

June 18, 2025

The Honorable Susan Collins
Chair
U.S. Senate Committee on Appropriations
S-128, The Capitol
Washington, DC 20510

The Honorable Patty Murray
Vice Chair
U.S. Senate Committee on Appropriations
S-146A, The Capitol
Washington, DC 20510

The Honorable Tom Cole
Chair
U.S. House Committee on Appropriations
H-307, The Capitol
Washington, DC 20515

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

Dear Chair Collins, Vice Chair Murray, Chair Cole, and Ranking Member DeLauro:

As you consider the fiscal year 2026 (FY26) appropriations, we write in support of bills with robust funding of domestic and international family planning programs and free of dangerous ideological riders that are harmful to reproductive freedom. We are witnessing unprecedented attacks and interference on our health care systems—and those who will continue to bear the brunt are Black, brown, immigrant, LGBTQI+, and low-income communities. Now more than ever, it is essential that our lawmakers definitively affirm their commitment to protecting funding for sexual and reproductive health programs.

Labor, Health and Human Services, and Education Appropriations (LHHS):

- **Oppose Abortion Coverage Bans (Hyde Amendment).** We strongly oppose the Hyde Amendment, a discriminatory abortion coverage ban that blocks insurance coverage of abortion for people who are enrolled in Medicaid and Medicare. Abortion coverage bans push abortion care out of reach for many who are struggling to make ends meet. The effects fall hardest on Black, Latinx/e, Asian American, Pacific Islander, and other people of color who already face systemic barriers in our health care system and who will bear the brunt of proposed Medicaid funding cuts in budget reconciliation. We urge Congress to eliminate this language once and for all.
- **Eliminate the Weldon Amendment.** The Weldon Amendment is a harmful rider that has been tacked on to the Hyde Amendment in the LHHS bill and, for too long, has allowed personal beliefs, not patient health and the standard of care, to determine the care a patient receives. It has also been used to interfere with policies that protect and expand abortion care and coverage at the federal, state, and local levels. Weldon emboldens health care entities—including hospitals, health insurance plans, doctors, and nurses—to discriminate against patients by denying them the abortion care they need, prioritizing providers' personal beliefs over patient care. The Trump administration already has used the Weldon Amendment to threaten critical federal health dollars for states that seek to protect access to care. The impact of refusals of care has only worsened since the *Dobbs v. Jackson's Women's Health Organization* decision, as reports of patients being denied care continue to arise. We urge Congress to prevent any further harm from the Weldon Amendment and eliminate this language once and for all.

- Support Funding for Title X.** Title X is the nation's only federally funded family planning program and has prioritized serving people living with low or no incomes as well as uninsured and underinsured people for more than 50 years. Women of color are disproportionately represented among Title X patients. The program has been level-funded every year for over a decade and is currently funded at just \$286.5 million. Increasing the allocation is even more important now, to address the harm caused by the first Trump administration, which decimated the network in 2019, resulting in a devastating drop in the number of patients served, and the threats that the administration will do so again. Equally, HHS's current withholding of funding from 16 Title X grantees in 23 states is extremely alarming. It is essential that the program receive robust and reliable funding, and that both the integrity of the program and the providers who deliver these vital services are protected. Congress has already appropriated these funds, and the administration has a responsibility to distribute them without undue delay or obstruction, ensuring that critical care is not disrupted for millions of people who rely on Title X services. Moreover, level funding has been and remains inadequate, leading to significant unmet need that was exacerbated by the COVID-19 pandemic and the growing reproductive health access crisis brought about by the *Dobbs* decision. It is also estimated that more than \$1 billion in funding annually is needed to meet the unmet needs for the program.¹ For FY26, we recommend \$737 million, a step toward rebuilding the network and better meeting the need for services.
- Support Funding for the Teen Pregnancy Prevention Program (TPPP).** Since 2010, TPPP has been recognized as a pioneering example of tiered, evidence-based policymaking that represents important contributions to building a body of evidence of what works for whom and under what circumstances to prevent teen pregnancy. We recommend \$150 million in programmatic funding for TPPP to expand its reach to more young people across the country.
- 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 sexually transmitted infections (STIs) among young people. We recommend robust funding for the CDC's school-based HIV and STI prevention efforts.
- Support Funding for STI Prevention.** Research demonstrates increased funding for STI prevention lowers STI rates, and cuts to jurisdictions' funding have allowed STI rates to increase, disproportionately impacting historically marginalized communities. Jurisdictions need adequate funding for education; partner services, including contact tracing; and other prevention tactics to reverse the upward trend of STI epidemics. To that end we recommend \$322.5 million for the Division of STD Prevention at the CDC.
- 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 FY26.
- Support Evidence-Based Research on Contraception.** Congress should prioritize funding clinical and social science research and researchers focused on contraception.

¹ Gorzig MM, Goesling B and Schellenberger K, The need for free or subsidized sexual and reproductive health services in the U.S.: updated estimates, Office of Population Affairs (OPA), U.S. Department of Health and Human Services (HHS), 2024, <https://opa.hhs.gov/sites/default/files/2024-12/opa-cost-study-srh-services.pdf>

Nationally, an estimated 46 million women aged 15-49 in the U.S. are sexually active and not seeking to become pregnant. However, for those wanting to use contraception to prevent pregnancy, there are still many barriers to access. Lack of access to desired contraception can impede people from achieving their health, social, and financial goals. We urge Congress to support research that advances technology and innovations that promise to expand access to contraception, with particular attention to those that further empower the patient. This includes supporting research that evaluates expanded points of entry for contraception focused on: telehealth, pharmaceutical care delivery models, extended use of contraception, streamlined clinical workflows, and people with complex contraception needs. Research is also needed to drive forward the discourse on patient-centered care practices and attending to populations with specific needs related to contraception (e.g., people with larger bodies, people with disabilities and/or chronic health issues, people with substance use disorder).

- **Support Evidence-Based Research on Abortion.** Congress should prioritize funding for accurate and evidence-based clinical and social science research and researchers focused on abortion care. The U.S. Supreme Court's ruling in the *Dobbs* decision overturned the Constitutional right to abortion, creating a profound disruption that may especially impact those experiencing systemic oppression. For people unable to obtain abortion care, there are negative physical, socioeconomic, and mental health consequences of continuing an unwanted pregnancy. We strongly urge the National Institute of Child Health and Human Development (NICHD) in good faith to prioritize research that supports the ability to offer evidence-based, patient-centered abortion care, with attention to specific populations experiencing systemic oppression and individuals managing complex health issues. This includes research on telehealth, medication abortion, health and economic outcomes, and abortion for people with complex health care needs (e.g., people with substance use disorder, people with disabilities and/or chronic health issues, people with severe hypertension).

State and Foreign Operations Appropriations:

- **Permanently Repeal the Global Gag Rule.** The global gag rule undermines access to comprehensive health care information and services, including related to abortion, contraception, HIV/AIDS services, and maternal health care, and negatively impacts the health and lives of communities worldwide, particularly women, girls, and LGBTQI+ people. President Trump reinstated the Global Gag Rule upon taking office, and across both of his administrations, implemented an unprecedented expansion of the rule. It is critical that language be added to the FY26 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 using non-U.S. funds. Doing so would ensure that the U.S. can build sustainable partnerships and make long term progress on a range of critical health issues.
- **Increase Funding for International Family Planning/Reproductive Health Programs.** We recommend a \$1.74 billion investment in international family planning and reproductive health programs, which would include the U.S. contribution to UNFPA described below. This investment would meet the U.S.'s fair share of addressing the needs of 214 million women in low- and middle-income countries who want to delay or prevent pregnancy but face significant barriers to using a modern method of contraception. Robust U.S. investments in family planning and reproductive health

(FP/RH) programs are critical to supporting the health, rights and wellbeing of people—particularly women, adolescent girls, and pregnant people—around the world.

- **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. The United States must support the critical role of UNFPA and resume funding for both core activities and for its indispensable work in humanitarian emergencies. UNFPA is often present in a country before, during, and after a crisis, making it a reliable partner in both development and humanitarian contexts, especially when a crisis happens suddenly. We recommend \$116 million in FY26 for this critical agency.
- **Oppose Abortion Coverage Bans.** Peace Corps Volunteers (PCVs) are important representatives of the U.S. abroad, carrying out vital development projects and building goodwill. In line with calls from both the global and domestic reproductive health, rights, and justice communities to eliminate other abortion restrictions in appropriations bills, we request that the restrictions on abortion coverage for PCVs in the appropriations bill be removed.
- **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 references to 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 State Department Human Rights Reporting to Include Status of Reproductive Rights.** In 2017, under the first Trump administration, the State Department deleted all subsections on reproductive rights from its annual Country Reports on Human Rights Practices without notice or justification. The State Department country reports are a vital resource to civil society, journalists, and governments in helping to better understand and address violations of reproductive rights. While the subsections on reproductive rights were restored in 2021, recent reports indicate that these subsections, and more, are expected to be cut in the forthcoming reports from the Trump administration. It is critical to amend the Foreign Assistance Act to mandate that specific reporting requirements on the status of reproductive rights be met consistently by the State Department, without political interference. It also would require that the State Department fully consult with local nongovernmental 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 to improve the effectiveness of global health programs. These changes include:

- Modifying statutory language to allow FP/RH supplies to be procured through the HIV Working Capital Fund. This change would broaden the fund to allow the use of the HIV Working Capital Fund to procure contraceptive commodities and a full range of global health supplies.
 - Modifying statutory language to exempt FP/RH funding from prohibitions on assistance to other countries, like all other global health programs. Only one global health program—family planning and reproductive health—is not exempt 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. Exempting FP/RH programs done in cooperation with foreign governments from defunding when U.S. foreign assistance is otherwise cut off to a country because of various prohibitions in the law is important as a matter of fairness and consistency and would ensure that people who rely on U.S.-supported family planning and reproductive health programs are not punished for their government's misdeeds.
 - Adding statutory language requiring the provision of complete and medically accurate information on all modern contraceptives. Modern contraceptive methods should be added to the existing requirement around the provision of complete and medically accurate information on condoms, to ensure that information on family planning methods and services is also medically accurate.
 - Including report language on contraceptive research and development. Biomedical research is needed to refine existing contraceptive methods to make them more acceptable, affordable, and accessible, and to develop new methods that better meet people's needs and preferences, including the development of multipurpose prevention technologies that simultaneously prevent both unintended pregnancy and STIs/HIV.
 - Deleting the House-passed FY25 report language requiring dramatically expanded monitoring of statutory restrictions on abortion-related activities. The burden of implementing this language and compiling an explicitly detailed report on over \$10 billion worth of global health programs is a waste of staff time and resources that could be better spent on administering funding for critical health services in the countries that receive U.S. global health assistance.
- **Update Kemp-Kasten Amendment.** It is important to replace the 1985 Kemp-Kasten language with language to address all forms of reproductive coercion, in line with the 1994 ICPD Programme of Action and including but not limited to coercive abortion, involuntary sterilization, or forced pregnancy, and to delete the requirement for presidential determination. The Kemp-Kasten Amendment has been used narrowly and politically, often solely to withhold funding to UNFPA and not for the stated purpose of combating reproductive coercion. Collectively, these changes would put forward a more serious, comprehensive, and meaningful approach to combating coercion in all its forms, wherever it occurs.

Financial Service and General Government Appropriations:

- **Oppose Abortion Coverage Bans Impacting Washington, DC Residents and Federal Employees.** We strongly oppose harmful abortion coverage bans that block insurance coverage of abortion for people who get their health care and/or coverage through the federal government. In FSGG, bans on abortion coverage impact federal employees and people with low-incomes who live in Washington, DC.

- This includes a ban on coverage of abortion for those who access their health care through a health plan under the Federal Employee Health Benefits Program (FEHBP), with very limited exceptions—sharply curtailing the ability of federal employees and their dependents to access abortion services.
- In addition to being subject to the federal Hyde amendment, Congress also bans DC from using its own, locally raised funds to provide abortion care, something states are permitted to do. Although this discriminatory ban was lifted in FY10, anti-abortion 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, without Congress overriding their voices.

We urge Congress to eliminate both of these harmful coverage bans once and for all.

Commerce, Justice, Science Appropriations:

- **Oppose Abortion Coverage Bans Impacting People in Federal Prisons.** We strongly oppose harmful abortion coverage bans 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. No one should be denied access to abortion just because they are incarcerated. Lifting this restriction would help remove one of the many barriers that pregnant people in prison face to accessing the health care that they need. We urge Congress to eliminate this language once and for all.

As you and your committees craft the FY26 funding bills, we urge you to ensure that no further harm is done to peoples' reproductive freedom. The FY26 appropriations bills must exclude harmful, extremist, ideological policy riders and adequately fund critical programs that support the health and well-being of all people.

In the face of the ongoing public health crisis, Congress has a responsibility to its constituents to protect access to health care—not take it away—and that includes opposing new poison pill riders, like the many harmful new riders attacking access to abortion, birth control, and gender-affirming care that appeared throughout House-proposed bills in FY24 and FY25, including in bills that have typically been silent on these issues. These included attempts to restrict safe, effective medication abortion; to “defund” Planned Parenthood; eliminate funding for the Title X family planning program; to interfere with abortion training in medical education; to restrict access to care for veterans and military service members; to attach new restrictions on gender-affirming care across multiple bills; to codify the global gag rule; and more. We urge you to reject any attempts to add these or other new riders to further restrict sexual and reproductive health care and rights in FY26.

Sincerely,

Advocates for Youth
 All* Above All
 Alliance for Girls
 American Association of University Women (AAUW)
 American Atheists
 American Society for Reproductive Medicine
 Arkansas Black Gay Men's Forum
 Autistic Women & Nonbinary Network
 Center for Reproductive Rights

Clearinghouse on Women's Issues
Equality California
Family Equality
Feminist Majority Foundation
Guttmacher Institute
Healthy Teen Network
Ipas US
Justice and Joy National Collaborative
Legal Action Center
Monsoon Asians & Pacific Islanders in Solidarity
National Abortion Federation
National Council of Jewish Women
National Family Planning & Reproductive Health Association
National Health Law Program
National Latina Institute for Reproductive Justice
National Network of Abortion Funds
National Organization for Women Foundation
National Partnership for Women & Families
National Women's Law Center Action Fund
National Women's Political Caucus
New Disabled South
PAI
People Power United
Physicians for Reproductive Health
Planned Parenthood Federation of America
Population Connection Action Fund
Population Institute
Power to Decide
Pregnancy Justice
Reproductive Freedom for All
Reproductive Health Access Project
Reproductive Justice Action Collective (ReJAC)
SIECUS: Sex Ed for Social Change
The TransLatin@ Coalition
Transgender Law Center
Union for Reform Judaism
URGE: Unite for Reproductive & Gender Equity
Women of Reform Judaism
Women's Foundation of Florida
Women's March