

Mobile

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made several services available to participating individuals, including A1C checks for diabetes, adult immunizations (TDAP), blood pressure checks, biometric screenings for cholesterol and blood sugar testing, and HIV/STD testing.

The BTDHD will also host a CPR and first aid class on Friday, Aug. 7. This class is available for a fee of \$42 and will be held at the Mason County Health Center.

In addition to CPR and first aid, participants will learn how to use an AED machine to assist in sudden cardiac arrest emergencies, as well as how to administer relief to individuals who are choking.

For more information or to register, call 606-564-9447 ext. 127. The BTDHD has noted that the last day to register for this class is Wednesday, Aug. 5.

Quinn Simple Scenes – Snake story

by Rix Quinn

This is an odd story, and lots of it is true. (I made up a couple parts, because I forgot.)

I was on a long walk when I passed a home with a “For Sale” sign. It was an “open house” day, and the realtor was opening the door.

“Mind if I have a look?” I asked. “My cousin’s being transferred here, and this size house is ideal.” The realtor, introducing himself as Dan, invited me in.

The house was near perfect. Bedrooms the right size, a large den, and great updated kitchen. “The price is reasonable,” I said. “How long has it been on the market?”

“Eight months,” he said, “because it’s got one small problem. There’s a snake loose inside it. I don’t think it’s dangerous.

“It’s a garter snake, but it’s a big one. About two feet long. The previous owner tells me it eats earthworms and even trout.”

Since I am a sales guy, I started thinking how I could help Dan. Could I learn more about garter snake society?That’s hard to find, because garter snakes cannot write.

But these reptiles do form social groups. If separated from their “friends” and placed with unfamiliar garter snakes, they will return to their original buddies.

I went to the pet store, and bought another garter snake. The next night, I gave it to the realtor.

He put it in a cage in the living room, along with some bites of trout. We would catch the escapee by either food or potential for a social life.

Sure enough, the next morning Dan found two snakes in the cage. Which proved they won’t venture out if tempted by trout.

Would you like to write the story of your life, your experiences, your dreams? Here is a memoir company you might want to use: https://checkout.memorygram.com?sca_ref=6530088.7uKTOCraQU

Feds have a new teen pregnancy prevention plan: Fertility and ‘reproductive goals’

Kelcie Moseley-Morris

Stateline

The Trump administration has a new plan for teenagers learning about pregnancy: Beginning this summer, it will steer millions of dollars toward organizations that focus on anatomy, fertility tracking, hormonal production and “reproductive goals counseling.”

The plan will also emphasize abstinence from sex and the importance of marriage.

In doing so, it will pivot away from programs that serve populations in areas with the greatest need and that use particular evidence-based programming to reduce teen pregnancies — and some say the new language puts a greater focus on planning for pregnancy rather than preventing it.

The new grant application terms are consistent with an approach called restorative reproductive medicine that has become popular among conservative groups, including those who identify with Make America Healthy Again initiatives.

The approach discourages the use of any type of contraception and instead focuses on fertility awareness methods, usually in the context of couples trying to get pregnant without medical intervention such as in vitro fertilization or other treatments. That typically means not using any birth control and instead tracking indicators such as cervical mucus, body temperature and other physical symptoms to monitor the menstrual cycle.

Academic studies have repeatedly shown that abstinence-only approaches result in higher rates of teen pregnancy and births, even after adjusting for other socioeconomic factors.

Congress created the Teen Pregnancy Prevention Program in 2010, and has renewed funding for it on a bipartisan basis over the past 16 years, including the 2026 budget bill, despite President Donald Trump’s office targeting the program for defunding.

During that time, teen birth rates declined by about 72%, according to federal Centers for Disease Control and Prevention data, and much of the drop in the overall national birth rate is because teen birth rates have fallen so sharply. Experts say more comprehensive sex education, better access to contraception for girls and general behavioral trends around sex explain that shift.

Amy Friedrich-Karnik, director of federal policy at the reproductive rights-focused Guttmacher Institute, said the new language in the teen pregnancy program is similar to the new funding opportunity released for Title X, which is a more than 50-year-old grant program designed to help low-income populations receive reproductive healthcare.

“We do think that fertility awareness-based methods should be explained to patients and they should have the right to understand what those options are,” Friedrich-Karnik said, describing the administration’s approach. “But (patients) need to also be aware of the full options that are available and the pluses and minuses of every option that is out there.”

Body literacy modules The intent of the program, according to the original law, was for grants to fund “medically accurate and age-appropriate programs that reduce teen pregnancy” and then to continue the programs shown to be most effective through rigorous academic evaluation.

According to the Department of Health and Human Services’ Office of Population Affairs, those programs were developed for children and young adults between the ages of 10 and 24 and the people in their lives who support them.

Most of the grants that were canceled this year were programs implementing the methods proven effective in reducing teen pregnancy, while others were more research based, in which additional strategies are tested and refined. Several of those programs were canceled as well in states such as Louisiana, Texas and Washington.

A separate federal grant program called Sexual Risk Avoidance Education exists for abstinence-only programs, but the evidence-based criteria for Teen Pregnancy Prevention is much higher, said Rachel Fey, vice president of policy at national reproductive rights advocacy organization Power to Decide. She sees the new funding opportunity for teen pregnancy prevention as an extension of the sexual risk avoidance program — one of the pillars of the new description tells grantees to “incorporate sexual risk avoidance education.”

The funding notice requires applicants to pass an “alignment review” with agency priorities that is conducted by political appointees, a new process that the U.S. Office of Management and Budget is trying to implement for federal financial assistance across the government.

Applicants for the new teen pregnancy program are required to teach body literacy, including two distinct modules about anatomy and reproduction for girls and boys.

Grace Stark, editor-in-chief of a Texas-based nonprofit called Natural Womanhood that promotes fertility awareness and restorative reproductive medicine, told Stateline by email that the new funding opportunity’s focus could be helpful, as it “encourages young people of both sexes to consider their reproductive goals now and in the future, and how their current health and lifestyle choices can impact those future goals.”

The female module must include instruction about the menstrual cycle and the patterns and key indicators of the phases of the cycle, and recognize ovulation as the “central event and primary indicator of hormonal health and fertility.” It must also include the advantages and disadvantages of “ovarian suppression” compared to approaches that address “root causes.”

Restorative reproductive medicine focuses on identifying underlying conditions that contribute to infertility or other reproductive health-related problems, according to the International Institute of Restorative Reproductive Medicine. It refers to conventional approaches that use treatments that “suppress normal physiology,” such as various forms of birth control, and claims that RRM works with the body to treat problems.

Republican U.S. Sen. Cindy Hyde-Smith of Mississippi introduced a bill in Congress in 2025 that would have directed federal health agencies to promote such training for medical students and professionals through existing funding opportunities in Title X and the HHS Office of Population Affairs. That bill didn’t advance.

Joely Pritzker, who has been a family nurse practitioner for more than 20 years and is the senior director of healthcare for Power to Decide, said the “ovarian suppression” language likely refers to one of the most common ways birth control works, which is to temporarily suppress ovulation. Typically, in medical practice, ovarian suppression refers to lowering the estrogen produced by the ovaries, sometimes to prevent or treat breast cancer.

Pritzker said most people in the reproductive health world would support the idea of teaching young people about their bodies, but

said it comes down to how that information is interpreted and applied, and that the new program design is unclear about those intentions. Not wanting to use hormonal birth control is different from discouraging the use of it entirely, she said.

“I genuinely don’t know what (body literacy) means to the folks who wrote these proposals, other than based on everything else we know, there is an assumption that if people knew more about their bodies, they would choose not to use, for example, hormonal birth control,” Pritzker said, adding that the assumption is false.

Stark, of Natural Womanhood, said body literacy can help young people notice signs of reproductive health issues, “which (restorative reproductive medicine)-trained healthcare professionals can help diagnose and treat to improve current health and protect future fertility — and future reproductive health plans.”

The American College of Obstetricians and Gynecologists warns against leaning on restorative reproductive medicine in fertility discussions, saying it can be “ineffective and redundant” and unnecessarily delay a patient in seeking medical treatment when it is presented as the sole or best approach.

The male health module, according to the federal grant funding notice, includes an emphasis on understanding how testosterone is a hormone that is responsive to sleep, physical activity and environmental factors. Instruction must include the physiology of arousal, and address how “repeated or artificially stimulated arousal may affect neural development and behavior over time,” seemingly referring to masturbation.

Testosterone has been a heavy focus of the Trump administration. HHS Secretary Robert F. Kennedy Jr. frequently refers to lower sperm counts among men, including teen males, despite no scientific evidence backing up those claims when it comes to young men. He cites it as a reason for birth rates that have remained flat or lowered slightly every year since 2015, though experts say the lower national birth rate is actually because of the lower teen pregnancy and birth rates.

U.S. Department of Defense Secretary Pete Hegseth also announced last week that military men over the age of 30 would receive annual testosterone level checks, which doctors say could actually be counterproductive to military readiness and could risk infertility.

The teen pregnancy prevention programs must also include counseling on reproductive goals, and “should affirm marriage and parenthood as meaningful and value components of adult life,” the federal description says.

New recipients could include crisis pregnancy centers

Ginger Mullaney, CEO of former youth services grantee Healthy Futures of Texas, said its nearly \$2 million grant funded 11 programs that served various populations, including young in foster care, and runaway and unhoused youth. The grant was cancelled, which shocked her, she said, because the group had already adapted all of its materials and programs to comply with new executive orders around diversity, equity and inclusion and other administration priorities. The new curriculum had been approved.

“We felt like we had already made all the necessary changes to comply,” Mullaney said.

Earlier this month, Healthy Futures was still deciding whether it would apply for the new round of funding. It’s not an easy task, she said, in part because the

government documents no longer include a list of approved programs that qualify for the funding. Mullaney said there used to be a list of more than two dozen programs that the agency approved because they had been academically evaluated for effectiveness, but that list is gone now. However, the instructions still tell applicants they must use an evidence-based program.

“We don’t know what (programs are) considered evidence based,” Mullaney said.

The new funding opportunity also awards more points to applicants that have never been awarded funds before.

Alison Macklin, director of public affairs at sex ed advocacy group SIECUS, said based on what she has seen at the local level, the new funding opportunity is paving the way for crisis pregnancy centers to apply for and receive federal dollars.

Crisis pregnancy centers are anti-abortion organizations that typically offer free ultrasounds, pregnancy tests and parenting classes with a religious mission, and most often do not provide or refer for contraception. States Newsroom found earlier this year that the centers have received nearly \$500 million in taxpayer dollars from state and federal sources since the U.S. Supreme Court’s decision to overturn Roe v. Wade in 2022.

“They’ve been given an inch, so they’re trying to take a mile, is what it seems to me,” Macklin said.

‘Losing trusted relationships’

In mid-May, staff at Children’s Aid said they expected their \$936,700 Teen Pregnancy Prevention Program grant to be renewed for another year after meeting with U.S. Health and Human Services and receiving nothing but positive feedback about their program. It was eligible for funding through 2028.

But at the end of June, they received another letter letting them know the grant was canceled, effective immediately.

“It was an overnight shutdown with no transition period for staff, or for young people that were relying on these resources,” said Rhonda Braxton, vice president of health and wellness at Children’s Aid, a 170-year-old organization in New York City.

It was one of 53 grantees that received letters from the federal government agency notifying them that their funding had been terminated without notice. Most were told their programs were now misaligned with federal agency priorities and that they normalized sexual activity for minors. Three affected grantees and SIECUS: Sex Ed for Social Change filed a lawsuit challenging the action on July 14.

Braxton said the abrupt termination is expected to result in nine people losing their jobs, six of whom worked full time, and will affect the 1,200 young people who were served each year in areas such as the South Bronx, Harlem and Washington Heights. A group of high school-aged peer educators also found themselves suddenly without the summer job they’d planned to have with Children’s Aid.

“These young people are losing trusted relationships in an era of misinformation and distrust,” Braxton said.

She said they’ve made the decision not to apply for the new funding because it seems to be aligned with promoting abstinence-only initiatives, and, “Our experience has been that that’s not evidence-based programming.”

Stateline reporter Kelcie Moseley-Morris can be reached at kmoseley@stateline.org.

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