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Hon. Lateefah Simon, CA-12  
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[[DATE]]

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

The Honorable Tom Cole  
Chairman  
Committee on Appropriations  
H-307, The Capitol  
Washington, D.C. 20515

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

The Honorable Rosa DeLauro  
Ranking Member  
Committee on Appropriations  
1036 Longworth HOB  
Washington, D.C. 20515

Dear Chairman Cole and Ranking Member DeLauro:

The Congressional Black Caucus is committed to using the full Constitutional power, statutory authority, and financial resources of the federal government to ensure that Black Americans and other under-resourced communities have the opportunity to realize the American Dream. This commitment includes our unwavering support for effective programs that promote health equity. For these reasons, we write to express our strong support for the Healthy Start program (Healthy Start), the government's signature program focused on reducing infant mortality and ensuring that infants in families marginalized by inequities survive infancy and live longer, more productive lives. As the House Fiscal Year 2026 Labor, Health and Human Services, Education and Related Agencies Appropriations Act is written, we urge to keep the program's budget robust. Proponents of the erroneously argue that the program is duplicative of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program are mistaken. It is crucial that this funding for Healthy Start is maintain.

While Healthy Start and MIECHV share the goal of improving maternal and child health outcomes, there are key differences in the programs and their emphasis across the life course. Healthy Start focuses on reducing infant mortality, emphasizing the perinatal and postpartum periods with many models serving families throughout the early childhood development period until kindergarten. Alternatively, MIECHV provides federal funding to states to create state-wide networks to implement home-visiting models. Both strategies are needed to improve the health and wellbeing of families with young children.

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According to the Centers for Disease Control and Prevention (CDC), the rate of infant mortality among Black babies in the U.S. is 10.9 per 1,000 live births, which is almost two times higher than the national average of 5.6 per 1,000 live births. Preterm birth rates are 50 percent higher among Black women than they are among White or Hispanic women, and Black women are nearly three times more likely to die before, during, and after childbirth than white women. Behind these statistics are families and communities that mourn the preventable loss of a baby or mom.

Healthy Start works to reverse these statistics in innovative ways that complement but are distinct from MIECHV. There are 115 federally funded Healthy Start programs in communities where the infant mortality rate is more than one and one-half times the national average. This is important because we know that centering families in communities increases program engagement and outcomes. These Healthy Start programs improve surrounding communities by are fostering community partnerships with hospital systems, universities, doulas, and social services providers to provide wrap-around supports that connect families to housing, nutrition, transportation, employment, childcare, prison/jail-based services screening for depression, substance use and interpersonal violence, among other key services. Additionally, Healthy Start programs are economic drivers, often times employing women from the impacted communities as outreach workers, peer specialists, and home visitors.

The following Health Start participant outcomes as reported in February 2025 by the Health & Human Services Department demonstrate the effectiveness of the program:

- 85% of participants received early prenatal care;
- 86% of participants received well-woman preventative healthcare visits;
- 98% of participants were screened for interpersonal violence;
- 98% of participants were screened for depression;

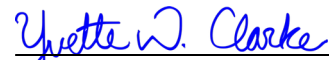
Eliminating funding for Healthy Start would be detrimental to the health of thousands of families with infants, particularly at a time when infant and maternal mortality is on the rise. Healthy Start saves and improves the lives of babies and mothers, employs community members, creates a workforce pipeline of birth and health care workers, promotes innovation in the health care and family-serving systems, and reduces costs. We urge you to support complete funding for Healthy Start in the FY 26 Appropriation funding.

Sincerely,



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Robin L. Kelly  
Member of Congress



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Yvette D. Clarke  
Member of Congress



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Terri A. Sewell  
Member of Congress



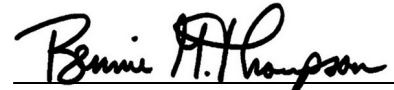
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Alma S. Adams, Ph.D.  
Member of Congress



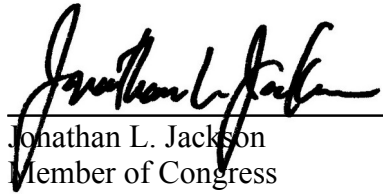
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Eleanor Holmes Norton  
Member of Congress



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Bennie G. Thompson  
Member of Congress



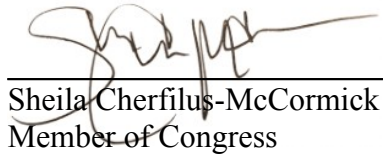
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Jonathan L. Jackson  
Member of Congress



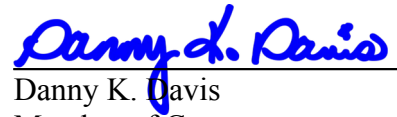
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Joyce Beatty  
Member of Congress



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Sheila Cherfilus-McCormick  
Member of Congress



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Danny K. Davis  
Member of Congress



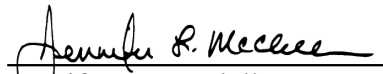
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Summer L. Lee  
Member of Congress



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Froy A. Carter, Sr.  
Member of Congress



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Jennifer L. McClellan  
Member of Congress