February 19, 2013

Dear Member of Congress:

As Congress debates sequestration, fiscal year (FY) 2013 spending bills, the FY 2014 budget, and the debt ceiling, the 42 national organizations below write in support of programs providing sexual and reproductive health education and services for underserved adults and youth to urge you to support a balanced approach to deficit reduction that does not include further cuts to discretionary programs.

Federally-funded safety-net programs administered within the Department of Health and Human Services (HHS) including teen pregnancy-, HIV/AIDS-, sexually transmitted disease-(STD) prevention, and family planning programs are critical to the future health and well-being of the nation. These programs serve the most vulnerable among us, providing increased health education and health care capacity resulting in a stronger workforce.

Nondefense discretionary programs (NDD), such as those within HHS, have already faced significant cuts. As a result of the FY 2011 Continuing Resolution, the bipartisan Budget Control Act, and the bipartisan American Taxpayer Relief Act, NDD program funding was cut by $900 billion, while revenues have only contributed $600 billion.[1]

There is ample evidence that preventive sexual and reproductive health education and services, including family planning and maternal and child health programs, are cost effective, save federal resources in the long term and improve public health outcomes. For example:

- STDs cost the United States health care system $17 billion every year—and cost individuals even more in immediate and life-long health consequences, including infertility, higher risk of acquiring HIV, and certain cancers.[2]

- Preventing all of the nearly 50,000 new HIV infections in the United States each year would translate into an astounding $19 billion saved in lifetime medical costs.[3,4]

- Every dollar invested in publicly funded family planning programs saves nearly $4 in Medicaid costs.[5]

Health outcomes data illustrate the continued need for these HHS programs. For example, young people are at greater risk for unintended pregnancy and contracting STDs, including HIV. Continued prevention, testing, and care is critical for young people, ages 13 to 24 years, who account for one-in-four estimated 50,000 new HIV infections diagnosed each year.[6] Additionally, the fact that among teens who gave birth in the United States, 50 percent were not using birth control and 31 percent believed they could not become pregnant further demonstrates the need for sexuality education programs.[7]

At a time when one-in-two young people will have an STD by the age of 25 and the United States continues to have among the highest teen birth rates in the developed world, we can no longer afford to ignore the costs and consequences that result from a lack of sexuality education and lack of access to sexual health services.[8]

Furthermore, these programs are necessary for the successful implementation of the Affordable Care Act. In states that do not expand their eligibility criteria for the Medicaid program, millions of low-income people, especially women and young adults, will turn to safety-net providers to access sexual and reproductive health including family planning services, and STD—including HIV/AIDS—education, testing, care, and treatment. These providers support the United States health care infrastructure by contributing to the health workforce and offering additional access points for health care.

Additional cuts to NDD programs, which provide critical, life-saving sexual health education, family planning, and other services, threaten the health, well-being, and future for our nation's youth and families. Now is not the time to allow further funding cuts—through sequestration, FY 2013 or FY 2014 appropriations processes, or other fiscal negotiations—to the sexual and reproductive health education and services that address the critical public health crises facing our nation. Only a balanced approach to deficit reduction can restore fiscal stability, and these programs have done their part.

We urge you to work together to find a balanced approach to deficit reduction that does not include further cuts to these critical sexual and reproductive health and other NDD programs.

Sincerely,

Abortion Care Network
Advocates for Youth
AIDS Alliance for Women, Infants, Children, Youth & Families
The AIDS Institute
AIDS United
American Academy of Pediatrics
American Congress of Obstetricians and Gynecologists (ACOG)
American Medical Student Association
American Sexual Health Association
American Society for Reproductive Medicine
Association of Maternal & Child Health Programs
Association of Reproductive Health Professionals
Choice USA
Disciples for Choice
Disciples Justice Action Network
Disciples Women
Healthy Teen Network
Jewish Women International

Metropolitan Community Churches
NARAL Pro-Choice America
National Abortion Federation
National Association of Nurse Practitioners in Women's Health
The National Campaign to Prevent Teen and Unplanned Pregnancy
National Center for Lesbian Rights
National Coalition of STD Directors
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Latina Institute for Reproductive Health
National Women's Health Network
National Women's Law Center
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection
Population Institute
Religious Coalition for Reproductive Choice
Reproductive Health Technologies Project
Sexuality Information and Education Council of the U.S. (SIECUS)
Society for Adolescent Health and Medicine
Union for Reform Judaism
Unitarian Universalist Association
Women of Reform Judaism

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[1] Kogan, Richard. *Congress Has Cut Discretionary Funding By $1.5 Trillion Over Ten Years.* Washington, DC: Center on Budget and Policy Priorities, 2012, available at http://www.cbpp.org/cms/index.cfm?fa=view&id=3840.

[2] Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2010*. Atlanta, GA: U.S. Department of Health and Human Services, 2011, available at http://www.cdc.gov/std/stats10/trends.htm.

[3] Centers for Disease Control and Prevention. *HIV Surveillance Supplemental Report*. Atlanta, GA: U.S. Department of Health and Human Services, 2012, Vol. 17, No. 4, available at http://www.cdc.gov/hiv/topics/surveillance/resources/reports/#supplemental.

[4] Centers for Disease Control and Prevention. *HIV Cost-Effectiveness*. Atlanta, GA: U.S. Department of Health and Human Services, 2012, available at http://www.cdc.gov/hiv/topics/preventionprograms/ce/index.htm.

[5] Frost JJ et al., *Estimating the Impact of Serving New Clients by Expanding Funding for Title X, Occasional Report*. New York: Guttmacher Institute, 2006, No. 33, available at http://www.guttmacher.org/pubs/2006/11/16/or33.pdf.

[6] 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.

[7] 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.

[8] 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.