

April XX, 2024

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

The XXX 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—thank you for your leadership in supporting families and communities. We urge you to build on the previous fiscal year (FY) investment of \$226.8 billion by increasing the FY 2025 allocation for the Labor-HHS-Education Subcommittee to a level that ensures robust and sustained investments so that these programs can meet vital needs. Given the funding cuts sustained in this bill for FY 2024, we call on you to ensure that the tight non-defense discretionary (NDD) cap for FY 2025 does not result in additional cuts to funding for the necessary services and programs this subcommittee oversees, and that funding is found to respond to increased urgent needs. We also urge you to seek funding outside the cap where needed to meet needs responsibly.

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, and productivity. Yet these programs have been shortchanged in the appropriations process since spending caps were first enacted in 2011 and yet again under the cap for FY 2024. We strongly recommend an allocation that addresses the gaps created from years of underfunding these essential programs. The need for these key investments has only grown over time, leaving important services and activities underfunded by billions of dollars as program funding for vital services funded under Labor-HHS-Education has not kept pace with population growth or inflation. Any additional cuts to FY 2025 NDD funding and to this bill specifically will further undermine the future strength, economic vitality, and security of our nation.

We need sustained annual increases across the Labor-HHS-Education programs to address long-standing needs, and these increases cannot come at the expense of other programs within the bill or other NDD programs. The programs in the Labor-HHS-Education bill strengthen the nation by improving Americans' lives and meeting basic needs for a broad range of constituencies. 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 worsened by the pandemic, to raise student achievement, to address shortages in the education workforce, and to increase high school graduation rates, college affordability, and college completion.
- Leaving far too many low-income children without access to high quality preschool and other early learning opportunities.
- 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 take second jobs to make ends meet.
- 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.

- 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 mitigate the worsening substance use disorder crisis in communities throughout the country.
- While Congress started to reverse Maternal and Child Health Block Grant funding losses, FY 2024 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, was flat-funded again in FY 2024, leaving it more than [27 percent](#) below the FY 2010 level, adjusted for inflation.
- The average cost of home heating has increased 24.5% since the start of the pandemic, and 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. Congress provided \$2 billion in supplemental funding in FY23 to help families pay for the rising cost of energy, helping 7.2 million households access energy assistance. This winter, costs have not come down, but the supplemental funding has not been renewed and base funding for FY 2024 was increased by only \$25 million.

We urge you to commit to improving the lives of Americans by boosting the allocation for the Labor-HHS-Education bill for FY 2025 to provide needed services for the American public while ensuring continued support for NDD programs. If you have questions about this letter, please contact:

- Sarah Abernathy, Committee for Education Funding ([abernathy@cef.org](mailto:abernathy@cef.org));
- Erin Will Morton, Coalition for Health Funding ([emorton@dc-crd.com](mailto:emorton@dc-crd.com));
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