



the campaign to prevent unplanned pregnancy

How the Administration that Takes Office in January 2021 Can Advance Reproductive Well-Being

INTRODUCTION

[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 501(c)(3) organization that is committed to common-ground, commonsense solutions and catalyzing innovation in the public and private sectors. We work toward three key goals:

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

The country has made significant progress toward these goals, but we cannot mistake progress for victory and much work remains to be done. While many sectors engage in and influence these efforts, federal policy plays a key role in advancing or deterring progress. In this document, we offer recommendations for the Administration that takes office in January 2021 to consider acting on within its first 100 days. We believe these steps are key to advancing progress towards achieving reproductive well-being and ensuring that everyone has the power to decide if, when, and under circumstances to get pregnant and have a child. Many of these recommendations are consistent with those included in blueprint documents developed by various coalitions.¹

Below is a crosswalk of recommendations by Issue, Agency, and Type of Action. Following that is a more detailed description of recommendations under five broad issue areas:

1. Improving Access to Health Care, Especially During the COVID-19 Pandemic
2. Protecting and Improving Access to Contraception
3. Protecting and Expanding Access to Abortion as Part of the Full Spectrum of Reproductive Health Care
4. Protecting and Expanding High-Quality, Evidence-Based Sex Education
5. Other Actions to Promote Opportunity and Reproductive Well-Being

CROSSWALK OF RECOMMENDATIONS

Issue	Agency	Recommendation	Type of Action
Improving Access to Health Care	HHS/CMS	<ul style="list-style-type: none"> Adequately fund ACA enrollment and outreach efforts. 	Budget
Improving Access to Health Care	HHS/CMS	<ul style="list-style-type: none"> Maintain and expand the number of women who have gained insurance coverage through the marketplaces. 	Executive Action
Improving Access to Health Care	HHS/CMS	<ul style="list-style-type: none"> Issue guidance to states that pending and recently approved Medicaid waivers that restrict eligibility will not be approved or renewed. 	Executive Action
Improving Access to Health Care	HHS/CMS	<ul style="list-style-type: none"> Prevent states from violating Medicaid's freedom of choice of provider provision. 	Executive Action
Improving Access to Health Care	HHS	<ul style="list-style-type: none"> Take all possible steps to safeguard the health and reproductive well-being of millions, if the Supreme Court invalidates part or all of the ACA. 	Executive Action
Improving Access to Health Care	HHS/HRSA	<ul style="list-style-type: none"> Maintain the ACA's women's preventive services provision. 	Executive Action
Protecting and Improving Access to Contraception	HHS/OPA	<ul style="list-style-type: none"> Increase funding for Title X Family Planning Program to \$954 million. 	Budget
Protecting and Improving Access to Contraception	HHS	<ul style="list-style-type: none"> Eliminate the Livingston Amendment. 	Budget
Protecting and Improving Access to Contraception	HHS/OPA	<ul style="list-style-type: none"> Rescind Compliance with Statutory Program Integrity Requirements (aka "Domestic Gag Rule") 	Executive Action
Protecting and Improving Access to Contraception	HHS/CMS, IRS, DOL	<ul style="list-style-type: none"> Rescind Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act and Moral Exemptions and Accommodations for Coverage of Certain Preventive Services under the Affordable Care Act. 	Executive Action
Protecting and Improving Access to Contraception	EOP	<ul style="list-style-type: none"> Rescind Executive Order 13798 Promoting Free Speech and Religious Liberty. 	Executive Action
Protecting and Improving Access to Contraception	VA	<ul style="list-style-type: none"> Support efforts to eliminate co-pays for all TRICARE beneficiaries and for all methods of contraception through the VHA. 	Executive Action
Protecting and Expanding Access to Abortion	HHS	<ul style="list-style-type: none"> End the Hyde Amendment. 	Budget

Protecting and Expanding Access to Abortion	HHS	<ul style="list-style-type: none"> Eliminate the Weldon Amendment. 	Budget
Protecting and Expanding Access to Abortion	HHS/FDA	<ul style="list-style-type: none"> Rescind Executive Order 13535 Patient Protection and Affordable Care Act's Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion. 	Executive Action
Protecting and Expanding Access to Abortion	HHS	<ul style="list-style-type: none"> Rescind Patient Protection and Affordable Care Act: Exchange Program Integrity. 	Executive Action
Protecting and Expanding Access to Abortion	HHS/Office of Secretary	<ul style="list-style-type: none"> Rescind Protecting Statutory Conscience Rights in Health Care, Delegation of Authority (aka "Refusal of Care" Rule). 	Executive Action
Protecting and Expanding Access to Abortion	HHS/CMS, Office of Secretary	<ul style="list-style-type: none"> Rescind Nondiscrimination in Health and Health Education Programs and Activities, Delegation of Authority. 	Executive Action
Protecting and Expanding Access to Abortion	EOP, HHS	<ul style="list-style-type: none"> Direct the Secretary of HHS to lift the FDA's in-person dispensing requirement for medication abortion for the duration of the COVID-19 public health emergency. 	Executive Action
Protecting and Expanding Access to Abortion	HHS/FDA	<ul style="list-style-type: none"> Review the Risk Avoidance and Mitigation Strategy (REMS) for mifepristone. 	Executive Action
Protecting and Expanding Access to Abortion	HHS/CMS	<ul style="list-style-type: none"> HHS must protect patients' choice of reproductive health care provider. 	Executive Action
Protecting and Expanding High Quality, Evidence-Based Sex Education	HHS/ASH	<ul style="list-style-type: none"> Increase funding for TPP Program to \$150 million. 	Budget
Protecting and Expanding High Quality, Evidence-Based Sex Education	HHS/ASH, ASPE, OPRE	<ul style="list-style-type: none"> Dedicate at least \$600,000 for the Teen Pregnancy Prevention Evidence Review. 	Budget
Protecting and Expanding High Quality, Evidence-Based Sex Education	HHS/ACF	<ul style="list-style-type: none"> Increase funding for PREP to \$150 million. 	Budget
Protecting and Expanding High Quality, Evidence-Based Sex Education	HHS/ASH, HHS/ACF	<ul style="list-style-type: none"> Eliminate dedicated funding for discretionary and mandatory abstinence-only programs ("Sexual Risk Avoidance"). 	Budget

Protecting and Expanding High Quality, Evidence-Based Sex Education	HHS	<ul style="list-style-type: none"> Restore the Office of Adolescent Health and appoint a well-qualified Director of Adolescent Health. 	Executive Action
Protecting and Expanding High Quality, Evidence-Based Sex Education	HHS/ASH	<ul style="list-style-type: none"> Ensure the TPP Program adheres to rigorous standards of evidence and complete, unbiased, and science-based information in its grants, evaluation, and implementation. 	Executive Action
Protecting and Expanding High Quality, Evidence-Based Sex Education	HHS/ASH	<ul style="list-style-type: none"> Direct unspent TPP Program funds to evidence-based purposes consistent with the intent of the program. 	Executive Action
Protecting and Expanding High Quality, Evidence-Based Sex Education	HHS/ACF	<ul style="list-style-type: none"> Include and expand Title IV-E Prevention Services funding for teen pregnancy prevention and parenting support programs for youth in foster care. 	Executive Action
Other Actions to Promote Opportunity and Reproductive Well-Being	HHS/ASH	<ul style="list-style-type: none"> Support at least \$25 million annually to reauthorize mandatory funding for the Pregnancy Assistance Fund. 	Budget
Other Actions to Promote Opportunity and Reproductive Well-Being	HHS/CDC	<ul style="list-style-type: none"> Support the Enhancing Questions to Understand Intentions for Pregnancy (EQUIP) Act of 2020 (H.R. 6178). 	Executive Action
Other Actions to Promote Opportunity and Reproductive Well-Being	ED/OPE	<ul style="list-style-type: none"> Integrate promotion of sexual health into funding opportunities and guidance to support student success and completion. 	Executive Action

1. Improving Access to Health Care, Especially During COVID-19 Pandemic

The Affordable Care Act (ACA) expanded access to health care significantly, which is proving even more vital in the midst of the Coronavirus pandemic. 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. Following the ACA's coverage expansions, 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. Still, women of low-income and women of color are at greater risk of being uninsured.² ACA expansions also improved the breadth of contraceptive methods covered and removed many cost barriers. 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 important preventive care, including the full range of birth control methods, without the burden of additional cost-sharing such as co-pays and deductibles.

The pandemic has profoundly changed our health and economic lives, and together these changes have major consequences for health care overall, as well as access to contraception. The pandemic has also magnified large existing gender and racial and ethnic economic and health care inequities. Women are more likely to lose their jobs, and with that are often losing employer-based health insurance. This puts even more pressure on them and on an already strained public health safety net, including public health clinics and providers who are doing their valiant best to respond to COVID while keeping patients safe as they seek basic services such as birth control.

At the same time, recent research shows one-third of women want to delay getting pregnant or want fewer children because of the pandemic, with this figure rising to 44% of Black women and 48% of Hispanic women. Similarly, Black, Hispanic, and low-income women are more likely to report pandemic-related delays in access to contraceptive care or other sexual and reproductive health services, and are more worried about getting access to such care.³ In other words, at a time when more women don't want to get pregnant, especially women of low-income and Black and Latinx women, they are facing higher hurdles to getting the contraception they need to achieve their own goals. The public also understands the importance of access to birth control in the context of the pandemic. For example, one survey found 7 in 10 adults support giving family planning providers additional resources during the pandemic.⁴

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.⁵

The current Administration has interfered with open enrollment, shortening the enrollment period and cutting funding for much-needed outreach about the ACA.⁶ It is defending a lawsuit seeking to invalidate the entire ACA.⁷ It has also offered 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, or other Medicaid

restrictions, could result in fewer individuals having access to Medicaid-supported health care in general—including reproductive health care.

Recommendations for First 100 Days

President’s Budget Recommendations:

- Adequately fund ACA enrollment and outreach efforts, including navigators, to ensure people can sign up for the health coverage that they need.

Executive Actions:

- Maintain and expand the number of women who have gained insurance coverage through the marketplaces and through the ACA’s Medicaid expansion option. This includes a robust outreach effort to promote enrollment, and consideration of a continued special enrollment period as long as the COVID-19 crisis continues.
- Issue guidance to states that pending and recently-approved Medicaid waivers that allow states to transform Medicaid into a block grant and impose burdensome hurdles such as work requirements, which could result in cutting off much-needed coverage of health care, including reproductive health care, when it is needed more than ever, will not be approved or renewed.⁸
- Prevent states from violating Medicaid’s freedom of choice of provider provision, which has enabled some states to block access to high-quality contraceptive care.
- Take all possible steps to safeguard the health and reproductive well-being of millions of people made possible by the ACA if the Supreme Court invalidates part or all of the ACA in *California v. Texas*.
- Maintain the ACA’s women’s preventive services provision, including coverage of the full range of contraceptive methods without cost-sharing, and eliminate broad exemptions.

Key Positions:

- Administrator, Centers for Medicare and Medicaid Services
- Administrator, Health Resources and Services Administration

2. Protecting and Improving Access to Contraception

In the U.S., more than 19 million women 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 1.5 million of these women live in counties without a single clinic offering the full range of contraceptive methods.⁹ 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 Medicaid and safety-net programs such as the Title X Family Planning Program for their coverage and access to affordable contraception. Funding for Title X must be dramatically increased if we hope to reduce these contraceptive deserts.

As if the huge number of women living in contraceptive deserts wasn’t bad enough, actions in recent years have made it worse. The “Compliance with Statutory Program Integrity Requirements,” that went into effect in August 2019—often called the “domestic gag rule”—requires providers receiving Title X funds to care for pregnant patients in a manner at odds

with evidence-based standards of care, as well as medical ethics.¹⁰ More than 900 Title X clinics have been forced to leave the program without other clinics in those areas to replace them. More than 8.8 million women in 380 counties across the nation are at risk of losing affordable access to the birth control they need because the clinic they depend on has lost its Title X funding.¹¹

In addition to access, coverage of contraception is also under severe attack. Prior to the ACA women's preventive services provision going into effect, women spent between 30 and 44% of their total out-of-pocket health costs just on birth control.¹² Eliminating cost barriers has helped increase access to contraception for women with employer-sponsored or marketplace coverage. But the recent decision in *Trump v. Pennsylvania* allows two rules to go into effect that together allow almost any employer or university to not cover birth control in their health plans. Now women across the country no longer have confidence that the insurance plan they pay for will provide them with the contraceptive care they want, need, and is right for them, rolling back an essential piece of the gains women have seen since passage of the ACA.

Coverage of contraception also remains inequitable for those covered by TRICARE and for veterans. While TRICARE covers contraception without co-pays for active-duty service members, it does not extend that no co-pay coverage to non-active-duty servicemembers or to dependents, creating a situation where America's military families have less coverage for contraception than their civilian counterparts.¹³ Women also represent the largest growing population to access care through the Veterans Health Administration (VHA) and female veterans are more likely to live in poverty than male veterans. Yet the VHA charges veterans a co-pay for some methods of contraception.¹⁴

Everyone deserves the power to decide if, when, and under what circumstances to get pregnant. Below are initial steps to undo the damage that has been done and begin to make progress towards this goal.

Recommendations for First 100 Days

President's Budget Recommendations:

- \$954 million for the Title X Family Planning Program (increase from \$286.5 million in FY 2020).
- Eliminate the Livingston Amendment, which allows organizations that receive certain government grants to refuse to offer the full range of contraception based on their religious objections.

Executive Actions:

- Rescind "Compliance with Statutory Program Integrity Requirements, otherwise known as the "Domestic Gag Rule,"¹⁵ which decimated the evidence-based and historically bipartisan Title X family planning program.
- Rescind "Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act"¹⁶ and "Moral Exemptions and Accommodations for Coverage of Certain Preventive Services under the Affordable Care Act,"¹⁷ which allow virtually any employer or university to deny coverage for contraception in a drastic departure from previous regulations that ensured 61.4 million had coverage.
- Rescind and undo actions taken pursuant to "Executive Order 13798 Promoting Free Speech and Religious Liberty,"¹⁸ which set the stage for expanding the use of religion

to discriminate against people seeking reproductive health care, including the rules that allow employers to deny birth control coverage to their employees, and the creation of the HHS Conscience and Religious Freedom Division that emboldens discrimination and refusals of care.

- Publicly support efforts to eliminate co-pays for all TRICARE beneficiaries and for all methods of contraception through the VHA.

Key Positions:

- Assistant Secretary for Health
 - Principal Deputy Assistant Secretary
 - Deputy Assistant Secretary for Population Affairs
- Administrator, Centers for Medicare and Medicaid Services (CMS)
- HHS General Counsel
- Director, Defense Health Agency
- Undersecretary for Health, Veterans Health Administration

3. Protecting and Expanding Access to Abortion as Part of the Full Spectrum of Reproductive Health Care

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 they turn 45. Similar to disparities in contraceptive access, there are geographic, socioeconomic, and racial disparities in access to abortion. Eighty-nine percent of U.S. counties have no abortion provider¹⁹ and people in 27 U.S. cities have to travel more than 100 miles to reach an abortion facility. As COVID-19 hit, many states sought to further limit access to abortion care by deeming it a “non-essential” service, and the Administration is requiring women seeking a medication abortion to take unnecessary trips to a clinic in the middle of a pandemic²⁰. While most of these bans have expired or been defeated in court, it serves as an example of how already inadequate access to care can be made even worse.

In addition to these physical barriers, the cost barriers to abortion care for those struggling to make ends meet can be insurmountable—making abortion care accessible only to those with enough income. The Hyde Amendment makes this economic barrier a racist one too. The economic inequality resulting from systemic racism and discrimination means that women of color are disproportionately likely to be insured by the Medicaid program: 30% of Black women and 24% of Hispanic women age 15–44 are enrolled in Medicaid, compared with 14% of white women.²¹ In turn, thirty-four states and D.C. also ban state Medicaid funds from covering abortion care,²² leaving roughly 7.3 million women—half of whom are women of color—without coverage. Three million of those women live below the federal poverty line.²³

Geography, income, race—none of these should determine a person’s ability to plan their family, but right now they do. The following actions offer a set of first steps to begin to undo these inequities.

Recommendations for First 100 Days

President’s Budget Recommendations:

- End the Hyde Amendment and related restrictions, and ensure that everyone has abortion coverage, regardless of their income or source of insurance, and commit to

veto legislation that extends, reiterates, or incorporates the Hyde Amendment and related restrictions, including annual appropriations bills.

- Eliminate the Weldon Amendment and commit to veto legislation that would expand it or make it permanent.

Executive Actions:

- Rescind “Executive Order 13535 Patient Protection and Affordable Care Act’s Consistency with Longstanding Restrictions on the Use of Federal Funds for Abortion”.²⁴
- Rescind “Patient Protection and Affordable Care Act: Exchange Program Integrity,” which imposes onerous and arbitrary requirements on insurance issuers that offer health plans that include abortion coverage on the ACA marketplace.²⁵
- Rescind “Protecting Statutory Conscience Rights in Health Care, Delegation of Authority,” otherwise known as the “Refusal of Care Rule,” which unlawfully and dramatically expands existing refusal laws to encourage health care workers to deny care and information.²⁶
- Rescind “Nondiscrimination in Health and Health Education Programs and Activities, Delegation of Authority,” which revises the regulations for the Section 1557 Health Care Rights Law to undermine the statute’s protections, including by providing a narrow interpretation of “sex discrimination” which excludes people from protections and that is in direct conflict with the recent Supreme Court ruling in *Bostock v. Clayton County*.²⁷
- Direct the Secretary of Health and Human Services (HHS) to issue guidance to lift the FDA’s in-person dispensing requirement for medication abortion (mifepristone) for the duration of the public health emergency, consistent with similar directives and waivers issued to reduce risk of COVID-19.
- The FDA must review the Risk Avoidance and Mitigation Strategy (REMS) for mifepristone to determine whether a REMS remains necessary, or whether the goals and elements should be modified or removed from the approved strategy to best reflect scientific evidence and real-world use.
- HHS must protect patients’ choice of reproductive health care provider, in part by reinstating 2016 guidance reaffirming Medicaid’s free choice of provider provisions, and ensuring that states may not exclude qualified providers of reproductive health care from Medicaid for reasons unrelated to their qualifications, including their provision of abortion care.

Key Positions:

- Assistant Secretary for Health
 - Principal Deputy Assistant Secretary for Health
 - Deputy Assistant Secretary for Population Affairs
- FDA Commissioner and Deputy Commissioner
- HHS General Counsel

Resources:

- The Hyde Amendment and Coverage for Abortion Services
<https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services/>

- After the Latest Supreme Court Ruling on Abortion, the Women’s Health Protection Act Is More Important than Ever
<https://www.guttmacher.org/article/2020/07/after-latest-supreme-court-ruling-abortion-womens-health-protection-act-more>

4. Protecting and Expanding High-Quality, Evidence-Based Sex Education

Since 2010, federal funding has supported two complementary funding streams providing high-quality, evidence-based teen pregnancy prevention programs. Through the Teen Pregnancy Prevention (TPP) Program²⁸ and the Personal Responsibility Education Program (PREP),²⁹ 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. In fact, the first two five-year cycles of TPP Program grants made vital contributions to the growing body of knowledge of what works to prevent teen pregnancy and were recognized by evidence experts as a leading examples of a tiered evidence approach to evidence-based policymaking.³⁰ PREP is also recognized as an example of evidence-based policymaking³¹ and has contributed to the evidence base. This results-oriented approach has bipartisan support, including 75% of Republicans and 89% of Democrats (85% of adults overall) who favor maintaining federal funding for the TPP Program and PREP.³²

Since 2017, HHS has repeatedly sought to eliminate or undermine the TPP Program by attempting to terminate grants, weakening evidence standards in grant announcements, and diverting funds supporting high-quality evaluation. While courts blocked most of these egregious actions,³³ they harmed ongoing research and the scientific enterprise underway. HHS also stopped funding and updating the Teen Pregnancy Prevention Evidence Review,³⁴ an independent, systematic, rigorous review of evaluation studies that informed TPP grantmaking and provided a clearinghouse of evidence-based programs for other federal, state, and community initiatives. Then in 2019, the Office of Adolescent Health (OAH), which had managed the TPP Program, was merged into the Office of Population Affairs (OPA),³⁵ the Director position was subsumed into the Deputy Assistant Secretary for Population Affairs, and significant staff time and technical assistance were diverted to other efforts. This is despite the fact that OAH had a well-qualified director and expert staff who were lauded for high-quality implementation, including generating unprecedented amounts of research and transparency.³⁶

Both the TPP Program and PREP have generally prioritized youth and communities with the greatest need, including youth of color, youth in foster care, and youth in rural communities, but current funding levels leave many youth and communities without critical sexual health information and education. This increase in funding could serve approximately 235,000 more young people annually for a total of 595,000 youth (220,000 in PREP and 375,000 in the TPP Program).

At the same time, funding for both the mandatory³⁷ and discretionary³⁸ abstinence-only programs (so-called “Sexual Risk Avoidance”) have grown, neither of which have rigorous evidence requirements on par with the TPP Program and PREP. The most recent (FY 2020) funding levels for abstinence-only funding streams reflect an increase of \$25 million (mandatory) and \$30 million (discretionary), respectively, over FY 2015 levels. Federal funding should be used to support programs based on rigorous evidence, not ideology.

The following actions offer a set of first steps to return the focus toward evidence-based sex education.

Recommendations for First 100 Days

President's Budget Recommendations:

- \$150 million for the TPP Program (increase from \$101 million in FY 2020) to support restoration of evidence-based implementation of grants, supporting adequate technical assistance and high-quality evaluation, and serve more youth and communities.
- Reactivate and dedicate at least \$600,000 for the Teen Pregnancy Prevention Evidence Review.
- \$150 million for PREP (an increase of \$75 million) to support increased evidence-based funding, high-quality evaluation, and technical assistance for states, tribes, and communities.
- Eliminate dedicated funding for discretionary and mandatory abstinence-only programs ("Sexual Risk Avoidance). Historically, TPP Program funding supported a broad array of evidence-based program models, including those with a focus on delaying sex. Funding streams should focus on evidence, rather than content.

Executive Actions:

- Restore the Office of Adolescent Health, appoint a well-qualified Director of Adolescent Health, and ensure the Office has sufficient funding to address the broad scope of adolescent health issues.
- Ensure the TPP Program adheres to rigorous standards of evidence and complete, unbiased, and science-based information in its grant announcements, grant awards, evaluations, and implementation.
- Assess the extent and status of TPP Program funding that remains unspent, and direct that funding to evidence-based purposes consistent with the intent of the program.
- Include and expand, through the new Title IV-E Prevention Services Clearinghouse,³⁹ the use of the new Title IV-E Prevention Services funding for teen pregnancy prevention and parenting support programs for youth in foster care.

Key Personnel:

- Assistant Secretary for Health
 - Principal Deputy Assistant Secretary
 - Deputy Assistant Secretary for Population Affairs
- Assistant Secretary for Planning and Evaluation
- Assistant Secretary for the Administration on Children and Families

Resources

- Overview of Federal Funding Streams
<https://powertodecide.org/what-we-do/information/resource-library/federal-funding-streams-at-a-glance>
- The Teen Pregnancy Prevention Program (2010-2015): Synthesis of Impact Findings
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5049454/>
- Multi-Component PREP Evaluation 2011 – 2018
<https://www.acf.hhs.gov/opre/research/project/personal-responsibility-education-program-prep-multi-component>

5. **Other Actions to Promote Opportunity and Reproductive Well-Being**

Every person—no matter who they are or where they live—should have access to the supports and services they need to achieve reproductive well-being in order determine if, when, and under what circumstances to have a child and to support a healthy start for the next generation.

One way to support people's power to decide and reproductive well-being is to transform their health care experience by helping them to 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.⁴⁰ One Key Question is non-judgmental and patient-centered. It equally supports those who want to become pregnant, those who do not, and those who are ambivalent, providing follow-up care based on people's goals. One Key Question currently helps to address a myriad of health equity efforts for thousands of clinicians, community health workers, home visiting nurses, behavioral health staff, and others in approximately 30 states. 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.⁴¹ Federal investment in pregnancy desire screening tools such as One Key Question would further promote reproductive well-being and maternal child health.

Young people who are pregnant and parenting face 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 well-being 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 OPA, it has provided \$25 million annually from FY 2010–2019 for competitive grants to 32 states, tribes, and territories. Projects have helped 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, close to 110,000 expectant and parenting teens, women, fathers, and their families have benefited from the program.⁴² PAF expired September 30, 2019, and funding for grantees ended in June 2020.

Colleges have a vested interest in helping their students stay in school, graduate, and build a lifetime of opportunity. Ensuring that all students have the power to decide if and when to get pregnant and have a child—as well as supporting them with other issues such as sexual violence and sexually transmitted infections—is an investment in their success. Community colleges play a key role in advancing educational opportunity for low-income students, first-generation college students, students of color, single parents, and others. It is estimated that unplanned births account for nearly one in 10 community college dropouts among female students. Moreover, one in five college students are already parents of children under age 18, and working to balance the demands of school and family.⁴³ There are promising examples of how community colleges are promoting student success by addressing students' sexual health needs through relevant and resonant sexual health

information and services, and connecting students with community organizations.⁴⁴ Federal leadership and investment would help spread and scale such efforts, thereby promoting opportunity and student success.

Recommendations for First 100 Days

President's Budget Recommendations:

- At least \$25 million annually to reauthorize mandatory funding for the Pregnancy Assistance Fund to continue supporting pregnant and parenting young people and their children, and victims of domestic violence.

Executive Actions:

- Commit to 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.
- Integrate promotion of sexual health into funding opportunities and guidance to support student success and completion.

Key Personnel:

- Assistant Secretary for the Administration on Children and Families
- Administrator, Health Resources and Service Administration
- Assistant Secretary for Health
 - Principal Deputy Assistant Secretary
 - Deputy Assistant Secretary for Population Affairs
- Assistant Secretary for Postsecondary Education, Department of Education

Resources

- Power to Decide's Campus Sexual Health Program
<https://powertodecide.org/what-we-do/opportunity/key-initiatives/campus-sexual-health>
- Information about One Key Question
<https://powertodecide.org/one-key-question>

¹ See for example <https://reproblueprint.org/> and <https://ucs-documents.s3.amazonaws.com/science-and-democracy/restoring-science-protecting-the-public-oct2020.pdf> (Memos to HHS).

² <https://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

³ <https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>

⁴ <https://www.nationalfamilyplanning.org/document.doc?id=4235>

⁵ <https://powertodecide.org/what-we-do/information/resource-library/everyone-loves-birth-control>

⁶ <https://www.kff.org/report-section/president-trumps-record-on-health-care-issue-brief/#ACA>

⁷ <https://www.kff.org/health-reform/issue-brief/potential-impact-of-california-v-texas-decision-on-key-provisions-of-the-affordable-care-act/>

⁸ Courts have blocked many of these efforts.

⁹ <https://powertodecide.org/what-we-do/access/birth-control-access>

¹⁰ <https://www.ama-assn.org/delivering-care/patient-support-advocacy/what-you-need-know-about-title-x-rule>

¹¹ <https://powertodecide.org/what-we-do/information/resource-library/impacts-domestic-gag-rule>

-
- ¹² <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2015.0127>
- ¹³ https://reproductiverights.org/sites/default/files/2020-04/USP-Fed-IssueBrief-Contraception_FINAL.pdf
- ¹⁴ https://reproductiverights.org/sites/default/files/2020-04/USP-Fed-IssueBrief-Contraception_FINAL.pdf
- ¹⁵ <https://www.govinfo.gov/content/pkg/FR-2019-03-04/pdf/2019-03461.pdf>
- ¹⁶ <https://www.govinfo.gov/content/pkg/FR-2018-11-15/pdf/2018-24512.pdf>
- ¹⁷ <https://www.govinfo.gov/content/pkg/FR-2018-11-15/pdf/2018-24514.pdf>
- ¹⁸ <https://www.federalregister.gov/documents/2017/05/09/2017-09574/promoting-free-speech-and-religious-liberty>
- ¹⁹ <https://data.guttmacher.org/states/table?state=US&dataset=data&topics=58>
- ²⁰ <https://www.nbcnews.com/politics/supreme-court/trump-administration-wants-limits-reimposed-medication-abortion-n1238253>
- ²¹ <https://www.guttmacher.org/gpr/2016/07/abortion-lives-women-struggling-financially-why-insurance-coverage-matters>
- ²² <https://www.guttmacher.org/state-policy/explore/state-funding-abortion-under-medicaid>
- ²³ <https://www.guttmacher.org/article/2019/03/each-woman-act-offers-bold-path-toward-equitable-abortion-coverage>
- ²⁴ <https://obamawhitehouse.archives.gov/realitycheck/the-press-office/executive-order-patient-protection-and-affordable-care-acts-consistency-with-longst>
- ²⁵ <https://www.govinfo.gov/content/pkg/FR-2019-12-27/pdf/2019-27713.pdf>
- ²⁶ <https://www.govinfo.gov/content/pkg/FR-2019-05-21/pdf/2019-09667.pdf>. The rule was vacated by several federal district courts in late 2019 and is currently on appeal in the 2nd and 9th U.S. Circuit Courts of Appeals
- ²⁷ <https://www.govinfo.gov/content/pkg/FR-2020-06-19/pdf/2020-11758.pdf>. Multiple federal courts have now issued preliminary injunctions against portions of the current 1557 rule.
- ²⁸ <https://www.healthaffairs.org/doi/10.1377/hblog20200904.528322/full/>
- ²⁹ <https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tp>
- ³⁰ <https://beta.sam.gov/fal/9104b85121844c748681b310f535572e/view>
- ³¹ <https://bipartisanpolicy.org/wp-content/uploads/2019/03/Full-Report-The-Promise-of-Evidence-Based-Policymaking-Report-of-the-Comission-on-Evidence-based-Policymaking.pdf>
- ³² <https://2019.results4america.org/agency/administration-children-families/>
- ³³ <https://powertodecide.org/what-we-do/information/resource-library/support-for-birth-control-january-2017-survey-says>
- ³⁴ <https://democracyforward.org/press/trump-administration-continues-unlawful-effort-to-dismantle-the-evidence-based-teen-pregnancy-prevention-program/>
- ³⁵ <https://tppevidencereview.youth.gov/>
- ³⁶ <https://opa.hhs.gov/>
- ³⁷ <https://bipartisanpolicy.org/wp-content/uploads/2019/03/Full-Report-The-Promise-of-Evidence-Based-Policymaking-Report-of-the-Comission-on-Evidence-based-Policymaking.pdf>
- ³⁸ <https://beta.sam.gov/fal/29c65aa732424c28b9174428d811c671/view>
- ³⁹ <https://beta.sam.gov/fal/0e79f214ec004182b21704ed507b221a/view>
- ⁴⁰ <https://www.acf.hhs.gov/opre/research/project/title-iv-e-prevention-services-clearinghouse>
- ⁴¹ <https://powertodecide.org/what-we-do/information/resource-library/one-key-question-overview>
- ⁴² <https://powertodecide.org/what-we-do/information/resource-library/does-it-work-research-one-key-question>
- ⁴³ <https://opa.hhs.gov/grant-programs/pregnancy-assistance-fund-paf/about-paf>
- ⁴⁴ <https://iwpr.org/student-parent-success-initiative-covid-19-rapid-response/>
- ⁴⁵ <https://iwpr.org/iwpr-issues/reproductive-health/serving-the-sexual-and-reproductive-health-needs-of-community-college-students-promising-practices-to-promote-student-success/> and <https://powertodecide.org/what-we-do/information/resource-library/state-policies-to-educate-college-students>