February 24, 2020

The Honorable Roy Blunt  
Chairman  
Senate Appropriations Committee  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member  
Senate Appropriations Committee  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
Washington, DC 20510

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

The Honorable Tom Cole  
Ranking Member  
House Appropriations Committee  
Subcommittee on Labor, Health and Human Services, Education, and Related Agencies  
Washington, DC 20515

Dear Chairman Blunt, Ranking Member Murray, Chairwoman DeLauro, and Ranking Member Cole:

Power to Decide respectfully requests the following funding levels within the FY 2021 Labor, Health and Human Services, Education, and Related Agencies ( LHHS) appropriations bill, as well as language protecting and restoring the integrity of key programs. Power to Decide is a non-profit, non-partisan organization that works to ensure that all young 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 increasing information, access, and opportunity. Specifically, we request:

- $400 million for the Title X Family Planning Program accompanied by language that blocks the domestic gag rule and begins to undo its damage by allowing those entities that left the program a way to rejoin it.
- $101 million for the Teen Pregnancy Prevention (TPP) Program accompanied by language that ensures the program adheres to rigorous standards of evidence and avoids biased or incomplete information.
- $6.8 million under the Public Health Services Act for the evaluation of teenage pregnancy prevention approaches, including sufficient funding to support the Teen Pregnancy Prevention Evidence Review administered by the Assistant Secretary for Planning and Evaluation (ASPE).
Title X Family Planning Program
We request $400 million in funding for the Title X program for FY 2021. For five decades, Title X has played a critical role in preventing unplanned pregnancy by offering low-income and uninsured individuals’ access to high-quality contraceptive services, preventive screenings, and health education and information. Title X patients are some of the most marginalized in the country. Two-thirds have incomes at or below the federal poverty level and forty percent are uninsured. The services Title X supports save taxpayers $7 for every $1 invested. Despite the significant return on investment, the current $286.5 million funding level in FY 2020 is $31 million lower than the FY 2010 level, which was already inadequate to meet the need. Even prior to the devastating implementation of the domestic gag rule, reduced funding over the last several years has resulted in fewer patients served and more clinic closings. For example, in 2018, Title X clinics served nearly 4 million women and men, down 25% or 1.3 million patients from the 5.2 million patients served in 2010.

The current funding level is already insufficient to meet the needs of those depending on Title X clinics, but the implementation of the domestic gag rule has made things dramatically worse. In addition to increased funding, we request language that blocks the domestic gag rule and that provides a pathway for entities forced out of the Title X program to rejoin. Nationwide, more than 19 million women in need of publicly funded family planning (with incomes at or below 250% of the Federal Poverty Level) live in contraceptive deserts, where they lack reasonable access to a clinic offering the full range of contraceptive methods. The upheaval caused by the gag rule is only exacerbating these access gaps. The gag rule has forced clinics to make an impossible choice— reject funds that support their patients who might not otherwise be able to afford family planning care or withhold information from patients about abortion services. To date, 15 states have lost some or all of their Title X funding, and an additional 15 states have lost funding to individual clinics that are not replaceable in those communities leading to more than 900 clinics losing Title X funding. Nationwide, 8.8 million women in need of publicly funded contraception across 390 counties have lost Title X resources in their communities. And it is not only those who receive services directly paid for by Title X who are losing access to birth control. Title X funds are critical to keeping clinic doors open for thousands of clinics that also serve patients who have insurance, such as Medicaid and Affordable Care Act plans.

Insufficient funding and forcing high quality providers out of Title X both exacerbate disparities in access to family planning care, falling hardest on people of color, people living in rural areas, and people struggling to make ends meet. We urge you to help change this by funding Title X at $400 million, blocking the domestic gag rule, and beginning to reverse the damage done.

Teen Pregnancy Prevention (TPP) Program
We request funding for the TPP Program at $101 million for FY 2021, the same as its current FY 2020 funding level. We also request that language be included that protects the program from ongoing Administration efforts to subvert congressional intent. Specifically, we request language that ensures the program adheres to rigorous standards of evidence, avoids biased or incomplete information, and provides accountability for the funding appropriated by Congress.

The first two five-year cycles of grants have already made vital contributions to the growing body of knowledge of what works for whom and under what circumstance to prevent teen pregnancy. This has included high quality implementation, rigorous evaluation (primarily randomized control trials), innovation, and learning from results. The September 2017 unanimously-agreed-to-report from the bipartisan Commission on Evidence-Based Policymaking established by 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.¹

Yet since 2017 the U.S. Department of Health and Human Services (HHS) has repeatedly sought to eliminate or undermine the TPP Program. This includes shortening the second cohort of five-year grants (FY 2015 – FY 2019) to only three years, until grantees prevailed in 11 lawsuits filed against the grant shortening. Despite numerous and repeated inquiries from Congress, attempts to remake the program continue, including a move away from implementation of evidence-based interventions and rigorous evaluation. We strongly urge appropriators to include language for FY 2021 appropriations that both fully funds the TPP Program and includes language that protects the program from ongoing efforts to subvert congressional intent.

Evaluation of Teenage Pregnancy Prevention Approaches
As part of the growing 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. However, HHS has not in recent years used this funding for high quality evaluations. That should be corrected in FY 2021. Appropriators should also specifically include sufficient funding to continue the Teen Pregnancy Prevention Evidence Review administered by ASPE, as they did through report language for FY 2020. This is an objective, systematic review using high quality evidence standards. 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.

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 TPP Program and the Title X Family Planning Program enjoy broad bipartisan support. Eighty-five percent of adults support continued funding for the TPP Program, and 75% favor continuing the Title X program. These programs make sense. 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, Senior Director of Public Policy at (202) 478-8529 or rfey@powertodecide.org. Thank you.

Sincerely,

Ginny Ehrlich
CEO