NCUIH, NIHB, and 19 Organizations Call on Congress to Safeguard Maternal and Child Health Programs for Native Families from FY 2026 Budget Cuts

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written by Mary Jomia | August 27, 2025

On July 24, 2025, NCUIH joined the National Indian Health Board and 19 organizations who serve American Indian and Alaska Native (AI/AN) families, mothers, and infants across Indian Country in sending a letter to House and Senate leadership urging Congress to protect investments for AI/AN families in fiscal year (FY) 2026.

The President's proposed FY 2026 budget includes a new agency, the Administration for Healthy America (AHA) that would consolidate programming across Substance Abuse and Mental Health Administration (SAMHSA), Health Resources and Services Administration (HRSA), and other agencies, and shift transfers several programs to the new agency as part of its HHS reorganization. The proposal would reduce funding for HRSA Maternal and Child Health (MCH) Block Grants and maintain funding for Head Start, while eliminating $274 million in maternal and child health programs across the Department of Health and Human Services (HHS) that AI/AN communities rely on. Several successful programs that are slated for elimination are:

- Administration for Children and Families (ACF) Low-Income Home Energy Assistance Program (LIHEAP)
- Centers for Disease Control and Prevention (CDC) Maternal and Infant branch, including initiatives like the Safe Motherhood & Infant Health program which funds the Hear Her Campaign, Pregnancy Risk Assessment Monitoring System (PRAMS), and Adverse Childhood Experiences (ACES)
- HRSA Healthy Start program

Senate Labor-HHS Bill Maintains Funding for Programs Cited in Letter

On July 31, 2025, the Senate Appropriations Full Committee passed their FY 2026 appropriations bill for Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS), and notably did not fund the AHA. The Senate bill does not eliminate LIHEAP, Healthy Start, or the Safe Motherhood & Infant Health program. The bill proposed funding for Head Start at $12.36 billion, and proposed funding for HRSA Maternal and Child Health Block Grants for FY2026 at $799 million, $32.7 million above the President's request and $14 million below the FY 2025 enacted amount.

The House has not yet released their Labor-HHS appropriations bill, which is expected to be released in September.

- Read NCUIH's analysis of the Senate Labor-HHS bill here.

Full Letter Text

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

On behalf of the undersigned organizations who serve American Indian and Alaska Native (AI/AN) families, mothers, and infants across Indian Country, we write to express deep concern regarding the proposed budget reductions to critical divisions and departments within the Department of Health and Human Services (HHS), as outlined in the Fiscal Year (FY) 2026 Budget Proposal. We are greatly appreciative of both the Administration and the House Appropriations Subcommittee on the Interior, Environment, and Related Agencies for proposing increases to the Indian Health Service (IHS) budget. However, the IHS is only one agency of many within HHS that discharge the federal government's trust obligation to provide for the healthcare of Indians. The proposed FY 2026 budget will eliminate $274 million across multiple maternal and child health programs1 that AI/AN communities have come to rely on. We respectfully urge Congress to protect investments for AI/AN families to support the health of current and future generations.

Tribal Nations hold a unique political government-to-government relationship with the United States, carried out through the federal government's trust and treaty obligations which are carried out, in part, through a series of federal statutory mandates and programming to AI/AN citizens. This includes set-asides, program funding, and the federal personnel necessary to administer Tribal programs. These are legal obligations rooted in treaties, trust obligations, the U.S. Constitution, and federal statutes.

Despite operating with minimal federal resources, Tribal and Native-led programs continue to provide culturally-responsive care to AI/AN families. AI/AN communities remain chronically underserved, contributing to AI/AN women being three times more likely to die from pregnancy-related causes than non-Hispanic white (NHW) women2 and AI/AN infants facing mortality rates twice as high as NHW infants.3 These unacceptable disparities reflect longstanding underinvestment in maternal and child health for Tribal communities.

The proposed FY26 reorganization under the new Administration for a Healthy America (AHA) will centralize oversight of most maternal health programs. However, it is alarming that several successful programs are slated for elimination under the Administration for Children and Families (ACF), Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA). These programs include the ACF Low-Income Home Energy Assistance Program (LIHEAP), the CDC Maternal and Infant branch, and HRSA's Healthy Start. These vital programs are often lifesaving, and their removal will severely impact AI/AN family health outcomes.

While AHA will oversee the administration of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, funding for the Maternal and Child Health (MCH) Block Grants will be reduced by $46.45 million compared to FY25. Currently, Tribes do not receive MCH Block Grants funding directly, but instead must rely on states to distribute these resources. While AHA supports state authority in administering these funds, Tribal Nations, recognized as sovereign governments, should also have the authority to directly access MCH funding through a dedicated Tribal set-aside. This direct access would greatly benefit AI/AN populations by expanding access to culturally appropriate programming targeted to improve health outcomes. Potential cuts to these vital programs would significantly impact Indian Country's ability to deliver culturally-appropriate services and conduct culturally responsive research. Such reductions represent a harmful divestment from the limited resources that support the health and well-being of Tribal families. Consolidating or eliminating these programs would jeopardize critical infrastructure that Tribal Nations rely on.

Administration for Children and Families (ACF): The consolidation of ACF will dismantle critical programs like LIHEAP and flat line funding for Head Start. In FY25, LIHEAP block grants were funded at $400,025,000 while Head Start was funded at $12.2 billion. The loss and reduction of these funds will undoubtedly leave a gap in local programming and services, often provided in rural

and remote areas.

LIHEAP ensures Tribal families have access to heating, cooling, and electricity, resources that are increasingly urgent for rising energy costs and inflation. In many cases, LIHEAP offsets household costs to ensure other basic needs such as food and medications are met. LIHEAP is a safety net for millions of families and the elimination of funding will undoubtedly harm low- income households.

The Budget Justification proposes funding Head Start at FY25 funding levels with a $356.8 million set-aside for AI/AN Head Start and we are thankful to see the Secretary's preservation of these funds. However, the Justification itself states that Head Start is expected to fund 21,789 fewer slots for children and 7,591 Head Start staff. Many Tribal governments supplement funding gaps within their Head Start programs, but without a funding increase Tribal resources will be exhausted. AI/AN Head Start programs cannot afford to stretch their existing funds further than they already do. The failure to increase appropriations for Head Start would further exacerbate the lack of early education programming available for rural and remote AI/AN communities. We respectfully request an increase in appropriations for Head Start FY26 and beyond.

We would also like to bring to your attention HHS's intent to reform principles guiding the modernization of the Head Start program for the 21st century. We request your support in seeking additional information from the Administration regarding the potential impact of these proposed reforms impact on AI/AN Head Start programs. We also urge you to direct HHS to conduct formal Tribal consultation on these proposed reforms. Any proposed reforms affecting AI/AN Head Start programs must respect Tribal sovereignty and preserve the current structure of direct federal funding to AI/AN Head Start agencies without state involvement or interference.

These programs serve as an extension of federal obligations and must be maintained and increased under the Administration for Children, Families, and Communities (ACFC) or AHA. Any proposed reforms must respect the unique needs of and sovereignty of Tribal Nations.

Centers for Disease Control and Prevention (CDC): At CDC, the proposed reorganization would eliminate numerous maternal and child health initiatives, including the Safe Motherhood and Infant Health program, funded at $108 million in FY23, which includes the Hear Her campaign; the Pregnancy Risk Assessment Monitoring System (PRAMS); and the Adverse Childhood Experiences (ACES).

The Hear Her campaign was one of the only federal programs that directly invested in culturally appropriate models that fit the needs of Indian Country. This program built trusting relationships with our people, which have been setback by this rushed reorganization. Moreover, the termination of PRAMS will significantly undermine AI/AN data collection and analysis. PRAMS remains one of the few national tools available to track maternal and infant health disparities in AI/AN populations. Without it, federal and Tribal health agencies will lose a vital tool for identifying risks, informing interventions, and saving lives.

Recent reductions in force (RIFs) have included the dismissal of staff from the Reproductive Health Division and Hear Her campaign, both of which are essential to supporting maternal and child health in Tribal communities. We have also received reports of the Healthy Native Babies Project consultants being terminated, which has abruptly halted access to culturally tailored resources available for pregnant women, families, and healthcare professionals. Eliminating these programs are not the solution for improving maternal and child health in Indian Country.

In the interest of honoring the federal government's trust and treaty obligations, we respectfully call on your leadership to maintain investments that ensure the health of our current and future

generations.

Health Resources Services and Administration (HRSA): The proposed reduction of HRSA, to other divisions will significantly endanger AI/AN maternal and child health services across Indian Country. Tribal communities heavily rely on the Maternal and Child Health Block Grant and Healthy Start.

The Maternal and Child Health Block Grant is proposed to receive $767.3 million in funding, representing a $46.45 million decrease from FY24 and FY25. The reorganization provides an opportunity to establish a dedicated Tribal set-aside within the Maternal and Child Health Block Grant. Currently, states receive funding through a formula- based allocation which includes AI/AN individuals, but those dollars do not always flow to the Tribe to support the programs for that population. We strongly recommend the creation of a Tribal set-aside within the Maternal and Child Health Block Grant to improve health outcomes for AI/AN women, children, and families.

In FY25, the Healthy Start initiative received $45.5 million. Healthy Start is only authorized through FY 2025, but its full elimination would be catastrophic. Healthy Start is designed to improve health outcomes during pregnancy and the postpartum period, reduce infant mortality, and mitigate adverse perinatal outcomes. In 2022 alone, Healthy Start reached 85,000 participants. The Healthy Start program supports high-risk pregnant individuals through home visiting services, health education, case management, and linkages to prenatal and pediatric care—all tailored to the specific needs of Tribal communities. Without HRSA and Healthy Start, the maternal and child health crisis will worsen in Indian Country.

Conclusion

To ensure that the federal trust responsibility is not impeded by the HHS reorganization efforts, we respectfully request your leadership protecting funding for our Tribal Nations and AI/AN families. Improving maternal and child health outcomes for AI/AN communities requires more than programmatic support, it requires meaningful policy change from Congress.

Congress must act to strengthen Native maternal and child health by strengthening funding for programs Native moms and children rely on and creating legislation that recognizes Tribal sovereignty and ensures sustained, direct funding for Tribes, Tribal organizations, and urban Indian organizations. We urge Congress to include dedicated provisions for AI/AN maternal and child health in any forthcoming legislation to fulfill its trust and treaty obligations.

Sincerely,

National Indian Child Welfare Association
National Indian Head Start Directors Association
National Indian Health Board
National Council on Urban Indian Health
National Hispanic Council on Aging
Native Organizers Alliance
Native American Women’s Dialog on Infant Mortality
Navajo Maternal and Child Health Project
United South and Eastern Tribes Sovereignty Protection Fund
California Rural Indian Health Board
Albuquerque Area Indian Health Board, Inc.
American Indian Health Commission
Seattle Indian Health Board

Sacred Bundle Birthwork
Xa?Xa? Indigenous Birth Justice
Hummingbird Indigenous Family Services
What to Expect Project
Chamber of Mothers
Yellowtail Lactation Consultants
Encoded 4 Story
Indigena Consulting