The xx undersigned organizations represent millions of health care providers, researchers, program administrators, community advocates, and, most importantly, people who rely on publicly funded family planning services.  In this moment of deep crisis for sexual and reproductive health and as you work on fiscal year (FY) 2026 appropriations, we urge you to take decisive steps in this FY 2026 appropriations process to improve access to family planning and sexual health services and education by appropriating:

* $737 million for the Title X family planning program
* $150 million for the Teen Pregnancy Prevention Program,
* $322.5 million for the Division of STD prevention.

Furthermore, this group has been dismayed to see the chaos created by this Administration’s actions around freezing of funds, intimidation of federal grantees engaged in important work to advance health equity and care for LGBTQ+ people, and threats to impound congressionally appropriated funds. We request that Congress reassert its constitutional right to the power of the purse and hold the Administration accountable for its unlawful actions.

Title X

**We respectfully request $737 million for the Title X Family Planning Program in FY 2026.** Title X is the nation's only dedicated federal family planning program, supporting a diverse group of providers across the country that offer crucial reproductive and sexual health care. The network suffered catastrophic losses in 2019 and 2020, due in large part to the Trump administration’s 2019 program rule and the COVID-19 pandemic. Data released in September 2021 showed that only 1.5 million people received Title X-supported services in 2020, down 61 percent from 2018, and six states had no Title X-funded providers for more than two years. In 2022, the Office of Population Affairs (OPA) received $336.5 million for Title X - $286.5 million through the regular appropriations process and $50 million in one-time money from the 2021 American Rescue Plan Act - and was able to significantly restore access for the first time since 2019. Even with those additional temporary funds, the network still served fewer people than it did in 2018 - 2.6 million people versus 3.9 million people five years earlier, before the Trump rule and the COVID-19 pandemic. In 2023, the program continued its slow rebound serving 2.8 million people, still far below the number of people served in 2018.

Title X needs a substantial increase in federal investment to continue rebuilding the network and to expand access to publicly funded family planning and sexual health services. However, since FY 2014, Title X has been flat funded at $286.5 million, $31 million less than in 2010 and without any adjustments for inflation. This lack of increased funding has made it impossible for program administrators and providers to meet the growing need for publicly funded family planning and sexual health services. People seeking care across the country continue to rely on Title X clinics for many of their health care needs. In many communities, Title X providers are often the only source of health care for people with no or low incomes, and 60 percent of female patients seeking contraception at a Title X-funded health center say it is the only health care provider they see all year. Inadequate Title X  funding disproportionately impacts Black, Indigenous, Latinx, Asian American and Pacific Islander people, and other people of color. Data shows that of the 2.8 million family planning users in 2023, 31% identified with at least one of the non-white categories, and nearly 36 percent identified as Hispanic and/or Latino. For more than 50 years, Title X has continued to provide necessary family planning services to millions across the country, many of whom otherwise may not have had access to these critical services.

Teen Pregnancy Prevention Program

**We respectfully request $150 million for the Teen Pregnancy Prevention (TPP) Program.** Since 2010, the TPP Program, along with the complementary Personal Responsibility Education Program (PREP) have been recognized as pioneering examples of tiered, evidence-based policymaking. 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 circumstance to prevent teen pregnancy. This has meant high-quality implementation, rigorous evaluation, innovation, and learning from results.

Since the early 1990s there have been steep declines in teen pregnancy and birth rates, across all racial and ethnic groups and in all 50 states. Yet disparities still persist by race, ethnicity, age, and geography. The TPP Program has addressed these disparities by focusing funds on communities and populations with the greatest needs. Due to limited resources, the critical sexual health information provided by the TPP Program is out of reach for many. Originally funded at $110 million, the program has been funded at $101 million since FY 2014. At a time where access to information and resources continues to be vital but limited, it is important that the TPP Program gets the funding needed to expand its reach to more young people across the country. Due to the work of grantees in their communities, over 315,000 people participated in the program between 2020-2023. Currently, 73 diverse organizations receive funding through the TPP Program, and the continuation of their work is contingent on annual appropriations. As individuals continue to face barriers to information, resources, and care, we urge you to support the TPP Program with funding needed to support young people’s access to evidence based information needed to live healthy lives.

STI Prevention

We respectfully request $322.5 million for the Division of STD prevention at the CDC. Federal funding for STI prevention has remained stagnant for nearly two decades, leading to a 40 percent reduction in the purchasing power of STI prevention programs in that time and impacting their capacity. This lack of investment has had dire impacts on STI rates. In 2023, over 2.4 million cases of syphilis, gonorrhea, and chlamydia were diagnosed and reported. While there has been some decline in STI rates, historically marginalized communities continue to be disproportionately impacted. In 2023, nearly half of reported cases of syphilis, gonorrhea, and chlamydia, were among young people between 15-24 years old. Further, gay, bisexual, and other men who have sex with men (MSM) were disproportionately impacted by STIs, with the highest impacts being among non-Hispanic Black or African-American MSM. Additionally, American Indian or Alaska Natives were among the highest rates of primary and secondary (P&S) syphilis as well as congenital syphilis in 2023. Research demonstrates increased funding for STI prevention lowers STI rates, and cuts to jurisdictions’ funding have allowed STI rates to increase. Jurisdictions need adequate funding for education, partner services including contact tracing, and other prevention tactics to reverse the trend in the STI epidemics.

We appreciate your leadership in ensuring access to family planning and sexual health care and urge you to make critical investments in these lifesaving programs in FY 2026. If you have any questions, please contact Mindy McGrath, at the National Family Planning & Reproductive Health Association, at [mmcgrath@nfprha.org](mailto:mmcgrath@nfprha.org) or 202-374-5589 or Monica Edwards, at Power to Decide, at [medwards@powertodecide.org](mailto:medwards@powertodecide.org) or at 202-478-8536.

Sincerely,