March 23, 2023

Representative Robert Aderholt, Chairman, and Representative Rosa DeLauro, Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
House Committee on Appropriations
2358-B Rayburn House Office Building
Washington, DC 20515

Dear Chairman Aderholt and Ranking Member DeLauro,

The XX below organizations represent millions of providers, researchers, program administrators, community advocates, and, most importantly, people who seek publicly funded family planning services. We applaud the committee for demonstrating strong support for family planning, including introducing a bill last year that included robust increases, for the Title X family planning program, the Teen Pregnancy Prevention Program (TPPP), and sexually transmitted disease (STD) prevention, as well as language to reduce administrative burdens for STD programs that receive federal dollars. We were disappointed that both the Title X and TPPP were flat-funded in the fiscal year (FY) 2023 omnibus, and that the STD funding increase was too limited to counter the growing epidemics. These inadequate funding levels left programs without sufficient funding to meet the needs in their communities. We urge you to adequately fund these critical programs by appropriating $512 million for the Title X family planning program (Office of Population Affairs - OPA), $150 million for the Teen Pregnancy Prevention Program (OPA), $312.5 million for the Division of STD Prevention (Centers for Disease Control and Prevention - CDC), and $200 million for a new program to support clinical services related to sexually transmitted infections (HRSA) in the FY 2024 Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) bill.

Title X Family Planning Program

Title X is the only federal program dedicated to providing family planning services for

people with low incomes. Title X-funded health centers are lifelines in their communities, providing high-quality reproductive and sexual health care, including cancer screenings, testing and treatment for STDs, contraceptive services and supplies, pregnancy testing, and other essential health care services. These centers are access points for people who often face severe structural barriers to accessing quality health care, such as people with low incomes, people with no or insufficient insurance, people of color, people who live and work in rural areas, and LGBTQ people. Indeed, six in ten women who sought contraceptive care at Title X-funded health centers in 2016 said that provider was their only source of health care for the entire year.[1] In 2021, the program served 1.7 million people through 3,284 health centers across the country.[2]

Title X is funded at $286.5 million for FY 2023, well below the $500 million proposed in last year's House bill and the $737 million that federal researchers determined in 2016 would be needed annually just to provide family planning care to low-income women without insurance.[3] This is a significant under-estimate of the true need, especially as the program now serves more than 100,000 men and an unknown number of nonbinary individuals each year.

These services are in jeopardy as a result of chronic underfunding to the Title X Program. Just last year dozens of grantees representing hundreds of potential service sites were approved by OPA but were left unfunded due to insufficient appropriations, leaving many people who could benefit from this care without access to Title X-supported services. **Therefore, we respectfully request $512 million for the Title X program in FY 2024**. That funding level will bring the program halfway to the federally supported funding recommendation and allow the program to begin to meet this growing need and expand to reach millions more Americans.

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[1] Meghan Kavanaugh, "Use of Health Insurance Among Clients Seeking Contraceptive Services at Title X-Funded Facilities in 2016," Guttmacher Institute (June 2018).
[2] Christina Fowler, Julia Gable, and Beth Lasater, "Family Planning Annual Report: 2021 National Summary," Office of Population Affairs (September 2022). https://opa.hhs.gov/sites/default/files/2022-09/2021-fpar-national-final-508.pdf.
[3] Euna August, et al, "Projecting the Unmet Need and Costs for Contraception Services After the Affordable Care Act," American Journal of Public Health (February 2016): 334-341.

STI Prevention, Treatment, and Testing

For the seventh year in a row, sexually transmitted infections (STIs)[4] are at an all-time high in the United States. STIs such as chlamydia, gonorrhea, and syphilis come at a steep price, with more than $1 billion each year in direct medical costs,[5] and can lead to lifelong medical issues and death. Increasing cases of syphilis in newborns (congenital syphilis) are particularly worrisome; cases of congenital syphilis have increased 235% since 2016, and deaths associated with congenital syphilis have increased 210%. Our nation's STD programs and the sexual health clinics that test and treat STIs are our front line of defense against these epidemics, but the COVID-19 pandemic, coupled with more than 17 years of level funding for STD programs, has resulted in a 40% reduction in buying power, further impeding efforts to get STIs under control.

First, **we request $312.5 million for the Division of STD Prevention** (DSTDP).[6] DSTDP, which is funded at $174.3 million for FY 2023, directly funds all 50 state health departments and six major cities to engage in STD prevention and control. Additional funding will allow STD programs to improve contact tracing, monitor trends in STI cases throughout their jurisdictions, and quickly respond to new outbreaks. Second, **we request $200 million for a new demonstration project** at HRSA to award grants to public and private nonprofit clinics for STI clinical services, which will address staffing shortages and expand capacity. Testing and prompt treatment for bacterial STIs are the best tools to reduce STI rates. However, no dedicated federal program exists to directly support high-quality and accessible STI clinical services. This project will provide long overdue support for patients and their public and nonprofit providers.

[4]Sexually transmitted infection (STI) is the updated medical term for infections transmitted through sex and includes both symptomatic and asymptomatic infections. The traditional term "sexually transmitted disease (STD)" refers only to symptomatic infections. Most federal and state government divisions dedicated to preventing STIs are still officially named 'STD programs' and are referred to as such in this letter.

[5] "Sexually Transmitted Infections Prevalence, Incidence, and Cost Estimates in the United States." Centers for Disease Control and Prevention (January 2021). https://www.cdc.gov/std/statistics/prevalence-2020-at-a-glance.htm

[6] This request includes a continuation of the funds begun in the FY 2023 appropriations bill, including $15 million to move the grant year by one month, and $3 million to hold harmless grantee funding levels.

The Teen Pregnancy Prevention Program (TPPP)

We request $150 million in funding for the Teen Pregnancy Prevention (TPP) Program for FY 2024. Since 2010, TPPP, along with the complementary Personal Responsibility Education Program (PREP),[7] have been recognized as pioneering examples of tiered, evidence-based policymaking. Originally funded at $110 million, the program has been funded at $101 million since 2014. The first two five-year cycles of grants and evaluations have made a vital contribution to building a body of knowledge of what works for whom and under what circumstance to prevent teen pregnancy. In fact, the September 2017 unanimously-agreed-to-report from the bipartisan Commission on Evidence-Based Policymaking highlighted TPPP as an example of a federal program developing increasingly rigorous portfolios of evidence.[8] A new round of five-year grants is on track to be awarded this year with FY 2023 funds, and their continuation will be contingent on FY 2024 funding.

Since the early 1990s there have been steep declines in teen pregnancy and birth rates, across all racial and ethnic groups and in all 50 states. Yet disparities persist by race, ethnicity, age, and geography. TPPP has addressed these disparities by focusing funds on communities and populations with the greatest needs. Due to limited resources, the critical sexual health information provided by TPPP is out of reach for many. Increased funding would also ensure more young people receive the evidence-based information they need to live healthy lives and attain the goals they set for themselves. After years of decreased funding for TPPP, we encourage you to provide $150 million in FY 2024.

[7] A three-year extension of funding for this mandatory funding stream, which expires at the end of FY 2023, was attached to the FY 2021 Omnibus and COVID Relief and Response Act (P.L. 116-260).
[8] Nick Hart and Meron Yohannes (eds.) Evidence Works: Cases Where Evidence Meaningfully Informed Policy. Bipartisan Policy Center (2019) Retrieved from: https://bipartisanpolicy.org/wp-content/uploads/2019/06/Evidence-Works-Cases-Where-Evidence-Meaningfully-Informed-Policy.pdf

Conclusion

The undersigned organizations look forward to working with you on these priorities. Amidst a reproductive health care crisis in which millions of people are unable to access critical services, these investments in family planning and the ability of qualified providers to participate in these programs are even more crucial. If you have any questions, please contact Lauren Weiss at the National Family Planning & Reproductive Health Association (lweiss@nfprha.org).

Sincerely,