August 25, 2023

Shalanda Young
Director
Office of Management and Budget
Executive Office of the President
725 17th Street, NW
Washington, DC 20503

Dear Director Young,

As work proceeds on the President's FY 2025 budget proposal, we continue to face a crisis in reproductive health care access. We appreciate the action that the Biden-Harris administration has taken to address the devastating impacts of the *Dobbs* decision and hope you will use the President's FY 2025 budget to build on that momentum. Therefore, Power to Decide respectfully submits the following requests to improve the reproductive well-being of all people. Power to Decide is a private, non-partisan, non-profit organization that works to ensure 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 quality services, and catalyzing culture change. Specifically, we request:

- At least $512 million for the Title X Family Planning Program.
- Enforcement of Medicaid's free choice of provider requirement.
- $150 million to continue the evidence-based Teen Pregnancy Prevention (TPP) Program.
- $6.8 million under the Public Health Services Act for evaluation of teenage pregnancy prevention approaches.
- $75 million to continue mandatory funding for the evidence-based Personal Responsibility Education Program (PREP).
- Continue to eliminate abortion riders such as Hyde and Weldon.
- Continue to eliminate funding for the discretionary Sexual Risk Avoidance (SRA) Program.

Title X Family Planning Program
We request at least $512 million in funding for the Title X program for FY 2025. For more than 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. Title X patients face some of the greatest barriers to accessing health care. Sixty-five percent have incomes at or below the federal poverty level and thirty-six percent are uninsured.[1] Title X patients are also

[1] Fowler, C. et al. (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.

disproportionately people of color.[2] And it is not only those who receive services directly paid for by Title X who may have lost access to birth control. Title X funds are critical to keeping the doors open for thousands of health centers that also serve other patients with lower incomes who have insurance, such as Medicaid and ACA plans.

Despite the high value of the services 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 of stagnant funding with congressional proposals for FY 24 ranging from program elimination to a tenth year of flat funding. Current funding is also 10% lower than the FY 2010 level ($317.5 million), which was already too low to meet the need. Research from 2016 suggests that Title X would need at least an estimated $737 million to fully meet the unmet need for family planning services.[3] This was before the challenges created by the 2019 domestic gag rule and the COVID-19 pandemic; the HHS Office of Population Affairs estimates that taken together 2.4 million fewer patients were served and more than $809 million in total revenue was lost as a result.[4] The current Medicaid "unwinding" that has caused more than 5.2 million people in 45 states and D.C. to be disenrolled from Medicaid[5] and the added strain put on many reproductive health care services in the wake of *Dobbs* are also likely to increase the number of people seeking Title X-funded services.

We appreciate the Biden-Harris administration's work to quickly finalize a new Title X rule in October 2021, as well as the record $512 million for the program included in the President's FY 2024 budget request. $512 million is midway between the current funding level of $286.5 million and the full $737 million that experts say is needed. In this moment of urgent need for reproductive health care access, we urge the President to again include at least $512 million in the FY 2024 budget request for the Title X program.

Medicaid Free Choice of Provider

We request that the Centers for Medicare and Medicaid Services (CMS) enforce Medicaid's free choice of provider requirement. This includes requiring noncompliant states to reinstate qualified family planning providers in their Medicaid programs. As the administration is aware, Medicaid beneficiaries in four states (Arkansas, Mississippi, Missouri, and Texas) cannot access care from the qualified family planning provider of their choice.[6] This is due to the baseless termination of these providers from those states' Medicaid programs. Fortunately, courts have blocked attempts by Louisiana and South Carolina to do the same. Administration enforcement of this Medicaid requirement would send a strong signal to other states that targeting Medicaid patients will not be tolerated. This is especially important in the wake of the *Dobbs* decision, which continues to embolden more states to restrict access to reproductive health care.

---

[2] Ibid.

[3] August, E. et al. (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

[4] 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] KFF.org (2023, August 21). Medicaid Enrollment and Unwinding Tracker. https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/

[6] Coalition letter from 35 organizations to CMS Administrator Brooks-LaSure and CMS Deputy Administrator and Director of CMCS Daniel Tsai]. (March 23, 2022).

In addition, enforcing Medicaid's free choice of provider requirement fits squarely with the administration's commitment to expanding health coverage and improving health outcome outcomes for underserved communities[7]—as Medicaid covers a disproportionate share of women in underserved communities, including those who are Black and Latina.[8]

We appreciate the Biden-Harris administration's efforts to address the ongoing attacks on sexual and reproductive health, and in this urgent moment we ask that CMS enforce Medicaid free choice of provider requirement.

Teen Pregnancy Prevention (TPP) Program
We request that the Office of Population Affairs TPP Program be funded at $150 million for FY 2025. We also request that TPP continue in its current tiered evidence-based structure that supports a variety of evidence-based programs.

The first two five-year cycles of grants and associated evaluations made vital contributions 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, innovation, and learning from results. In fact, research from TPP Program grantees has contributed evidence for 28 of the 52 evidence-based program models included in the Teen Pregnancy Prevention Evidence Review. These program models have shown favorable impacts on adolescent behavior and are now eligible to be replicated in communities across the country.

The TPP Program exemplifies evidence-based policymaking, a results-oriented approach that has bipartisan support and recognition from a wide range of experts, including the bipartisan Commission on Evidence-Based Policymaking. [9] However, from 2017-2020, there were numerous efforts to end and undermine the TPP Program. While courts blocked most of this, ongoing research was harmed. In June 2023, the HHS Office of Adolescent Health awarded new five-year grants to 53 organizations in 29 states and Puerto Rico. The first year of the grant cycle is paid for with FY 2023 funds and their continuation will be contingent on annual appropriations. As such, FY 2025 is a critical opportunity to ensure the current cycle of TPP Program grantees continue to have sufficient resources, including adequate technical assistance and high-quality evaluation in order to continue to inform the field.

The teen pregnancy and teen birth rates have declined by 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 inequities by focusing funds on young people and communities with the greatest needs. Youth who participate in programs funded by the TPP Program can also benefit by building skills, such as leadership and positive communication, that help them reach their full potential.

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 program would also ensure more young people receive the information they need to help them live healthy lives.

---

[7] Exec. Order No. 13985, 86 Fed. Reg. 7009 (Jan 20, 2021)
[8] Gomez, I., Ranji, U., Salganicoff, A., Frederiksen, B. (2022, February). Medicaid Coverage for Women. Kaiser Family Foundation. https://www.kff.org/womens-health-policy/issue-brief/medicaid-coverage-for-women/
[9] Hart, N., and Yohannes, M. (Eds.). (2019). *Evidence Works: Cases Where Evidence Meaningfully Informed Policy.* Bipartisan Policy Center https://bipartisanpolicy.org/wp-content/uploads/2019/06/Evidence-Works-Cases-Where-Evidence-Meaningfully-Informed-Policy.pdf

We appreciate the $10 million increase in funding for the TPP Program in the President's FY 2023 and FY 2024 budget requests, and we urge the President to increase this request to $150 million for FY 2024. After years of sustained attacks, doing so will ensure the continued investments needed—particularly in this moment—in sexual health information and education.

Evaluation of Teenage Pregnancy Prevention Approaches
We request that you ensure sufficient funding in FY 2025 to continue evaluation of teen pregnancy prevention approaches. A hallmark of the bipartisan commitment to evidence-based policymaking has been supporting high-quality evaluation within federal agencies. Congress has historically provided a modest amount of funding to evaluate teen pregnancy prevention approaches, including longitudinal evaluations. This funding of $6.8 million annually, in conjunction with the TPP Program and PREP, has contributed to deepening our knowledge of what works to reduce teen pregnancy.

The previous administration did not use this funding for high-quality evaluations and discontinued updating and disseminating the HHS Teen Pregnancy Prevention Evidence Review. In 2021, HHS began the work to revive these efforts and in April 2023 the Office of the Assistant Secretary for Planning and Evaluation published the first update to the findings since 2018. The updated evidence review found nine new program models with evidence of effectiveness.[10] This means there is now a total to 52 evidence-based program models that are available for communities to replicate, including new programs to address specific populations. To continue learning what interventions work best and address gaps in the existing evidence, we urge the administration to continue to support $6.8 million for evaluation of teen pregnancy prevention approaches under the Public Health Services Act.

Personal Responsibility Education Program
We request that the administration signal support for the continued multi-year reauthorization of PREP at $75 million annually with mandatory funding. This program, administered by the administration on Children, Youth, and Families (ACYF), funds evidence-based programs that educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, and on other adulthood preparation topics such as healthy relationships, communication with parents, and financial literacy. PREP funding prioritizes young people at greatest risk of teen pregnancy (including foster youth, homeless youth, youth with HIV/AIDs, youth who are victims of human trafficking, and youth under 21 years of age who are pregnant or parenting) and geographic areas with high teen birth rates. It complements the TPP Program by providing states with a vital funding source to support evidence-based programs, while contributing to building the evidence base about what works through investments in innovative strategies with rigorous evaluation. The program is currently funded through FY 2023. We hope the President's FY 2025 budget request will signal continued support of $75 million annually for PREP.

Eliminating Funding for the Discretionary Sexual Risk Avoidance Program
We request that the discretionary Sexual Risk Avoidance (SRA) Program—which exclusively funds abstinence-only until marriage programs—continue to be eliminated for FY 2025. The program—which defines SRA as "voluntarily refraining from non-marital sexual activity" does not meet the needs of young people, and actually harms them. The SRA Program does not have the same commitment to rigorous scientific inquiry as the TPP Program or PREP—in fact,

[10] Forrester, E. et al (2023). Updated Findings from the HHS Teen Pregnancy Prevention Evidence Review: October 2016-May 2022. Office of the Assistant Secretary for Planning and Evaluation https://youth.gov/sites/default/files/2023-06/TPPER-FindingsTechnicalBrief.pdf

the criteria regarding evidence are extremely weak. In addition, evidence shows that not only do SRA programs not work, they are also harmful—particularly to LGBTQ young people.[11] These programs are opposed by the Society for Adolescent Health and Medicine which states that they are "problematic from scientific and ethical viewpoints."[12] Federal funding should be used to support quality programs that meet the needs of all young people, not programs that are based on ideology and have strong evidence of their inefficacy and harm. Given this, we appreciate the elimination of SRA funds in the President's FY 2023 and FY 2024 budget requests. We hope that the FY 2025 budget request will reflect the same commitment to prioritizing evidence-based programs that promote equity over programs that harm young people.

Eliminating the Hyde and Weldon Amendments

We request that the President's budget request eliminate both the so-called Hyde and Weldon Amendments for FY 2025. We were very grateful that the last three President's budget requests did not include the harmful Hyde Amendment, which has denied insurance coverage of abortion for Medicaid enrollees for more than 45 years. We hope that the President's budget request for FY 2025 will continue to eliminate this restriction, as well as the Weldon Amendment, both of which make it difficult for those who are working hard to make ends meet to access the abortion care that they need.

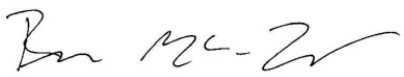
Additional Programs

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 (including the National Center for Health Statistics, Division of Reproductive Health, and the Division of Adolescent Health or DASH), and Community Health Centers.

These high-quality programs help to ensure that everyone has the power to decide if, when, and under what circumstances to get pregnant and have a child. Continued investments in these programs can make a huge difference for individuals, communities, and our country—and is even more important in the context of the public health pandemic.

Thank you for your consideration. If you have questions about these requests or need additional information, please contact Rachel Fey, Vice President of Policy and Strategic Partnerships at (202) 468-8304 or rfey@powertodecide.org.

Sincerely,



Raegan McDonald-Mosley, MD, MPH
CEO

---

[11] Santelli, J.S., et al. (2017). Abstinence-Only-Until-Marriage: An Update Review of U.S. Policies and Programs and Their Impacts. *Journal of Adolescent Health.* 61(3): P273-280. https://doi.org/10.1016/j.jadohealth.2017.05.031

[12] Society for Adolescent Health and Medicine. (2017). Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine. *Journal of Adolescent Health.* 61(3): P400-403. https://doi.org/10.1016/j.jadohealth.2017.06.001