



the campaign to prevent unplanned pregnancy

Federal Funding Streams Dedicated to Preventing Teen and Unplanned Pregnancy at a Glance

There are several federal funding streams for teen pregnancy prevention education—which total approximately \$290 million annually. In addition, funding for Title X helps prevent unplanned pregnancies—and support people’s power to decide if, when, and under what circumstances to get pregnant and have a child—by offering high-quality contraceptive services, preventive screenings, and information, primarily to low-income individuals. The chart below summarizes current and proposed funding levels, followed by descriptions of each stream.

Program Name	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023
Final Appropriations						
Discretionary (annually appropriated) Funding Streams						
Teen Pregnancy Prevention	\$101 million	\$101 million	\$101 million	\$101 million	\$101 million	\$101 million
Sexual Risk Avoidance Education (SRAE)	\$25 million	\$35 million	\$35 million	\$35 million	\$35 million	\$35 million
Title X Family Planning Program	\$286.5 million	\$286.5 million	\$286.5 million	\$286.5 million [†]	\$286.5 million	\$286.5 million
Mandatory Funding Streams						
Personal Responsibility Education Program (PREP)	\$75 million* Extended through FY 2019 w/ some policy changes		\$75 million**	\$75 million^ Extended through FY 2023		
Title V Sexual Risk Avoidance Education (SRAE) Program	\$75 million* Extended through FY 2019 w/ some policy changes		\$75 million**	\$75 million^ Extended through FY 2023		

* Reflects the results of the [Bipartisan Budget Act of 2018](#), which became law on February 9, 2018.

** Extended through FY 2020 by short-term extensions that were included in several bipartisan, bicameral appropriations deals to fund the government through the rest of FY2020 and into FY 2021.

^ The three-year extension of funding (through FY 2023) for these mandatory funding streams was attached to a bipartisan, bicameral appropriations deal to fund the government through the rest of FY 2021.

B Authorization expired on 9/30/2019 and funding expired on 6/30/2020. Two standalone bipartisan bills were introduced in the 116th Congress, but no extension was signed into law. See more on pages 5-6.

† Title X received \$50 million dollars in supplemental funding as part of the American Rescue Plan (P.L. 117-2), not tied to the fiscal year, to be available until expended. See more on page 3.

DISCRETIONARY FUNDING STREAMS

Teenage Pregnancy Prevention (TPP) Program¹

This evidence-based program began in 2010 and is currently administered by the Office of Population Affairs (OPA).² Historically, grants have supported a broad array of evidence-based programs, with some grantees choosing programs with a strong focus on abstinence and others choosing programs that teach about both abstinence and contraception. There was also a strong focus on rigorous evaluation and learning from results. Regardless of program content, all funded programs must be medically accurate and age appropriate.

The TPP Program was initially funded at \$110 million and has been funded at \$101 million since FY2014. The TPP Program provides up to 10% of funds for training and technical assistance, evaluation, and other program support, and of the remaining funds:

- 75% go to Tier 1 grants to replicate teen pregnancy prevention programs that have shown to be effective through rigorous evaluation.
- 25% go to Tier 2 grants to develop, replicate, refine, and rigorously evaluate additional models and innovative strategies to reduce teen pregnancy.³

As the program was originally administered, it provided competitive five-year grants to a broad range of organizations and agencies. The first round of 100 grants was awarded for FY2010–2014, and a second round of 84 grants was awarded for FY2015–2019. Tier 1 grantees could choose to replicate a list of evidence-based programs that meet high standards of evidence.⁴ The Trump administration awarded several rounds of grants. This included Tier 2 grants awarded in September 2018 and [July 2020](#), and Tier 1 grants awarded in [July 2019](#), [June 2020](#), and [June 2021](#). Under the Biden administration, Tier 1 grants were awarded in [June 2023](#), and two rounds of Tier 2 grants were awarded in [August 2023](#). See the list of [current grantees](#).⁵ All awards are subject to continued appropriations.

¹ In July 2017, the U.S. Department of Health and Human Services (HHS) abruptly notified 81 grantees that their five-year projects would end after year 3 (July 1, 2017 – June 30, 2018). Three additional grants that focused on young males and were administered by the CDC, received a similar notification in September 2017. Numerous legal challenges were filed on behalf of grantees (the 81 that first received notices). In all five cases, including one class action lawsuit, the courts decided in favor of the grantees, ordering HHS to process noncompeting continuation applications for year 4 funds (July 1, 2018 – June 30, 2019) that were submitted by any of the 81 grantees covered by the lawsuits. Grantees were subsequently funded for year 5 (July 1, 2019 – June 30, 2020).

² In 2019, HHS moved the Office of Adolescent Health, which had administered the TPP Program and Pregnancy Assistance Fund since their inception under the Office of Population Affairs.

³ Power to Decide was awarded a Tier 2 grant in the second round of awards under our former name (The National Campaign to Prevent Teen and Unplanned Pregnancy).

⁴ See the findings from the HHS Teen Pregnancy Prevention [Evidence Review](#).

⁵ The previous Administration attempted to deviate from the Congressional intent of the program in its funding opportunity announcements (FOAs). While not up to the quality of the first or second rounds of five-year grants, the current TPP grants are closer to Congressional intent after the courts struck down the initial FOAs issued by the previous Administration.

Sexual Risk Avoidance Education

The FY2012 Appropriations bill added \$5 million for a Competitive Abstinence Education Grant Program (as the program was referred to at the time) to support projects for a two-year grant cycle. The program originally had no evidence requirements. In the FY2016 Omnibus Appropriations bill, funding increased to \$10 million, some very modest evidence requirements were added, and the program was renamed Sexual Risk Avoidance (SRA) defined as “voluntarily refraining from non-marital sexual activity.” Funding for SRA increased in each of the next three appropriations cycles, from \$15 million in FY2017 to \$35 million for FY2019. The program has since been level funded at \$35 million. [See the current list](#) of grantees, spanning 31 grantees in 13 states.

Title X Family Planning

For 50 years, the Title X family planning program has played a critical role in preventing unplanned pregnancy by offering high-quality contraceptive services, preventive screenings, and information to low-income individuals. In FY2023, Title X was funded at \$286.5 million, a 10% reduction in funding from FY2010. In 2022, Title X served 2.6 million individuals, 86% of whom were women. Fifty-six percent of all users were under the age of 30. The majority (66%) of patients served had an income at or below the federal poverty level and received services free of charge. Another 24% of patients had an income between 100% and 250% of the federal poverty level and received services on a sliding scale. Thirty-one percent of clients were uninsured.⁶

In 2019, the Trump administration undermined the ability of Title X health centers to provide quality care by enforcing the “domestic gag rule.” To continue receiving Title X funding, clinics were forced to withhold some information regarding abortion services and care and not to provide abortion care at the same physical site where Title X services were provided. Notably, Title X funds do not and have never paid for abortions. Many clinics could not comply with this and roughly 1,000 were forced to leave the Title X program as a result. The loss of this funding meant that these clinics had fewer resources to serve people who depended on them for care.⁷

In 2021, the Biden-Harris administration released a new Title X rule to begin to repair the damage done to the Title X network and ensure patients receive equitable, affordable, and client-centered family planning care. The new rule eliminates the gag rule restrictions and paves the way for health centers forced out of the program to rejoin the network of Title X clinics.

Title X received \$50 million dollars in supplemental funding as part of the American Rescue Plan (P.L. 117-2). The funds are not tied to the fiscal year. In September 2021, OPA awarded one-time supplemental grants to each of the current [69 grantees](#). In January 2022, OPA awarded additional funds to [eight grantees](#) in seven states to address the increased need for family planning services. In March 2022, OPA awarded a new round of five-year competitive grants: \$256.6 million to [76 grantees](#) to support their services.

⁶ Christina Fowler et al, “Family Planning Annual Report: 2022 National Summary,” Office of Population Affairs (September 2023). <https://opa.hhs.gov/sites/default/files/2023-10/2022-FPAR-National-Summary.pdf>

⁷ Power to Decide. 2019. “Impacts of the Domestic Gag Rule” <https://powertodecide.org/what-we-do/information/resource-library/impacts-domestic-gag-rule>

CDC Teen Pregnancy Initiatives

The CDC has supported several projects to address reproductive health equity, enhance the capacity of publicly funded health centers to provide youth friendly sexual and reproductive health services, and evaluate male-focused programs. Read an [overview](#) of the projects.

MANDATORY FUNDING STREAMS

Personal Responsibility Education Program (PREP)

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. All programs funded must be medically accurate and age appropriate. PREP funding targets youth 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 age 21 who are pregnant or parenting) and geographic areas with high teen birth rates. PREP was first authorized at \$75 million annually for five years (FY2010–2014). The program continues to be level-funded through FY 2023. In addition to program evaluation and support, PREP provides funding for four types of grants:

- Formula grants to states and territories (State PREP)—All states and territories are eligible to receive formula PREP allotments to offer evidence-based programs. In 2021, 44 states as well as Washington D.C., Guam, Micronesia, Northern Mariana Islands, Palau, Puerto Rico, and the Virgin Islands chose to take the formula grant funding. [See a list of current State PREP grantees.](#)⁸
- Competitive grants to states and territories (CPREP)—Entities in the states and territories where the state government opted not to apply for State PREP were eligible to compete for CPREP funding. In FY2021, three-year grants was awarded to 27 organizations in the six states (Florida, Indiana, Kansas, North Dakota, Texas, and Virginia) that were eligible to apply for Competitive PREP. [See a list of current CPREP grantees.](#)
- Personal Responsibility Education Innovative Strategies (PREIS) grants—These are competitive grants to public and private entities to develop, replicate, refine, and evaluate innovative strategies to reduce teen pregnancy and repeat pregnancies among youth up to age 21. In FY2021, the current round of grants was awarded to 12 organizations in 10 states for a five-year project period, contingent upon continued funding. [See a list of current PREIS grantees.](#)
- Competitive grants to Indian tribes or tribal organizations (Tribal PREP)—In FY2021 the current round of grants was awarded for a five-year project period to eight tribal grantees in seven states, contingent upon continued funding. [See profiles of the current Tribal PREP grantees.](#)

⁸ For a complete list of grants in each state, which includes all the funding streams covered in this fact sheet, please see Power to Decide's state profiles at <https://powertodecide.org/what-we-do/information/resource-library/key-information-about-us-states>.

Title V Sexual Risk Avoidance Education Program (formerly State Abstinence Education)

Originally funded at \$50 million annually for five years in the 1996 welfare reform law, this program administered by ACYF provided formula grants to states for abstinence education and mentoring, counseling, and adult supervision programs that promote abstinence. The program included an "A-H" definition of abstinence education and had no evidence requirement.⁹ The annual funding level was increased to \$75 million for FY2016-2017.¹⁰ The Bipartisan Budget Act of 2018 extended level funding through FY2019 and renamed the program "Sexual Risk Avoidance Education". Several programmatic changes were also made including allowing other entities to compete for funds in states and territories where the government does not apply for them, allowing individual grantees to use up to 20% of grant funds for evaluation, and requiring a national evaluation. Sexual risk avoidance education must also be medically accurate and complete, age-and culturally appropriate. Sexual Risk Avoidance is defined as refraining from "nonmarital sexual activity" as it was under the old program name. SRAE currently provides \$75 million annually for:

- Formula grants to states and territories – [36 states and two territories](#) accepted these grants for FY2021.
- Competitive grants to organizations – These are available in states and territories where the government did not accept the formula grants. In FY2021, [nine states and Guam](#) received two-year awards.

⁹ See the "A-H" definition at https://www.ssa.gov/OP_Home/ssact/title05/0510.htm.

¹⁰ From FY2015-2017, there was a provision that made unclaimed money (roughly \$12 million from the 14 states and D.C. that did not take this funding) available for states that were already taking the funds, provided they used that funding for a stricter definition of abstinence-only education.