



April 6, 2026

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 2027 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 2027.

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. In 2023, 27 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 also serves as an important resource for marginalized communities who continue to face compounding barriers to health care. This includes patients who are racially and ethnically diverse with 48% of those served by the Title X Program in 2023 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

Additionally, 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 FY 2014.⁴ In fact, the HHS Office of Population Affairs estimated in 2024 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

In addition to the impact of insufficient funding, ongoing attacks on the program have resulted in fewer services being provided despite the increase in those seeking care. This includes the first Trump Administration's 2019 rule, last year's withholding of Title X funds, and passage of the One Big Beautiful Bill Act (OBBBA). OBBBA has already caused patients to lose health insurance and substantially impacted providers, who now face uncertainty on how to keep doors open and services available for patients. The near constant delays, chaos, and confusion threaten access to family planning services for millions. We urge Congress to include \$737 million for the Title X Family Planning Program for FY 2027 and continue to ensure that appropriated funds go to grantees who are serving those

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.

with nowhere else to go.

The Teen Pregnancy Prevention (TPP) Program

We request \$150 million in funding for the Teen Pregnancy Prevention (TPP) Program for FY 2027. 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.⁷ Originally funded at \$110 million, the program has been funded at \$101 million since FY 2014. 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 circumstances 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 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.⁸

Unfortunately, there have been extensive efforts to terminate and undermine the TPP Program. Just last year, in addition to attempted RIFs at the Office of Population Affairs that impacted the management and distributing of TPP funds, the Trump-Vance Administration also sought to undermine the TPP program and its grantees by enforcing an anti-LGBTQ+ and anti-DEI policy on the program, at odds with the statutory focus on evidence.⁹

Due to persistent attacks and 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 2027.

⁷ 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

⁸ Ibid.

⁹ Assistant Secretary for Health. (2025). HHS Issues Policy to Stop the Radical Indoctrination of Children and Ensure Parental Oversight for Teen Pregnancy Prevention Program Grants. Retrieved from <https://health.gov/news/hhs-issues-policy-stop-radical-indoctrination-children-and-ensure-parental-oversight-teen>

Evaluation of Teen Pregnancy Prevention Approaches

We urge you to provide sufficient funds in FY 2027 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 is 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 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.¹⁰ We ask that appropriators provide support in FY 2027 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 2027. The Hyde Amendment has denied insurance coverage of abortion for Medicaid enrollees for nearly 50 years. Since 2005, the Weldon Amendment has affected a wide range of abortion-related services, from insurance coverage 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. In addition to releasing Executive Orders in full support of these anti-abortion amendments, On March 16, 2026, the Trump-Vance Administration's Office of Civil Rights announced it would be investigating 16

¹⁰ 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>

states who are allegedly in violation of the Weldon Amendment.¹¹

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. Amid these attacks on reproductive well-being, which includes the ability to get abortion care, we encourage you to eliminate the Hyde and Weldon Amendments in FY 2027.

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 Maternal and Child Health Block Grant, the Centers for Disease Control and Prevention, and Community Health Centers. We also urge you to cease funding for the Sexual Risk Avoidance Program, which supports abstinence-only programs. Research has shown abstinence-only programs to be ineffective and harmful.¹²

People across the country continue to navigate inequitable access to health care, impacting marginalized communities the most. The TPP Program 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 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,



Rachel Fey,
Co-interim CEO and Vice President, Policy, and Strategic Partnerships

¹¹ US Department of Health and Human Services. (2026). HHS' Office for Civil Rights Investigates Thirteen States Under Federal Conscience Law. Retrieved from <https://www.hhs.gov/press-room/hhs-ocr-investigates-thirteen-state-abortion-coverage-mandates-under-federal-conscience-law.html>

¹² Columbia Mailman School of Public Health. (2017). Abstinence-Only Education Is a Failure. <https://www.publichealth.columbia.edu/news/abstinence-only-education-failure>