

Secretary Kathleen Sebelius
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Director Sylvia Mathews Burwell
Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

October 28, 2013

Dear Secretary Sebelius and Director Burwell:

As budget planning continues, and the administration moves beyond the closure of the federal government, the 26 undersigned organizations urge the President's budget for fiscal year (FY) 2015 to protect and strengthen funding for the Teen Pregnancy Prevention Initiative (TPPI), the Division of Adolescent and School Health (DASH), and the Personal Responsibility Education Program (PREP). Additionally, in keeping with the May 29, 2013 memorandum directing agency and department heads to reduce their FY 2015 requests by five percent below their FY 2014 proposals, we also request the elimination of the nearly \$55 million of federal funding for abstinence-only-until-marriage Title V and competitive grant programs.

We commend the President and the Department of Health and Human Services (HHS) for their leadership in advancing evidence-informed efforts to promote adolescent sexual health through support of the TPPI, DASH, and PREP; there is still much that needs to be done, however, to strengthen, enhance, and expand these efforts to ensure the health and well-being of our nation's young people. Health outcomes data demonstrate the critical need for continued efforts. The U.S. rates of teen pregnancy and birth remain the highest among comparable countries; among teens who gave birth in the U.S., 50 percent were not using birth control and 31 percent believed they could not become pregnant.¹ One-in-two young people will have a sexually transmitted infection (STI) by the age of 25.² Every month, 1,000 young people acquire HIV in the U.S., and account for one-in-four of the estimated 50,000 new HIV infections diagnosed each year.³

Supporting the Teen Pregnancy Prevention Initiative (TPPI)

We are pleased that the President recognizes the importance of addressing these troubling statistics and has continued to support funding for teen pregnancy prevention and underlying risk behaviors through TPPI. Since FY 2010, this funding has been utilized to provide five-year cooperative agreements to more than 100 public and private entities nationwide that administer evidence-based or innovative, medically accurate, and age-appropriate programs to an estimated 800,000 young people over the duration of the cooperative agreements. We ask that the President's FY 2015 budget reflect renewed commitment to this unique program for its second round of cooperative agreements by providing \$130 million for TPPI and designate an additional \$8.5 million in TPPI evaluation. The requested \$130 million for TPPI would support the expansion of the program to reach 100,000 more young people, as well as address the need for further administration and technical assistance support that has continually decreased since the program's creation, most recently as a result of the sequester. In addition, the continuation of \$8.5 million for TPPI evaluation is vital to further ongoing evaluation efforts and to expand the list of evidence-based and innovative strategies for preventing unintended teen pregnancy and STIs.

Supporting the Division of Adolescent and School Health (DASH)

Supplementing the federal teen pregnancy prevention efforts of TPPI, within the Centers for Disease Control and Prevention, DASH is a unique source of support for HIV prevention efforts in our nation's schools, providing assistance in exemplary sexual health education and linkage to sexual health care services. Just as schools are critical to preparing students academically and socially, they are also vital partners in helping young people learn to take responsibility for their health and adopt health-enhancing attitudes and behaviors that can last a lifetime. As a result of the five percent sequester cut this past fiscal year and a devastating 25 percent cut in FY 2012, DASH is currently funded at its lowest level in over ten years. For the first time in over a decade, however, more than 15 percent of students reported not being taught about AIDS or HIV in school.⁴ Rather than being strengthened to correct this education gap, DASH resources are being scaled back; the formerly nationwide program that had funded more than 80 states, territories, tribes and local education agencies has been reduced to funding 17 local education agencies and 19 state education agencies. To restore the nationwide investments in school-based HIV prevention, we encourage the President to include \$50 million for DASH to include a dedicated \$3 million for evaluation of these interventions providing sexual health prevention information to students.

Supporting the Personal Responsibility Education Program (PREP)

The first-ever dedicated funding stream for sexuality education, incorporating requirements beyond public health interventions, PREP broadens and complements the community- and school-based efforts of TPPI and DASH by providing states with grants to implement evidence-informed or innovative teen pregnancy- and HIV/STD-prevention, youth development, and adulthood preparation programs for young people. Authorized for five years in FY 2010, the majority of PREP funding goes to state health departments, but the program also includes funding opportunities for local entities, community- and faith-based organizations, tribes, and tribal organizations to replicate effective programs or implement innovative methods to reach marginalized and vulnerable young people, as well as dedicated funds for the evaluation, oversight, training, and technical assistance. With PREP funding currently supporting adolescent sexual health and youth development programs in every state and seven territories across the nation, it is imperative that these investments continue beyond its current authorization. We ask the administration to demonstrate support for the reauthorization and continued funding for PREP by incorporating at least \$84 million for the program, the estimated FY 2013 level, for the FY 2015 budget.

Eliminating Funding for Abstinence-Only-Until-Marriage Programs

Overwhelming evidence has proven that abstinence-only-until-marriage programs, such as those funded under the Title V abstinence-only-until-marriage program and the previously named Community-Based Abstinence Education grant program, now the Community Abstinence Education grant program (CAE), are ineffective, fail to achieve their stated goals, and are a waste of limited taxpayer dollars. A ten-year government evaluation of the Title V abstinence-only-until-marriage program found that such programs do not delay sexual initiation—the purported purpose of the program.⁵ Instead, the evaluation found that those who participated in the programs were no more likely to abstain from sexual activity than those who did not. This followed 13 state evaluations of programs funded with Title V abstinence-only-until-marriage programs with results ranging from ineffective to harmful.

We are pleased that funding for CAE has not been included in previous budgets issued by the President and would encourage the same for the FY 2015 budget. With the authorization for Title V abstinence-only-until-marriage program ending in FY 2014, we request that the program not be included in the President's FY 2015 budget. These programs withhold necessary and lifesaving information that would allow young people to make informed and responsible decisions about their health. In addition, abstinence-only-until-marriage programs outright ignore and ostracize lesbian, gay, bisexual, and transgender youth (LGBT), populations at increased risk for STIs, including HIV. Instead of using opportunities to protect and support our youth, these programs often reinforce gender stereotypes, squandering opportunities for youth to become empowered to make healthy and responsible decisions about their sexual health.

In these constrained budgetary times, it is critical that federal dollars be invested in programs that support efforts to prepare our young people for adulthood, not unproven programs that shame them, ignore the realities of their lives, and deny them factual, science-based information. Especially as all levels of government have been called upon to reduce spending, our nation's limited resources are better spent on adolescent sexual health approaches that have been proven effective and meet the needs of all young people. Preventing unintended pregnancy and STIs, including HIV, not only furthers achievement in meeting our nation's public health goals, it is also cost-effective. According to the Guttmacher Institute, unintended pregnancy for all women in the U.S costs taxpayers roughly \$11 billion each year. Were we to successfully prevent all of the nearly 20,000 annual new HIV infections among those under the age of 29, an astounding \$6.8 billion would be saved in lifetime medical costs.⁶ In these economic times, we must make strategic investments in evidence-informed, effective, and inclusive programs.

Thank you for your consideration of these requests. Please keep the above requests in mind as you prepare the federal budget proposals for FY 2015. We look forward to continuing to work with you to ensure our nation's young people receive the information and tools they need to make responsible and healthy decisions.

Sincerely,

Advocates for Youth
AIDS Alliance for Women, Infants, Children, Youth & Families
The AIDS Institute
AIDS United
American Association of University Women (AAUW)
American Civil Liberties Union
American Sexual Health Association
GLSEN (Gay, Lesbian & Straight Education Network)
Healthy Teen Network
Human Rights Campaign
International Women's Health Coalition (IWHC)

NARAL Pro-Choice America
National Asian Pacific American Women's Forum
National Center for Lesbian Rights
National Coalition of STD Directors
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Latina Institute for Reproductive Health
National Partnership for Women & Families
National Women's Health Network
People For the American Way
Planned Parenthood Federation of America
Religious Coalition for Reproductive Choice
Secular Coalition for America
Sexuality Information and Education Council of the U.S. (SIECUS)
Union for Reform Judaism

CC: Howard Koh, Assistant Secretary for Health, Health and Human Services
Andrea Palm, Chief of Staff, Health and Human Services
Evelyn Kappeler, Director, Office of Adolescent Health
Bryan Samuels, Commissioner, Administration on Children, Youth and Families
Debbie Powell, Deputy Associate Commissioner, Administration for Children, Youth & Families
Tom Frieden, Director, Centers for Disease Control and Prevention
Jonathan Mermin, Director, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention
Julie Brewer, Office of Management and Budget
Laurel Havas, Office of Management and Budget
Aaron Lopata, Office of Management and Budget
Tricia Schmitt, Office of Management and Budget
Jack Smalligan, Office of Management and Budget

¹ Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report: Pregnancy Contraceptive Use Among Teens with Unintended Pregnancies Resulting in Live Births – Pregnancy Risk Assessment Monitoring System (PRAMS), 2004-2008*. Atlanta, GA: U.S. Department of Health and Human Services, 2012, Vol. 61, No.2, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6102a1.htm>.

² Cates JR, Herndon NL, Schulz S L, Darroch JE. *Our Voices, Our Lives, Our Futures: Youth and Sexually Transmitted Diseases*. Chapel Hill, NC: University of North Carolina at Chapel Hill School of Journalism and Mass Communication, 2004, available at <http://joancates.web.unc.edu/files/2010/11/Our-Voices-Our-Lives-Our-Futures-Youth-and-Sexually-Transmitted-Diseases.pdf>.

³ Centers for Disease Control and Prevention. *Vital Signs: HIV Among Youth in the U.S.* Atlanta, GA: U.S. Department of Health and Human Services, 2012, available at <http://www.cdc.gov/vitalsigns/HIVAmongYouth/index.html>.

⁴ Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report: Youth Risk Behavior Surveillance — United States, 2011* Atlanta, GA: U.S. Department of Health and Human Services, 2012, Vol. 61, No. 4, available at <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>.

⁵ Christopher Trenholm, et. al., *Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report*. Trenton, NJ: Mathematica Policy Research, April 2007, available at www.mathematicapmr.com/publications/pdfs/impactabstinence.pdf.

⁶ Centers for Disease Control and Prevention. *HIV Surveillance Report: Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2011* Atlanta, GA: U.S. Department of Health and Human Services, 2012, Vol. 23, available at http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance_Report_vol_23.html; and Schackman BR, et al. *The lifetime cost of current human immunodeficiency virus care in the United States*. *Med Care* 2006; 44(11):990-997, relevant data available at <http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/>.