

June 23, 2021

The Honorable Patrick Leahy
Chairman
U.S. Senate Committee on Appropriations
S-128, The Capitol
Washington, DC 20510

The Honorable Richard Shelby
Vice Chairman
U.S. Senate Committee on Appropriations
S-146A, The Capitol
Washington, DC 20510

The Honorable Rosa DeLauro
Chairwoman
U.S. House Committee on Appropriations
H-307, The Capitol
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
U.S. House Committee on Appropriations
1036 Longworth House Office Building
Washington, DC 20515

Dear Chairman Leahy, Vice Chairman Shelby, Chairwoman DeLauro, and Ranking Member Granger:

As you debate and consider the fiscal year 2022 (FY22) appropriations, we write in support of bills with robust funding of domestic and global family planning programs and free of dangerous, ideological riders that are harmful to reproductive freedom.

Labor, Health and Human Services, and Education Appropriations:

- **Oppose Abortion Coverage Bans (Hyde Amendment).** We strongly oppose discriminatory abortion coverage bans, known collectively as the Hyde Amendment, that block insurance coverage of abortion for people who get their health care and/or coverage through the federal government. In LHHS, this ban targets people with low-incomes who are enrolled in Medicaid and Medicare. Abortion coverage bans push abortion care out of reach—targeting Black, Latinx, Asian American, Pacific Islander, and other people of color and communities struggling to make ends meet who already face the most systemic barriers in our health care system. We urge appropriators to eliminate this language once and for all.
- **Eliminate the Weldon Amendment.** Weldon is a harmful rider that has been tacked on to the Hyde Amendment in the LHHS bill and, for too long, has been used to interfere with policies that protect and expand abortion care and coverage at the federal, state, and local levels. Opponents of abortion access, including the Trump Administration, have attempted to use the Weldon Amendment to allow health care providers to deny patients abortion care and block policies to expand abortion coverage by threatening policymakers with the loss of critical federal health dollars. We urge appropriators to eliminate this language once and for all.
- **Support Family-Planning Services.** Title X is the nation's only federally funded family planning program and has served primarily people living on low-incomes and uninsured people for more than 50 years. The program has been level-funded or cut every year for the past decade and is currently funded at just \$286.5 million. This funding was

inadequate to meet the need for services prior to the Trump administration, but increasing the allocation is even more important now, to address the harm caused by the Trump administration and the unmet need of the program that has been exacerbated by the COVID-19 pandemic. For FY22, we recommend a substantial increase in funding toward the \$737 million needed for this program.

- **Support Funding for the Teen Pregnancy Prevention Program (TPPP).** Since 2010, TPPP has supported community-driven, evidence-based or informed, medically accurate, and age-appropriate approaches to preventing pregnancy among adolescents, involving parents, educators, researchers, and providers. We recommend \$150 million in programmatic funding for TPPP and an additional \$6.8 million under the Public Health Services Act for the “Evaluation of Teenage Pregnancy Prevention Approaches,” of which \$900,000 is dedicated to reactivating the Teen Pregnancy Prevention Evidence Review administered by the Assistant Secretary for Planning and Evaluation (ASPE).
- **Support Funding for CDC’s School-Based HIV Prevention Efforts.** The Center for Disease Control (CDC) Division of Adolescent School Health (DASH) provides funding to local education agencies across the country to implement school-based programs and practices designed to reduce HIV and other STIs among young people. We recommend \$100 million for the CDC’s school-based HIV and STI prevention efforts.
- **Oppose Funding for Abstinence-Only Programs.** Abstinence Only Until Marriage (AOUM) programs are harmful and ineffective, and fail to meet the needs of young people. We request an elimination of funding for the failed abstinence-only-until-marriage “sexual risk avoidance” competitive grant program in FY22.

State and Foreign Operations Appropriations:

- **Permanently Repeal the Global Gag Rule.** The global gag rule undermines access to contraception, HIV/AIDS services, and maternal health care, and negatively impacts the health and lives of communities worldwide, particularly women, girls, and LGBTQ people. While President Biden rescinded the Trump Administration’s version of this policy, it is critical that language be added to the FY22 SFOPs appropriations bill to amend the Foreign Assistance Act to ensure that foreign nongovernmental organizations are not prohibited from receiving U.S. assistance based on their provision of abortion services, counseling, and referrals. Doing so would prevent a future president, hostile to sexual and reproductive health and rights, from unilaterally imposing the Global Gag Rule through executive action, and will ensure that the U.S. can build sustainable partnerships and make long term progress on a range of critical health issues.
- **Invest in International Family-Planning Services.** We support the international family-planning community’s request for a \$1.17 billion investment in global family-planning and reproductive-health programs, which would include the allocation to UNFPA described below. With this investment, women and families around the world will have better access to critically needed family-planning services, which will reduce unintended pregnancies, improve maternal and child health, lower HIV infection rates, and further numerous foreign policy, development and humanitarian goals, such as improving global health, supporting young people, and advancing gender equity.
- **Fund the United Nations Population Fund (UNFPA).** UNFPA is the only intergovernmental institution with an explicit mandate to address sexual and reproductive

health needs worldwide and specialized in caring for refugees and addressing other crises. For the past four years, the Trump administration and anti-choice members of Congress succeeded in a years-long crusade to cut off U.S. funding for UNFPA, putting sexual and reproductive health and rights out of reach for millions, including women, girls, and LGBTQ people, and undermining global health investments around the world. We recommend \$74 million in FY22 for this critical program.

- **Oppose Abortion Coverage Bans (Hyde Amendment).** We strongly oppose harmful abortion coverage bans (known collectively as the Hyde amendment) that block insurance coverage of abortion for people who get their health care and/or coverage through the federal government. In SFOPS, this ban targets Peace Corps volunteers. We urge appropriators to eliminate this language once and for all.
- **Oppose Abortion Restrictions on Foreign Assistance (Helms Amendment).** We strongly oppose including the Helms Amendment in appropriations bills. The Helms Amendment prohibits the use of U.S. foreign assistance funds for “the performance of abortion as a method of family planning” and its inclusion in the annual appropriations bill is harmful and redundant as it also exists in permanent statute. This provision hurts millions of people around the world who live in areas that rely heavily on U.S. foreign assistance in order to fund health programs by restricting the ability of individuals to make their own personal medical decisions and access comprehensive reproductive health care. Furthermore, the Helms Amendment has been over-implemented as a complete ban on U.S. funding for abortion, even in cases of rape, incest, or a life-endangering pregnancy. Removing reiterations of the Helms Amendment in the appropriations bill would be a powerful step toward ensuring that U.S. foreign policy expands access to quality, comprehensive sexual and reproductive health care services including safe, legal, and accessible abortion, for all.
- **Require U.S. Human Rights Reporting Include Status of Reproductive Rights.** It is critical that language be added to the FY22 SFOPs appropriations bill to amend the Foreign Assistance Act to mandate that State Department Country Reports include the status of reproductive rights and require that the State Department fully consult with local non-governmental organizations and U.S. civil society and multilateral organizations with expertise and experience in sexual and reproductive health and rights in the preparation of the country reports.
- **Remove barriers that undermine global health programs.** Several small but meaningful changes should be made to ensure parity of reproductive health programs with other global health priorities and improve the effectiveness of global health programs. These changes include:
 - Ensuring that funds available in the HIV/AIDS Working Capital Fund are made available for other global health and child survival activities to the same extent as HIV/AIDS pharmaceuticals and other products. Updating the language would broaden the fund to allow USAID to use the HIV Working Capital Fund to procure family planning/reproductive health (FP/RH) supplies, including contraceptive commodities and a full range of global health supplies
 - Exempting family planning and reproductive health programs from a variety of prohibitions on assistance that can and have been enforced against country

governments that commit coups, nuclear proliferation, loan default, expropriation of U.S. assets, and other misdeeds, consistent with the treatment of child survival, HIV/AIDS, and other disease-specific programs.

- Requiring that information provided about the use of all modern contraceptives - not just condoms - as part of U.S. funded projects or activities is medically accurate and includes the public health benefits and failure rates.
- **Update Kemp-Kasten Amendment.** It is important to replace the 1985 Kemp-Kasten language with a broader prohibition to prevent U.S. foreign assistance funds from supporting any form of reproductive coercion, including but not limited to coercive abortion, involuntary sterilization, or forced pregnancy, and to delete the requirement for presidential determination to restrict the ability of the president to interpret the law in such a manner as to unfairly and inconsistently apply the prohibition on funding to organizations.

Financial Service and General Government Appropriations:

- **Oppose Abortion Coverage Bans (Hyde Amendment).** We strongly oppose harmful abortion coverage bans (known collectively as the Hyde amendment) that block insurance coverage of abortion for people who get their health care and/or coverage through the federal government. In FSGG, this ban includes federal employees and (as detailed below) people with low-incomes who live in Washington, DC. We urge appropriators to eliminate this language once and for all.
- **Oppose the D.C. Abortion Ban.** In addition to being subject to the federal Hyde amendment, anti-choice members of Congress ban DC from using its own, locally raised funds from providing abortion care, something states are permitted to do. Although this ban was lifted as recently as 2011, anti-choice legislators were successful in reimposing the DC abortion funding ban in the FY11 budget fight and every year since. DC residents should have the same rights and freedoms as people in any other state to have their elected officials enact laws without Congress overriding their voices.

Commerce, Justice, Science Appropriations:

- **Oppose Abortion Coverage Bans (Hyde amendment).** We strongly oppose harmful abortion coverage bans (known collectively as the Hyde amendment) that block insurance coverage of abortion for people who get their health care and/or coverage through the federal government. In CJS, this ban targets people who are incarcerated in federal prisons. We urge appropriators to eliminate this language once and for all.

As you and your committees craft the FY22 funding bills, we urge you to protect and expand reproductive freedom by ensuring that ideological policy riders are excluded and critical programs are adequately funded.

Sincerely,

Advocates for Youth
American Atheists
American Civil Liberties Union

American College of Obstetricians and Gynecologists
American Medical Student Association
American Public Health Association
American Sexual Health Association
The American Society for Reproductive Medicine
Catholics for Choice
Center for Biological Diversity
Center for Reproductive Rights
Guttmacher Institute
Healthy Teen Network
Ibis Reproductive Health
Ipas
Medical Students for Choice
NARAL Pro-Choice America
NASTAD
National Abortion Federation
National Asian Pacific American Women's Forum (NAPAWF)
National Association for Nurse Practitioners in Women's Health (NPWH)
National Center for Lesbian Rights
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Institute for Reproductive Health
National Latina Institute for Reproductive Justice
National Organization for Women
National Partnership for Women & Families
National Women's Law Center
PAI
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Power to Decide
Religious Coalition for Reproductive Choice
Reproductive Health Access Project
SIECUS: Sex Ed for Social Change
Union for Reform Judaism
URGE: Unite for Reproductive & Gender Equity
Women of Reform Judaism