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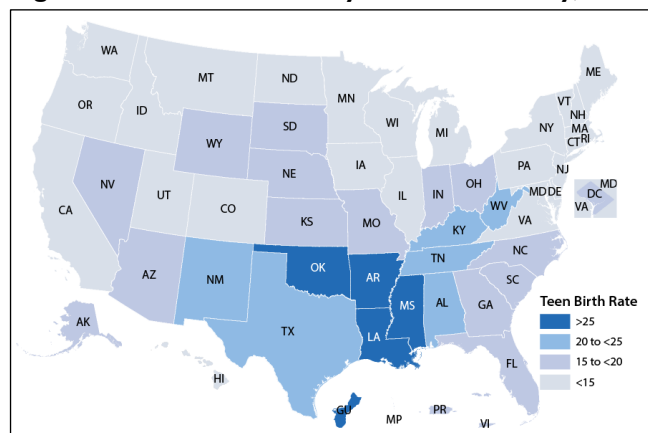
Federal Teen Pregnancy Prevention Programs

Background

The U.S. teen birth rate—or the number of births per 1,000 females aged 15 to 19 each year—has steadily declined since the early 1990s. The rate decreased by 75% from the most recent high of 61.8 (in 1991) to the most recent low of 15.4 (in 2020, the most recent data available). Researchers suggest that multiple factors have influenced this decline, and that there is not necessarily a definitive single reason for it. Such factors may include decreasing teen sexual activity, particularly among younger teens, and increasing use of contraceptives among sexually active teens.

Despite the downward trend in births among teenagers, Congress continues to be interested in the issue of teen birth because of its high costs. Teen parents tend to have less education and are more likely to live in poverty than peers who are not teen parents. Children of teenage mothers are more likely to have poorer educational and other outcomes than children of mothers who delay childbearing. Teen childbearing can have larger societal impacts, such as costs related to public sector health care and lost tax revenue. In addition, teen pregnancy disproportionately affects certain racial and ethnic groups and selected states and insular areas. **Figure 1** shows a map with teen birth rates by quartile for the 50 states, Washington, DC, and four of the insular areas in 2020. Four states had the highest teen birth rates (25 or higher): Mississippi, Arkansas, Louisiana, and Oklahoma. The rates for the insular areas ranged from 15.1 in the U.S. Virgin Islands to 33.0 in Guam.

Figure 1. Teen Birth Rates by State & Territory, 2020



Source: Congressional Research Service (CRS), based on data from the Centers for Disease Control and Prevention (CDC).

Notes: Birth rates are per 1,000 females aged 15 to 19.

Multiple HHS agencies established the Teen Pregnancy Prevention Evidence Review pursuant to the FY2010 omnibus appropriations law (P.L. 111-117). The review was active from 2010 to 2019 but is in the process of being reestablished. It used criteria to determine which education models have been shown, through rigorous evaluation, to

reduce teen pregnancy and related outcomes. HHS encouraged or required grantees for some teen pregnancy prevention programs to use these models.

Teen Pregnancy Programs

Federal law has authorized programs that provide educational curricula and social supports aimed at helping youth make decisions that will ultimately delay early pregnancy and parenting. Four federal programs focus exclusively on teen pregnancy prevention education: (1) the Teen Pregnancy Prevention program; (2) the Personal Responsibility Education Program; (3) the Title V Sexual Risk Avoidance Education program, authorized under Title V of the Social Security Act; and (4) the Sexual Risk Avoidance Education program, authorized under appropriations laws. The U.S. Department of Health and Human Services (HHS) administers the four programs, which generally target vulnerable teen populations. Youth receive teen pregnancy prevention education in school and other settings. Grantees for the four programs include states and/or other entities.

Teen Pregnancy Prevention (TPP) Program

P.L. 111-117 initially established and funded the TPP program, and subsequent appropriations laws have provided authority and funding through FY2022. The program competitively awards grants to public and private entities to implement a variety of evidence-based or innovative models that seek to influence adolescent sexual behavior. Such models focus on sexual abstinence or information about the use of contraceptives, among other approaches.

After funds are set aside for training and technical assistance, most of the remaining amount (75%) supports Tier 1 grants. Generally, these grantees replicate models determined to be evidence-based through rigorous evaluation studies. Another 25% of the remaining TPP program funds are used for Tier 2 research and demonstration grants that are intended to develop and test additional strategies for reducing teenage pregnancy. Currently, TPP supports 62 Tier 1 grantees and 17 Tier 2 grantees. TPP grantees served 59,244 youth in FY2021.

Evaluations of the first cohort of TPP grantees (FY2010-FY2014) showed mixed results. Of 41 evaluations, 12 showed a positive impact in at least one teen pregnancy-related outcome. Another 16 did not have positive impacts and 13 had inconclusive results due to attrition, failure to meet HHS' research standards, or for other reasons.

Personal Responsibility Education Program (PREP)

The Patient Protection and Affordable Care Act (ACA; P.L. 111-148) established PREP under Section 513 (Title V) of the Social Security Act. The program is a broad approach to teen pregnancy prevention that seeks to educate adolescents aged 10 to 20, and pregnant and parenting youth under age

21, on both abstinence and/or contraceptives to prevent pregnancy and sexually transmitted infections (STIs). PREP includes four types of grants: (1) State PREP grants, (2) Competitive PREP grants, (3) Tribal PREP, and (4) PREP–Innovative Strategies (PREIS). PREP grantees served 97,966 youth in FY2020.

Mandatory funding is provided through FY2023. A majority of PREP funding is allocated to states and insular areas via the State PREP grant. The 50 states, Washington, DC, and eight insular areas are eligible for funding. Funds are allocated by formula based on their relative share of youth aged 10 to 20. Funding for jurisdictions that declined the formula grant is available to local entities on a competitive basis. Unexpended annual state allotments have been competitively awarded as three-year discretionary grants to 27 entities to carry out PREP programming in six jurisdictions. State PREP and Competitive PREP grantees must replicate evidence-based teen pregnancy prevention programs or substantially incorporate elements of effective programs.

Tribal PREP grants are available for tribal entities to support projects that educate American Indian and Alaska Native youth on teen pregnancy prevention. Grantees are to support culturally and linguistically appropriate teen pregnancy programs, including those that are promising or evidence-based. Eight tribal grantees are currently funded. PREIS grants are intended to build evidence for promising teen pregnancy prevention programs for high-risk youth. The grants are awarded on a competitive basis to public and private entities to implement and evaluate innovative youth pregnancy prevention strategies that have not been rigorously evaluated. PREIS currently supports 12 grantees in 10 jurisdictions.

Title V Sexual Risk Avoidance Education Program (Title V SRAE)

The 1996 welfare reform law (P.L. 104-193) established the “Separate Program for Abstinence Education” under Section 510 in Title V of the Social Security Act. The program had long been known as the Title V Abstinence Education Grant program, which was in effect through FY2017. The Bipartisan Budget Act of 2018 (P.L. 115-123) replaced Section 510, thereby changing the name of the program to the “Sexual Risk Avoidance Education” program and adding new requirements on financial allotments, educational elements, research, and data. The overall purpose of the revised program remains essentially the same, which is to provide youth aged 10-19 with education that focuses on sexual abstinence.

As with PREP, mandatory funding for Title V SRAE is provided through FY2023 with the same entities eligible to apply for Title V State SRAE funds. Thirty-six states and two insular areas had a Title V Abstinence Education program that received FY2021 State SRAE funds. Jurisdictions request funds as part of their request for Maternal and Child Health Block Grant funds, which support maternal and child health programs. After funding is set aside for HHS administrative costs, funds are allocated to jurisdictions based on their relative shares of low-income children. Title V Competitive SRAE funding is available for eligible entities in jurisdictions that do not apply for the state funds. Thirty-five such grantees in 13

states and two insular areas received FY2021 funds. Title V State SRAE and Title V Competitive SRAE grantees served 127,647 youth in FY2020. A state/territory or other entity receiving funding under the Title V Sexual Risk Avoidance Education program may use up to 20% of such allotment to build the evidence base for sexual risk avoidance by conducting or supporting research. As required under law, HHS is supporting the Sexual Risk Avoidance National Evaluation. The evaluation includes both Title V and General Departmental Management SRAE program grantees (see below).

General Departmental Sexual Risk Avoidance Education Program (GD SRAE)

The 2016 omnibus appropriations law (P.L. 114-113) established and funded the GD SRAE program. It has since been funded through FY2022. The program supports projects for implementing sexual risk avoidance education that teaches participants how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors. The program targets youth populations that are at risk for non-marital sexual activity, such as juvenile justice-involved youth and youth in or aging out of foster care. HHS estimates that approximately 54,000 youth participated in the Sexual Risk Avoidance Education program in FY2019.

Multiple entities may apply for SRAE funding, including states and other jurisdictions such as local governments, educational, nonprofit, for-profit, and tribal entities. HHS awarded 31 SRAE grants and continued funding for 51 grantees for FY2021. SRAE grantees are advised to review evidence-based program models, but do not have to use such models. Prior appropriations laws have specified funding for similar abstinence education programs, the Community-Based Abstinence Education (CBAE) program from FY2001 to FY2009 and the Competitive Abstinence Education (CAE) program from FY2012 to FY2015. Both programs provided competitive grants to public and private entities to develop and implement youth abstinence-only education programs.

Funding

Table 1 shows recent funding levels for the four current programs. The Title V SRAE program and PREP program are supported by mandatory funds. The GD SRAE program and TPP program are supported by discretionary funds.

Table 1. Final Funding for Teen Pregnancy Prevention Programs: FY2018-FY2022, Dollars in Millions

	TPP	PREP	Title V SRAE	GD SRAE
FY2018	\$101.0	\$75.0	\$75.0	\$25.0
FY2019	\$101.0	\$75.0	\$75.0	\$35.0
FY2020	\$101.0	\$75.0	\$75.0	\$35.0
FY2021	\$101.0	\$75.0	\$75.0	\$35.0
FY2022	\$101.0	\$70.7	\$70.7	\$35.0

Source: CRS, based on appropriations and authorizing laws.

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