

January 12, 2026

The Honorable Mike Johnson  
Speaker  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Hakeem Jeffries  
Minority Leader  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable John Thune  
Majority Leader  
U.S. Senate  
Washington, D.C. 20510

The Honorable Chuck Schumer  
Minority Leader  
U.S. Senate  
Washington, D.C. 20510

Dear Speaker Johnson, Leader Jeffries, Leader Thune, and Leader Schumer:

On behalf of March of Dimes, the nation's leading nonprofit organization fighting for the health of all moms and babies, I write to express our appreciation for your bipartisan commitment to ending the maternal and infant mortality crisis in the U.S. As Fiscal Year (FY) 2026 discussions continue to unfold, we urge you to ensure that maternal and infant health funding under the Labor, Health and Human Services (HHS), and Education appropriations bill and critical program renewals move to final passage as part of the remaining funding packages under negotiation.

The U.S. remains in a maternal and infant health crisis with one of the highest maternal and infant mortality rates of other high-income nations. According to the Centers for Disease Control and Prevention (CDC), approximately 700 pregnancy-related deaths occur in the U.S. each year, and more than 85% of these deaths are preventable. The 2025 March of Dimes Report Card showed nearly 380,000 babies were born preterm, and more states saw their preterm birth rates worsen rather than improve in the past year. Without Congress' immediate attention and full investment in essential HHS programs these grim statistics will likely only get worse.

As you work to complete the FY 2026 budget process, we ask that you pass into law the highest funding levels from the House and Senate Committee-passed funding bills for all programs that support maternal and child health, and sustain or increase critical investments for the following agencies, programs, and initiatives:

- **The National Institutes of Health (NIH) and the National Institute of Child Health and Human Development (NICHD)** conducts vital research on maternal and child health. This includes the **Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative**, and critical research efforts through the NIH's **Environmental Influences on Child Health Outcomes, or ECHO Program**.
- **The CDC and Safe Motherhood Initiative:**
  - **The Pregnancy Mortality Surveillance System** allows CDC to better understand the causes of pregnancy-related deaths.
  - **Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program** supports Maternal Mortality Review Committees (MMRCs) to review

pregnancy-related deaths to better understand drivers of maternal mortality and allows states to adopt practices aimed at improving birth outcomes for women.

- **Perinatal Quality Collaboratives** implement interventions to improve maternal and infant care, identify local and public health systems in need of improvements, and find solutions that can be implemented swiftly to address needs.
  - **Pregnancy Risk Assessment Monitoring System (PRAMS)**, the population-based surveillance system, collects state and site-specific data on women's experiences and health before, during, and shortly after pregnancy to monitor key outcomes.
  - **The Hear Her Campaign** raises awareness of pregnancy-related complications and their warning signs.
  - The **Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry** compiles information associated with sudden deaths in infants and children to inform approaches for preventing future deaths.
- **The CDC's National Center for Health Statistics (NCHS)** provides timely, detailed, and relevant data that can help save lives, create jobs, and lower public health and private sector costs. NCHS datasets are an essential part of the nation's statistical and public health infrastructure.
  - **Newborn Screening** funding for both the CDC's Quality Assurance Program, which assures the accuracy of newborn screening lab tests, and the Health Resources and Services Administration's (HRSA) Heritable Disorders Program, which supports state newborn screening and follow-up programs across the country.
  - **HRSA's Title V Maternal Child Health (MCH) Services Block Grant** 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. State and local health departments use the Title V MCH Block Grant to design and implement a wide range of statewide and community-level maternal and child health programs to fit the needs of their specific populations. According to data gathered by HRSA, Title V MCH Block Grant funding provided access to healthcare and public health services for an estimated 59 million people in FY 2023, including 94% of pregnant women, 98% of infants, and 59% of children nationwide.
    - Within Title V, **Special Projects of Regional and National Significance (SPRANS)** improve maternal and child health outcomes by supporting innovation, training, technical assistance, quality improvement, and research. SPRANS-funded projects include the National Survey of Children's Health, services for individuals with hemophilia and sickle cell disease, and efforts to improve outcomes for children and youth with special healthcare needs.
  - **HRSA's Healthy Start** program is the only federal community-based initiative focused on reducing infant mortality in communities with the worst birth outcomes. Healthy Start provides support before, during, and after pregnancy through individual and group-based education; support for transportation and connection to community resources; and screenings and referrals for health and social needs.
  - **HRSA's Screening and Treatment for Maternal Depression** program provides screening, assessment, treatment, and referral for pregnant and postpartum women with behavioral health concerns.

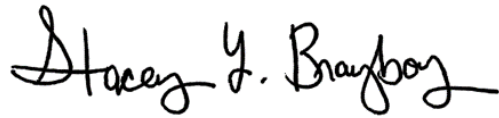
- **HRSA's National Maternal Mental Health Hotline** provides free, 24/7 access to qualified counselors for pregnant and postpartum women and their families. The Hotline also conducts outreach to increase awareness of this service, which is particularly important since mental health conditions are a leading cause of pregnancy-related deaths.

**We also ask you to support the inclusion of the following polices in any legislative package with healthcare provisions:**

- **The PREEMIE Reauthorization Act** (H.R.1197/S.1562), vital bipartisan legislation to reauthorize and expand research, education, and intervention activities related to preterm birth. This legislation represents the federal government's commitment to preventing preterm birth and its consequences, the leading contributor to infant death. This bill was unanimously passed under suspension by the House of Representatives last Congress on December 11, 2023, and it was approved on a bipartisan basis by the Senate Health, Education, Labor and Pensions (HELP) Committee on September 21, 2023.
- **The Preventing Maternal Deaths Reauthorization Act** (H.R.1909/S.2621). This bipartisan legislation continues crucial federal support for the state-based Maternal Mortality Review Committees (MMRCs) that review pregnancy-related deaths to identify causes and make recommendations for the prevention of future mortalities. Originally enacted into law in 2018, this legislation would strengthen and expand federal support for MMRCs. The House of Representatives passed this bill last Congress on March 5, 2024, by a vote of 382-12, and it was approved on a bipartisan basis by the Senate HELP Committee on September 21, 2023.
- **The NIH IMPROVE Act** (S.3254) would support critical research efforts to reduce the preventable causes of maternal deaths and improve the health for women before, during, and after pregnancy. This bipartisan legislation would establish for the first-time authorized funding for NIH's IMPROVE Initiative, launched in 2019, focusing on research into the causes of maternal mortality and severe morbidity. Specifically, it would fund studies addressing disparities in maternal health outcomes and reduce preventable maternal deaths, creating the robust evidence base needed to enhance care and outcomes in underserved maternal care areas.
- **The SHINE for Autumn Act** (H.R.5469/S.2858) to improve state health department stillbirth surveillance and data collection, and educate state health department staff, practitioners, and families regarding stillbirth. With a significant number of stillbirths being preventable, there is great need for improving data collection, and building state and public health capacity to access, collect, and report on stillbirth risk factors to better target prevention efforts to those most in need. During last Congress, SHINE was passed unanimously in the House Energy and Commerce Committee.

March of Dimes appreciates your continued efforts to prioritize better maternal and infant health. We look forward to working with you to ensure that programs vital to the health of pregnant women, new mothers, and infants are front and center as Congress focuses on addressing our nation's most pressing healthcare challenges this year. Please direct any follow-up questions to KJ Hertz, Senior Director, Federal Affairs ([khertz@marchofdimes.org](mailto:khertz@marchofdimes.org)).

Sincerely,



Stacey Y. Brayboy  
Sr. Vice President, Public Policy & Government Affairs

CC:

The Honorable Tom Cole, Chair, House Appropriations Committee  
The Honorable Rosa DeLauro, Ranking Member, House Appropriations Committee  
The Honorable Susan Collins, Chair, Senate Appropriations Committee  
The Honorable Patty Murray, Vice Chair, Senate Appropriations Committee  
The Honorable Brett Guthrie, Chair, House Energy & Commerce Committee  
The Honorable Frank Pallone, Ranking Member, House Energy & Commerce Committee  
The Honorable Bill Cassidy, Chair, Senate HELP Committee  
The Honorable Bernie Sanders, Ranking Member, Senate HELP Committee