

March 13, 2020

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
U.S. Senate Appropriations Committee
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
U.S. Senate Appropriations Committee
Washington, DC 20510

The Honorable Rosa DeLauro
Chairwoman
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
U.S. House Appropriations Committee
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, Health, and Human
Services, Education, and Related Agencies
U.S. House Appropriations Committee
Washington, DC 20515

Dear Chairman Blunt, Ranking Member Murray, Chairwoman DeLauro, and Ranking Member Cole:

The undersigned 109 organizations, committed to supporting the sexual and reproductive health and rights of young people, request your support for fiscal year (FY) 2021 funding that helps to ensure the health of our nation's youth. We urge you to protect the integrity of the Teen Pregnancy Prevention Program (TPPP) and increase support for the Centers for Disease Control and Prevention's (CDC) school-based HIV and STI prevention efforts. We also encourage the elimination of the abstinence-only "sexual risk avoidance" competitive grant program.

Young people face barriers to accessing health information, education, and services, resulting in persistent inequity and health disparities. While a young person's health and wellbeing is about more than just the absence of disease, or in the case of sexual health, the absence of HIV and other STIs, unintended pregnancy, or sexual violence, the adolescent data on these points alone, remain largely unchanged and alarming in recent years.

You've likely seen some of these statistics: young people under the age of 25 account for more than 1 in 5 new HIV infections;¹ half of the nearly 20 million estimated new STI cases each year

¹ Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS), HIV among youth, 2017, www.cdc.gov/hiv/group/age/youth/index.html.

in the U.S. occur among those aged 15-24;² 75% of pregnancies among young people ages 15-19 are unintended compared to an overall unintended pregnancy rate of 45% across all age groups;³ and 7% of high school students reported being sexually assaulted by a partner.⁴

Marginalized young people, such as young people of color, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) young people, and young people with differing abilities, face disproportionate indicators of a lack of systemic support for their sexual health. Lesbian, gay, and bisexual high school students, for example, are more than twice as likely as their heterosexual peers to experience partner violence, be sexually assaulted by a partner, or be forced to have sex.⁵ Further, 35% of transgender students report experiencing bullying at school, and the same percentage have attempted suicide.⁶

This data continues to highlight the importance of additional resources to better meet the needs of young people, particularly as the availability and quality of sexual health information and sexuality education varies drastically across the country. Less than 43% of all high schools and only 18% of middle schools in the U.S. provide education on all of the 20 topics the CDC has deemed essential to ensuring sexual health.⁷

Fortunately, research has shown us how we can better assist young people in leading healthy lives. Access to medically accurate programs that include sexual health information beyond abstinence works to promote adolescent health. These programs help young people determine if and when to have sex, teach them how to use condoms and contraception when they do so, and reduce unintended pregnancies.⁸ Programs that are inclusive of LGBTQ+ youth and

² National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, HHS, Sexually Transmitted Disease Surveillance 2017: STDs in Adolescents and Young Adults, Atlanta: CDC, 2018, <https://www.cdc.gov/std/stats17/adolescents.htm#ref1>.

³ Guttmacher Institute, Adolescent sexual and reproductive health in the United States, Fact Sheet, New York: Guttmacher Institute, 2017, www.guttmacher.org/fact-sheet/american-teens-sexual-and-reproductive-health.

⁴ Kann L et al., Youth risk behavior surveillance – United States, 2017, Morbidity and Mortality Weekly Report (MMWR), 2018, Vol. 67, No. 8, <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>.

⁵ Kann L, Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9-12—United States and selected states, 2015, MMWR, 2016, Vol. 65, No. 9, www.cdc.gov/mmwr/indss_2016.html.

⁶ Johns MM et al., Transgender Identity and Experiences of Violence Victimization, Substance Use, Suicide Risk, and Sexual Risk Behaviors Among High School Students — 19 States and Large Urban School Districts, 2017, <https://www.cdc.gov/mmwr/volumes/68/wr/mm6803a3.htm>.

⁷Centers for Disease Control and Prevention. School Health Profiles 2018: Characteristics of Health Programs Among Secondary Schools. Atlanta: Centers for Disease Control and Prevention; 2019.

⁸ Secura GM et al., Provision of no-cost, long-acting contraception and teenage pregnancy, *New England Journal of Medicine*, 2014, 371(14):1316–1323; Community Preventive Services Task Force, HIV/AIDS, other STIs, and teen pregnancy: group-based comprehensive risk reduction interventions for adolescents, 2012, www.thecommunityguide.org/hiv/riskreduction.html.

LGBTQ+-related resources ultimately promote academic achievement and overall health.⁹ Equipping young people with sexual decision-making and relationship skills results in safer sexual behaviors. Additionally, promoting gender equity reduces physical aggression between intimate partners and improves safer sex practices for all genders.¹⁰

Support Congressional Intent and Funding for TPPP

Provide \$101 million in budget authority and \$6.8 million in evaluation transfer authority to support the continuation of a wide-range of evidence-based and informed community approaches to healthy youth development and unintended pregnancy prevention. Support bill and report language that protects the integrity of the program, which has been subject to unlawful attacks by the Trump administration.

TPPP was established in 2010 to support community-driven, evidence-based or informed, medically accurate, and age-appropriate approaches to preventing pregnancy among adolescents, involving parents, educators, researchers, and providers. In the first five years of TPPP alone, more than 7,000 professionals were trained, 3,000 community-based partnerships were developed, eight new innovative programs were identified as contributing to positive health behavior change, and over half a million young people were served. Beginning in 2015, 84 organizations in 33 states, D.C., and the Marshall Islands were awarded funds to replicate evidence-based programs in communities with the greatest needs; conduct rigorous evaluation of new and innovative approaches to prevent unintended teen pregnancy; or build capacity to support implementation of evidence-based programs.¹¹

Despite this progress, the administration attempted to eliminate the program, first by zeroing out the program, which Congress rejected, and then by terminating grants for the second program round two years early. The second program round was on track to reach 1.2 million people. Multiple courts uniformly found the attempt to shorten the grants was unlawful. The administration then attempted to remake the program into an abstinence-only program through funding announcements. Again, multiple courts uniformly found its Tier 1 funding announcement violated the clear language of TPPP's appropriation language. Despite these clear admonitions from the courts, the administration has refused to respond to congressional oversight requests, and thus, in order to protect the integrity of the program, additional bill and report language is needed.

⁹ Schalet AT et al., Invited commentary: broadening the evidence for adolescent sexual and reproductive health and education in the United States, *Journal of Youth and Adolescence*, 2014, 43(10):1595–1610, <http://link.springer.com/article/10.1007/s10964-014-0178-8>.

¹⁰ *Ibid.*

¹¹ OAH, HHS, *HHS Office of Adolescent Health Fiscal Year 2016 Annual Report*, Rockville, MD: HHS, 2016, www.hhs.gov/ash/oah/sites/default/files/2016-annual-report.pdf.

In addition, TPPP evaluation funds have been used to examine the efficacy of programs to inform new and innovative adolescent health promotion approaches. The findings from evaluations of the first TPPP grant cycle contributed to the body of evidence that guides educators in making program decisions and highlighted the importance of continued investment in new programs and strategies for various settings and audiences.¹² Learning both what works and what doesn't to support adolescent health is equally important; in building this evidence base and sharing it with communities and educators, TPPP uses a science-based approach to the prevention of unintended pregnancy among young people.

Support Funding for CDC's School Based HIV Prevention

Provide \$100 million for CDC's school-based HIV and STI prevention efforts within the Division of Adolescent and School Health (DASH) to enable robust assistance and to states, districts, and schools in their efforts to support student health and to lead research on school health and a range of adolescent health behaviors.

The CDC provides a unique source of support for adolescent health education in our nation's schools by seeking to promote education, health access, and environments where young people can gain fundamental health knowledge and skills and establish healthy behaviors. Currently, DASH provides funding to 28 school districts across the country to implement school-based HIV and STI prevention programs in schools, integrating substance use prevention, violence prevention, and other public health approaches. The work within DASH expands the research and evidence base of how to best meet the needs of young people, including LGBTQ+ youth, youth of color and youth with differing abilities. Currently, DASH reaches 2 million young people at less than \$10 per student¹³. With \$100 million in appropriations, DASH could *directly* reach 20% of all 56 million middle and high school students in the nation, and reach the other 80% of young people indirectly through widespread implementation of safe and supportive environments in schools. This funding increase would allow DASH to fund the 100 largest local education agencies in the country, as well as all 57 state and territorial education agencies.

End Abstinence-Only Funding

Eliminate funding for the abstinence-only-until-marriage "sexual risk avoidance" competitive grant program, putting an end to harmful programs, regardless of new packaging, that have been proven ineffective at their primary goal of young people delaying sex until marriage.

¹² Margolis AL and Roper YV, Practical experience from the Office of Adolescent Health's large scale implementation of an evidence-based Teen Pregnancy Prevention Program, *Journal of Adolescent Health*, 2014, 54(3):S10-S14, [www.jahonline.org/article/S1054-139X\(13\)00791-X/fulltext](http://www.jahonline.org/article/S1054-139X(13)00791-X/fulltext).

¹³ DASH, Centers for Disease Control and Prevention
<https://www.cdc.gov/healthyyouth/about/cdc-dash-health-program-impact.htm>

Despite more than two decades of rigorous research demonstrating that programs with the sole aim of promoting abstinence until marriage are ineffective at this primary goal, over \$2 billion in federal funding alone has been wasted on this stigmatizing approach. In addition to violating young people's human rights, federally funded and independent analyses alike have found that youth participating in such programs were no more likely to abstain from premarital sexual activity than those who did not participate in the program.¹⁴ Moreover, regardless of what they are called, abstinence-only programs withhold necessary and lifesaving information that allow young people to make informed and responsible decisions about their own health. These programs have been found to include content that reinforces gender stereotypes, ostracizes and denigrates LGBTQ+ youth, stigmatizes sexually active young people and pregnant or parenting youth, and fails to respect the needs of youth who have experienced sexual abuse or assault.¹⁵ Rather than supporting the needs of young people, abstinence-only programs undermine opportunities to empower youth to make informed decisions about their health and wellbeing.

Young people deserve access to the information, education, and resources they need to make healthy decisions about their lives. Significantly more can, and needs to, be done to support the sexual health education of our nation's youth. Supporting these requests in the FY 2021 funding is an essential step in the right direction.

Thank you for your consideration of our request to support the health and wellbeing of young people.

Sincerely,

Advocates for Youth

AIDS Alliance for Women, Infants, Children, Youth & Families

American Academy of Pediatrics

American Atheists

American Civil Liberties Union

American Medical Student Association

American Psychological Association

Athlete Ally

Bayard Rustin Liberation

Cascade AIDS Project

¹⁴ Santelli J et al., Abstinence-only-until-marriage: an updated review of U.S. policies and programs and their impact, *Journal of Adolescent Health*, 2017, 61(3):273–280, www.jahonline.org/article/S1054-139X%2817%2930260-4/fulltext#sec10.

¹⁵ 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*, 2017, 61(3): 400–403, [www.jahonline.org/article/S1054-139X\(17\)30297-5/fulltext](http://www.jahonline.org/article/S1054-139X(17)30297-5/fulltext).

Catholics for Choice
Center for Reproductive Rights
CenterLink: The Community of LGBT Centers
Diaspora Community Services
Equality California
Equality North Carolina
Eyes Open Iowa
Fact Forward
Genders & Sexualities Alliance Network
Girls Inc. at YWCA of Syracuse and Onondaga County Inc
Girls Inc.
Girls Inc. of Alameda County
Girls Inc. of Bay County
Girls Inc. of Chicago
Girls Inc. of Dothan
Girls Inc. of Greater Lowell
Girls Inc. of Jacksonville
Girls Inc. of Long Island
Girls Inc. of Memphis
Girls Inc. of Metro Denver
Girls Inc. of Omaha
Girls Inc. of Orange County
Girls Inc. of San Antonio
Girls Inc. of Santa Fe
Girls Inc of Shelbyville & Shelby County
Girls Inc. of Sioux County
Girls Inc. of the Central Coast
Girls Inc. of the Pacific NW
Girls Inc. of the Valley
Girls Inc. of the TN Valley
Girls Inc. of Washington County
Gladys Allen Brigham Com Ctr/Girls Inc. of the Berkshires
GLMA: Health Professionals Advancing LGBTQ Equality
Global Justice Center
Guttmacher Institute
Healthy Teen Network
HIV + Hepatitis Policy Institute
Human Rights Campaign
If/When/How: Lawyering for Reproductive Justice

In Our Own Voice: National Black Women's Reproductive Justice Agenda

Ipas

Los Angeles LGBT Center

Mazzoni Center

Medical Students for Choice

Michigan Organization on Adolescent Sexual Health (MOASH)

Modern Military Association of America

MoveOn

NARAL Pro-Choice America

NASTAD

National Abortion Federation

National Asian Pacific American Women's Forum (NAPAWF)

National Association of County and City Health Officials (NACCHO)

National Association of Pediatric Nurse Practitioners

National Center for Lesbian Rights

National Center for Transgender Equality

National Coalition of STD Directors

National Council of Jewish Women

National Equality Action Team

National Family Planning & Reproductive Health Association

National Institute for Reproductive Health (NIRH)

National Latin Institute for Reproductive Health (NLIRH)

National LGBTQ Task Force

National Network of Abortion Funds

National Organization for Women

National Partnership for Women & Families

National Women's Law Center

New Orleans Abortion Fund

North Carolina AIDS Action Network

North Dakota Women's Network

Peer Health Exchange, NY

People for the American Way

PFLAG National

Physicians for Reproductive Health

Planned Parenthood Federation of America

Planned Parenthood of the Great Northwest and Hawaiian Islands

Planned Parenthood of the Rocky Mountains

Population Connection Action Fund

Population Institute

Positive Women's Network
Power to Decide
Prevention Access Campaign
SHIFTNC
SIECUS: Sex Ed for Social Change
Silver State Equality-Nevada
Stop the Shaming
Teen Pregnancy & Prevention Partnership-Missouri
The Forum for Youth Investment
The Trevor Project
TRANScending Barriers Atlanta
Treatment Action Group
True Colors United
UN|HUSHED
Union for Reform Judaism
United Community Centers, Inc.
URGE: Unite for Reproductive & Gender Equity
WithyCombe Consulting
Women of Reform Judaism
WV FREE
Yellowhammer Fund

Cc:

The Honorable Mitch McConnell
The Honorable Chuck Schumer
The Honorable Richard Shelby
The Honorable Patrick Leahy
The Honorable Nancy Pelosi
The Honorable Kevin McCarthy
The Honorable Nita Lowey
The Honorable Kay Granger