

CLASP Statement for the Record
United States Senate Committee on Health, Education, Labor and Pensions
“Hearing on Fiscal Year 2026 Department of Health and Human Services Budget”
May 14, 2025

Chairman Cassidy, Ranking Member Sanders, and Members of the Senate Committee on Health, Education, Labor and Pensions, we thank you for the opportunity to submit a statement for the “Hearing on Fiscal Year 2026 Department of Health and Human Services Budget.” The Center for Law and Social Policy (CLASP) is a national, nonpartisan, anti-poverty organization advancing solutions to improve the lives of people with low incomes. For over 50 years, our organization has used research and analysis to advance policy solutions that disrupt structural and systemic racism and remove barriers blocking people from economic security and opportunity. CLASP has a long history of advocating for child care and early childhood programs, promoting maternal health, ensuring people of color and those with disabilities have access to health services, and ensuring resources for mental health services.

We are gravely concerned about whether the integrity of the programs that the Department of Health and Human Services (HHS) is responsible for can withstand the cuts and restructuring that the Trump Administration has proposed in recent weeks. HHS plays a fundamental role in addressing the well-being of the nation’s 340 million people, and everyone benefits from HHS’s work to promote public health and provide essential human services. This testimony seeks to underscore the importance of these programs, particularly those that help families and children with low incomes access vital supports. We urge the committee to ensure that these programs are robustly funded and that Congressional intent is carried out in the execution of the programs by HHS.

Child Care and Early Education Programs

Child care programs are incredibly valuable for children, families, and the economy. Without child care, parents and caregivers cannot participate in the workforce, go to school or training programs, or take care of other responsibilities. Unfortunately, for many families, child care costs remain unaffordable and inaccessible. According to our research, only 14 percent—or 1 in 7 eligible families—are able to access federal child care subsidies through the Child Care and Development Fund (CCDF) based on state income eligibility requirements. This is because child care funding is not adequately resourced. Currently, federal funding flows to states through CCDF, which consists of the Child Care Entitlement to States (CCES) and the Child Care and Development Block Grant CCDBG. States can also decide to utilize Temporary Assistance for Needy Families (TANF) block grant and the Social Services Block Grant (SSBG) to support child care. Head Start and Early Head Start are also vital and complementary programs that provides affordable early education and supportive services for nearly a million families with low incomes each year. This includes parenting support, supporting prenatal health, connecting families to local and federal assistance, and employment assistance. However, funding for these programs comes nowhere close to meeting the need and proposals to cut or reduce investments in these vital programs threaten the already limited access.

Unfortunately, the Trump Administration has already started threatening access to the programs that help fund child care through states and at the local level by freezing funding, firing federal workers at HHS who oversee these programs, and signaled further cuts in proposed budget plans. All of this is causing chaos and confusion for program administrators and uncertainty for families relying on federal funds for child care, particularly those with low incomes and families of color. In late January, the administration froze federal funding, and that locked administrators out of the websites they use to access grants. Dozens of Head Start programs had to close temporarily. Then, the administration announced layoffs in February and April for the Office of Head Start and the Office of Child Care, resulting in a reduction of 40-50 percent of federal staff and the closure of five regional offices, which oversaw grantees in 23 states and 5 territories. These offices provided training, technical assistance, and administrative support to ensure that grants reached the intended beneficiaries and also served as a liaison between program administrators and the federal government. In addition, the HHS leaked budget document proposes eliminating Head Start altogether. This would have a profound effect on the nearly 800,000 children served by Head Start and the 250,000 child care providers employed through the program with additional domino effects impact who communities, especially in rural communities where Head Start is a cornerstone.

The Trump Administration's proposals and actions will move families further away from the goal of achieving economic stability and quality child care and early education support for their children. It will make it harder for our economy to prosper when child care jobs disappear and parents and caregivers are forced to leave the workforce because they cannot access child care and other supportive programs. This committee should push for robust and sustained funding of child care and early education programs and should ensure funds are being used in the way Congress intends to support families and communities across the country.

Dismantling our nation's public health infrastructure

Along with the numerous agency, department, and regional office cuts and reductions in critical funding that supports state and local health departments, the reorganization and cuts stated in the HHS skinny and leaked budgets will be detrimental to the nation's health. Public health departments are integral to ensuring populations have critical programming to maintain and improve their physical and mental health, and to be safe where they live, work, and play. Recent and proposed budget cuts and job losses are eroding our public health safety net. We've noted a few examples below.

Disability Programs

The HHS leaked document proposes [dismantling the Administration for Community Living \(ACL\)](#), eliminating its budget of \$2.6 billion, and splitting the department into three parts. ACL supports older adults, disabled people, caregivers, and families, and includes programs such as Meals on Wheels, disability research, independent living, and nutritional programs. This represents just one of the many attacks by the administration on the disability community, including cuts to the Department of Education and the Social Security Administration.

Prevention and Public Health Fund

The HHS leaked budget [eliminates funding to the Prevention and Public Health Fund](#), critical funding to help bolster the public health infrastructure. It supports programs to increase physical activity; improve

nutrition; expand mental health and injury prevention programs, including for suicide prevention; and financially supports states to decide how to improve prevention efforts for their populations.

Mental Health and Substance Use

The HHS leaked budget document also calls for dismantling the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA). This will have substantial ripple effects on people's behavioral health. For example, SAMHSA facilitates the treatment of over 1.5 million people in substance use facilities annually and supports programs that families and communities depend on for mental health support, suicide prevention, and more. Earlier this year, the administration cut 10 percent of the almost 900 employees at SAMHSA, impacting the provision of critical suicide hotline (988) grants to states, among other key services. SAMHSA also provides significant block grants in community mental health and substance use nationwide. Cutting staff and reorganizing HRSA funding and technical assistance will exacerbate critical gaps in the behavioral health workforce.

The President's skinny budget also calls for 40 percent cuts to the National Institutes of Health and would include the Institute on Minority Health and Health Disparities, which has conducted critical research, including in mental health. Likewise, the Centers for Disease Control and Prevention's Office of Minority Health, the Centers for Medicare and Medicaid Services' Office of Minority Health, and the HHS Office of Minority Health have been severely gutted and kept mostly in name only, because of legislative statute by the ACA. The elimination of these departments and their budgets will seriously impact community-based organizations that receive grant funding.

The budget also calls for the elimination of the Healthy Transitions grant, which focuses on mental health prevention for youth, and is the only grant of its kind within HHS. The Healthy Transitions grantees we've worked with over the years have told us how critical the funding has been to support the young people that they serve.

National Institutes of Health Higher Education Funding

The budget request codifies an already utilized strategy of using federal research grants as bargaining chips to force universities to comply with the administration's larger anti-diversity agenda. On April 21, the National Institutes of Health (NIH) announced that it was terminating grants and taking back research funding for institutions that offer diversity, equity, and inclusion programs. These institutions had already been targeted by the administration, which had made earlier NIH cuts depriving medical schools of over \$1 billion in funding from terminated grants. Of the 220 organizations that experienced NIH funding cuts throughout March, 94 were public universities. The administration is facing multiple lawsuits for this practice, which serves only to punish institutions seeking to center equity in public health.

We appreciate the opportunity to submit a statement about this important topic, and we thank the committee members for considering the importance of funding HHS programs at appropriate levels so people who rely on these programs can access them. If you have any questions, please contact Richa deCant at rdecant@clasp.org.