Public funding vehicles for *perinatal cash transfers*

The federal, state, and local funding streams that have been tested, or hold potential, for perinatal cash programs across the country. Each carries its own eligibility requirements, design implications, and political considerations.

A high-level companion to the full MICC funding brief; see that document for detailed mechanics and program-level analysis.

STATUS KEY — USED: Tested in active programs · EVAL: Funds evidence, not transfers · NOT YET: Untested / exploratory · PENDING: Awaiting federal approval

Federal funding sources

Streams tested or viable at the federal level. Several have narrowed under the current administration, consult policy counsel before committing organizational resources.

FUNDING SOURCE	STATUS	HOW IT WORKS FOR PERINATAL CASH	PROGRAMS USING IT
TANF Block Grant	USED	Two pathways: **(1) TANF-compliant programming:** design activities that satisfy TANF's primary goals, no plan amendment required; **(2) Non-Recurrent Short-Term (NRST) payments:** up to 4 unrestricted cash payments per household, no behavioral conditions.	The Bridge Project (NY), Rx Kids (MI), BABY Benefit (NY)
ARPA	USED	Pandemic-era federal payments to states and localities, required to be obligated by deadline. Not a permanent source, but was a major early-stage funder for several MICC programs.	The Bridge Project (WI), Multnomah Mother's Trust (OR), Delaware HWHB, People's Prosperity Pilot (MN)
Medicaid Section 1115 Waivers	NOT YET	Allows states to waive standard Medicaid requirements to test new approaches. Biden-era guidance permitting nonmedical services has been rescinded; future administrations may restore flexibility. H.R. 1 now requires budget neutrality for all 1115 waivers beginning FY2027.	Not yet used for perinatal cash
CHIP Health Services Initiatives (HSI)	NOT YET	States may use up to 10% of their annual CHIP allotment for administration, including HSIs: public-health programs targeting child health. Draws enhanced federal match (~71% nationally). Purely administrative; no legislation required. See MICC's CHIP HSI brief for more information on this pathway.	Not yet used for perinatal cash; being explored across a few states
Title V MCH Block Grant (SPRANS)	NOT YET LIMITED SCALE	~15% of the MCH block grant (~$100M nationally) is set aside for Special Projects of Regional and National Significance. Viable for pilots, not statewide programs. Allocated by HRSA; competitive and constrained under current federal priorities.	Conceptual; not yet used for perinatal cash
Family First Prevention Services Act (FFPSA)	PENDING	Services approved by the Title IV-E Clearinghouse are eligible for federal reimbursement. Cash transfers are not yet approved, but some supplemental program models have been.	Kentucky Family First Prevention Program *(flexible cash component)*
MIECHV Innovation Dollars	NOT YET	Grantees can apply for innovation awards to improve or enhance service delivery. Gift cards are commonly supplied via these dollars, but cash transfers have not yet been tested through this mechanism. Would have to be paired with home visiting.	Not yet used for perinatal cash
NIH Research Grants	EVAL	Federal research grants support rigorous evaluation of perinatal cash programs. Not a source for direct transfers, but funds the evidence base that justifies public investment.	Baby's First Years, CA Abundant Birth Project, Preterm Infant Care Study

State and local funding sources

The backbone of MICC programs and the most reliable near-term path to sustained public investment. The landscape varies sharply by state; the first step in any strategy is understanding what is actually available.

FUNDING SOURCE	STATUS	HOW IT WORKS FOR PERINATAL CASH	PROGRAMS USING IT
State / City General Funds	USED	Direct legislative appropriation from a state or municipal general fund. Requires a legislative champion and budget-process engagement. Most durable pathway once established.	Bridge Project (NYC), Abundant Birth Project (CA), Delaware HWHB, Philadelphia Joy Bank
Dedicated State Revenue *(Tobacco / vice taxes)*	USED	Several states direct tobacco or other excise-tax revenue to public-health programs, providing a dedicated, recurring stream outside the general-fund appropriations process.	Rx Kids (Healthy Michigan Fund), Mother's Rising (CA Prop 10)
County General Funds	NOT YET	County budget appropriations, often requiring engagement with county commissioners or boards of supervisors. Faster to move than state legislation in some jurisdictions.	Multnomah Mother's Trust (OR), Born Well (San Diego County), Birth Justice Collaborative (Hennepin County, MN)
State Reserves	NOT YET STATE-SPECIFIC	Some states have accumulated surplus funds in reserves. Accessing them typically requires legislative appropriation and a compelling link to the reserve's goals.	Not yet used for perinatal cash
State Public Savings Reinvestment	NOT YET	Savings from reduced shelter utilization, emergency housing, or other social programs could be reinvested in upstream perinatal cash. Requires establishing the link between cash transfers and downstream system savings.	Conceptual; no tested programs to date
Medicaid MCO Community Benefit Investments	USED	Medicaid MCOs increasingly invest in social-determinants-of-health interventions. Not public dollars per se, but often function as quasi-public funding given the regulatory context.	San Mateo Baby Bonus (San Mateo, CA)