



February 5, 2026

To: Chairperson Hardin, and members of the Health and Human Services Committee

From: Jenny Dong and Anahí Salazar, Voices for Children in Nebraska

**RE: Support for LB773, Eliminate a sunset date and change provisions of the Nebraska Prenatal Plus Program**

Adverse birth outcomes like preterm birth and low birth weight create arduous challenges for both children and their families. The Nebraska Prenatal Plus Program offers crucial services for expectant mothers that can help reduce the incidence of these conditions and protect children's health. Voices for Children in Nebraska supports LB773, which would eliminate a sunset date and change provisions of the Nebraska Prenatal Plus Program.

In 2023, 1 in 9 babies were born preterm in Nebraska (an average of 51 each week), and 1 in 13 were born with a low birth weight (an average of 37 each week)<sup>1</sup>. Adverse birth outcomes like these are major contributors to infant mortality. Babies that survive tend to be at higher risk of infections, breathing and feeding difficulties, developmental delays, physical disabilities, problems with the cardiovascular and digestive system, and more<sup>2,3</sup>. In the long term, these birth outcomes may also be associated with chronic health conditions in adulthood, including diabetes, obesity, high blood pressure, and metabolic syndrome, among others<sup>4</sup>.

Maintaining Nebraska's Prenatal Plus Program can reduce the number of children and families facing the physical, financial, and emotional toll of these health challenges. In 2008, women who participated in Colorado's Prenatal Plus Program experienced high resolution rates across behaviors that were risk factors of preterm birth and low birth weight (e.g. smoking, inadequate prenatal weight gain, use of drugs or alcohol, etc.). Participants who were able to resolve all their risk factors also had a low birthweight rate of 8.4%, which was significantly lower than the 11.3% among participants who did not resolve any of their risk factors. Simultaneously, the Prenatal Plus Program could also reduce Nebraska Medicaid costs by saving a potential \$1,450 in health care costs for

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<sup>1</sup> March of Dimes PeriStats, [State Summary for Nebraska](#), 2024

<sup>2</sup> Stanford Medicine Children's Health, [Low Birth Weight](#), n.d.

<sup>3</sup> Cleveland Clinic, [Preterm Birth](#), 2024

<sup>4</sup> Amadou et al., [Long-term health in individuals born preterm or with low birth weight: A cohort study](#), 2024

each of the women who received their services and their infants through their first year of life<sup>5</sup>.

Eliminating the sunset date for the Nebraska Prenatal Plus Program, expanding its postpartum coverage, and ensuring reporting on its effectiveness until 2034 will allow Nebraskans to maintain their access to invaluable health services as the program intended. This legislation can thus contribute to major improvements in rates of preterm birth, low birth weight, and other adverse birth outcomes. By championing such an important health promotion initiative, we can ensure that Nebraska's families have the resources they need to deliver happy, healthy babies.

We want to thank Senator Dungan for bringing such important legislation and the committee for your time and consideration.

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<sup>5</sup> Colorado Department of Public Health and Environment Women's Health Unit, [Prenatal Plus Program 2008 Annual Report](#).