

January XX, 2022

The Honorable Patrick Leahy
Chairman
U.S. Senate Committee on Appropriations
S-128, The Capitol
Washington, DC 20510

The Honorable Richard Shelby
Vice Chairman
U.S. Senate Committee on Appropriations
S-146A, The Capitol
Washington, DC 20510

The Honorable Rosa DeLauro
Chairwoman
U.S. House Committee on Appropriations
H-307, The Capitol
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
U.S. House Committee on Appropriations
1036 Longworth House Office Building
Washington, DC 20515

Dear Chairman Leahy, Vice Chairman Shelby, Chairwoman DeLauro, and Ranking Member Granger:

As you negotiate fiscal year 2022 (FY22) appropriations, we urge you to support domestic and global programs and policies that promote sexual and reproductive health and rights. The COVID-19 pandemic has laid bare the inequities in our health care system and has only further exacerbated the need for family planning, abortion access, and other critical sexual and reproductive health (SRH) services. Meanwhile, state legislatures continue their assault on access to abortion services, increasingly emboldened by a Supreme Court — which recently allowed Texas S.B. 8 to remain in effect — that seems poised to rollback decades of precedent and possibly even overturn *Roe v. Wade*. The American people need and strongly support these investments and policies and it is incumbent on pro-SRH majorities in the House and Senate to enact an omnibus with the below provisions.

A number of these priorities — including funding increases for Title X, the Teen Pregnancy Prevention Program, and international family planning programs; permanent repeal of the global gag rule; and ending the ban on D.C.'s use of local funds for abortion coverage — enjoy bipartisan support and have bicameral support in the FY22 bills that have been introduced and/or passed so far.

Title X

Title X is the only federal program dedicated to increasing access to family planning and sexual health care for people living with no or low incomes. Grantees and providers across the country have been providing quality services for more than 50 years to people with no or limited access to health care, including people enrolled in Medicaid, people who are uninsured, and adolescents in need of confidential care. The program has been level-funded or cut every year for the past decade and is currently funded at just \$286.5 million. The CDC and the Office of Population Affairs identified this funding as woefully inadequate to meet the need for services

even before the Trump administration,¹ but increasing the allocation is even more important now to allow the program to rebuild from the harms of that administration's "domestic gag" rule and the unmet needs that have been exacerbated by the COVID-19 pandemic. Recent data from the Office of Population Affairs show the number of clients served by the Title X program dropped to 1.5 million in 2020, when it had served over 4 million patients in recent years, a precipitous 61% decline.² **The House passed a historic \$400 million for the program, while the Senate Appropriations Committee proposed an even greater increase to \$500 million. We urge you to ensure the final agreement meets this high-water mark.**

Teen Pregnancy Prevention & Sexual Risk Avoidance Programs

The Teen Pregnancy Prevention (TPP) Program helps to ensure more young people receive the high-quality evidence-based sexual health education and information they need in safe and supportive environments. The high-quality programs funded by TPP have contributed to reductions in behaviors that put young people at increased risk for unintended pregnancy, HIV, and other STIs. The TPP Program is also notable for its robust investments in research and evaluation. However, from 2017-2020, there were numerous efforts to end and undermine the program. This included attempting to terminate grants, weakening evidence standards in grant announcements, and diverting funds supporting high-quality evaluation and technical assistance. While courts blocked most of this, ongoing research was harmed. Increased funding for the TPP Program will restore adequate technical assistance and high-quality evaluation. In contrast to the TPP Program, the discretionary abstinence-only program, so-called "Sexual Risk Avoidance" (SRA), is based on ideology rather than science. Two peer-reviewed studies published in 2017 in the *Journal of Adolescent Health* suggest "[abstinence-only] programs simply do not prepare young people to avoid unwanted pregnancies or sexually transmitted diseases."^{3,4} Federal funding should be used to support quality programs that meet the needs of all young people, not programs that are based on ideology and with strong evidence of their inefficacy and harm.

Current funding levels for the TPP Program leave many young people and communities without the critical sexual health information and education they need. Redirecting federal funding from the SRA Program to the TPP Program will equip more young people with the sexual health information and education needed to achieve their goals. It is also consistent with the Biden administration's policies to make evidence-based, equity-oriented decisions guided by the best

¹ August, E., et al. "Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act." *American Journal of Public Health* (February 2016). 106(2): 334-341.

² Christina Fowler et al. "Family Planning Annual Report: 2020 National Summary." Office of Population Affairs (September 2021).
<https://opa.hhs.gov/sites/default/files/2021-09/Atle-x-fpar-2020-naAonal-summary-sep-2021.pdf>.

³ Santelli, J., et al. "Abstinence-Only-Until-Marriage: An Updated Review of U.S. Policies and Programs and Their Impact." *Journal of Adolescent Health* (September 2017). 61(3): 273-280.

⁴ The Society for Adolescent Health and Medicine. "Abstinence-Only-Until-Marriage Policies and Programs: An Updated Position Paper of the Society for Adolescent Health and Medicine." *Journal of Adolescent Health* (September 2017). 61(3): 400-403.

available science and data.^{5,6} **After years of flat funding and attacks on the TPP Program, we urge you to ensure any final appropriations agreement includes the House passed and Senate proposed funding level of \$130 million and that no funds are allocated for the SRA program.**

Abortion Coverage Bans

This year has seen historic progress in the work to end abortion coverage bans. The House removed all abortion coverage bans in their appropriations bills and for the first time ever the Senate removed Hyde from the LHHS bill as well as the abortion coverage rider in the FSGG bill. We know that since the first passage of the Hyde Amendment in 1976, the appropriations process has been used as a vehicle to systematically deny insurance coverage of abortion. Studies show that when policymakers place restrictions on Medicaid coverage of abortion, it forces one in four poor women to carry an unwanted pregnancy to term.⁷ Additionally, a woman who seeks an abortion, but is denied, is more likely to fall into poverty than one who is able to get the abortion she needs.⁸

This is a crucial moment for Black, Indigenous, and people of color, for women, LGBTQ folks, immigrants, and young people. We are fighting for a future in which abortion is affordable, available, and supported for anyone who seeks care — without barriers based on who you are, where you are from, or how much money you earn. We are reimagining a world in which each of us makes a living wage and everyone has access to full-spectrum reproductive health care, including abortion.

In particular we want to highlight that, prior to FY 2019, the ban on Washington, D.C. using locally raised funds for abortion care had not been included in the Senate Financial Services and General Government (FSGG) bill at least since 2009, and the Senate passed bipartisan appropriations bills during those years that did not include the D.C. ban. Furthermore, the ban was lifted entirely as recently as FY 2010. **Now is the time to take action for people working to make ends meet and stop the relentless attacks on abortion coverage. We urge you to end the shameful legacy of abortion coverage bans, including by lifting the D.C. abortion coverage ban.**

International Family Planning Programs and UNFPA

⁵ The White House. *Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking* (Jan. 27, 2021).

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/27/memorandum-on-restoring-trust-in-government-through-scientific-integrity-and-evidence-based-policymaking/>.

⁶ The White House. *Exec. Order No. 13985 on Advancing Racial Equity and Support for Underserved Communities Throughout the Federal Government* (Jan. 20, 2021).

<https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>.

⁷ Henshaw, S., et al. “Restrictions on Medicaid Funding for Abortions: A Literature Review.” Guttmacher Institute (July 2009).

<https://www.guttmacher.org/report/restrictions-medicaid-funding-abortion-literature-review>.

⁸ Greene Foster, D. *The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion*. Scribner (2020).

International family planning and reproductive health programs are central to achieving a number of U.S. global health goals, including reducing rates of unintended pregnancy, maternal, infant, and child mortality, and mother-to-child HIV transmission. U.S. bilateral investments in international family planning are extended by the U.S. contribution to the United Nations Population Fund (UNFPA), which works in more than 150 countries worldwide, including many where USAID does not operate programs. In addition to core programs to support maternal and reproductive health care and to prevent and respond to gender-based violence, UNFPA is essential to delivering care in crisis settings, including in Afghanistan, Yemen, Syria and Venezuela. **After more than a decade of flat or declining funding for these programs, we ask that you support the House-appropriated levels of funding of \$760 million for bilateral international family planning programs and \$70 million for UNFPA.**

The Global Gag Rule

Under the previous administration, the global gag rule was expanded to an unprecedented level to apply to all U.S. global health assistance and even resulted in funds from other donors and governments being gagged. This undermined access to many critical health care services, silenced advocates, and rolled back years of progress on health care access for communities worldwide. We are pleased President Biden rescinded the policy, however, the looming threat of reinstatement of the global gag rule undermines the sustainability of global health programs and the pace of progress. Long-term partnerships between the U.S. government and local organizations and the communities that they serve cannot be built and maintained if there is a change in U.S. government policy every time the U.S. presidency changes party control. Permanently repealing the global gag rule has support from both chambers of Congress and the White House. **We request any final omnibus retain the House passed and Senate proposed language to permanently repeal the global gag rule to finally end the harm of this nearly 40-year-old policy and ensure that U.S. global health resources can be effectively deployed to qualified providers of comprehensive care and information.**

As you and your committees craft the final FY22 funding bills, we urge you to protect and expand reproductive freedom by ensuring that critical programs are adequately funded and advance access to comprehensive sexual and reproductive health care. If you need any additional information, please contact Jack Rayburn, Director, Legislative Affairs at Planned Parenthood Federation of America at jack.rayburn@ppfa.org.

Sincerely,

[groups in alphabetical order]