

Congress of the United States

Washington, DC 20515

March 24, 2015

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
United States Congress
2458 Rayburn House Office Building
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
Committee on Appropriations
United States Congress
2413 Rayburn House Office Building
Washington, DC 20515

Chairman Cole and Ranking Member DeLauro:

As you know, high rates of unintended teen pregnancy, HIV/AIDS and other sexually transmitted infections (STIs) and alarming intimate partner violence (IPV) among adolescents in our country remain a serious concern and continue to highlight the need for better sexual health education for our nation's young people. We respectfully request that you continue to invest in evidence-based intervention (EBI) programs—including the Teen Pregnancy Prevention Initiative (TPPI) and the Centers for Disease Prevention's (CDC) Division of Adolescent and School Health (DASH)—that provide our nation's young people with the medically accurate and age-appropriate sexual health information they need to make safe and healthy decisions, and refrain from funding failed abstinence-only-until-marriage (AOUM) programs, which do not.

While U.S. teen pregnancy and birth rates are declining—the latter rate dropping by 10% from 2012 to 2013 to a historic low—disparities persist and the country continues to have the highest rates among developed nations. Additionally, while young people aged 15-24 in the United States (U.S.) make up only one-quarter of the sexually active population, they contract about half of the estimated 20 million STIs each year. Chlamydia (68%) and gonorrhea (70%) rates continue to be highest among young people aged 15 – 24. HIV also disproportionately affects young people aged 13 – 24 in the U.S. Specifically, every month, 1,000 young people acquire HIV and account for one-in-four of the estimated 50,000 new HIV infections diagnosed each year, and are likely unaware of their infection.

Since FY2010, TPPI funding has been utilized to provide five-year cooperative agreements to more than 100 public and private entities nationwide administering medically accurate and age-appropriate sexual health promotion programs reaching more than 800,000 young people. In order to strengthen and further support these efforts to serve marginalized youth in communities across the country, **we request that you match the President's budget request of \$130 million for TPPI in FY2016, which would allow 100,000 more youth to receive the sexual health information and skills they need to make safe and healthy decisions.**

This funding would also address the need for further administrative and technical support that has continually decreased since the program's creation. Additionally, the **continuation of the TPPI evaluation funding at the FY2015 level of \$6.8 million** is vital to further the evaluation of innovative approaches to prevent unintended teen pregnancy, HIV, and other STIs.

The CDC's DASH is a unique source of support for HIV prevention efforts in our nation's schools and remains the only funding solely dedicated to school-based HIV and other STI prevention. 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. DASH also leads adolescent and school health surveillance efforts, which serve as a resource for adolescent health information and play a critical role in documenting public health trends and challenges.

As a result of dramatic funding cuts beginning in FY 2012, the formerly nationwide program that had provided sex education assistance to 80 states, territories, tribes and local education agencies, has been reduced to only being able to provide science-based sex education assistance to 36 state-and local-education agencies. To restore the nationwide investments in school-based interventions, research, evaluation, and surveillance across the country, **we request that DASH receive a total of \$47 million in FY2016 with an additional \$3 million for the evaluation of school-based HIV and other STI prevention efforts.**

Research shows that well-designed and well-implemented sexual health education programs result in positive outcomes such as delaying sexual intercourse, increasing condom or contraceptive use, reducing the number of partners, decreasing the frequency of unprotected sex, and reducing intimate partner violence (IPV). In addition, research has found that teens who report receiving more comprehensive approaches to sexual health education than abstinence-only are 50 percent less likely to experience an unintended pregnancy. The EBI programs achieving these outcomes are those that emphasize abstinence as the safest choice and also discuss contraceptive and condom use as a way to reduce the risk for pregnancy and STIs, including HIV.

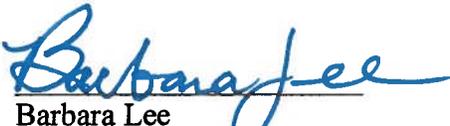
Contrarily, an overwhelming body of evidence has found **AOUM** programs to be ineffective; a 2006 federal evaluation and numerous studies since have found that federally funded Title V AOUM programs failed to delay sexual initiation and more recent analyses continue to support these findings. In fact, programs that include information about both abstinence and contraception are actually more effective at getting young people to delay sex than are AOUM programs. Therefore, **we encourage the Committee not to include funding for the failed**

abstinence-only-until-marriage programs, including the Competitive Abstinence Education grant program, in FY2016.

Promoting adolescent health, 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 cost taxpayers \$21 billion in 2014 alone. Furthermore, 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.

In these economic times, we must make strategic investments in effective and far-reaching programs. Our young people deserve programs that provide them with the full information they need to protect themselves and lead safe and healthy lives. Thank you for considering this request.

Sincerely,


Barbara Lee
Member of Congress


Luis V. Gutierrez
Member of Congress


Charles B. Rangel
Member of Congress


Janice Hahn
Member of Congress


Sheila Jackson Lee
Member of Congress


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Robert A. Brady
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Rick Larsen
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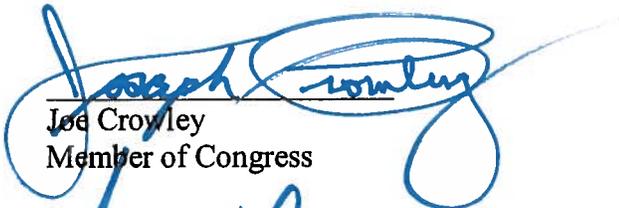
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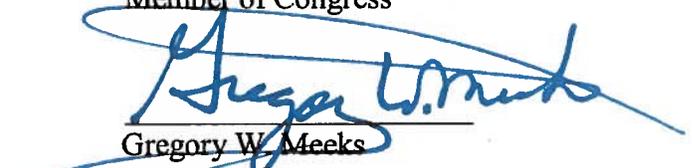

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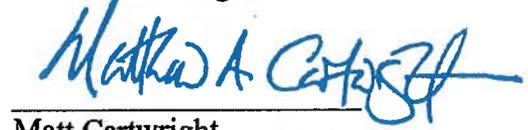

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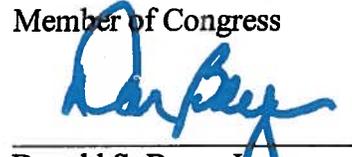

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