

POWER TO DECIDE

the campaign to prevent unplanned pregnancy

March 13, 2023

The Honorable Tammy Baldwin
Chair
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington DC 20510

The Honorable Shelley Moore Capito
Ranking Member
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington, DC 20510

The Honorable Robert Aderholt
Chair
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington, DC 20515

Dear Chair Baldwin, Ranking Member Capito, Chair Aderholt, and Ranking Member DeLauro:

In this moment of urgent need to increase accurate information about and access to reproductive health care, we hope you will consider the following funding levels within the FY 2024 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill. Power to Decide is a non-profit, non-partisan organization that works to ensure that all people—no matter who they are, where they live, or what their economic status might be—have the power to decide if, when, and under what circumstances to get pregnant and have a child. We do this by providing trusted information, expanding access to services, and catalyzing culture change.

Specifically, we request:

- \$512 million for the Title X Family Planning Program,
- \$150 million for the Teen Pregnancy Prevention (TPP) Program,
- \$6.8 million under the Public Health Services Act for the evaluation of teenage pregnancy prevention approaches,
- \$600,000 for continuing the Teen Pregnancy Prevention Evidence Review, administered by the Assistant Secretary for Planning and Evaluation (ASPE), and
- Eliminating the harmful Hyde and Weldon amendments.

The Title X Family Planning Program

We request \$512 million in funding for the Title X Family Planning Program for FY 2024. For five decades, Title X has played a critical role in helping people to achieve reproductive well-being by offering low-income and uninsured individuals' access to high-quality contraceptive services, preventive screenings, and health education and information. Patients who receive services at Title X-funded clinics face many barriers to accessing health care. Nearly two-thirds have incomes at or below the federal poverty level, thirty-six percent are uninsured, and twenty-one percent have limited English proficiency.¹ Title X patients are racially and

ethnically diverse but disproportionately identify as Black/African American and/or Hispanic/Latino.² Given the ongoing racial and ethnic inequities that exist in sexual and reproductive health care access and outcomes³, Title X serves a vital role in the health care safety net. And it is not only those who receive services directly paid for by Title X who benefit from this program. Title X funds are essential to keeping the doors open for thousands of health centers that also serve patients who have insurance, such as Medicaid and ACA plans.

Despite the high value of the services that Title X provides and the significant unmet need for these services, the FY 2023 funding level of \$286.5 million is the ninth year in a row in which funding remains stagnant. Current funding is actually 10% lower than the FY 2010 level (\$317.5 million), which was already too low to meet the need. Even prior to the devastating implementation of the Title X domestic gag rule, the decrease in funding resulted in fewer patients served and more clinic closings. Between 2010 and 2019, the Title X program served 41% fewer people.⁴

The situation worsened in August 2019, when the previous administration enforced the domestic gag rule. The HHS Office of Population Affairs estimates that Title X-funded health centers served an estimated 1.5 million fewer people as a result of the rule.⁵

While the Biden-Harris administration finalized a new rule in October 2021 to begin to repair the damage done to the Title X network, chronic underfunding means the program does not have the necessary resources to meet community needs around the country. We greatly appreciate the support that the House and Senate LHHHS Subcommittees signaled for Title X during the FY 2023 appropriations process, with the former approving \$500 million and the latter proposing \$512 million. We encourage you to include \$512 million for FY 2024, which is midway between the current funding level of \$286.5 million and the full \$737 million that experts say is needed.⁶

The Teen Pregnancy Prevention (TPP) Program

We request \$150 million in funding for the Teen Pregnancy Prevention (TPP) Program for FY 2024. Since 2010, the TPP Program, along with the complementary Administration on Children and Families' Personal Responsibility Education Program (PREP)¹ have been recognized as pioneering examples of tiered, evidence-based policymaking that represent important contributions to building a body of evidence of what works. Originally funded at \$110 million, the program has been funded at \$101 million since 2014.

The first two five-year cycles of grants and associated evaluations have made a vital contribution to building a body of knowledge of what works for whom and under what circumstance to prevent teen pregnancy. This has historically meant high quality implementation, rigorous evaluation (primarily randomized control trials), innovation, and learning from results. The TPP Program exemplifies evidence-based policymaking, a results-oriented approach that has bi-partisan support and recognition from a wide range of experts. In fact, the September 2017 unanimously-agreed-to-report from the bipartisan Commission on Evidence-Based Policymaking established by former House Speaker Paul Ryan and Senator Patty Murray highlighted the TPP Program as an example of a federal program developing increasingly rigorous portfolios of evidence.⁷

¹ A three-year extension of funding for this mandatory funding stream, which expires at the end of FY 2023, was attached to the FY 2021 Omnibus and COVID Relief and Response Act ([P.L. 116-260](#)).

From 2017-2020, there were extensive efforts to terminate and undermine the TPP Program. This included attempting to end all TPP Program grants, weakening evidence standards in grant announcements, and diverting funds supporting high-quality evaluation and technical assistance. While courts blocked most of this, ongoing research was harmed. A new round of five-year grants is on track to be awarded later this year with FY 2023 funds, and their continuation will be contingent on FY 2024 funding. As such, FY 2024 is a critical opportunity to ensure the next cycle of TPP Program grantees have sufficient resources, including adequate technical assistance and high-quality evaluation.

The teen pregnancy and teen birth rates have declined by an impressive 63 percent and 75 percent respectively since the early 1990s. There have been declines across all racial and ethnic groups, and in all 50 states. Yet inequities persist by race, ethnicity, age, and geography. The TPP Program has addressed these disparities by focusing funds on communities and populations with the greatest needs. Due to limited resources, the critical sexual health information and education provided by the TPP Program is still out of reach for many communities. Increased funding for the TPP Program would also ensure more young people receive the evidence-based information they need to live healthy lives.

We greatly appreciate the \$130 million in support that the House and Senate LHHS Subcommittees signaled for the TPP Program during the FY 2023 appropriations process, the former approving, and the later proposing. After years of decreased funding and sustained attacks on the TPP Program, we encourage you to provide \$150 million in FY 2024.

Evaluation of Teen Pregnancy Prevention Approaches

We urge you to provide \$6.8 million in FY 2024 appropriations under the Public Health Services Act for the evaluation of teenage pregnancy prevention approaches. In addition, we call for an additional \$600,000 in FY 2024 appropriations for HHS General Departmental Management to continue the Teen Pregnancy Prevention Evidence Review.

As part of the bipartisan commitment to evidence-based policymaking, there's a recognition of supporting high quality evaluation within federal agencies. Congress has historically provided a modest amount of dedicated funding to evaluate teen pregnancy prevention approaches, including longitudinal evaluations. This funding, in conjunction with the TPP Program, has contributed to deepening our knowledge of what works to reduce teen pregnancy.

Appropriators should also specifically include sufficient funding to continue the Teen Pregnancy Prevention Evidence Review administered by ASPE. Under the previous administration, funding ceased for this independent, systematic, rigorous review of evaluation studies that informed TPP and PREP grantmaking and provided a clearinghouse of evidence-based programs for other federal, state, and community initiatives. We appreciate the support for reactivating the Evidence Review which HHS has begun to do, and ask that appropriators provide support in FY 2024 to ensure this work can continue. Such evidence reviews are recognized as a hallmark of evidence-based policymaking and are an essential tool to compile and share a growing body of evidence.

Eliminate the Hyde and Weldon Amendments

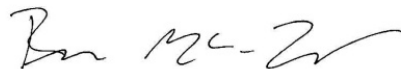
We urge you not to include the harmful Hyde and Weldon Amendments in FY 2024. The Hyde Amendment has denied insurance coverage of abortion for Medicaid enrollees for more than 45 years. Since 2005, the Weldon Amendment has affected a wide range of abortion-related services, from insurance to referral of care, at the federal, state, and local level. Together these harmful restrictions make it difficult for those who are working hard to make ends meet to access the abortion care that they need. We were especially pleased that the LHHS bill approved by the House LHHS Subcommittee and the LHHS bill proposed by the Senate LHHS Subcommittee did not include these harmful riders during the FY 2023 appropriations process. We encourage you to eliminate the Hyde and Weldon Amendments in FY 2024.

Additional Programs

In addition to funding for the aforementioned programs, we urge you to provide adequate funding levels for other important programs that contribute to improved reproductive well-being as part of broader efforts. These programs include the Maternal and Child Health Block Grant, the Centers for Disease Control and Prevention, and Community Health Centers.

The Title X Family Planning Program and the TPP Program enjoy broad popular support. Eighty-five percent of adults support continued funding for the TPP Program,⁸ and 75% favor continuing the Title X program.⁹ These programs make sense—and your support for them is even more important in the context of the current crisis in reproductive health care. Helping to ensure that everyone has the power to decide if, when, and under what circumstances to get pregnant and have a child will improve opportunities for them and for the country. We appreciate the budget constraints appropriators face and respectfully urge you to support this request. If you have questions or need additional information, please contact Rachel Fey, Vice President of Policy & Strategic Partnerships at (202) 468-8304 or rfey@powertodecide.org. Thank you.

Sincerely,



Raegan McDonald-Mosley, MD, MPH
CEO

¹ Fowler, C. I., Gable, J., & Lasater, B. (2022, September). *Family Planning Annual Report: 2021 National Summary*. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, Department of Health and Human Services. <https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report-fpar>

² Ibid.

³ Sutton M.Y., Anachebe N.F., Lee R., & Skanes H. (2021). Racial and Ethnic Disparities in

Reproductive Health Services and Outcomes, 2020. *Obstetrics and gynecology*, 137(2), 225–233. <https://doi.org/10.1097/AOG.0000000000004224>.

⁴ Power to Decide estimate based on historical data from the Family Planning Annual Report. See Fowler, C. I., Gable, J., & Lasater, B. (2021, September). *Family Planning Annual Report: 2020 National Summary*. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, Department of Health and Human Services. <https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf>

⁵ Fowler, C. I., Gable, J., & Lasater, B. (2021, September). *Family Planning Annual Report: 2020 National Summary*. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, Department of Health and Human Services. <https://opa.hhs.gov/sites/default/files/2021-09/title-x-fpar-2020-national-summary-sep-2021.pdf>

⁶ August, E.M., Steinmetz, E., Lorrie, G., Rivera, M.I., Pazol, K., Moskosky, S., Weik, T. & Ku, L. (2016). Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act. *American Journal of Public Health* 106:2(334-341). <https://doi.org/10.2105/AJPH.2015.302928>

⁷ Hart, N & Yohannes, M. (eds.) *Evidence Works: Cases Where Evidence Meaningfully Informed Policy*. Bipartisan Policy Center (2019). <https://bipartisanpolicy.org/wp-content/uploads/2019/06/Evidence-Works-Cases-Where-Evidence-Meaningfully-Informed-Policy.pdf>

⁸ Power to Decide “Survey Says: Why Mess With Success.” (2017) <https://powertodecide.org/what-we-do/information/resource-library/why-mess-success-october-2017-survey-says>

⁹ Power to Decide “Survey Says: Support for Birth Control” (2017) <https://powertodecide.org/what-we-do/information/resource-library/support-for-birth-control-january-2017-survey-says>