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112TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
1st Session } { 112–63

TO AMEND TITLE V OF THE SOCIAL SECURITY ACT TO CONVERT FUNDING FOR PERSONAL RESPONSIBILITY EDUCATION PROGRAMS FROM DIRECT APPROPRIATIONS TO AN AUTHORIZATION OF APPROPRIATIONS

APRIL 27, 2011.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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Mr. UPTON, from the Committee on Energy and Commerce, submitted the following

R E P O R T

together with

DISSENTING VIEWS

[To accompany H.R. 1215]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1215) to amend title V of the Social Security Act to convert funding for personal responsibility education programs from direct appropriations to an authorization of appropriations, having considered the same, report favorably thereon without amendment and recommend that the bill do pass.

CONTENTS

	Page
Purpose and Summary	2
Background and Need for Legislation	2
Hearings	2
Committee Consideration	3
Committee Votes	3
Committee Oversight Findings	7
Statement of General Performance Goals and Objectives	7
New Budget Authority, Entitlement Authority, and Tax Expenditures	7
Earmark	7
Committee Cost Estimate	7
Congressional Budget Office Estimate	7
Federal Mandates Statement	10
Advisory Committee Statement	10
Applicability to Legislative Branch	10
Section-by-Section Analysis of the Legislation	10
Changes in Existing Law Made by the Bill, as Reported	10
Dissenting Views	12

99–006

PURPOSE AND SUMMARY

H.R. 1215, a bill to amend Title V of the Social Security act to convert funding for personal responsibility education program from direct appropriations to an authorization of appropriations, was introduced on March 29, 2011, by Rep. Robert Latta (R–OH), and referred to the Committee on Energy and Commerce.

The purpose of H.R. 1215 is to reduce federal spending, deficits, and debt by repealing mandatory programs with limited Congressional oversight and ensure that Congress prioritize the programs it funds by utilizing the traditional appropriations process.

BACKGROUND AND NEED FOR LEGISLATION

Section 2953 of PPACA establishes state grants for personal responsibility education programs to educate adolescents about adulthood preparation, including education regarding financial literacy, goal-setting, stress management, contraception use, and development of healthy attitudes regarding body image. Section 2953 appropriates $75 million for each of fiscal years 2010 through 2014. The legislation would convert the appropriation into an authorization so Congress can determine funding through the normal appropriations process. The legislation would also rescind any unobligated funds.

This provision appears to duplicate existing government programs, for example: the Effective Teaching and Learning for a Well-Rounded Education program provides funding for financial literacy education (the President's FY2012 Budget requests $246 million for the program); Title X funding provides dollars for the Health Resources Services Administration to provide information and screening for pregnancy and sexually transmitted diseases (the President's Budget requests $327 million for Title X); and the Teenage Pregnancy Prevention program at the Centers for Disease Control and Prevention support teen prevention activities (the President's Budget requests $22 million for FY2012).

The federal government is now borrowing 42 cents of every dollar it spends. The current projected deficit for this fiscal year is $1.6 trillion while national debt has exceeded $14 trillion. Regardless of whether Members support this grant program, these funds should first be authorized then separately appropriated. It is this system that allows Congress to prioritize spending on those programs that most deserve funding while ensuring that we control spending to reduce the budget deficit. We can no longer afford to fund new programs without eliminating other spending. Congress can then set fiscal priorities by subsequently providing funding through the appropriations process after weighing the relative value of different programs.

HEARINGS

The Committee on Energy and Commerce held a hearing on draft legislation that became H.R. 1215 on March 9, 2011. The following witnesses testified at the hearing:

- The Honorable Ernest J. Istook, The Heritage Foundation
- Dr. John Goodman, President and CEO, National Center for Policy Analysis
- The Honorable Joseph F. Vitale, New Jersey State Senate

COMMITTEE CONSIDERATION

H.R. 1215 was introduced by Mr. Robert Latta on March 29, 2011, and was referred to the Committee on Energy and Commerce.

On March 31, 2011, the Subcommittee on Health met in open markup session to consider H.R. 1215. Subsequently, the Subcommittee ordered H.R. 1215 favorably reported by a recorded vote of 15–11.

On April 5, 2011, the Energy and Commerce Committee met in open markup session to consider H.R. 1215. Subsequently, the Committee ordered H.R. 1215 favorably reported by a vote of 25–17.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto.

COMMITTEE ON ENERGY AND COMMERCE -- 112TH CONGRESS
ROLL CALL VOTE # 23

BILL: **H.R. 1215,** to amend title V of the Social Security Act to convert funding for personal responsibility education programs from direct appropriations to an authorization of appropriations.

AMENDMENT: An amendment by Ms. Baldwin, No. 1, to delay the effective date of the bill.

DISPOSITION: **NOT AGREED TO**, by a roll call vote of 17 yeas to 20 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Upton		X		Mr. Waxman	X		
Mr. Barton		X		Mr. Dingell			
Mr. Stearns				Mr. Markey			
Mr. Whitfield				Mr. Towns			
Mr. Shimkus		X		Mr. Pallone	X		
Mr. Pitts		X		Mr. Rush			
Mrs. Bono Mack				Ms. Eshoo	X		
Mr. Walden		X		Mr. Engel			
Mr. Terry		X		Mr. Green			
Mr. Rogers		X		Ms. DeGette	X		
Mrs. Myrick		X		Mrs. Capps	X		
Mr. Sullivan		X		Mr. Doyle			
Mr. Murphy				Ms. Schakowsky	X		
Mr. Burgess		X		Mr. Gonzalez	X		
Mrs. Blackburn				Mr. Inslee	X		
Mr. Bilbray				Ms. Baldwin	X		
Mr. Bass	X			Mr. Ross	X		
Mr. Gingrey		X		Mr. Weiner	X		
Mr. Scalise		X		Mr. Matheson	X		
Mr. Latta		X		Mr. Butterfield	X		
Mrs. McMorris Rodgers		X		Mr. Barrow	X		
Mr. Harper		X		Ms. Matsui	X		
Mr. Lance		X		Ms. Christensen	X		
Mr. Cassidy							
Mr. Guthrie		X					
Mr. Olson		X					
Mr. McKinley							
Mr. Gardner		X					
Mr. Pompeo							
Mr. Kinzinger							
Mr. Griffith		X					

Current as of 03/14/2011

COMMITTEE ON ENERGY AND COMMERCE -- 112TH CONGRESS
ROLL CALL VOTE # 24

BILL: **H.R. 1215,** to amend title V of the Social Security Act to convert funding for personal responsibility education programs from direct appropriations to an authorization of appropriations.

AMENDMENT: An amendment by Ms. DeGette, No. 2, to delay the effective date of the bill.

DISPOSITION: **NOT AGREED TO,** by a roll call vote of 16 yeas to 23 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Upton		X		Mr. Waxman	X		
Mr. Barton		X		Mr. Dingell			
Mr. Stearns				Mr. Markey			
Mr. Whitfield				Mr. Towns			
Mr. Shimkus		X		Mr. Pallone	X		
Mr. Pitts		X		Mr. Rush			
Mrs. Bono Mack				Ms. Eshoo	X		
Mr. Walden		X		Mr. Engel			
Mr. Terry		X		Mr. Green	X		
Mr. Rogers		X		Ms. DeGette	X		
Mrs. Myrick		X		Mrs. Capps	X		
Mr. Sullivan		X		Mr. Doyle			
Mr. Murphy				Ms. Schakowsky	X		
Mr. Burgess		X		Mr. Gonzalez			
Mrs. Blackburn		X		Mr. Inslee	X		
Mr. Bilbray				Ms. Baldwin	X		
Mr. Bass		X		Mr. Ross	X		
Mr. Gingrey		X		Mr. Weiner	X		
Mr. Scalise		X		Mr. Matheson	X		
Mr. Latta		X		Mr. Butterfield	X		
Mrs. McMorris Rodgers		X		Mr. Barrow	X		
Mr. Harper		X		Ms. Matsui	X		
Mr. Lance		X		Ms. Christensen	X		
Mr. Cassidy							
Mr. Guthrie		X					
Mr. Olson		X					
Mr. McKinley							
Mr. Gardner		X					
Mr. Pompeo							
Mr. Kinzinger		X					
Mr. Griffith		X					

Current as of 03/14/2011

COMMITTEE ON ENERGY AND COMMERCE -- 112TH CONGRESS
ROLL CALL VOTE # 25

BILL: **H.R. 1215,** to amend title V of the Social Security Act to convert funding for personal responsibility education programs from direct appropriations to an authorization of appropriations.

AMENDMENT: A motion by Mr. Upton to order H.R. 1215 favorably reported to the House, without amendment. (Final Passage)

DISPOSITION: **AGREED TO**, by a roll call vote of 25 yeas to 17 nays.

REPRESENTATIVE	YEAS	NAYS	PRESENT	REPRESENTATIVE	YEAS	NAYS	PRESENT
Mr. Upton	X			Mr. Waxman		X	
Mr. Barton	X			Mr. Dingell			
Mr. Stearns				Mr. Markey			
Mr. Whitfield				Mr. Towns		X	
Mr. Shimkus	X			Mr. Pallone		X	
Mr. Pitts	X			Mr. Rush			
Mrs. Bono Mack				Ms. Eshoo		X	
Mr. Walden	X			Mr. Engel			
Mr. Terry	X			Mr. Green		X	
Mr. Rogers	X			Ms. DeGette		X	
Mrs. Myrick	X			Mrs. Capps		X	
Mr. Sullivan	X			Mr. Doyle			
Mr. Murphy				Ms. Schakowsky		X	
Mr. Burgess	X			Mr. Gonzalez			
Mrs. Blackburn	X			Mr. Inslee		X	
Mr. Bilbray	X			Ms. Baldwin		X	
Mr. Bass	X			Mr. Ross		X	
Mr. Gingrey	X			Mr. Weiner		X	
Mr. Scalise	X			Mr. Matheson		X	
Mr. Latta	X			Mr. Butterfield		X	
Mrs. McMorris Rodgers	X			Mr. Barrow		X	
Mr. Harper	X			Ms. Matsui		X	
Mr. Lance	X			Ms. Christensen		X	
Mr. Cassidy	X						
Mr. Guthrie	X						
Mr. Olson	X						
Mr. McKinley							
Mr. Gardner	X						
Mr. Pompeo							
Mr. Kinzinger	X						
Mr. Griffith	X						

Current as of 03/14/2011

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portions of this report, including the finding that reigning in mandatory spending is necessary to avoid a debt crisis.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the performance goals and objectives of the Committee are reflected in the descriptive portions of this report, including the goal that reigning in mandatory spending is necessary to avoid a debt crisis.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 1215 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARK

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 1215 contains no earmarks, limited tax benefits, or limited tariff benefits.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is a cost estimate provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

H.R. 1215—A bill to amend title V of the Social Security Act to convert funding for personal responsibility education programs from direct appropriations to an authorization of appropriations

Summary: H.R. 1215 would amend the personal responsibility education programs created by the Patient Protection and Affordable Care Act (PPACA) by eliminating direct appropriations of $75 million each year between 2012 and 2014. Additionally, the bill would authorize the appropriation of $75 million a year over that same period.

Pay-as-you-go procedures apply because enacting the legislation would affect direct spending. CBO estimates that enacting the bill would reduce direct spending by $225 million over the 2012–2021 period. Enacting the bill would not affect revenues.

CBO also estimates that implementing H.R. 1215 would increase discretionary spending by about $200 million over the 2011–2016 period and $225 million over the 2012–2021 period, assuming appropriation of the authorized amounts.

H.R. 1215 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal government: The estimated budgetary impact of H.R. 1215 is shown in the following table. The costs of this legislation fall within budget function 500 (education, training, employment, and social services).

	By fiscal year, in millions of dollars—											
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2012–2016	2012–2021
Budget Authority	−75	−75	−75	0	0	0	0	0	0	0	−225	−225
Estimated Outlays	−15	−38	−56	−53	−38	−19	−8	0	0	0	−199	−225
Authorization Level	75	75	75	0	0	0	0	0	0	0	225	225
Estimated Outlays	15	38	56	53	38	19	8	0	0	0	199	225

Note: Components may not add to totals because of rounding.

Basis of estimate: For the purpose of this estimate, CBO assumes that the bill will be enacted near the end of fiscal year 2011, and that the authorized amounts will be appropriated for fiscal years 2012 through 2014.

H.R. 1215 would modify the personal responsibility education programs, which were created in PPACA. Under current law, those programs receive direct appropriations of $75 million each year from 2010 through 2014. Under H.R. 1215, the direct appropriation of funds between 2012 and 2014 would be eliminated, and any unobligated balances would be rescinded.

CBO estimates that enacting the bill would reduce direct spending by $225 million over the 2012–2021 period. CBO expects there would be no unobligated balances to rescind. However, if unobligated balances existed on the date of enactment, the direct spending savings would be greater.

H.R. 1215 also would authorize the appropriation of $75 million per year for personal responsibility education programs for each year from 2012 through 2014. As a result, CBO estimates that implementing the bill would have a discretionary cost of $225 million over the 2012–2021 period, assuming appropriation of the authorized amounts.

Pay-as-you-go considerations: The Statutory Pay-As-You-Go Act of 2010 establishes budget reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays that are subject to those pay-as-you-go procedures are shown in the following table.

CBO ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 1215 AS ORDERED REPORTED BY THE HOUSE COMMITTEE ON ENERGY AND COMMERCE ON APRIL 5, 2011

	By fiscal year, in millions of dollars—												
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2011–2016	2011–2021
NET DECREASE (-) IN THE DEFICIT													
Statutory Pay-As-You-Go Impact	0	−15	−38	−56	−53	−38	−19	−8	0	0	0	−199	−225

Note: Components may not add to totals because of rounding.

Intergovernmental and private-sector impact: H.R. 1215 contains no intergovernmental or private-sector mandates as defined in UMRA. By reclassifying funding for the personal responsibility program, the bill would likely decrease the amount of funds that state, local, and tribal government receive to implement the program.

Estimate prepared by: Federal Costs: Jonathan Morancy; Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum; Impact on the Private Sector: Sarah Axeen.

Estimate approved by: Holly Harvey, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Converting Funding for Personal Responsibility Education Programs from Direct Appropriations to an Authorization of Appropriations

The legislation would amend Section 513(f) of the Social Security Act to convert the direct appropriations for personal responsibility education programs to an authorization of appropriations for these activities. The legislation would rescind the unobligated balances from the amounts already provided.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

SOCIAL SECURITY ACT

* * * * * * *

TITLE V—MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT

* * * * * * *

SEC. 513. PERSONAL RESPONSIBILITY EDUCATION.

(a) ALLOTMENTS TO STATES.—

(1) AMOUNT.—

(A) IN GENERAL.—For the purpose described in subsection (b), subject to the succeeding provisions of this section, for each of fiscal years 2010 through 2014, the Secretary shall allot to each State an amount equal to the product of—

(i) the [amount] *amounts* appropriated under subsection (f) for the fiscal year and available for allotments to States after the application of subsection (c); and

* * * * * * *

[(B) MINIMUM ALLOTMENT.—

[(i) IN GENERAL.—Each State allotment under this paragraph for a fiscal year shall be at least $250,000.

[(ii) PRO RATA ADJUSTMENTS.—The Secretary shall adjust on a pro rata basis the amount of the State allotments determined under this paragraph for a fiscal year to the extent necessary to comply with clause (i).]

[(C)] *(B)* APPLICATION REQUIRED TO ACCESS ALLOTMENTS.—

(i) * * *

* * * * * * *

(c) RESERVATIONS OF FUNDS.—

(1) GRANTS TO IMPLEMENT INNOVATIVE STRATEGIES.—From the [amount] *amounts* appropriated under subsection (f) for the fiscal year, the Secretary shall reserve $10,000,000 of such amount for purposes of awarding grants to entities to implement innovative youth pregnancy prevention strategies and target services to high-risk, vulnerable, and culturally underrepresented youth populations, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant women who are under 21 years of age and their partners, mothers who are under 21 years of age and their partners, and youth residing in areas with high birth rates for youth. An entity awarded a grant under this paragraph shall agree to participate in a rigorous Federal evaluation of the activities carried out with grant funds.

(2) OTHER RESERVATIONS.—From the [amount] *amounts* appropriated under subsection (f) for the fiscal year that remains after the application of paragraph (1), the Secretary shall reserve the following amounts:

(A) * * *

* * * * * * *

(f) [APPROPRIATION] *AUTHORIZATION OF APPROPRIATIONS*.—For the purpose of carrying out this section, there is [appropriated, out of any money in the Treasury not otherwise appropriated,] *authorized to be appropriated* $75,000,000 for each of fiscal years [2010] *2012* through 2014. [Amounts appropriated under this subsection shall remain available until expended.]

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DISSENTING VIEWS

We, the undersigned members of the Committee on Energy and Commerce, oppose the passage of H.R. 1215, a bill to convert the Personal Responsibility Education Program (established in the *Patient Protection and Affordable Care Act*) from a program of mandatory spending to a program of discretionary spending. Accordingly, we submit the following comments to express our concerns about this very misguided, deeply divisive, and unabashedly hypocritical legislation.

INTRODUCTION AND BACKGROUND

Each year, some 750,000 American teenagers aged 15 to 19 become pregnant.[1] For those who carry to term, two-thirds of births to women younger than age 18 and more than half of those among women aged 18 and 19 are unintended.[2]

In 2009, approximately 410,000 infants were born to women aged 15 to 19—a live birth rate of 39.1 per 1,000 women in this age group. Coupled with the 2008 rate, this figure reflects the resumption of the long-term downward trend of the U.S. teen birth rate. This number had fallen significantly over the period 1991 through 2005, but briefly increased during 2006 and 2007.[3]

Despite these improvements, the U.S. teen pregnancy and birth rates are substantially higher than those of other western industrialized countries, as are the nation's rates for sexually transmitted diseases (STDs).[4] Of the approximately 19 million new STDs diagnosed each year, almost half are among youth aged 15 to 24.[5] And in 2008, young people aged 13 to 24 accounted for 17% of all those diagnosed in the U.S. with H1V/AIDS.[6] Clearly, the need for age-appropriate, medically accurate instruction and information on all matters related to sex remains high.[7]

Experts credit the majority of the decline in teen pregnancy rates—86%—to teens' increasingly consistent use of contraceptives; the remaining 14% is due to the higher percentage of teenagers electing to delay sexual activity.[8] This, in turn, can be significantly

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[1] Guttmacher Institute, *In Brief: Facts on American Teens' Sexual and Reproductive Health*, p. 2 (Jan. 2011) (online at *http://www.guttmacher.org/pubs/FB-ATSRH.pdf*).

[2] Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, *About Teen Pregnancy: Teen Pregnancy in the United States* (online at *http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm#a*) (accessed Apr. 22, 2011).

[3] *Id.*

[4] *Id.*

[5] Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, *Healthy Youth! Health Topics: Sexual Risk Behaviors* (online at *http://www.cdc.gov/healthyyouth/sexualbehaviors/index.htm*) (accessed Apr. 22, 2011).

[6] Guttmacher Institute, *In Brief: Facts on American Teens' Sexual and Reproductive Health*, p. 2 (Jan. 2011) (online at *http://www.guttmacher.org/pubs/FB-ATSRH.pdt*).

[7] Guttmacher Institute, *In Brief: Facts on American Teens' Sources of Information About Sex*, pp. 1–2 (Feb. 2011) (online at *http://www.guttmacher.org/pubs/FB-Teen-Sex-Ed.pdt*).

[8] Guttmacher Institute, *In Brief: Facts on American Teens Sexual and Reproductive Health*, p. 2 (Jan. 2011) (online at *http://www.guttmacher.org/pubs/FB-ATSRH.pdf*).

attributed to young people's participation in comprehensive sexuality education programs which provide "age-appropriate, medically accurate information on a broad set of topics related to sexuality including human development, relationships, decision making, abstinence, contraception, and disease prevention."[9] Indeed, these programs have been found to be effective in delaying the onset of sexual intercourse, reducing the number of sexual partners, and increasing contraception and condom use among teens.[10]

Because of its consistently strong track record, comprehensive sexuality education enjoys the support of numerous leading medical professional groups, including the American College of Obstetricians and Gynecologists, the Society of Adolescent Health, the American Academy of Pediatrics, the American Medical Association, and the American Nurses Association, as well as the Institute of Medicine. Public support for these programs is also robust.[11]

It was against this backdrop that Congress established the Personal Responsibility Education Program (PREP) as part of the *Patient Protection and Affordable Care Act* (ACA), enacted in 2010.[12] The purpose of the program is to provide young people with the age-appropriate and medically accurate information to help them reduce their risk of unintended pregnancy, HIV/AIDS, and other STDs.

PREP is principally comprised of two parts: (1) grants to states; and (2) grants for innovative youth pregnancy prevention strategies.[13] Programs supported by PREP must provide evidence-based information on both abstinence and contraception as well as materials on a number of adulthood preparation topics (*e.g.,* healthy relationships, education and career success). Funds are also specifically reserved for research, training, and technical assistance. All grant recipients must agree to participate in a rigorous federal evaluation. As of October 2010, 43 states and the District of Columbia have applied for PREP funding, including all but two states (Texas and Virginia) represented by members of the Committee.[14]

Support for PREP—$75 million in each of FY 2010 through FY 2014—is provided on the basis of mandatory spending. H.R. 1215 seeks to convert this funding stream into a program of discretionary spending, subjecting PREP to the annual and unpredictable appropriations process.

A Bold and New Approach to Sexuality Education

As discussed above, PREP was established in specific response to both the need for comprehensive sexuality education for teenagers and the demonstrated success of comprehensive sexuality education in reducing sex-related risk behaviors among this population. Despite Republican claims that it is duplicative of other ongoing fed-

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[9] SIECUS, *Fact Sheet:What the Research Says…Comprehensive Sex Education* (updated Oct. 2009) (online at *http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1193*).
[10] *Id.*
[11] *Id.*
[12] The ACA is comprised of two public laws, P.L. 111–148 and P.L. 111–152.
[13] ACA Section 2953.
[14] SIECUS, *Fact Sheet: State by State Decisions: The Personal Responsibility Education Program and Title V Abstinence-Only Program* (updated Oct. 2010) (online at *http://wwv.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1272*).

eral programs,[15] PREP stands alone as the first and only federal program with dedicated funding to address this concern.

But PREP's creation also stands as an outright rejection of the policy behind the Title V abstinence-only-until-married program[16] that has received $1.5 billion in mandatory funding since its inception in 1996. In contrast to PREP—which requires evidence-based instruction in both abstinence and contraception—this program restricts sexuality education to include only and exclusively "abstinence from sexual activity outside marriage."[17] No standard of evidence-based or medical accuracy exists in the authorizing statute.[18] And in contrast to PREP as well, a significant number of states are not interested in participating in the abstinence-only program. Today, in fact, only 30 states have abstinence-only grants and many states have never even applied for support.[19]

Numerous studies have found the Title V program—and others like it—to be ineffective in stopping or even delaying sexual initiation among teens,[20] the program's principle goal. Indeed, a 10-year government-sponsored study of the program found that it had no beneficial impact on young people's sexual behavior.[21] Based on results such as these, the program's authority was not renewed when it expired in June 2009. It was reauthorized for an additional five years as part of the ACA—once again with mandatory spending[22]—as part of a larger political compromise regarding the health reform law.

MANDATORY SPENDING

Republicans chief objection to PREP lies not in their concern with potential duplication of program efforts. Rather, their opposition centers on PREP's being supported through mandatory spending. Given the program's purpose, the impressive track record for comprehensive sexuality education—as well as the poor results that have come from the abstinence-only-until-marriage program—and Republican concern about the nation's teen pregnancy rate, it comes as a great disappointment that they have taken this position.

This is especially true since Republican and Democratic members of Congress frequently make choices—often very difficult choices—about which programs should benefit from mandatory spending.[23]

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[15] Among the existing programs Republicans cite in this report about the duplicative nature of PREP is Title X (of the Public Health Service Act), the federal family planning program. This is not only puzzling given the stated purpose of the two programs, but also completely contradictory to the position Republicans have taken with regard to continued support for Title X. In H.R. 1, *Full-Year Continuing Appropriations Act, 2011*, for example, Repulicans proposed to eliminate all funding for Title X program. How can Republicans legitimately argue that PREP duplicates a program that they want to eliminate altogether?

[16] Social Security Act Section 510.

[17] Social Security Act Section 510(b)(2).

[18] Committee counsel confirmed this understanding of the law during the Committee mark up of H.R. 1215. (See House Committee on Energy and Commerce, *Business Meeting to Mark Up H.R. 1213 et al.,* 112th Cong., p. 317 (Apr. 5, 2011) (transcript of the proceeding.)

[19] SIECUS, *Fact Sheet: State by State Decisions: The Personal Responsibility Education Program and Title V Abstinence-Only Program* (updated Oct. 2010) (online at *http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1272*).

[20] Guttmacher Institute, *In Brief: Facts on American Teens' Sources of Information About Sex,* p. 3 (Feb. 2011) (online at *http://www.guttmacher.org/pubs/FB-Teen-Sex-Ed.pdf*); SIECUS, *Fact Sheet: End Funding for the Failed Title V Abstinence-Only-Until-Marriage Program; Support Comprehensive Sex Education* (online at *http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1272*).

[21] Christopher Trenholm, *et al., Impacts of Four Title V, Section 510 Abstinence Education Programs: Final Report,* Mathematica Policy Research (Apr. 2007) (online at *http://www.mathematica-mpr.com/publications/pdfs/impactabstinence.pdf*).

[22] ACA Section 2954.

[23] For examples of various federal programs that are supported through mandatory spending, see Committee on Energy and Commerce, Democratic Staff, *The Pitts Proposal to Block Manda-*

In fact, Republicans made such a choice in rejecting an amendment offered during the full Committee mark up to terminate mandatory spending for the Title V abstinence-only-until-married program, choosing instead to maintain mandatory spending for a program that has been shown not to work while ending mandatory spending for a program that has proven it clearly does.[24] They also rejected an amendment to treat both programs the same in terms of their funding mechanism.[25] Moreover, Republicans had no answer when asked how they could justify these positions given their staunch objection to mandatory funding as a matter of principal[26]—opposing mandatory spending not necessarily because of the substance of a program, but because of the stated belief that mandatory spending usurps Congress's prerogative to fund or not to fund health programs.[27]

Republicans cannot have it both ways—they must either vote consistently and every time to end mandatory spending for federal programs or they must acknowledge that in some instances, it is, in fact, appropriate and necessary. Based upon a strong record of need and accomplishment, in 2010, Congress created PREP with mandatory spending. We believe that decision was fully considered and well grounded and should remain in place.

AN ANTI-HEALTH REFORM AND ANTI-WOMEN IDEOLOGICAL AGENDA

In our view, the Republicans' opposition to PREP as it is currently structured is without merit. Instead, and first and foremost, we believe H.R. 1215 represents the Republicans' new strategy to disrupt, dismantle, and ultimately destroy the ACA—even those programs that are justified, in or out of the health reform law. What they have not been able to achieve whole cloth,[28] Republicans are now attempting to do piece by piece.[29] H.R. 1215 puts PREP in the frontline of this ongoing assault.

But beyond its role in the endeavor to kill the health reform law, H.R. 1215 is a component of a sustained attack on women's health and women's reproductive rights. Pure and simple, H.R. 1215 is

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tory Funding in the Affordable Care Act (Mar. 9, 2011) (online at *http://democrats.enerzycommerce.house.gov/sites/default/files/image uploads/Fact%20Sheet*_03.09.11.pdf).

[24] Amendment offered By Rep. Baldwin (see House Committee on Energy and Commerce, *Business Meeting to Mark Up H.R. 1213 et al.,* 112th Cong., pp. 320–341 (Apr. 5, 2011) (transcript of the proceeding).

[25] Amendment offered by Rep. DeGette (see House Committee on Energy and Commerce, *Business Meeting to Mark Up H.R. 1213 et al.,* 112th Cong., pp. 341–356 (Apr. 5, 2011) (transcript of the proceeding).

[26] See House Committee on Energy and Commerce, *Business Meeting to Mark Up H.R. 1213 et al.,* 112th Cong., pp. 325–326; 329–332 (Apr. 5, 2011) (transcript of the proceeding).

[27] This argument is at the center of Republican support for this and other public health initiatives the Committee has considered during this session of Congress. (See dissenting views filed for the Committee reports on H.R. 1214, *a bill to repeal mandatory funding for school-based health center construction;* H.R. 1216, *a bill to covert funding for graduate medical education in qualified teaching health centers from direct appropriations to an authorization of appropriations;* and H.R. 1217, *a bill to repeal the Prevention and Public Health Fund* (H. Rept. 112–57, pp. 9–15.))

[28] Although the House of Representatives has passed legislation to repeal the ACA, that legislation will not become law since the Senate has defeated the proposal. (H.R. 2, *Repealing the Job-Killing Health Care Law Act,* passed the House of Representatives in January 2011 (Congressional Record, H322–323 (Jan. 11, 2011)). The Senate defeated a similar proposal a month later. (Congressional Record S475 (Feb. 2, 2011)).

[29] See, *e.g.,* comments made by Rep. Shimkus during the full Committee mark up of H.R. 1215 that underscore this point. ("I would think that this is just the first of many bites at the apple on the healthcare law where we will continue to look at provisions. . . .") (House Committee on Energy and Commerce, *Business Meeting to Mark Up H.R. 1213 et al.,* 112th Cong., p. 332 (Apr. 5, 2011) (transcript of the proceeding.)

just one of many legislative proposals Republicans are pressing to enact in this Congress that would curtail, restrict or eliminate altogether women's access to medically appropriate (and legal) reproductive health services.[30] In this instance, enactment of H.R. 1215 would undermine ongoing work by public health and other professionals to provide basic and medically accurate information about reproductive health to teenagers.

The Republican argument that H.R. 1215 reflects a stand against mandatory spending does not hold up in light of the Republican record of supporting mandatory spending for programs they like. It is therefore difficult to see H.R. 1215 as anything other than an effort to move forward an ideological agenda that ignores both science and reality and promotes programs that do not work.

Such positions—on PREP, on health reform, and on women's reproductive health—should not prevail because they do not make for good health policy. With respect to PREP and our opposition to H.R. 1215, we believe the views expressed here make that case clear.

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[30] See H.R. 1, *Full-Year Continuing Appropriations Act, 2011* (regarding the Title X program); Amendment No. 11 to H.R. 1, *Full-Year Continuing Appropriations Act, 2011* (Congressional Record, H776 (Feb. 14, 2011)) (regarding Planned Parenthood); Amendment No. 182 to H.R. 1, *Full-Year Continuing Appropriations Act, 2011* (Congressional Record, H786 (Feb. 14, 2011)) (regarding the papillomavirus vaccine); H.R. 3, *No Taxpayer Funding for Abortion Act;* H.R. 217, *Title X Abortion Provider Prohibition Act;* H.R. 358, *Protect Life Act;* and H. Con. Res. 36 (to correct the enrollment of H.R. 1473, *Department of Defense and Full-Year Continuing Appropriations Act of 2011*) (regarding Planned Parenthood) for additional examples of legislative efforts to curtail women's access to reproductive health services.