

May 15, 2026

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 2027 (FY27) 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 health and freedom. From the passage of H.R. 1 attacking Medicaid and “defunding” Planned Parenthood to the obstruction of Title X funding and destruction of contraception meant for communities around the world, we are witnessing unprecedented attacks on and interference in 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, and which is the basis for abortion coverage bans in other federal programs. Abortion is essential health care, and no one should be denied access to that care simply because they get their health care or coverage through the federal government. As the ramifications of H.R. 1 and the expired ACA enhanced premium tax credits ripple through communities, folks are losing their health care coverage, rural communities are suffering, and health care providers are shuttering their clinics. The impact of abortion coverage bans falls hardest on the same communities who are bearing the brunt of H.R. 1—Black, Latinx/e, Asian American, Pacific Islander, and other people of color who already face systemic

barriers in our health care system, as well as people with low incomes or who live in rural communities. 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. Weldon emboldens health care entities—from doctors and nurses to hospitals and health insurers—to deny patients care and even referrals for care. It has also been weaponized to intimidate states that seek to protect abortion access by threatening critical federal health funding, from the first Trump administration’s effort to strip California of \$800 million in federal funding to the recent announcement of pending investigations against 13 states. The need to eliminate the harmful Weldon Amendment is critical at this moment, as states ban abortion and refusals of care worsen, with an increasing number of reports of patients being turned away for essential medical care and urgent medical interventions. 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 dedicated federal family planning program. In 2023, the program supported 2.8 million people across nearly 4,000 clinics. It supports a diverse group of providers across the country that offer crucial sexual and reproductive health care including birth control, STI testing and treatment, and cancer screenings. 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 critical to address the harm caused by the first Trump administration, which decimated the network in 2019; more than a decade of stagnant funding; the COVID-19 pandemic; and additional policy challenges, in addition to the unlawful withholding of Title X funds in March 2025 for months, which impacted people being able to access affordable health care. It is essential that the program receive robust and reliable funding, and use it for its intended purpose under law. Moreover, level funding has been and remains inadequate, leading to significant unmet need, which would require more than \$1 billion each year.<sup>1</sup> For FY27, we recommend \$737 million, a step toward rebuilding the network and better meeting the need for health care services for all people.
- **Support Funding for the Teen Pregnancy Prevention Program (TPPP).** Since 2010, TPPP has been recognized as a pioneering example of tiered,

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<sup>1</sup> 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/2025-08/opa-cost-study-srh-services.pdf>

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. It is vital that we ensure evidence-based implementation of grants and support the work of trained educators and community partnerships, serve young people, and expand the body of evidence available to best help young people achieve their reproductive health goals. 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 \$100 million in 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. Amid rising rates, federal funding for STI prevention has remained stagnant for nearly two decades, leading to a 50% reduction in the purchasing power of STI prevention programs in that time. Jurisdictions need adequate funding for education; partner services, including contact tracing; and other prevention tactics to reverse the upward trend of STI epidemics. To reinstate the purchasing power of STI prevention programs we recommend \$322.5 million for the Division of STD Prevention at the CDC.
- **Oppose Funding for Abstinence-Only Programs.** Programs that are limited to abstinence only, until marriage (AOUM) 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 FY27.

**State and Foreign Operations/National Security, Department of State, and Related Programs Appropriations:**

- **Block Implementation of the Expanded Global Gag Rule.** In January 2026, the Trump Administration released three final rules—under the guise of “Promoting Human Flourishing in Foreign Assistance” (PHFFA)—that dramatically expanded the Global Gag Rule to weaponize foreign assistance. The Global Gag Rule historically prohibited foreign non-governmental organizations receiving U.S. international family planning funding from providing, counseling, referring, or

advocating for abortion services—even with their own money. Extended to cover all of global health assistance during the Trump Administration’s first term and reinstated in January 2025, the policy now applies to all U.S. “non-military” foreign assistance, including to U.S. organizations, multilateral institutions, and foreign governments. The Trump administration has also replicated the deadly anti-abortion restrictions to also attack efforts to advance gender equality; LGBTQI+ rights; and diversity, equity, and inclusion. We urge you to include language in the FY27 bill to prohibit the State Department from using appropriated funds to implement the expanded Global Gag Rules, ensuring that U.S. taxpayer dollars are not used to weaponize foreign aid and export the Trump administration’s extremist, ideological agenda around the globe. This will support efforts to rebuild sustainable, effective, efficient partnerships and to remove obstacles to progress on global health, human rights, and gender equality.

- **Increase Funding for International Family Planning/Reproductive Health Programs.** We recommend a \$2.11 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. Responding to their needs would have a transformative impact on their lives and their communities and is long overdue after 16 years of stagnant funding and significant inflation contributing to a nearly 34% loss in purchasing power over that time. 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 \$145 million in FY27 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 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.** The State Department Country Reports of Human Rights Practices are a critical resource to civil society, journalists, the private sector, and governments in helping to better understand and address violations of human rights. In 2025, the Trump administration drastically reduced coverage of the reports by taking a very narrow view of internationally recognized human rights, deleting or significantly limiting entire sections, including on discrimination and violence targeting women; LGBTQI+ individuals; people with disabilities; indigenous peoples; and members of national, racial, religious or ethnic groups. Reproductive rights were once again cut from the reports, and press reports indicate that future reports will scrutinize public coverage of abortion and gender affirming care, incorrectly suggesting abortion is a human rights violation—an attempt to distort and redefine human rights. Reproductive rights, including abortion, are human rights that should be accessible to all people. 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..
- **Promote Equity and Effectiveness of International Family Planning/ Reproductive Health Programs.** Several small but meaningful changes should

be made to ensure parity of reproductive health programs with other global health areas and to improve the effectiveness of global health investments. 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. Terminations of USAID agreements did not spare contraceptive R&D and risk squandering years of U.S. investment in scientific research and bringing new contraceptives through the regulatory process to market and into the hands of consumers.
- Deleting the House-passed FY26 report language, included under the terms of the joint explanatory statement, 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 FY27 funding bills, we urge you to ensure that no further harm is done to peoples' reproductive freedom. The FY27 appropriations bills must exclude harmful, extremist, ideological policy riders and adequately fund critical programs that support the health and well-being of all people.

Time and again this Congress and administration have shown a total disregard for our health and well-being—from detention conditions for pregnant immigrants to passage of H.R. 1 attacking Medicaid and “defunding” Planned Parenthood health centers and certain other abortion providers. In the face of this worsening 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, FY25, and FY26—including in bills that typically have been silent on these issues. These included attempts to restrict safe, effective medication abortion; to “defund” Planned Parenthood; to 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 FY27.

Sincerely,  
Abortion Forward  
ACCESS REPRODUCTIVE JUSTICE  
AIDS United  
All\* Above All  
Alliance for Girls  
American Association of University Women (AAUW)  
American Atheists  
American College of Nurse-Midwives  
Autistic Women & Nonbinary Network  
Center for Biological Diversity  
Center for Reproductive Rights

Guttmacher Institute  
Healthy Teen Network  
Indivisible  
Institute for Women's Policy Research  
Ipas  
Minority Veterans of America  
National Abortion Federation  
National Asian Pacific American Women's Forum  
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 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  
Positive Women's Network-USA  
Power to Decide  
Reproductive Freedom for All  
Reproductive Health Access Project  
Rhia Ventures  
Service Women's Action Network (SWAN)  
SIECUS: Sex Ed for Social Change  
The American Society for Reproductive Medicine  
The Population Institute  
Transgender Law Center  
URGE: Unite for Reproductive & Gender Equity