

POWER TO DECIDE

the campaign to prevent unplanned pregnancy

March 20, 2019

The Honorable Richard Shelby
Chairman
Committee on Appropriations
United States Senate
S-128 Capitol
Washington, DC 20510

The Honorable Nita Lowey
Chairwoman
Committee on Appropriations
U.S. House of Representatives
H-307 Capitol
Washington, DC 20515

The Honorable Patrick Leahy
Ranking Member
Committee on Appropriations
United States Senate
S-146A Capitol
Washington, DC 20510

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
U.S. House of Representatives
1026 Longworth
Washington, DC 20515

Dear Chairman Shelby, Chairwoman Lowey, and Ranking Members Leahy and Granger:

Power to Decide respectfully requests the following funding levels within the FY 2020 Labor, Health and Human Services and Education (LHHS) appropriations bill, as well as language protecting the integrity of the of the Teen Pregnancy Prevention (TPP) Program and ensuring it is administered according to congressional intent. 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:

- \$110 million for the evidence-based TPP Program administered by the Office of Adolescent Health (OAH) and language that protects the integrity of the program and ensuring it is administered according to congressional intent.
- \$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).
- \$400 million for the Title X Family Planning Program.

Providing a system of support that enables young people to have the power to decide if, when, and under what circumstances to get pregnant and have a child is critical to their ability to achieve their own goals. Research from Power to Decide shows that investment in critical prevention and health services programs that support teens to avoid unplanned pregnancy led to more than \$4 billion in public savings in 2015 alone, and that's only factoring in medical and economic supports during pregnancy and infancy. Moreover, if all teens were able to avoid unplanned pregnancy and childbearing, we estimate that the U.S. could save an additional

\$1.9 billion each year.¹ Without question, we as a society must support women, prenatal care, and healthy childbirth. But it's also essential, and cost effective, to provide evidence-based sex education and high quality, publicly funded contraceptive care that enable young people to decide if, when, and under what circumstances to get pregnant and have a child. All totaled, researchers estimate a savings of roughly \$7 in medical costs for every \$1 spent on contraceptive services.²

We recognize that Congress faces tough budget decisions. In this context, making modest investments in high quality programs that reduce unplanned pregnancy makes fiscal sense and can pay great dividends for individuals and communities.

Teen Pregnancy Prevention (TPP) Program

We request that funding for the TPP Program be restored to \$110 million—its original funding level. This competitive grant program is funded at \$101 million for FY 2019. We also request that language be included that protects the program from ongoing Administration efforts to subvert congressional intent.

The TPP Program is currently funding 81 competitive five-year grants (FY 2015 – FY 2019) in a wide variety of communities and settings across the country, using evidence-based approaches. In addition, OAH recently awarded an additional 14 grants (FY 2018 – FY 2019) developing early research. The program has already made vital contributions to the growing body of knowledge of what works for whom and under what circumstance to prevent teen pregnancy. Under the management of OAH, this has included high quality implementation, rigorous evaluation (primarily randomized control trials), innovation, and learning from results for the five-year grants. Contrary to some false characterizations, the first cohort of TPP Program grants yielded rigorous evaluation results showing 1 in 3 programs positively changed behavior, far better than what experts say is typically expected.³ The TPP Program has been a gold-standard example of evidence-based policymaking—just the type of investment that independent experts and members of Congress on both sides of the aisle have called for. 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.⁴

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 fundamentally 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 2020 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. This is a smart investment that should be continued in FY 2020, and it should include sufficient funding to continue the Teen Pregnancy Prevention Evidence Review administered by ASPE. 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.

Title X Family Planning Program

We request \$400 million in funding for the Title X program for FY 2020. For nearly 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. Two-thirds of patients served by Title X have an income at or below 100 percent of the federal poverty level (FPL) and receive services free of charge. Another 24 percent of patients have incomes between 101 percent and 250 percent FPL and receive services on a sliding fee scale. In 2015, Title X-funded clinics helped women avert 822,300 unintended pregnancies.⁵

Despite the significant return on investment, the current \$286.5 million funding level in FY 2019 is \$31 million lower than the FY 2010 level, which was already inadequate to meet the need. Reduced funding over the last several years has resulted in fewer patients served and more clinic closings. For example, in 2017, Title X clinics served a little more than 4 million women and men, down 23% or 1.2 million patients from the 5.2 million patients served in 2010. In 2017, 1.7 million of those served by Title X were people of color. The need for publicly-funded contraception is already far greater than the supply. Any cuts to Title X only increase this need. Research from Power to Decide shows that more than 19 million women in need of publicly funded contraception live in contraceptive deserts, where they do not have reasonable access to a public clinic that offers the full range of methods in their county.⁶

Given how vital Title X is to helping low-income, uninsured individuals have access to the full range of contraceptive methods, the Administration's final rule regulating the program would have a devastating consequences should it go into effect. Many people who currently depend on Title X would lose access to the full range of contraceptive methods. Power to Decide is firmly opposed to this "domestic gag rule" and we urge Congress to provide enhanced funding in FY 2020 to support the providers currently offering high-quality, patient-centered care across the country. By increasing funding to Title X, more individuals will receive evidence-based care and Congress will powerfully demonstrate its support for the Title X program in its current form, as separate efforts to prevent the rule's implementation move ahead.

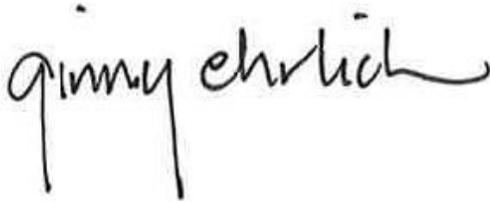
Additional Programs

In addition to funding for the aforementioned programs, we urge you to provide adequate funding levels for other important programs that contribute to reducing unplanned pregnancy and promoting healthy pregnancy and birth outcomes 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, Director of Public Policy at (202) 478-8529 or rfey@powertodecide.org. Thank you.

Sincerely,



Ginny Ehrlich
CEO

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- ¹ <https://powertodecide.org/what-we-do/information/why-it-matters/progress-pays>
 - ² <https://powertodecide.org/what-we-do/information/resource-library/everyone-loves-birth-control>
 - ³ <http://thehill.com/blogs/pundits-blog/the-administration/343908-trump-team-doesnt-understand-evidence-based-policies>
 - ⁴ <https://www.cep.gov/cep-final-report.html>
 - ⁵ <https://www.guttmacher.org/gpr/2017/01/why-we-cannot-afford-undercut-title-x-national-family-planning-program>
 - ⁶ <https://powertodecide.org/what-we-do/access/access-birth-control>