



October 6, 2026

Submitted Electronically via Regulations.gov

The Honorable Robert F. Kennedy, Jr.
Office of the Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington DC, 20201

Re: Reducing Federal Burden for Head Start Programs (RIN: 0970-AD30)

Dear Secretary Kennedy:

I am writing to urge the U.S. Department of Health and Human Services (HHS) to protect the Head Start Program Performance Standards (HSPS) and withdraw its recent Notice of Proposed Rulemaking (NPRM) Reducing Federal Burden for Head Start Programs (RIN: 0970-AD30). At Arkansas Advocates for Children and Families, our mission is to ensure that all children and their families have the resources and opportunities to lead healthy and productive lives and to realize their full potential. Unfortunately, the health and well-being of moms and their babies face considerable hurdles in our state, and the proposed changes to the Head Start program that remove the maternal health components of the HSPS would make things worse.

We urge HHS to withdraw the NPRM and maintain the Head Start Performance Standards with explicitly required maternal health supports. Our pregnant women and their families rely on these critical services.

Head Start is a comprehensive, high-quality early childhood experience that addresses all domains of child development. The Head Start Act requires a multidisciplinary approach to advance school readiness for children, including by making pregnant women eligible for services and requiring the performance standards to address the relationship between the health of pregnant women and early childhood development. Research further corroborates this alignment; it shows maternal mental health is closely linked to children's developmental and behavioral outcomes. Parent physical and emotional well-being is consistently related to how healthy and ready to learn a preschool child is found to be, across social, economic, and demographic differences.

Most maternal health services exist in regulation and not in the Head Start Act. The current regulations require a program to determine whether a pregnant woman, within 30 days of enrollment, has an ongoing source of continuous, accessible health care and health insurance coverage.

If the woman does not have either, the program will help her access it as quickly as possible. Programs will assist pregnant women with needed referrals to include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence. The program will visit the mother and baby within two weeks of the baby's birth; the visit must include maternal mental and physical health, safe sleep, infant health, and support for basic needs. The program is required to provide services that help reduce barriers to healthy maternal and birthing outcomes for each family, including services to address disparities across racial and ethnic groups, and use data on enrolled pregnant women to inform program services. Section 1302.81 of the standards requires the program to support pregnant women and family members to access mental health services that address prenatal and postpartum mental health concerns. A program must also engage pregnant women and family members, such as fathers, in family partnership services, with the goal to influence prenatal and postpartum maternal and infant health.

The proposed changes would remove the two-week time period for the postpartum mother and baby visit and other than the referrals for nutrition and food assistance, would eliminate the rest of the requirements listed above. The administration's cost analysis shows the consequence of these changes will be fewer services and supports for moms and kids. The current standards recognize the importance of maternal and infant health on a family's outcomes, including long-term outcomes. Healthier moms create healthier babies, who grow into healthier children. Removing most standards around maternal health will have a negative impact on Arkansas families.

Again, we urge you to maintain the current standards and withdraw the NPRM entirely.

Being pregnant in Arkansas is, by all data indications, a scary time. The health risks extend beyond delivery throughout the family's next year. Arkansas has one of the highest maternal mortality rates in the nation, with 94 percent of pregnancy-related deaths considered preventable. Significant disparities exist by race, ethnicity, geography, and income. Black women accounted for 28.8 percent of pregnancy-associated deaths during a recent five-year period, but less than 20 percent of births. Pacific islanders accounted for six and a half percent of deaths but only three and a half percent of births. Older moms, those 35 and older, face higher maternal mortality risk than younger moms.

For pregnancy-related deaths, close to one in five occurred during pregnancy, with 11.6 percent on the day of delivery and 14.5 percent within a week of delivery. Twenty percent of deaths occurred between seven and 42 days postpartum, and over a third occurred after the traditional postpartum period. During the same five-year period, over 2,000 Arkansas moms experienced at least one severe maternal morbidity (SMM) event up to a year after birth. These are life-threatening events that result in significant physical or mental health problems. They include sepsis, acute renal failure, acute heart failure, and adult respiratory distress syndrome. Close to twenty percent of Arkansas moms report postpartum depression symptoms. Racial disparities also exist for moms experiencing SMM events. Black women, Pacific Islander women, and American Indian/Alaska Native women are disproportionately impacted.

Over half of Arkansas counties are considered maternity care deserts, and one in five moms receive inadequate prenatal care. After another closure this summer, Arkansas now has only 30 hospitals that deliver babies, a one-fourth reduction since 2019. Forty-seven percent of births in Arkansas are covered by Medicaid, and counties range in percentage of births covered by Medicaid between a low of 29 percent to a

high of 79 percent. Arkansas is currently the only state in the United States that does not extend postpartum Medicaid coverage beyond 60 days postpartum. Every other state in the country extends to 12 months postpartum.

Now is not the time to reduce maternal health supports; it is the time to expand them. Every referral, home visit conversation during the first couple of weeks, and engagement with other family members for a mom's postpartum mental and physical health are important pieces of the current infrastructure to provide moms and their babies with what they need. Arkansas is taking steps to increase maternal health support through other avenues, and continued support through Head Start and Early Head Start will help make our state a safer place to have a child.

Please rescind the NPRM and maintain the Head Start Performance Standards. Eliminating most maternal health supports will have a detrimental impact on Arkansas moms and kids.

Sincerely,

Nicole Carey
Education Policy Director