



the campaign to prevent unplanned pregnancy

Federal Funding Streams Dedicated to Preventing Teen and Unplanned Pregnancy at a Glance

There are several federal funding streams for teen pregnancy prevention education—which total approximately \$290 million annually. In addition, funding for Title X helps prevent unplanned pregnancies—and support people’s power to decide if, when, and under what circumstances to get pregnant and have a child—by offering high-quality contraceptive services, preventive screenings, and information, primarily to low-income individuals. The chart below summarizes current and proposed funding levels, followed by descriptions of each stream.

Program	FY 2018	FY 2019	FY 2020	FY 2021
Discretionary (annually appropriated) Funding Streams				
Teen Pregnancy Prevention (TPP) Program	\$101 million with existing language	\$101 million with existing language	\$101 million with existing language	\$101 million with existing language
Sexual Risk Avoidance Education (SRAE)	\$25 million with existing language	\$35 million with existing language	\$35 million with existing language	\$35 million with existing language
Title X Family Planning Program	\$286.5 million with existing language	\$286.5 million with existing language	\$286.5 million with existing language	\$286.5 million with existing language ⁿ
Mandatory Funding Streams				
Personal Responsibility Education Program (PREP)	\$75 million* Extended through FY 2019 w/ some policy changes	\$75 million*	\$75 million** Extended through FY 2020 by several short-term extensions	\$75 million^ Extended through FY 2023
Title V Sexual Risk Avoidance Education (SRAE) Program	\$75 million* Extended through FY 2019 w/ some policy changes	\$75 million*	\$75 million** Extended through FY 2020 by several short-term extensions	\$75 million^ Extended through FY 2023
Pregnancy Assistance Fund (PAF)	\$25 million	\$25 million	NA, needs to be reauthorized ^β	NA, needs to be reauthorized ^β

* Reflects the results of the [Bipartisan Budget Act of 2018](#), which became law on February 9, 2018.

** The short-term extensions of these mandatory funding streams were included in several bipartisan, bicameral appropriations deals to fund the government through the rest of FY2020 and into FY 2021.

^ The three-year extension of funding (through FY 2023) for these mandatory funding streams was attached to a bipartisan, bicameral appropriations deal to fund the government through the rest of FY 2021.

B Authorization expired on 9/30/2019 and funding expired on 6/30/2020. Two standalone bipartisan bills were introduced in the 116th Congress, but no extension was signed into law. See more on pages 5-6.

Π Title X received \$50 million dollars in supplemental funding as part of the American Rescue Plan (P.L. 117-2), not tied to the fiscal year, to be available until expended. See more on page 3.

DISCRETIONARY FUNDING STREAMS

Teenage Pregnancy Prevention (TPP) Program¹

This evidence-based program began in 2010 and is currently administered by the Office of Population Affairs (OPA).² Historically, grants have supported a broad array of evidence-based programs, with some grantees choosing programs with a strong focus on abstinence and others choosing programs that teach about both abstinence and contraception. There was also a strong focus on rigorous evaluation and learning from results. Regardless of program content, all funded programs must be medically accurate and age appropriate.

The TPP Program was initially funded at \$110 million and has been funded at \$101 million since FY2014. The TPP Program provides up to 10% of funds for training and technical assistance, evaluation, and other program support, and of the remaining funds:

- 75% go to Tier 1 grants to replicate teen pregnancy prevention programs that have shown to be effective through rigorous evaluation.
- 25% go to Tier 2 grants to develop, replicate, refine, and rigorously evaluate additional models and innovative strategies to reduce teen pregnancy.³

As the program was originally administered, it provided competitive five-year grants to a broad range of organizations and agencies. The first round of 100 grants was awarded for FY2010–2014, and a second round of 84 grants was awarded for FY2015–2019. Tier 1 grantees could choose to replicate a list of evidence-based programs that meet high standards of evidence.⁴ The Trump administration awarded several rounds of grants.⁵ This includes Tier 2 grants awarded in September 2018 and June 2020, and Tier 1 grants awarded in [July 2019](#), and [June 2020](#) —subject to annual appropriations. [See the list of all current grantees here.](#)⁶

Sexual Risk Avoidance Education

The FY2012 Appropriations bill added \$5 million for a Competitive Abstinence Education Grant Program (as the program was referred to at the time) to support projects for a two-year grant cycle. The program originally had no evidence requirements. In the FY2016

¹ In July 2017, the U.S. Department of Health and Human Services (HHS) abruptly notified 81 grantees that their five-year projects would end after year 3 (July 1, 2017 – June 30, 2018). Three additional grants that focused on young males and were administered by the CDC, received a similar notification in September 2017. Numerous legal challenges were filed on behalf of grantees (the 81 that first received notices). In all five cases, including one class action lawsuit, the courts decided in favor of the grantees, ordering HHS to process noncompeting continuation applications for year 4 funds (July 1, 2018 – June 30, 2019) that were submitted by any of the 81 grantees covered by the lawsuits. Grantees were subsequently funded for year 5 (July 1, 2019 – June 30, 2020).

² In 2019, HHS moved the Office of Adolescent Health, which had administered the TPP Program and Pregnancy Assistance Fund since their inception under the Office of Population Affairs.

³ Power to Decide was awarded a Tier 2 grant in the second round of awards under our former name (The National Campaign to Prevent Teen and Unplanned Pregnancy).

⁴ See the latest findings from the HHS Teen Pregnancy Prevention [Evidence Review](#).

⁵ In June and July 2020, the Office of Population Affairs (OPA) awarded 66 grants for the TPP program. Find the announcements for these awards [here](#).

⁶ The previous Administration attempted to deviate from the Congressional intent of the program in its funding opportunity announcements (FOAs). While not up to the quality of the first or second rounds of five-year grants, the current TPP grants are closer to Congressional intent after the courts struck down the initial FOAs issued by the previous Administration.

Omnibus Appropriations bill, funding increased to \$10 million, some very modest evidence requirements were added, and the program was renamed Sexual Risk Avoidance (SRA) defined as “voluntarily refraining from non-marital sexual activity.” Funding for SRA increased in each of the next three appropriations cycles, from \$15 million in FY2017 to \$35 million for FY2019. The program has since been level funded at \$35 million. [See the current list](#) of grantees, spanning 27 grantees in 15 states.

Title X Family Planning

For 50 years, the Title X family planning program has played a critical role in preventing unplanned pregnancy by offering high-quality contraceptive services, preventive screenings, and information to low-income individuals. In FY2020, Title X was funded at \$286.5 million, a 10% reduction in funding from FY2010. In 2019, Title X served 3.1 million individuals, of which 87% were women and the remaining 13% were men. The majority (64%) of patients that are served by Title X have income at or below the federal poverty level (FPL) and receive services free of charge. Another 24% of patients have incomes between 100% and 250% FPL and receive services on a sliding fee scale. Forty-one percent of family planning clients were uninsured.

In August 2019, the Trump Administration damaged the Title X program severely by enforcing the “domestic gag rule.” Put simply, the domestic gag rule has forced health centers that receive Title X funds to make an impossible choice—reject the Title X funds they need to support their patients who might not otherwise be able to afford family planning care or withhold some information from patients about abortion services, including where to access abortion care. Nationwide, more than 900 clinics have left the Title X program since the gag rule went into effect. Between 2018 and 2019 (when the gag rule went into effect) the Title X program served 844,000 fewer patients, a 21 percent decline in a single year.^{7,8}

Notably, Title X funds do not and have never paid for abortions.

While legal challenges to the Title X gag rule continue (and the Supreme Court recently agreed to hear the case), the work to undo the rule must proceed. Fortunately, on January 28, 2021, President Biden instructed HHS to review the Title X gag rule and consider rescinding it. HHS has announced they will begin this process by April 15, 2021, and they aim to have the Title X gag rule replaced by Fall 2021.

In 2019, Title X services were provided through 100 grants, including 47 to state and local health departments, and 53 to nonprofit family planning and community health agencies. See the list of current grantees [here](#) and [here](#).

CDC Teen Pregnancy Initiatives

The CDC has supported a number of projects to address reproductive health equity, enhance the capacity of publicly funded health centers to provide youth friendly sexual and reproductive health services, and evaluate male-focused programs. Read an [overview](#) of the projects.

⁷ Power to Decide. 2019. “Impacts of the Domestic Gag Rule” <https://powertodecide.org/what-we-do/information/resource-library/impacts-domestic-gag-rule>

⁸ The American Rescue Plan (P.L 117-2) included a one-time investment of \$50 million in funding for Title X. This will help bring clinics back into the program once the domestic gag rule is replaced. These funds are not tied to the fiscal year and will be available until expended.

MANDATORY FUNDING STREAMS

Personal Responsibility Education Program (PREP)

This program, administered by the Administration on Children, Youth, and Families (ACYF), funds evidence-based programs that educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections, and on other adulthood preparation topics such as healthy relationships, communication with parents, and financial literacy. All programs funded must be medically accurate and age appropriate. PREP funding targets youth at greatest risk of teen pregnancy (including foster youth, homeless youth, youth with HIV/AIDs, youth who are victims of human trafficking, and youth under age 21 who are pregnant or parenting) and geographic areas with high teen birth rates. PREP was first authorized at \$75 million annually for five years (FY2010–2014). The program continues to be level-funded through FY 2023. In addition to program evaluation and support, PREP provides funding for four types of grants:

- Formula grants to states and territories (State PREP)—All states and territories are eligible to receive formula PREP allotments to offer evidence-based programs. In 2020, 44 states as well as Washington D.C., Guam, Palau, Puerto Rico, the Virgin Islands, and the Federated States of Micronesia chose to take the formula grant funding. [See profiles for the current State PREP grantees.](#)⁹
- Competitive grants to states and territories (CPREP)—Entities in the states and territories where the state government opted not to apply for State PREP by the 2011 deadline were eligible to compete for CPREP funding. The first cohort of three-year grants was awarded in FY2013. In FY2015, the second cohort of three-year grants was awarded to 21 organizations in the five states (Florida, Indiana, North Dakota, Texas, and Virginia) and four territories (American Samoa, Guam, Marshall Islands, and the Northern Mariana Islands) that were eligible for Competitive PREP. In 2016, Kansas opted to discontinue receipt of State PREP funds. [See profiles of the current CPREP grantees.](#)
- Personal Responsibility Education Innovative Strategies (PREIS) grants—These are competitive grants to public and private entities to develop, replicate, refine, and evaluate innovative strategies to reduce teen pregnancy and repeat pregnancies among youth up to age 21. In FY2016, the current round of grants was awarded to 13 organizations in 11 states for a five-year project period, contingent upon continued funding. [See profiles of the current PREIS grantees.](#)
- Competitive grants to Indian tribes or tribal organizations (Tribal PREP)—In FY2016 the current round of grants was awarded for a five-year project period to eight tribal grantees in seven states, contingent upon continued funding. [See profiles of the current Tribal PREP grantees.](#)

⁹ For a complete list of grants in each state, which includes all the funding streams covered in this fact sheet, please see Power to Decide's state profiles at <https://powertodecide.org/what-we-do/information/resource-library/key-information-about-us-states>.

Title V Sexual Risk Avoidance Education Program (formerly State Abstinence Education)

Originally funded at \$50 million annually for five years in the 1996 welfare reform law, this program administered by ACYF provided formula grants to states for abstinence education and mentoring, counseling, and adult supervision programs that promote abstinence. The program included an “A-H” definition of abstinence education and had no evidence requirement.¹⁰ The annual funding level was increased to \$75 million for FY2016-2017.¹¹ The Bipartisan Budget Act of 2018 extended level funding through FY2019 and renamed the program “Sexual Risk Avoidance Education”. Several programmatic changes were also made including allowing other entities to compete for funds in states and territories where the government does not apply for them, allowing individual grantees to use up to 20% of grant funds for evaluation, and requiring a national evaluation. Sexual risk avoidance education must also be medically accurate and complete, age-and culturally appropriate. Sexual Risk Avoidance is defined as refraining from “nonmarital sexual activity” as it was under the old program name. SRAE currently provides \$75 million annually for:

- Formula grants to states and territories - [35 states and two territories](#) accepted these grants for FY2018.
- Competitive grants to organizations – These are available in states and territories where the government did not accept the formula grants. In FY2018, [10 states and two territories](#) received awards.

Pregnancy Assistance Fund

This program, administered by OPA, provided \$25 million annually from FY2010–2019 for competitive grants to states, tribes, and territories to support pregnant and parenting teens and women, and combat violence against pregnant women. This funding, originally authorized under the Affordable Care Act, expired on September 30, 2019 and needs to be reauthorized. Two standalone bipartisan bills to reauthorize PAF were introduced in the 116th Congress, but no extension was signed into law.¹² Projects helped teens in high schools and community service centers and young women in institutions of higher education complete school and gain access to health care, childcare, family housing, and other critical supports. Most recently, funding supported 23 grantees in 22 states. You can find more information about those grantees [here](#) and read more about the program in [a supplement](#) to the *Maternal and Child Health Journal*. The supplement includes PAF grantees’ promising approaches, implementation experiences, lessons learned, systematic reviews, evaluation data, and related research analyses.

¹⁰ See the “A-H” definition at https://www.ssa.gov/OP_Home/ssact/title05/0510.htm.

¹¹ From FY2015-2017, there was a provision that made unclaimed money (roughly \$12 million from the 14 states and D.C. that did not take this funding) available for states that were already taking the funds, provided they used that funding for a stricter definition of abstinence-only education.

¹² Two bills, S 2296 introduced by Senators Murkowski and Casey, and HR 8862 introduced by Representatives Cole and Spanberger, proposed to reauthorize PAF for five years, at \$25 million annually.