March 26, 2025

The Honorable Shelley Moore Capito
Chair
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington DC 20510

The Honorable Tammy Baldwin
Ranking Member
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington, DC 20510

The Honorable Robert Aderholt
Chair
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education & Related Agencies
Washington, DC 20515

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

Dear Chair Capito, Ranking Member Baldwin, Chair Aderholt, and Ranking Member DeLauro:

In this moment of urgent need to increase accurate information about and access to reproductive health care, Power to Decide hopes you will consider the following funding levels within the FY 2026 Labor, Health and Human Services, Education, and Related Agencies (LHHS) appropriations bill. Power to Decide is a non-profit, non-partisan organization that works to ensure that all 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 providing trusted information, expanding access to services, and catalyzing culture change.

Specifically, we request:

- $737 million for the Title X Family Planning Program,
- $150 million for the Teen Pregnancy Prevention (TPP) Program,
- Sufficient Funds under the Public Health Services Act for the evaluation of teenage pregnancy prevention approaches,
- Sufficient funds to continue the Teen Pregnancy Prevention Evidence Review, administered by the Assistant Secretary for Planning and Evaluation (ASPE), and

- Eliminating the harmful Hyde and Weldon amendments.

The Title X Family Planning Program

We request $737 million in funding for the Title X Family Planning Program for FY 2026. For more than five decades, Title X has played a critical role in helping people to achieve reproductive well-being by offering low-income and uninsured individuals' access to high-quality contraceptive services, preventive screenings, and health education and information. Patients who receive services at Title X-funded clinics face many barriers to accessing health care. Twenty-seven percent of all Title X patients did not have health insurance and 60 percent had household incomes at or below 250 percent of the federal poverty level.[1] Title X patients are racially and ethnically diverse with 48% identifying as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, or more than one race.[2] Further, nearly 36 percent identify as Hispanic and/or Latino.[3] For many marginalized communities that are already disproportionately impacted by a lack of access to basic health care, Title X serves a vital role in the health care safety net.

And it is not only those who receive services directly paid for by Title X who benefit from this program. Title X funds are essential to keeping the doors open for thousands of health centers that also serve patients who have insurance, such as Medicaid and ACA plans. Despite the high value of the services that Title X provides and the significant unmet need for these services, Title X has been flat funded since FY2014.[4] In fact, the HHS Office of Population Affairs estimated just last year that to fully meet the need for Title X services, the program would need $1.3 billion.[5] Current funding is 10% lower than the FY 2010 level ($317.5 million), which was already too low to meet the need.[6] impacted providers and patients with fewer people able to be served and more clinic closings.

In addition to funding impacts, there have been many attacks on the program that

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[1] Killewald, P., Leith, W., Paxton, N., Rosenthal, I., Troxel, J., Wong, M., & Zief, S. (2024, September). Family planning annual report: 2023 national summary. Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services

[2] Ibid.

[3] Ibid.

[4] National Family Planning & Reproductive Health Association, "Fact Sheet: Title X," Title-X-101-January-2023-final_2.pdf (nationalfamilyplanning.org)

[5] Mileo Gorzig, M., Goesling, B., & Schellenberger, K. (2024, December). The need for free or subsidized sexual and reproductive health services in the U.S.: Updated Estimates. Mathematica. https://opa.hhs.gov/sites/default/files/2024-12/opa-cost-study-srh-services.pdf

[6] Ibid.

have resulted in a lack of services and an unmet need for many seeking care. In 2019 when the domestic gag rule was implemented, more than 1,000 clinics were forced out of the Title X program. HHS analysis found that 63% (1.5 million people) of the decrease in people served by Title X in 2020 was due to the gag rule. The remaining decline was attributed to the COVID-19 pandemic.[7] While the previous administration finalized rulemaking in October 2021 to begin to repair the damage done to the Title X network, chronic underfunding means the program does not have the necessary resources to meet community needs around the country. Further, with threats of a "freeze" to duly congressionally appropriated funds by the current administration that continue to cause chaos, confusion and threaten basic services, including those in the Title X network, Congress must affirm the importance of this program with robust funding.[8] Title X has been and will continue to remain a safety net and point of access for millions across the country who need access to health care. To ensure preservation and expansion of this critical program, we encourage you to include $737 million for FY 2026 and begin to undo the harm.

The Teen Pregnancy Prevention (TPP) Program

We request $150 million in funding for the Teen Pregnancy Prevention (TPP) Program for FY 2026. Since 2010, the TPP Program, along with the complementary Administration on Children and Families' Personal Responsibility Education Program (PREP) have been recognized as pioneering examples of tiered, evidence-based policymaking that represent important contributions to building a body of evidence of what works.[9] Originally funded at $110 million, the program has been funded at $101 million since FY2014. The first two five-year cycles of grants and associated evaluations made vital contributions to building a body of knowledge of what works for whom and under what circumstance to prevent teen pregnancy. This has meant high quality implementation, rigorous evaluation (primarily randomized control trials), innovation, and learning from results.

The TPP Program exemplifies evidence-based policymaking, a results-oriented approach that has bi-partisan support and recognition from a wide range of

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[7] Fowler, C. I., Gable, J., & Lasater, B. (2021, September). Family Planning Annual Report: 2020 National Summary. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, Department of Health and Human Services.

[8] Atkins, C., Gallagher, F., & Gregorian, D. (2025, February 11). *Judge finds Trump administration violated court order halting funding freeze*. NBCNews.com. https://www.nbcnews.com/politics/donald-trump/judge-finds-trump-administration-violated-court-order-halting-funding-rcna191528

[9] Nick Hart and Meron Yohannes (eds.) Evidence Works: Cases Where Evidence Meaningfully Informed Policy. (Washington, D.C.: Bipartisan Policy Center, 2019). Retrieved from bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/06/Evidence-Works-Cases-Where-Evidence-Meaningfully-Informed-Policy.pdf

experts. In fact, the September 2017 unanimously-agreed-to-report from the bipartisan Commission on Evidence-Based Policymaking highlighted the TPP Program as an example of a federal program developing increasingly rigorous portfolios of evidence.[10]

From 2017-2020, there were extensive efforts to terminate and undermine the TPP Program. While courts blocked these efforts, ongoing research was harmed. In 2023 OPA was able to provide investments in 53 new tier 1 projects and 18 new tier 2 projects to expand and advance evidence based TPP programs.[11] These grants and the ability to continue investments in evidence based and innovative programs are contingent on continued appropriations. As such, it is vital that the TPP Program receives adequate funding for FY 2026 to continue these critical projects.

While teen pregnancy has declined dramatically since the 1990s, inequities persist by race, ethnicity, age, and geography. The TPP Program has addressed these inequities by focusing funds on communities and populations facing the greatest barriers. Due to limited resources, the critical sexual health information and education provided by the TPP Program is still out of reach for many communities. Increased funding for the TPP Program would also ensure more young people receive the evidence-based information they need to live healthy lives.

After years of decreased funding and sustained attacks on the TPP Program, we encourage you to provide $150 million in FY 2026.

Evaluation of Teen Pregnancy Prevention Approaches

We urge you to provide sufficient funds in FY 2026 appropriations under the Public Health Services Act for the evaluation of teenage pregnancy prevention approaches. In addition, we call for specific appropriations for HHS General Departmental Management to continue the Teen Pregnancy Prevention Evidence Review.

As part of the bipartisan commitment to evidence-based policymaking, there's a recognition that supporting high quality evaluation within federal agencies is critical to success. Congress has historically provided a modest amount of dedicated funding to evaluate teen pregnancy prevention approaches, including longitudinal

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[10] Ibid.

[11] U.S. Department of Health & Human Services, (August 2023). *HHS awards $23 million to support evidence based teen pregnancy prevention programs.* https://public3.pagefreezer.com/browse/HHS.gov/02-01-2024T03:56/https://www.hhs.gov/about/news/2023/08/25/hhs-awards-23-million-support-evidence-based-teen-pregnancy-prevention.html

evaluations. This funding, in conjunction with the TPP Program, has contributed to deepening our knowledge of what works to reduce teen pregnancy.

Appropriators should also specifically include sufficient funding to continue the Teen Pregnancy Prevention Evidence Review (TPPER) administered by ASPE. Under the first Trump administration, funding ceased for this independent, systematic, rigorous review of evaluation studies that informed TPP and PREP grantmaking and provided a clearinghouse of evidence-based programs for other federal, state, and community initiatives. Due to the funds provided to reactivate the Evidence Review, in 2023 HHS released the first update of findings since 2018. The updated TPPER found evidence of effectiveness for nine new program models, addressing gaps in the existing research and evidence.[12] We ask that appropriators provide support in FY 2026 to ensure this work can continue. 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.

Eliminate the Hyde and Weldon Amendments

We urge you to eliminate the harmful Hyde and Weldon Amendments in FY 2026. The Hyde Amendment has denied insurance coverage of abortion for Medicaid enrollees for more than 45 years. Since 2005, the Weldon Amendment has affected a wide range of abortion-related services, from insurance to referral of care, at the federal, state, and local level. Together these harmful restrictions make it difficult for those who are working hard to make ends meet to access the abortion care that they need. Since the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, pregnant people in many areas of the country are facing a chaotic landscape and increased barriers to abortion care, if they can even access it as all. Both the Hyde and Weldon Amendments will only continue to push care out of reach for pregnant people across the country, disproportionately impacting communities that already face the greatest barriers to accessing care such as people of color, young people, LGBTQI+ people, and people struggling to make ends meet. Earlier this year, the administration signaled its continued support of these and other anti-abortion policies that continue to push care out of reach for many. We encourage you to eliminate the Hyde and Weldon Amendments in FY 2026.

Additional Programs

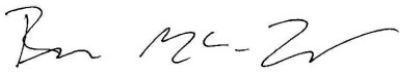
In addition to funding for the aforementioned programs, we urge you to provide adequate funding levels for other important programs that contribute to improved reproductive well-being as part of broader efforts. These programs include the

[12] U.S. Department of Health and Human Services. (2023). Updated findings from the teen pregnancy prevention evidence review. https://opa.hhs.gov/teen-pregnancy-prevention-program-evaluations/tpp-evidence-review

Maternal and Child Health Block Grant, the Centers for Disease Control and Prevention, and Community Health Centers.

People across the country continue to navigate inequitable access to health care, impacting marginalized communities the most. TPP and Title X have worked to meet the needs of these communities in providing access to vital health care and implementing evidence-based approaches that work and serve young people across the country. These programs make sense—and your support for them is even more important in the context of the current crisis in reproductive health care. 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. At a time of much uncertainty, we respectfully urge you to support this request. If you have questions or need additional information, please contact Rachel Fey, Vice President of Policy & Strategic Partnerships at (202) 468-8304 or rfey@powertodecide.org. Thank you.

Sincerely,



Raegan McDonald-Mosley, MD, MPH

CEO