

2020 FEDERAL POLICY AGENDA

About Power to Decide

Power to Decide, the campaign to prevent unplanned pregnancy, 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. We provide objective, evidence-based information about sexual health and contraceptive options, and we work to guarantee equitable access to, and information about, the full range of contraceptive methods. We are a national, non-partisan organization that is committed to common-ground, commonsense solutions and catalyzing innovation in the public and private sectors. We are working toward three goals:

- Reduce teen pregnancy rates by 50% by 2026.
- Reduce unplanned pregnancy rates among women age 18–29 by 25% by 2026.
- Reduce racial/ethnic and socioeconomic disparities in teen and unplanned pregnancy rates by 50% by 2026.

Our approach focuses on five key strategies we believe are critical in reducing unplanned pregnancy among teens and young women:

1. Build a system of support that enables young people to act consistently with their decisions about if, when, and under what circumstances to get pregnant and have a child.
2. Ensure that all young people will have active connections with trusted champions, mentors, or allies with whom they can discuss sex, relationships, and their futures.
3. Ensure that everybody has reliable, resonant, and accurate information about sexual health, including the full spectrum of reproductive health services.
4. Ensure that everybody has access to the full range of contraceptive methods within 60 minutes of where they live.
5. Make reproductive life planning standard practice in settings influential in the lives of young people.

Our strategies and their corresponding activities address the complex factors that lead to unplanned pregnancy through policy, research, capacity building, convening, and strategic communications. Our work creates opportunities for young people to get informed, take control, and advocate for themselves—and to protect the amazing life opportunities that lie ahead.

NOTE: As we publish this agenda in the midst of COVID-19, we are acutely aware of the toll this pandemic is taking on people's health, well-being, and economic security. We also understand that it has necessarily become the top concern of policymakers. COVID-19 is exacerbating existing challenges and inequities faced by women already struggling to make ends meet. Now more than ever, access to health care, including [reproductive health care, is incredibly important](#).

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The Facts and Why They Matter

The United States has made great progress reducing unplanned pregnancy among teens and young adults, but we should not mistake progress for victory.

- Rates of unplanned pregnancy among women in their 20s have fallen for the first time in many years—a decline of 22% among women age 20–24 and 13% among women age 25–29 between 2008 and 2011.
 - The unplanned pregnancy rate, for women of all ages, declined 18% from 2008 to 2011, a marked decrease after several decades of minimal change. This coincided with a decline in the abortion rate.
 - Still, nearly half of all pregnancies in the United States are reported by the women themselves as unplanned (almost three million annually)—and that figure increases to nearly 60% among women in their early 20s. While rates have declined for almost every demographic group, significant disparities persist among young women of color and women living in poverty.
 - Since the early 1990s, teen pregnancy and birth rates have declined by 63% and 70%, respectively. Both are now at record low levels. Important progress has occurred in all 50 states and among all racial and ethnic groups. Progress has accelerated in recent years, with the teen birth rate falling 45% since 2010 alone.
 - Still, there are nearly 450,000 teen pregnancies a year. This equates to roughly one in four girls becoming pregnant at least once by age 20 and means that the United States has much higher teen pregnancy rates than our trading partners and competitors.
 - Even with dramatic declines among teens across the board, there are persistent disparities by race/ethnicity, age, and geography. For example, despite significant progress, the teen birth rate is roughly twice as high among Latina teens (32 births per 1,000), African American teens (29 births per 1,000), and American Indian/Alaska Native teens (33 births per 1,000) compared to non-Hispanic white teens (14 births per 1,000). Additionally, by age 19, nearly half of all teen girls in foster care have been pregnant at least once.
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When young people have the power to decide, they are more likely to complete their education, and publicly funded programs see significant savings.

- Thirty percent of teen girls who have dropped out of high school report pregnancy or parenthood as a key reason. Fewer than 2% of those who have a child before age 18 attain a college degree by age 30.
- The decline in unplanned teen births between 1990 and 2015 created \$4.4 billion in public savings in 2015 alone. If all teens were able to avoid unplanned pregnancy and childbearing, the United States could save an additional \$1.9 billion each year.

There is broad bi-partisan support for programs that give young people the power to decide if, when, and under what circumstances to get pregnant.

- Eighty-five percent of adults (including 75% of Republicans and 89% of Democrats) favor maintaining federal funding for the Teen Pregnancy Prevention (TPP) Program and the Personal Responsibility Education Program (PREP).
- Seventy-nine percent of adults (including 73% of Republicans and 81% of Democrats) believe teens should receive more information about abstinence and birth control and sexually transmitted infection (STI) protection.
- Seventy-five percent of adults (including 66% of Republicans and 84% of Democrats) favor continuing the Title X Family Planning Program.
- Seventy-six percent of adults agree that birth control is a basic part of women's health care.
- Eighty-six percent of adults support access to all methods of contraception—with broad support regardless of race/ethnicity, region, and political affiliation, including 75% of Republicans and 93% of Democrats.
- Almost all Americans (91%) find birth control morally acceptable.
- Virtually all (94%) adults agree that everyone should have the power to decide if, when, and under what circumstances to get pregnant.

When women have information about, and access to, the full range of birth control methods, they have the power to decide if, when, and under what circumstances to get pregnant and have a child. Increasing access to contraception helps reduce unplanned pregnancy and is a smart return on investment.

- Forty-eight percent of births in the United States are Medicaid-funded. In 2010, the average cost for one Medicaid-covered birth was \$12,770. In comparison, the annual per-client cost for contraceptive care was \$239.
- For every dollar spent, public funding for contraception saves the nation approximately \$7 that would otherwise be spent on pregnancy- and STI-related health care.
- More than 19 million American women live in contraceptive deserts—defined by their lack of reasonable access to health centers in their county offering the full range of contraceptive methods.

Women who do experience an unplanned pregnancy should have information and access to all legal options available to them, including abortion, as part of the full spectrum of reproductive health services.

- While the rate of abortion in the United States has gone down in recent years, nearly 1 in 4 women will have an abortion before she turns 45.
- Similar to disparities in contraceptive access and provision, there are geographic, socioeconomic, and racial disparities in access to abortion.

- In 2018, 64% of those surveyed said the 1973 decision that legalized abortion nationwide should stand—an 11-percentage point increase from 2012.
- A 2020 poll of young people found that 66% of those surveyed were in favor of federal funding for abortion. Less than half think that states should have the power to restrict timing of abortions.

When young people have the power to decide if, when, and under what circumstances to get pregnant and have a child, they have the opportunity to pursue the future they want for themselves. This not only benefits young people, but also supports shared goals around workforce readiness, family well-being, and maternal and infant health—and produces significant savings in publicly funded programs. However, not all young people today have this power. We can build a system of support for young people by providing equitable access to evidence-based sex education, high-quality contraceptive access, and a sense of future opportunity.

If policymakers are serious about reducing public spending, strengthening economic competitiveness, increasing opportunity, improving the health and well-being of families, and reducing abortion in this country, then it is critical to support policies and programs that have been demonstrated to prevent unplanned pregnancy among teens and young adults. This agenda summarizes Power to Decide's federal policy priorities, which broadly fall into three categories: information, access, and opportunity. However, there is also much that state policymakers can do, and a diverse group of states are taking positive steps to improve information about, and access to, contraception. See our [state policy page](#) for more information.

Information: Protect Evidence-Based Teen Pregnancy Prevention Funding

Over nearly ten years, federal funding has supported two complementary funding streams supporting high-quality, evidence-based teen pregnancy prevention programs. Through the TPP Program and PREP, state, community, and tribal organizations have replicated a variety of models that have demonstrated, through rigorous evaluation, to have a positive effect on teen sexual behavior. With 48 evidence-based models, including those that focus on abstinence alone, abstinence and contraception, and even parent-child communication, communities can choose an approach that reflects their needs and values. In fact, many communities use multiple approaches, in order to serve youth of various ages. These programs also invest in high-quality evaluation and innovation to continue learning what works best for particular settings and populations, expanding the menu of options for communities, and strengthening outcomes. The TPP Program and PREP exemplify evidence-based policymaking, a results-oriented approach that has gained bi-partisan support. In fact, in September 2017, the bi-partisan Commission on Evidence-Based Policymaking (established by House Speaker Paul Ryan and Senator Patty Murray) unanimously agreed on a report that highlighted the TPP Program as an example of a federal program developing increasingly rigorous portfolios of evidence.

Evidence-based teen pregnancy prevention programs also enjoy broad public approval: 85% of adults favor maintaining federal funding for the TPP Program and PREP. This support cuts across political, racial, ethnic, and geographic lines. Furthermore, a diverse array of more than 200 national, state, and local groups support these investments.

Together, multi-year TPP Program and PREP grants have served more than one million youth. Providing stable funding for these programs is important in order for grantees to effectively plan, carry out, and evaluate programs. Maintaining investments in these high-quality, evidence-based programs will ensure that federal dollars are spent most effectively.

While existing federal funding for evidence-based sexual health education is critical, it cannot meet the national need. Too many young people go without the sexual health information and access to the care they need. Additional federal legislation would help ensure high quality sexual health education becomes a reality for more young people, especially those in marginalized populations—including communities of color, LGBTQ young people, immigrants, those with lower incomes, those living in rural areas, and those in foster care.

Policymakers should:

- Continue level funding for the TPP Program, administered by the U.S. Department of Health and Human Services Office of Population Affairs, and ensure the program adheres to rigorous standards of evidence and avoids biased or incomplete information.
- Return to a five-year reauthorization for PREP. PREP and other “health extenders” are authorized through November 30, 2020—the fourth short term extension since the program expired on September 30, 2019. PREP also experienced a four-month lapse in reauthorization after the program expired in September 2017. Delays in funding and abbreviated extensions leave grantees uncertain about the future of the program. Reauthorizing PREP for five years will allow states, tribes, and communities more stability to plan and serve vulnerable youth without disruption.
- Provide oversight and accountability to ensure that evidence-based funding for the TPP Program and PREP are administered as intended.
- Support the Real Education for Healthy Youth Act (H.R. 2720/S. 1524) and the Youth Access to Sexual Health Services Act (H.R. 2701/S. 1530) to help ensure all young people receive high-quality, culturally competent sexual health information and access to the care they need.
- Support efforts such as the Supporting Foster Youth in Successful Parenting Act introduced in 2017, to address the high rates of teen pregnancy and childbearing among youth in foster care and the juvenile justice system. This act would use targeted efforts to build knowledge about effective approaches within the systems that serve these young people, as well as through coordination with the TPP Program and PREP.

For additional information, see:

- Fact Sheet: Federal Funding Streams Dedicated to Preventing Teen and Unplanned Pregnancy at a Glance <https://powertodecide.org/what-we-do/information/resource-library/federal-funding-streams-at-a-glance>
- Fact Sheet: PREP at a Glance <https://powertodecide.org/what-we-do/information/resource-library/prep-at-a-glance>
- Fact Sheet: PREP at a Glance: Pregnancy Prevention Among Youth in Foster Care <https://powertodecide.org/what-we-do/information/resource-library/prep-and-foster-youth>
- Polling: Survey Says: Support for Birth Control <https://powertodecide.org/what-we-do/information/resource-library/survey-says-support-for-birth-control-january-2017>
- Brief: The Trump Administration Deals a Blow to Evidence Based Policymaking <https://www.evidencecollaborative.org/policy-briefs/trump-administration-deals-blow-evidence-based-policy>
- Letter from More Than 200 Groups: Protect the Evidence-Based Teen Pregnancy Prevention Program <https://powertodecide.org/what-we-do/information/resource-library/group-letter-to-protect-evidence-based-tppp>

Access: Ensure All Women have Equitable Access to the Full Spectrum of Reproductive Health Care

Coverage and Access to Contraception

More than 19 million women of reproductive age living in the US in need of publicly funded contraception live in contraceptive deserts— counties where they lack reasonable access to a clinic offering the full range of contraceptive methods. Approximately 1.6 million of these women live in counties without a single clinic offering the full range of contraceptive methods. These barriers to contraceptive access fall hardest on those who disproportionately lack access to the birth control method they need, namely people of color, people living in rural areas, and people struggling to make ends meet. Many of these women also depend on safety-net programs like Medicaid and the Title X Family Planning Program for their coverage and access to affordable contraception. Together with the increases in insurance coverage from the Affordable Care Act (ACA) and particularly its requirement that contraception be covered without co-pays or deductibles, these programs and policies form a web that aims to ensure contraceptive coverage and access for as many as it can. However, this web was never adequate enough to overcome all the barriers people face and is itself being attacked on all fronts.

The ACA expanded contraceptive coverage significantly, improving the breadth of contraceptive methods covered and removing many cost barriers. Thanks to the ACA, the number of women of reproductive age who were uninsured declined from 20% (12.5 million women) in 2013 to 12% (7.7 million) in 2018, in the wake of the ACA's coverage expansions. Before the ACA, one in seven women with private health insurance and nearly one-third of women covered by Medicaid either postponed or went without needed services in the prior year because they could not afford it. Women spent between 30 and 40% of their total out-of-pocket health costs just on birth control. Eliminating cost barriers has helped increase access to contraception for women with employer-sponsored or marketplace coverage. For example, the ACA's women's preventive services requirement has resulted in more than 61 million women with private insurance gaining coverage for the full range of birth control methods, without the burden of additional cost-sharing such as co-pays and deductibles. Thanks to the birth control benefit, women saved more than \$1.4 billion in out-of-pocket costs on birth control pills in 2013 alone. Evidence also exists that the provision is increasing the ability to obtain more effective contraception for those who want it. Therefore, Power to Decide opposes efforts to weaken or roll back this provision, including the final birth control rules introduced by the Administration in November 2018 and currently blocked from implementation by a nationwide injunction while the case is decided by the Supreme Court.

In addition to the women's preventive services provision, the Medicaid program plays an essential role in preventing unplanned pregnancies, representing 75% of all public expenditures for family planning. Medicaid covers 20% of reproductive age women nationwide, including 31% of Black women, 27% of Hispanic women, and 50% of women with incomes below the federal poverty level. For every dollar spent on publicly funded contraception, the nation saves taxpayers seven dollars. A bi-partisan group of states are taking proactive policy actions that leverage Medicaid to improve access to the full range of contraceptive methods. However, other states like Texas, have done the opposite—erecting additional barriers to contraceptive access by prohibiting those on its Medicaid family planning waiver from receiving services from any provider which also provides abortion care. Research shows that nearly 45,000 fewer women in Texas received birth control, cancer screenings, and other services as a result of the policy. In addition to these state actions, the Administration is now offering states a new way to dramatically cut back Medicaid coverage and services—the "Healthy Adult Opportunity" program would allow states to receive a fixed sum for their Medicaid expansion population, thereby capping the funding the state can receive to provide health coverage to those struggling to make ends meet. States pursuing this block grant option will likely limit funds available for Medicaid-supported reproductive health care. Any cuts or restrictions that reduce access to Medicaid or the contraceptive care it covers would undercut contraceptive coverage and access at the same time that states are looking for opportunities to expand that coverage and access.

Another critical piece of the puzzle for contraceptive coverage and access is the Title X Family Planning Program. For nearly 50 years, the Title X Family Planning Program has provided federal funding to a network of health centers around the country that provide free or low-cost birth control and related services to roughly four million people annually who have low incomes. Two-thirds of patients served by Title X have an income at or below 100% of the federal poverty level (FPL) and receive services free of charge. Another 24% of patients have incomes between 101% and 250% FPL and receive services on a sliding fee scale. In August 2019, the Trump Administration undermined the ability of the Title X program to continue providing quality care by enforcing the “domestic gag rule.” Put simply, the domestic gag rule forces health centers that receive Title X funds to make an impossible choice—reject funds to support their patients who might not otherwise be able to afford family planning care or withhold information from patients about abortion services. The upheaval to the safety net caused by the domestic gag rule is evolving rapidly. As of publication of this agenda, 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.

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 ACA plans. Since the rule began to be enforced in August, stories of increased costs, shorter hours, and fewer services being offered have flooded in. These issues may be exacerbated since the physical separation requirement of the gag rule took effect March 4, 2020. This requires any clinic that receives Title X and also provides abortion with non-Title X funding to physically separate the location where abortion care is provided from the location where Title X services are provided. This will likely force additional clinics out of the Title X program, impacting even more women struggling to make ends meet. Finally, in addition to the damage of the gag rule, the Title X program is also not funded at a level high enough to meet the needs of the people who depend on it. The damage of the gag rule must be undone—including a path for grantees and clinics forced out to rejoin the program—and funding for Title X must be at least \$400 million.

Eliminating out-of-pocket cost barriers to contraception, protecting and expanding Medicaid coverage, undoing the damage of the gag rule and robustly funding the Title X program, and bolstering state-level efforts to leverage these federal policies and programs are all critical to making sure that people can access services that empower them to decide if, when, and under what circumstances to get pregnant and have a child.

Americans understand this intuitively and do not see birth control as controversial. Eighty-six percent of adults (93% of Democrats, 75% of Republicans, and 87% of Independents) support access to all methods of contraception.

Policymakers should:

- Maintain the ACA’s women’s preventive services provision, including coverage of the full range of contraceptive methods without cost-sharing, without broad exemptions.
- Maintain and expand insurance coverage for the millions of women who have gained it through the marketplaces and through the ACA’s Medicaid expansion option.
- Roll back efforts to transform Medicaid into a block grant program, which could result in cutting off coverage of reproductive health care.
- Prevent states from violating Medicaid’s freedom of choice of provider provision—that has enabled some states to block access to high quality contraceptive care.
- Oppose Medicaid work requirements that have resulted in significant numbers of people losing coverage, including for contraception (more than 18,000 people lost Medicaid coverage in just the first seven months the requirement was in effect in Arkansas).

- Restore the integrity of the Title X Family Planning Program by rolling back the gag rule, providing a pathway for grantees and clinics forced out of the program to rejoin, and ideally increase its funding.
- Support state policies (and the federal programs they leverage) that expand information, coverage, and access to the full range of contraceptive methods.

For additional information, see:

- Fact Sheet: Everyone Loves Birth Control
<https://powertodecide.org/what-we-do/information/resource-library/everyone-loves-birth-control>
- Polling: Survey Says: Thanks, Birth Control
<https://powertodecide.org/what-we-do/information/resource-library/survey-says-thx-birth-control-november-2019>
- Contraceptive Deserts Research: Lack of Access = Lack of Power to Decide
<https://powertodecide.org/what-we-do/access/access-birth-control>
- State Policies to Increase Information About and Access to Contraception:
<https://powertodecide.org/what-we-do/information/resource-library/briefly-state-policies>
- Key State Policies at a Glance: <https://powertodecide.org/what-we-do/information/resource-library/key-state-policies>

Coverage and Access to Abortion as Part of the Full Spectrum of Reproductive Health Care

Everyone deserves reproductive well-being, which includes access to the full spectrum of reproductive health services, including abortion care. The abortion rate has declined steadily, dropping 20% between 2011 and 2017. However, an estimated one in four women will have an abortion by age 45. And abortion services have become extremely limited in many parts of the country. People in 27 US cities must travel over 100 miles to reach an abortion facility; the state with the largest number of such cities is Texas (10). In fact, 90% of US counties do not have an abortion provider. Further impeding access to care, 32 states enacted 394 restrictions on abortion care between 2011 and 2017. Finally, in addition to access barriers, women face coverage barriers. Thirty-five states and DC ban the use of taxpayer dollars to cover abortion care. This means that in 2017 the majority (55%) of women of reproductive age enrolled in Medicaid did not have coverage for abortion. This amounted to roughly 7.3 million women, half of whom were women of color. For many women, geographic location is the primary determinant of ability to plan for their family. This is particularly true for African American and Latina women who disproportionately depend on public health insurance like Medicaid where abortion is covered in some states and not in others.

While polls show that people in the US may be divided fairly equally in their personal views of abortion, there is strong support for safe and legal access to abortion. A January 2020 poll found that 69% of people support the Roe vs. Wade decision and do not want to see it overturned.

Disparities in access to abortion mean disparities in access to the opportunities that come from the power to decide if, when, and under what circumstances to have a child.

Policymakers should:

- Support efforts to protect and expand coverage and legal access to abortion for all people—no matter who they are or where they live, specifically the Women’s Health Protection Act (H.R. 2975/S. 1645) and the Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act (H.R. 1692/S. 758).

Opportunity: Promote a Culture of Reproductive Well-Being to Improve Outcomes for Women and their Families

We envision a culture in which there is a system of support that makes it possible for every person—no matter who they are or where they live—to achieve reproductive well-being. A culture of reproductive well-being is one in which all people have access to the supports and services they need to determine if, when, and under what circumstances to have a child and to support a healthy start for the next generation. To enable this to happen, we are working with a wide variety of national, state, and community partners to build a nationwide movement that transforms the culture to one that works collectively towards building, aligning, and enhancing systems that enable a culture of reproductive well-being.

Since the CDC began tracking maternal mortality data in 1986, the rate of maternal mortality has only increased across the country. Currently, compared to white women, Black women are more than three times as likely to die from a pregnancy-related death. Between 2011-2014, white women experienced 12.4 deaths per 100,000 live births while Black women experienced 40 deaths per 100,000. While a variety of factors (such as access to accurate information and services, the money to pay for the highest quality of care, and a rise in chronic conditions such as diabetes and obesity) play a role in contributing to rising maternal mortality, the impact of structural racism cannot be ignored. To make pregnancy, birth, and postpartum life safer for Black women in America, we must acknowledge and address a number of factors. Health care and service providers are beginning to engage in meaningful conversations with women to understand their reproductive well-being desires, and this is a trend that must grow and spread. More research and data must be collected to improve our understanding of Black women's circumstances and the challenges they face. We must also better understand and respect their reproductive health goals in order to better address unmet needs. And finally, increased public awareness around the Black maternal health crisis can help others, especially those outside the Black community confront institutional barriers that contribute to this public health issue.

One way to support people's power to decide and reproductive well-being is to transform their health care experience by helping women align their own pregnancy desires with appropriate follow-up care. One Key Question® is a transformative tool that starts the conversation about if, when, and under what circumstances women want to get pregnant and have a child. One Key Question® provides a framework for health providers, social service providers, and champions to routinely ask, «Would you like to become pregnant in the next year?» One Key Question® is patient-centered and focuses on understanding people's goals and providing follow-up care based on the patient's response, whether that is for birth control, preconception health, prenatal care, or referral to other services. One Key Question® proactively addresses the root causes of mistimed pregnancies, poor birth outcomes, and disparities in maternal and infant health. It is non-judgmental and equally supports those who want to become pregnant, those who do not, and those who are ambivalent. One Key Question® has been studied by a number of researchers on measures such as health care quality, patient experience and satisfaction, and patient outcomes and has shown positive results. It is endorsed by the American Public Health Association and recognized as an innovative best practice by the Association of Maternal and Child Health Programs. One Key Question® providers include thousands of clinicians, community health workers, home visiting nurses, behavioral health staff, and many more in approximately 30 states to address a myriad of health equity efforts, including patient satisfaction, perinatal equity, and maternal child health.

Young people who are pregnant and parenting face many system barriers to enrolling, attending, and succeeding in high school and college, such as discrimination, the challenge of juggling schoolwork with parenting, and a lack of access to health services and other concrete supports for themselves and their children. Failure to support student parents so that they may complete their educations has severe short- and long-term consequences for the economic success and wellbeing of their families and communities, as well as our nation. The Pregnancy Assistance Fund (PAF) was established in 2010 to address these challenges, and to combat violence against pregnant women. Administered by the Office of Population Affairs, it has provided \$25 million annually from

FY2010–2019 for competitive grants to states, tribes, and territories. Projects help teens in high schools and community service centers and young women in institutions of higher education complete school and gain access to health care, childcare, family housing, and other critical supports. Participants in PAF have experienced positive outcomes including improvements in high school graduation, acceptance into college, and reductions in subsequent unintended pregnancies. Since PAF started, about 94,000 youth who are pregnant and parenting and pregnant women in 32 states and seven Tribal entities have benefited from the program. This program expired as of September 30, 2019, and current grantees are only funded through June 2020. Without further action by Congress, the program will end.

Another important source of support for mothers, children, and families is the Maternal and Child Health (MCH) Services Block Grant program. This program helps improve access to health care, improve quality of care (especially for low-income women and children), reduce infant mortality, and provide access to comprehensive prenatal and postnatal care to women, particularly at-risk pregnant women.

Policymakers should:

- Support the Black Maternal Health Omnibus, a package of nine bills to improve maternal health outcomes and close racial disparities in outcomes.
- Support efforts such as the Enhancing Questions to Understand Intentions for Pregnancy (EQUIP) Act of 2020 (H.R. 6178) to support, evaluate, and expand pregnancy desire screening tools such as One Key Question®
- Maintain and ideally expand funding for the MCH Block Grant.
- Reauthorize the Pregnancy Assistance Fund, to continue supporting pregnant and parenting young people and pregnant women harmed by sexual violence, including supporting S. 2296 that provides a four-year reauthorization.

For additional information, see:

- Dying to Give Birth
<https://powertodecide.org/news/dying-give-birth>
- Fact Sheet: One Key Question®
<https://powertodecide.org/what-we-do/information/resource-library/one-key-questionr-overview>
- About the Pregnancy Assistance Fund
<https://www.hhs.gov/ash/oah/grant-programs/pregnancy-assistance-fund/about/index.html>

Support Trusted Champions, Mentors, and Allies in Communicating with Young People about Their Futures

Teens report that they learn about sex from a variety of sources. This ranges from sex education in school to peers to parents. At the same time, according to young people, champions—not pop culture—most influence their decisions about sex, love, and relationships. The top three places young people say they learn about sex as a teen are from school (65%), friends (58%), and their parents (36%). Indeed, over half of teens age 12-15 report that their parents most influence their decisions about sex.

Even though adults remain doubtful about their value as influencers, they universally agree that young people should have champion(s) or trusted adults in their lives, such as an older sibling, other family member/adult, educator, or other community supporter. It is also important to ensure that youth in foster care have access to well-trained caregivers, evidence-based mentoring programs, and other reliable and resonant information to support their unique experience and needs when it comes to love, sex, and relationships. To spark meaningful

conversations between young people and the champions who care about them most, Power to Decide supports #TalkingisPower Month in May and provides resources year round.

Policymakers should:

- Provide encouragement and tools to support parents and other trusted champions, mentors, and allies to communicate with young people about sex, love, relationships, and their futures. Building on efforts in the teen pregnancy prevention area, this could be done through youth serving organizations, as well as through family support, fatherhood and healthy relationship, and two-generation initiatives.

For additional information, see:

- #Talking is Power
<https://powertodecide.org/sexual-health/resources-for-parents-champions-mentors/talkingispower>
- Talking is Power Survey Data 2020:
<https://powertodecide.org/about-us/newsroom/adults-see-increased-opportunity-for-impactful-conversations-young-people>
- Fact Sheet: #TalkingisPower 2018 Polling Data
<https://powertodecide.org/what-we-do/information/resource-library/polling-data-talkingispower-2018>
- Parent Power (October 2016): Survey Says
<https://powertodecide.org/what-we-do/information/resource-library/parent-power-october-2016-survey-says>
- Foster Care + Sex Ed: Why It Matters
<https://powertodecide.org/news/foster-care-sex-ed-why-it-matters>

Support Research and Data Collection on Pregnancy and Childbearing

Although birth data are available on a timely basis, data on sexual activity, contraceptive use, pregnancy, and abortion are more difficult to obtain, are collected episodically, and often lag by quite a few years. Such data are essential for tracking progress at the national and state level; identifying disparities among different segments of the population; informing the public, policymakers, practitioners, and the media about teen and unplanned pregnancy; and mobilizing evidence-based action. Broader measures of population collected by the Census Bureau are necessary to calculate population-based rates. In addition, federally funded research plays a vital part in continuing to learn what works and how best to continue progress on reducing unplanned pregnancy.

Policymakers should:

- Provide adequate resources for the Centers for Disease Control and Prevention (including the National Center for Health Statistics), National Institute of Child Health and Human Development, and the Census Bureau to continue important surveys such as the Youth Risk Behavior Survey and Behavioral Risk Factor Surveillance System, data collection, and other research activities.
- To the extent possible, encourage that data collected on teen and unplanned pregnancies and births be disaggregated within racial and ethnic groups and socioeconomic status.

For more information about Power to Decide's public policy views and activities, go to:

<https://powertodecide.org/what-we-do/access/federal-policy>

Note: Most references can be found in the resources listed under Additional Information and are also available upon request.