

## The Obama Administration's First Budget Proposal Prioritizes Sex Education and Family Planning but Not Abortion Access

On May 7, President Barack Obama formally unveiled his proposed federal budget request for the fiscal year (FY 2010) that begins on October 1. The fate of the president's recommendations now rests with Congress, where over the coming weeks and months the various subcommittees of the Senate and House Appropriations Committees and other relevant committees will begin working over the administration's funding and policy-related requests. Although the Democratic-controlled Congress may be expected to defer in general to the Democratic administration, that will almost certainly not be the case on every issue or concerning every detail.

In terms of programs and policies relating to sexual and reproductive health, the new administration's most dramatic recommendation is to largely abandon the current "abstinence-only" approach to federally funded sex education and to create, instead, a substantial new, evidence-based federal effort under the general banner of reducing teen pregnancy. Less dramatic but still significant is the administration's request to expand support for family planning services, both domestically and internationally. Deeply disappointing, however, is the president's failure of leadership on the issue of equal access to abortion services for poor women and other women dependent on the federal government for their health care or health benefits.

### Moving Toward Comprehensive Sex Education

Indeed, President Obama's budget is largely responsive to the two main and long-standing priorities of comprehensive sex education advocates: to eliminate support for the highly restrictive and harmful abstinence-until-marriage programs that actively denigrate the effectiveness of contraceptives and safer sex behaviors and to redirect funding toward broader programs that are medically accurate and evidence-based. The administration would add some \$15 million to the \$163 million currently allocated for abstinence-only education under three separate federal programs and create a new teen pregnancy prevention initiative funded at about \$178 million next year. Of that, the administration is recommending that Congress create a new \$50 million entitlement to states to replace the current Title V program that expires June 30 and that originally prescribed the notorious eight-point definition of "abstinence education." Some \$115 million would go toward a new program of grants to community-based programs, replacing the current Community-Based Abstinence Education program; under this effort, \$75 million of the money would be reserved for "comprehensive, evidence-based programs" that have been proven, through rigorous evaluation, to delay sexual activity, increase contraceptive use or reduce teenage pregnancy. The bulk of the remaining funds would be available for demonstration and research

grants to test new models and approaches. Administration officials say that abstinence-only programs would be eligible for funding in this last category on a competitive basis so long as they have demonstrated some promise. The remaining \$13 (the same amount as is appropriated for the current fiscal year) would go to the prevention component of the Adolescent Family Life Act; funds would be granted under the same parameters as the new community-based effort.

### Reducing Unintended Pregnancy and Improving Birth Outcomes

The administration's budget would go a long way toward increasing access to family planning services for low-income American women in several ways. Most significantly, the administration endorses a key change in law that would make it easier for states to extend eligibility for Medicaid-funded family planning services to lower-income women with incomes above the eligibility ceilings for the regular Medicaid program but who are already eligible for Medicaid-covered pregnancy-related care. In addition, the budget would modestly increase funding for the Title X family planning program by \$10 million to \$317.5 million next year. Finally, the administration is proposing a major new "home visitation" program for low-income parents and pregnant women—almost \$9 billion over the next 10 years—to reduce preterm births, improve birth spacing and provide care and monitoring through the

child's second birthday. Counseling would be wide-ranging, including around pre- and postnatal care (which includes postpartum family planning).

### Promoting Global Health, Including Reproductive Health

The administration used the budget proposal to announce a major new Global Health Initiative. This represents a significantly revamped construct that seeks to take into account the synergies among the major U.S. global health programs in order to achieve a more comprehensive and integrated approach to fighting disease, improving health and strengthening health systems. The priorities are to prevent millions of new HIV infections, reduce maternal and newborn deaths, avert millions of unintended pregnancies and eliminate some neglected tropical diseases. Over the next six years (through FY 2014), the administration proposes to spend \$63 billion toward all of these goals, \$51 billion of which would be intended for fighting HIV/AIDS and malaria and \$12 billion to promote maternal and child health, improve access to family planning services and address neglected tropical diseases. In FY 2010, funding for the U.S. Agency for International Development's family planning and reproductive health program would be increased to \$543 million—\$48 million above the current level. In addition, the administration would contribute \$50 million to the United Nations Population Fund. All told, at \$593 million, the administration is recommending a record high amount for the U.S. global reproductive health effort.

### Access to Abortion for Low-Income Women

President Obama is prochoice and has stated his support for equity in access to safe abortion services. Abortion rights advocates, therefore, had hoped that the president's budget would reflect his principles and formally ask Congress to repeal the myriad restrictions relating to federal funding of abortion across many different government agencies. It does not.

The original and most pernicious of all of the restrictions is the Hyde Amendment, which prohibits the federal Medicaid program from paying for abortion for poor women even though the program has always paid for pregnancy-related care. Over the last three decades since the Hyde Amendment was enacted, Congress added other bans on the use of federal funds for abortion services for Peace Corps workers and for women in federal prisons, for abortion coverage in health insurance plans offered to federal employees, and even prohibiting the District of Columbia (DC) from using its own tax revenues to pay for abortions for its own indigent residents, as all states may opt to do (and 17 states do currently).

[Besides these, the federal government may not pay for abortions for members of the military or their dependants nor may women in the military or female dependants obtain an abortion at a military hospital overseas even at their own expense. As a technical matter, since these restrictions are not attached to appropriations bills, they were not at issue in the budget. If and when

Congress is moved to repeal or amend them, that would occur on a separate legislative track.]

The president's budget does recommend that Congress repeal the ban on the DC government's ability to use its own funds to pay for abortion services as a matter of home rule. So, Congress must now decide whether or not to take on that challenge. Simply because the president is requesting the restriction be repealed does not require Congress to act any more than not requesting repeal of the other restrictions prevents Congress from acting on those. However, the budget is a reflection of administration priorities and, perhaps more precisely, the battles that the administration is willing to fight this year. The fact that the president declined to assert his own principled position against the Hyde Amendment itself, however, is a disappointment to abortion rights advocates, especially those representing women of color, who bear the brunt of the ban's consequences. Moreover, the administration's silence on the ban on abortion coverage in the Federal Employees Health Benefits Program is an ominous sign for the priority that the administration will place on ensuring that abortion coverage is not excluded from whatever version of health care reform works its way through Congress in the coming months.—*Susan A. Cohen*