

July __, 2025

Dear Chair Cole, Chair Collins, Vice Chair Murray, and Ranking Member DeLauro:

The ____ undersigned organizations – representing the full range of stakeholders supporting the Departments of Labor, Health and Human Services (HHS), and Education and Related Agencies appropriations bill – urge you to continue your leadership in supporting families, communities, and local economies with a fiscal year (FY) 2026 allocation for the Labor-HHS-Education Subcommittee that ensures these programs can meet vital needs. Following two years with tight statutory caps on non-defense discretionary funding, FY 2026 marks the first opportunity for Congress to make up for the cuts during that period while making a down payment on addressing urgent needs. We call on the House and Senate Appropriations Committees to provide the Subcommittees with an FY 2026 allocation at a level that at least reverses past cuts to provide for the necessary services and programs this subcommittee oversees.

The programs and services funded by the Labor-HHS-Education Subcommittee have a profound impact on health and well-being, child development, educational and skills attainment, labor force participation, and economic productivity. However, these programs historically have been shortchanged in the appropriations process, especially after spending caps were first enacted in 2011 and then again under the caps for 2024 and 2025. At a time when it is unclear if the Administration plans to release the FY 2025 funding already enacted by Congress, and when Congress is considering cuts through the budget reconciliation process to health, education, and other areas funded by this bill, increased funding across the Labor-HHS-Education programs is necessary to address long-standing needs.

We also urge Congress to reject any efforts to restructure or reorganize federal agencies either through the appropriations process or unilateral administrative action. This includes codifying cuts to staff and programs unilaterally made by the Department of Government Efficiency (DOGE). Instead, Congress must take a consensus-driven approach through proper authorizing committees that includes opportunity for public input. Additionally, Congress enacted laws that created and funded agencies and programs for specific purposes, and we urge Congress to insist that the Administration follow the law, release the funding Congress enacted, and provide the services required by statutes.

The need for these key investments is clear after they have been underfunded by billions of dollars in recent years as funding for essential services provided by the Labor-HHS-Education bill has not kept pace with population growth or inflation. The effects of chronic underfunding have impacted programs that support education, public health, health research, workforce development, and social services. The effects include:

- Eroding the public health and research infrastructure and workforce, limiting our ability to address disease prevention, respond to future health crises, and monitor ongoing health trends for new and emerging threats.
- Hindering efforts to address learning loss and opportunity gaps, to raise student achievement, to address shortages in the education workforce, and to increase high school graduation rates, college affordability, and college completion. The American public [supports more education funding](#), not less.
- Providing childcare to only one in nine eligible children under age 6, with childcare providers paid so little that one in four early childhood educators takes a second job to make ends meet.

- Leaving far too many low-income children without access to high quality preschool and other early learning opportunities.
- Compounding on recent withholding of funding for lifesaving medical research, further distancing America from its longstanding global leadership in finding cures.
- Risking our ability to prepare for, monitor, and respond to public health threats that transcend international borders.
- Cutting efforts to adequately respond to ongoing opioid and fentanyl epidemics and infectious disease outbreaks, such as measles and tuberculosis. Reducing funding for mental health services, including services for children and for the homeless.
- Limiting workers' access to skills development and education opportunities necessary to access in-demand careers for which employers are currently hiring—a key contributing factor for why the nation's labor force participation rate remains at historic lows at a time when there are nearly two available jobs for every unemployed person. A declining labor force participation rate hinders America's economic growth and reduces U.S. competitiveness. Businesses are currently struggling to hire 7.4 million workers, which a sustained investment in workforce development is poised to address.
- Preventing almost one million people from accessing the critical workforce and job training services that Congress overwhelmingly authorized in 2014. The U.S. invests less than every other industrialized country in active labor market policy, except for Mexico and Chile, and would need to invest \$80 billion annually just to reach the median of our international peers.
- Ignoring the needs of individuals who find themselves without a high school credential and who need a pathway back to education, employment, and full participation in their communities.
- Providing inadequate resources to address mental health and reverse recent reductions of substance use overdoses in communities throughout the country.
- Inadequate funding for heating and cooling assistance, despite increased costs for families. The Low-Income Home Energy Assistance Program (LIHEAP), the federal program to help with residential energy costs, only has enough funding to serve 1 in 6 eligible households, with funding down from \$6.1 billion in FY 23 to \$4.1 billion for FY 25. Cooling assistance is particularly inadequate, despite cooling costs expected to rise to their highest levels in 12 years this summer, amid life-threatening heat waves.
- While Congress started to reverse Maternal and Child Health Block Grant funding losses, funding remained flat at about 10 percent below the levels in FY 2010 when taking inflation into account.
- Failing to keep pace with growing child welfare needs, especially as communities grapple with the destructive impact of substance use disorders on families. Child Welfare Services funding, for example, has been flat-funded over the past few years, leaving it more than [27 percent](#) below the FY 2010 level, adjusted for inflation.

We urge you to commit to improving the lives of Americans by boosting the allocation for the Labor-HHS-Education bill for FY 2026 to provide vital services for the American public. Any additional cuts for FY 2026 will further undermine the future strength, economic vitality, and security of our nation. If you have questions about this letter, please contact:

- Sarah Abernathy, Committee for Education Funding (abernathy@cef.org);
- Meredith Dodson, Coalition on Human Needs (mdodson@chn.org);
- Eric Gascho, Coalition for Health Funding (egascho@dc-crd.com); or
- Gail Silberglied, Campaign to Invest in America's Workforce (SilbergliedG@nawb.org).