **National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC), as well as the programs formerly under the Health Resources Services Administration (HRSA)**. This includes federal maternal and infant health research, surveillance for viruses, vaccines, maternal mental health, and newborn screening.

The maternal mortality rate in the United States remains dangerously high. **In 2023, the rate was 18 deaths per 100,000 births**, which is larger compared to most high-income countries. The infant and maternal mortality rates are higher for rural moms and babies. The maternal mortality rate was **nearly 27 deaths per 100,000 live births in noncore rural areas in 2023**.

Almost two-thirds of rural counties are considered maternity care deserts, areas with no access to obstetric clinicians or birthing facilities, compared to 35% of counties, overall, putting rural moms and babies at greater risk. Research has shown that the maternal mortality rate in rural areas is almost two times that of nonrural areas, and infant mortality is also higher in rural areas.

The US spends billions annually to treat vaccine-preventable illnesses—**flu, measles, pertussis, pneumococcal, and shingles**. Forgoing vaccination has cost billions not only in direct health costs, but also significant public health outbreak responses, decreased work productivity, and other long-term costs associated with chronic disease.

Nearly every one of the approximately 4 million infants born in the US every year is screened for certain genetic, metabolic, hormonal, and/or functional conditions, saving or improving over 12,000 babies lives annually.

One in five women is affected by anxiety, depression, and other maternal mental health (MMH) conditions during pregnancy or the year following pregnancy. Mental health illnesses are the most common complications of pregnancy and childbirth, impacting **800,000 women in the US each year**.

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Essential Programs At Risk

Various maternal and infant health programs have been recommended for elimination or significantly lower funding by the Trump Administration in FY 26. March of Dimes urges lawmakers to safeguard the following programs:

- **CDC's Safe Motherhood Initiative**: Recommended for elimination by the Trump Administration, this program supports and expands Maternal Mortality Review Committees (MMRCs) and Perinatal Quality Collaboratives (PQCs) nationwide. March of Dimes requests $164 million in FY 26 for the Safe Motherhood Initiative.
    - **CDC's Enhancing Reviews and Surveillance to Eliminate Maternal Mortlity (ERASE MM)**: Recommended for elimination as part of the Safe Motherhood Initiative, CDC provides funding, technical assistance, and guidance to MMRCs. These multidisciplinary committees identify, review and characterize maternal deaths and prevention opportunities. Through the ERASE MM program, CDC has made 52 awards, supporting 46 states and 6 U.S. territories. This funding directly supports agencies and organizations that coordinate and manage MMRCs to identify, review, and characterize pregnancy-related deaths; and identify prevention opportunities.
    - **CDC's Pregnancy Risk Assessment Monitoring System (PRAMS)**: Recommended for elimination as part of the Safe Motherhood Initiative, this data surveillance system was developed in 1987 and is used by state, territorial, and local health officials and physicians with the goal of improving maternal and infant health. It also allows for comparisons of health indicators across states.
- **CDC's Section 317 Immunization Program**: This program supports the evidence that informs our national immunization policy, provides a safety net to uninsured, low-income adults, monitors the safety of vaccines, educates providers, performs community outreach, and conducts surveillance, laboratory testing, and epidemiology to respond to disease outbreaks. March of Dimes requests $1.13 billion for the Section 317 program, the backbone of our nation's public health infrastructure.
- **CDC's Newborn Screening Quality Assurance (NSQAP) and HRSA's Heritable Disorders Programs**: Recommended for elimination by the Trump Administration, HRSA's program in partnership with CDC's program provides ongoing critical support to state newborn screening programs, promotes parent and provider education, and the work of the Advisory Committee on Heritable Disorders in Newborns and Children. March of Dimes requests $29 million for NSQP and $29 million for the Heritable Disorders program in FY 26.
- **HRSA's Healthy Start**: Recommended for elimination by the Trump Administration, this community-based federal program seeks to eliminate national disparities in infant mortality, perinatal outcomes, promoting behavioral and mental health, and women's health by improving systems of community care. Healthy Start programs also promote breastfeeding support, the engagement of fathers in the lives of their families, and assistance for children through critical milestones. March of Dimes requests $200 million for Healthy Start in FY 26.

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March of Dimes also requests support for the following maternal health programs in FY 26:

- **NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD):** March of Dimes requests $1.891 billion in FY 26 to sustain vital NICHD research on preterm birth, maternal mortality, maternal substance use, and therapies for pregnant and lactating women.
- **CDC's National Center for Health Statistics (NCHS):** Support the NCHS' efforts to provide more timely, detailed, and relevant data that can help save lives, create jobs, and lower public and private sector costs by allocating $220 million for FY 26. NCHS datasets are an essential part of the nation's statistical and public health infrastructure.
- **CDC's Surveillance for Emerging Threats to Mothers and Babies Initiative Program (SET-NET)**: Expand the unique mother-baby linked surveillance network to monitor virus' impacts in real-time to inform clinical guidance, educate health care providers and the community, and connect families to care with $100 million in FY 26 funding.
- **Research Specific to Pregnant Women and Lactating Women (PRGLAC)**: March of Dimes requests $200,000 in FY 26 to support research on safe and effective medications and therapeutics for pregnant and lactating women. While 90 percent of women take at least one medication during pregnancy, only 5 percent of medications have data on the impact of the medications during pregnancy.
- **HRSA's Screening and Treatment for Maternal Depression & Related Behavior Disorders Program**: Expand grants to support state programs that provide real-time psychiatric consultation, care coordination, and training for front-line providers to better screen, assess, refer, and treat pregnant and postpartum women for depression and behavioral health conditions. March of Dimes requests $24 million in FY 26 to support this work.
- **HRSA's Maternal Mental Health Hotline:** Allocate $10 million in FY 26 to enhance the hotline to provide text services, culturally-appropriate support, and continue public awareness around maternal mental health conditions.
- **NIH's Environmental Influences on Child Health Outcomes (ECHO) Program**: Promote learning what factors affect child health and to finding ways to enhance it through observational and interventional research that can inform health care practices, community health, and health policies with $180 million in FY 26 funding.
- **NIH's Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative**: March of Dimes requests $73.4 million in FY 26 to support continued research to reduce preventable causes of maternal deaths and improve health for women before, during, and after pregnancy. This multipronged, innovative research initiative is designed to understand and reduce health disparities among populations disproportionately affected by maternal morbidity and mortality.

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