

The Teen Pregnancy Prevention (TPP) Program 101: What's at Stake in 2026

About the Teen Pregnancy Prevention (TPP) Program

All young people deserve access to trusted, resonate, and accurate information about sexual and reproductive health without stigma or shame. Since, 2010, the federally funded Teen Pregnancy Prevention (TPP) Program has been one tool that helps to serve that goal by awarding competitive grants to a broad range of organizations and agencies around the country.

The TPP Program is a tiered evidence-based program administered by the Department of Health and Human Services (HHS) Office of Population Affairs (OPA). OPA has invested in the replication of evidence-based TPP programs (Tier 1 grants) while developing and evaluating new and innovative approaches (Tier 2) to prevent pregnancy and sexually transmitted infections (STIs) among adolescents, promote positive youth development, and advance equity in adolescent health. The TPP Program funds organizations that serve communities and populations with the greatest needs and facing significant disparities.

The TPP Program allows for the exploration, development, testing, and rigorous evaluation of new and innovative interventions that work to prevent sexually transmitted infections (STIs), teen pregnancy, and reduce sexual risk behaviors.

Initially funded at \$110 million, the TPP Program has been funded at \$101 million since fiscal year (FY) 2014. Up to 10% of funds are provided for training and technical assistance, evaluation, and other program support, and of the remaining funds:

- **75% must go to Tier 1 grants "replicating programs that have been proven effective through rigorous evaluation to reduce teen pregnancy prevention, behavioral risk factors underlying teenage pregnancy, or other associated risk factors."**

Grants have historically supported a broad array of evidence-based curricula, allowing grantees to implement the evidence-based curricula that best address the needs of the young people they serve. This means some grantees choose curricula with a strong focus on abstinence, and others choose programs that teach about both abstinence and contraception. Evidence of effectiveness is the criteria required by the TPP Program, not ideology.

- **25% go to Tier 2 grants to "develop, replicate, refine, and test additional methods and innovative strategies for preventing teenage pregnancy."**² Curriculum models that experience positive outcomes when evaluated for effectiveness join the ranks of models available to be replicated by Tier 1 grantees.

Together these two tiers act as a continuum that allows for the exploration, development, testing, and rigorous evaluation of new and innovative interventions.³ Over the last 16 years, OPA and the TPP Program have contributed evidence of effectiveness for 28 program models, including those that have addressed gaps in the existing evidence—ultimately expanding the menu of evidence-based curricula available to be replicated by Tier 1 grantees.^{4,5} Regardless of program content, all funded programs must be medically accurate and age-appropriate.

The TPP Program has been recognized by independent experts

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

- The TPP Program is included in the Results First Clearinghouse Database of evidence-based programs, initially supported by the Pew Charitable Trusts and the MacArthur Foundation and now housed by Penn State University.⁶
- 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.⁷
- A 2019 report from the Bipartisan Policy Center on cases where evidence meaningfully informed policy included the TPP Program.⁸
- A 2022 study published in the Proceedings of the National Academy of Sciences suggests that federal funding from the TPP Program contributed to “an overall reduction in the teen birth rate at the county level of more than 3%.”⁹

Attacks by the First Trump Administration

During the first Trump administration, there were numerous attempts to defund and undermine the TPP Program—most of which were struck down by the courts. This included summarily terminating all TPP Program grantees and trying to remake the program by issuing new notices of funding availability that would have made the TPP Program an abstinence-only funding stream with little to no evidence of effectiveness required.^{10 11}

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Current Attacks by the Trump-Vance Administration

Similar to the first Trump administration, there have already been several challenges to the TPP Program under the current Trump-Vance administration.

This began with July 2025 program guidance from the U.S. Department of Health and Human Services that attempted to make TPP Program grantees revise their curricula to comply with President Trump’s anti-diversity, equity and inclusion (DEI) and anti-trans executive orders.¹² A U.S. District Court judge blocked enforcement of the policy in October 2025, noting the arbitrary and capricious nature of the directive and its conflict with the congressional intent of the grants.¹³

This was followed by the proposed elimination of funds for the program in the Trump-Vance administration’s fiscal year 2027 budget and the release of new funding opportunities that undermine the evidence-based nature of the program.^{14,15} Then, on June 26, 2026, 53 TPP Program grantees received notices from the U.S. Department of Health and Human Services that their grants had been terminated, most of which were purportedly due to “normalizing sexual activity for minors.”¹⁶ In 2025, all TPP Program grantees had their program materials reviewed by HHS to ensure compliance with the current administration’s requirements, making the terminations all the more surprising.

Importantly, Congress has continued to appropriate funding for this program on an annual basis for the past 16 years and reiterate the program’s goals, including the bipartisan law that most recently appropriated funding for the program in FY 2026.¹⁷

What Can Policymakers Do?

As attacks continue, it is paramount that members of Congress not only protect but increase funding to the TPP program. This includes opposing policies that seek to cut or impose new restrictions on the program or its grantees. It also includes members reiterating their power of the purse as appropriators and combatting attempts to circumvent congressional authority.

The TPP program funds organizations that serve communities and populations with the greatest needs and facing significant disparities.

Key Points

- The administration's elimination of current TPP Program grants undermines congressional intent. Congressional appropriators have funded this program annually for the past 16 years, including the bipartisan law that most recently appropriated funding for the program in FY 2026.
- The TPP Program is among the pioneering government programs that use evidence, both as criteria for funding decisions and to rigorously evaluate their efforts and results.
- The TPP Program is focused on evidence and results rather than the decades-old fight over content. As a result, it funds a wide variety of approaches, including abstinence education, parent-child communication, and positive youth development. What they have in common is demonstrated change in behavior.
- The TPP Program allows communities to choose from a variety of age-appropriate models that fit the needs, values, and the circumstances of the diverse young people they serve.
- The TPP Program is yielding results about what works to reduce teen pregnancy for different youth and in different settings, as well as key insights for the broader enterprise of evidence-based policymaking. This was recognized by the bipartisan Commission on Evidence-Based Policymaking, which highlighted the TPP Program as an example of a federal program developing increasingly rigorous portfolios of evidence in its September 2017 unanimously-agreed-to-report.¹⁸
- The TPP Program includes high-quality evaluation that is a signature of evidence-based policymaking; cutting off grantees' research midstream is disruptive and wasteful.
- To cut or redirect funds from grantees implementing evidence-based models and focused on continuous and rigorous evaluation and instead require a particular content ideology—in this case, including anti-scientific requirements like teaching that masturbation is harmful or that young girls should be focused on their fertility—which is both harmful and contrary to congressional appropriations language.¹⁸

Endnotes

1. H.R.7148 - 119th Congress (2025-2026): Consolidated Appropriations Act, 2026. (2026, February 3). <https://www.congress.gov/bill/119th-congress/house-bill/7148>.
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6. Results First Clearinghouse Database. Penn State Social Science Research Institute. <https://evidence2impact.psu.edu/results-first-resources/clearing-house-database/>.
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12. Office of the Assistant Secretary for Health. (2025, July 2). *HHS Issues Policy to Stop the Radical Indoctrination of Children and Ensure Parental Oversight for Teen Pregnancy Prevention Program Grants*. [Press Release] <https://health.gov/news/hhs-issues-policy-stop-radical-indoctrination-children-and-ensure-parental-oversight-teen>.
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