



CONTACT: Jennifer R. Miller, Communications Director
Jennifer@equityfwd.org

Title X Under Siege: America’s Family Planning Program, Politicized and Threatened In the Age of Trump

In 1970, Congress enacted, America’s longstanding, [bipartisan](#) family planning program, known as Title X, with the goal of making critical reproductive health services more readily available to low-income people. Almost 50 years after its inception, Title X remains critically important as it is the [only federal program dedicated to family planning services](#), and serves [over 4 million low-income, uninsured patients](#) each year who otherwise would not have access to care. Its funded clinics [offer](#) physical exams, prescriptions, birth control access, referrals, and educational and counseling services.

Since Trump took office, Title X has been in constant peril as anti-abortion political appointees at Trump’s health department have set out to change the very nature of the program by attempting to erase mentions of birth control and to deny long standing grantees funding.

In 2018, HHS delayed the release of the program’s grant guidelines for months — and when they were finally released, the Trump administration undercut the mission of Title X by promoting natural family planning methods and failing to even mention the words “birth control” or “contraception,” which Title X grant recipients had always been mandated to provide their patients.

After both outcry and a realization that birth control could not be eliminated, the [2019 Title X](#) guidelines were altered to reintroduce contraception but also doubled down on the importance of abstinence, “sexual risk avoidance,” “fertility awareness-based methods of family planning,” and “fostering interaction with community and faith-based organizations. The administration also took a major step in politicizing the program, when it took final approval of the grant awards away from non-political regional health administrators, and gave anti-birth control political appointees the final say.

In addition to its attempts to change the very nature of the program, HHS has been meddling in the grant application process—trying to divert funds from traditional providers to faith-based clinics that offer a very limited amount of services. Through attempts at a domestic gag rule, undermining providers, and personally reaching out to prospective grantees—Trump’s health department has turned a historically bi-partisan, non-political program and process that was focused on ensuring that low-income people get the care they need into a political football with hopes of appeasing its political base.

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TITLE X GRANT APPLICATION PROCESS: THEN AND NOW

Previous Process For Title X Grantees Was Based On Ability To Provide Services For Beneficiaries And Were Approved By Non-Political Regional Health Administrators

Typically, Potential Title X Grantees Would Submit An Application, Grant Applications Were Then Reviewed By An Objective Review Committee...

Service Funds Are Allocated To Grantees Through A Competitive Bidding Process Managed By Regional Offices; First The Office Puts Out A Request For Proposal And Then The Grant Applications Are Reviewed By That Region’s Objective Review Committee (ORC) According To Criteria Established In The Title X Statute. Regular service funds are allocated to grantees through a competitive process managed by the Regional Offices. The Regional Office issues a Request for Proposals (RFPs) announcing the level of funding available for the competition in a designated geographic area (e.g., state of Connecticut, \$2.5 million). The grant applications are evaluated by that region’s Objective Review Committee (ORC) according to criteria established in the Title X statute. [[Institute of Medicine \(US\)](#)]

[Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program; Stith Butler A, Wright Clayton E, editors. A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results. Washington \(DC\): National Academies Press \(US\); 2009. Appendix J, Organization, Funding, and Management of the Title X Program.\]](#)

... Then The Objective Review Committee Would Score The Grant Using A Point-System To Ensure The Grant Goes To Those Best Capable Of Fulfilling Title X Obligations And Needs...

The Regional Objective Review Committees Score The Proposals Using The Same Methodology Across All 10 Regions At That Score Determines The Length Of The Grant Award By The Regional Health Administrator And The Regional Program Consultant.

“OFP includes information on the scoring of the criteria in the RFP. The same scoring methodology is used by all 10 regional ORCs (see Box J-2). The RPC and RHA determine the length of the grant award—2–5 years, depending on the ORC score: Score of 95–100 points: 5 years Score of 85–94 points: 3 years Less than 85 points: 2 years.” [\[Institute of Medicine \(US\) Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program; Stith Butler A, Wright Clayton E, editors. A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results. Washington \(DC\): National Academies Press \(US\); 2009. Appendix J, Organization, Funding, and Management of the Title X Program.\]](#)

- **HHS: “The Objective Review Committee Process Is Formal And Confidential.”**
“Eligible applications will be reviewed and scored by a panel of independent reviewers with technical expertise in applicable fields according to the criteria listed in the Program Announcement. Objective Review Committee process is formal and confidential. OGM and OPA staff is available for questions and to ensure the process is consistent and fair, but do not participate in discussion and scoring.” [\[HHS Office Of Population Affairs, FY17 Announcement Of Anticipated Availability Of Funds For Family Planning Services Grants Technical Assistance Conference Call, Pg, 48, 11/18/16\]](#)

Applications For Title X Grants Are Scored By The Region’s Objective Review Committee By Giving Points To The Potential Grantee Based On The Following Criteria: Whether The Project Plan Provides Requirements Set Forth In Title X Regulations; Extent To Which Services Are Needed Locally; Adequacy Of Facilities And Staff; Capacity To Make Rapid And Effective Use Of Federal Assistance; Need Of Applicant; Availability Of Other, Nonfederal Resources Within The Community; And Number Of Patients And Number Of Low-Income Patients. Applications for service grants are submitted to the Office of Grants Management for Family Planning Services at the Central Office, but applications are reviewed and decisions made about the awarding of grants, their duration, and their amount at the regional level. The region’s Objective Review Committee (ORC) evaluates applications according to the following criteria in the Title X statute: Whether the project plan provides for requirements set forth in Title X regulations (maximum 20 points) Extent to which services are needed locally (maximum 20 points) Adequacy of facilities and staff (maximum 20 points) Capacity to make rapid and effective use of federal assistance (maximum 10 points) Need of applicant (maximum 5 points) Availability of other, nonfederal resources within the community (maximum 10 points) Number of patients and number of low-income patients (maximum 15 points) The same scoring methodology is used by all 10 regional ORCs, but there are differences in how the above criteria are applied and used in funding decisions. [\[Institute of Medicine \(US\) Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program; Stith Butler A, Wright Clayton E, editors. A Review of the HHS Family Planning](#)

Previous Title X Grant Scoring Guide (2016)

The Objective Review Committees score the proposals using the following methodology:

1. The number of patients, and the number of low income patients to be served. **(10 points)**
2. The extent to which the applicant’s family planning services are needed locally. **(20 points)**
3. The relative need of the applicant. **(5 points)**
4. The capacity of the applicant to make rapid and effective use of the federal assistance. **(15 points)**
5. The adequacy of the applicant’s facilities and staff. **(20 points)**
6. The relative availability of nonfederal resources within the community to be served and the degree that those resources are committed to the project. **(10 points)**
7. The degree to the which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A. **(20 points)**

... But The Trump Administration Changed The Point System For The Awards, Lowering The Weight Of Points For Things Like Adequacy Of Staff & Facilities And Effective Use Of The Federal Assistance...

Application Review Information Criteria		
Factor a	The number of patients, and, the number of low-income patients to be served	10 Points
Factor b	The extent to which the applicant’s family planning services are needed locally	10 Points
Factor c	The relative need of the applicant	15 Points
Factor d	The capacity of the applicant to make rapid and effective use of the Federal assistance	10 Points
Factor e	The adequacy of the applicant’s facilities and staff, demonstrating that the staff are adequately trained to carry out the program requirements, priorities and key issues outlined in this announcement...	10 Points
Factor f	The relative availability of non-federal resources within the community to be served and the degree to which those resources are committed to the project	10 Points
Factor g	The degree to which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A	10 Points
Factor h	The degree to which the project plan adequately provides for the effective and efficient implementation of requirements set forth in the priorities and key issues on pages 9-11 of the FOA	25 Points

... And Gave The Most Weight To Ideological Crusades Such As “Natural Family Planning” And Abstinence Promotion (See Appendix A)

Priority One Of The Trump Administration’s Title X Funding Grant Said That Projects Should Include “Natural Family Planning Methods”— There Was No Mention Of Other Forms Of Contraception. [\[HHS FY 2018 Family Planning Services: Funding Opportunity Announcement\]](#)

Priorities 5 & 6 Of Title X Funding Grant By HHS Said That Projects Should Promote Abstinence And “Not Normalize Sexual Risk Behaviors”[\[HHS FY 2018 Family Planning Services: Funding Opportunity Announcement\]](#)

Title X Grant Process in 2016 , 2017 Under Obama	Title X Grant Process in 2019 Under Trump
	<u>(Changes are highlighted, bolded, and underlined)</u>
Grantees apply for grant under Title X	Grantees apply for grant under Title X
Grant application is reviewed by the Objective Review Committee, a panel of independent reviewers with technical expertise in applicable fields. The review is described as “formal and confidential.”	<u>“Federal staff and an independent review panel” will review all applications.</u>
<p>The Objective Review Committees score the proposals using the following methodology:</p> <ol style="list-style-type: none"> 8. The number of patients, and the number of low-income patients to be served. (10 points) 9. The extent to which the applicant’s family planning services are needed locally. (20 points) 10. The relative need of the applicant. (5 points) 11. The capacity of the applicant to make rapid and effective use of the federal assistance. (15 points) 12. The adequacy of the applicant’s facilities and staff. (20 points) 13. The relative availability of nonfederal resources within the community to be 	<p>Proposals are scored using the following methodology:</p> <ol style="list-style-type: none"> 1. The number of patients, and, in particular, the number of low-income patients proposed to be served, <u>and</u> the extent to which family planning services are needed in the proposed service area. <u>(15 points)</u> 2. The relative need of the applicant <u>as evidenced by the budget narrative/justification. (10 points)</u> 3. The capacity of the applicant to make rapid and effective use of the federal assistance <u>as documented by available administrative staff and a detailed plan for the selectin of qualified subrecipients, applicants must demonstrate/explain how they propose to provide oversight for the use of federal funds to provide family planning services.</u> (15 points)

<p>served and the degree that those resources are committed to the project. (10 points)</p> <p>14. The degree to the which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A. (20 points)</p>	<p>4. The adequacy of the applicant’s facilities and staff, including a plan for monitoring the clinical quality of family planning services according to the priorities outlined in this announcement. (20 points)*</p> <p>5. The ability of the applicant to make use of non-federal resources (i.e. non-Title X funds) and the degree to which those resources are used to enhance the range of family planning services provided through the project as evidenced by the budget object class descriptions and justifications. (15 points)</p> <p>6. The degree to which the applicant describes a detailed plan for ensuring compliance, including by any subrecipients, with the Title X statute, regulations and legislative mandates as described in the budget narrative. (15 points)</p> <p>7. The degree to which the project plan adequately provides for the effective and efficient implementation of the key issues outlined in this funding announcement. (10 points)**</p> <p><i>* 2019’s priorities state that projects should offer a “broad range” of family planning methods, including “abstinence counseling, hormonal methods (oral contraceptives, rings and patches, injection, hormonal implants, intrauterine devices or systems), barrier methods (diaphragms, condoms), fertility awareness-based methods and/or permanent sterilization.” [FY 2019 Family Planning Services Grants FOA]</i></p> <p><i>** 2019’s key issues, which are determined by the Office of the Assistant Secretary of Health (OASH) and the Office of the Secretary (OS) within HHS, do not mention birth control. Rather, they emphasize “Providing resources that prioritize optimal health outcomes... with the goal of healthy relationships and stable marriages as they make decisions about preventing or achieving pregnancy”; “Providing counseling for adolescents that encourages sexual risk avoidance by delaying the onset of sexual</i></p>
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	<p><i>activity as the healthiest choice” and “reducing the overall number of lifetime sexual partners”; “Communicating... a variety of fertility awareness-based methods of family planning”; and “Fostering Interaction with community and faith-based organizations to develop a network for client referrals when needs outside the scope of family planning are identified”. [FY 2019 Family Planning Services Grants FOA]</i></p>
<p>The Program Description states, “For applicants that will not provide all services directly, the applicant must document the process and selection criteria it will use for providing an opportunity to receive subawards to qualified entities eligible to receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated.”</p> <p>[The FOA goes on to list a broad range of family planning methods that includes contraceptive services]</p>	<p>The Program Description states, “An applicant may propose a family planning service project that either is comprised of a single provider or a group of partnering providers who deliver coordinated and comprehensive family planning services. For applicants that will not provide all services directly, the applicant must document the process and criteria it will use for selecting subrecipients as well as a plan to monitor their performance. The applicant will take into consideration the extent to which the subrecipient(s) indicates it can provide the required services and best serve individuals in need throughout the proposed service area (or part thereof). If an applicant plans to only provide a limited range of family planning methods, they must select subrecipients who offer additional family planning methods or act as a subrecipient for another applicant. In order to fulfill the requirements in the Title X statute, the project, made up of the applicant, and any subrecipients, must provide a broad range of family planning methods to clients throughout the proposed service area... A “broad range” would not necessarily need to include all categories, but should include hormonal methods since these are requested most frequently by clients and among the methods shown to be most effective in preventing pregnancy.</p> <p>[The FOA goes on to describe a “broad range” of family planning services as inclusive of hormonal contraceptive methods... but also of abstinence counseling]</p>
<p>The Regional Health Administrators makes final grant-award decisions. This power was</p>	<p>The Deputy Assistant Secretary for Population Affairs, a political appointee, makes final grant-award decisions.</p>

given to them in the 1980s to maintain the integrity of the funding processes.	
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Following The Objective Review Committee, Regional Health Administrators Would Have Final Approval Of Funding Decisions To Grantees...

The Regional Health Administrator In Each Of The 10 Regional Offices “Have Final Approval Of All Allocations To Grantees” In Consultation With The Secretary For Population Affairs. The level of communication and the relationship between RHAs and RPCs is relatively consistent among regions. RPCs tend to find their RHA very responsive and attentive to the needs of the Regional Office and of the Title X program. While RHAs have final approval of all allocations to grantees, the extent to which they are involved in the programmatic work of the regional family planning office varies. For example, some RHAs attend regional Title X meetings hosted by the Regional Office and work actively to promote cooperation among related offices in the region. Although the RHAs are the official supervisor responsible for performance reviews, day-to-day communication and management of the Title X program occur between the RPC and the Central Office. [[Institute of Medicine \(US\) Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program: Stith Butler A, Wright Clayton E, editors. A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results. Washington \(DC\): National Academies Press \(US\); 2009. Appendix J, Organization, Funding, and Management of the Title X Program.](#)]

Final award decisions will be made by the Regional Health Administrator (RHA) for the applicable Public Health Service Region, in consultation with the Deputy Assistant Secretary for Population Affairs (DASPA) and the Assistant Secretary for Health (ASH) or their designees. In [[HHS FY16 Announcement Of Anticipated Availability Of Funds For Family Planning Services Grants](#)]

... But Under Trump, Title X Award Decisions Were Removed From The Regional Health Administrators And Are Now Made By The Trump-Appointed Deputy Assistant Secretary For Population Affairs (DASPA)

2018: HHS Announced That The Deputy Assistant Secretary For Population Affairs Would Make Final Award Selections” For Title X Grant Applications

2018: Alice Bettencourt Of HHS Said That “The Deputy Assistant Secretary For Population Affairs Will Make Final Award Selections” For Title X Grant Applications. “The Deputy Assistant Secretary for Population Affairs will make final award selections to be recommended to the grants management officer for risk analysis. In making these decisions, the following additional considerations will be taken into account: the geographic distribution of services within the service area identified in the proposal; the extent to which funds requested for a project maximize access for the population in need within the entire service area; whether the project, including subrecipients and documented partners, provide the area to be served with a variety and breadth of effective family planning methods that are readily available and best serve individuals in need throughout the area to be served; and the extent to which projects best promote the purposes of Section 1001 of the Public Health Service Act within the limits of

funds available for these projects.” [[HHS FY18 Title X Webinar Transcript, 3/22/18](#); [HHS FY 2018 Family Planning Services: Funding Opportunity Announcement](#)]

The Deputy Assistant Secretary For Population Affairs (DASPA) Is A Political Appointee That “Typically Manages The Title X Program According To The Overall Political Agenda Of The Presidential Administration That Made The Appointment.” “The DASPA’s status as a political appointee is one of the most significant issues affecting the Title X program. As a political appointee, the DASPA typically manages the Title X program according to the overall political agenda of the presidential administration that made the appointment. Each new DASPA brings new ideas and new priorities for the program. If the DASPA is associated with an administration that does not approve of family planning, the Title X program can be subject to substantial changes that may shift funds to programmatic areas that are ineffective, freeze funding despite increases in program costs, or limit program resources in other ways. Even DASPAs associated with administrations that support family planning can develop plans to change operational or programmatic aspects of the Title X program (e.g., centralization).” [[Institute of Medicine \(US\) Committee on a Comprehensive Review of the HHS Office of Family Planning Title X Program](#); Stith Butler A, Wright Clayton E, editors. *A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results*. Washington (DC): National Academies Press (US); 2009. Appendix J, Organization, Funding, and Management of the Title X Program.]

... And Contrary To Precedent, Career Staff And Non-Political RHA’s Were Removed From Having Input On The Funding Opportunity Announcement

Since The 1980’s, Non-Political Health Administrators Have Had The Decision-Making Authority Regarding Title X Funds Due To Their Knowledge Of The Specific Needs Of Their Regions...

The DASPA Typically Did Not Have Decision-Making Authority, As That Authority Has Belonged To The Regional Health Administrators (RHAs) Since It Was Transferred To Them By HHS In The 1980s To Maintain The Integrity Of The Funding Processes. “Often, multiple DASPAs are appointed within the time frame of an administration. For example, from 2006 to 2008, three different DASPAs were appointed by the George W. Bush Administration. Over the years, several DASPAs even have gone so far as to attempt to retract the funding-related decision-making authority of the RHAs. Although the original language of the Title X statute provides decision-making authority to the DASPA, the Secretary of HHS transferred this authority from the DASPA to the RHAs in the 1980s. This transfer has helped maintain the integrity of the funding processes associated with the Title X program.” [[A Review of the HHS Family Planning Program: Mission, Management, and Measurement of Results, Appendix J, 2009](#)]

The Decentralized Structure Of The Title X Program Was Seen As “Advantageous Because It Places A Majority Of Decision-Making Authority In The Hands Of The Rpcs, Who Are Most Familiar With The Specific Needs Of Their Region.” “The decentralized, regional structure through which the Title X program is administered is seen by staff at the federal, regional, and state levels as advantageous because it places a majority of decision-making authority in the hands of the RPCs, who are most familiar with the specific needs of their region as well as the strengths, needs, and weaknesses of their grantees.” []

... And Career Official Susan Moskosky Has Had Extensive Experience Overseeing The Title X Program....

Susan B, Moskosky, A Career Official Serving As Deputy Director For The Office For Population Affairs Helped To Develop The First Federal Evidence-Based Recommendations For Family Planning Services Delivery. “Susan B. Moskosky, M.S., WHNP-BC, currently serves as the deputy director for the Office of Population Affairs (OPA) at HHS. OPA administers the Title X national family planning program and advises the Secretary and Assistant Secretary for Health on family planning, reproductive health, teen pregnancy, and related issues. Ms. Moskosky previously served as acting director of OPA and as the director of the Office of Family Planning within OPA. Under her leadership, OPA worked jointly with the Centers for Disease Control and Prevention (CDC) to develop the first federal evidence-based recommendations for family planning services delivery that were released in April 2014. ... Ms. Moskosky is a certified women's health nurse practitioner who spent the first 15 years of her professional career providing family planning, prenatal, and other preventive health services and educating nurse practitioner students for the Title X family planning program. She was the director of one of the five original Title X-funded Women's Health Care Advanced Nurse Practitioner programs at the University of Texas Southwestern Medical Center at Dallas.” [[HHS About OPA](#), accessed 2/5/19]

.. But According To Emails Between Title X Grantees And HHS, Moskosky Had No Opportunity For Input On The 2018 Title X Funding Opportunity Announcement And The Non-Political RHA's Were Removed From Having Input

From: Glass, Louis (OASH)
Sent: Tuesday, February 27, 2018 2:27 PM
To: Kelly Keeter (kelly.keeter@alaska.gov); 'Almroth Karol L'; Harris, Cynthia (DOH); 'Humphrey, Katherine'; 'Nika Graci'; 'Christine Charbonneau'
Cc: Reyna, Jesus (HHS/OASH); Fry, Alia (HHS/OASH)
Subject: Call Today with OPA - Extensions & FOA

Hello All,

FOA:

- Sue and David at OPA had no opportunity for input for the final. Received a copy just before it was released.
- RHAs have been removed from having input on the final selection list.
- Scoring weighting has been changed. All aspects of the FOA were reviewed and ok'd by the Office of General Council (OGC)
- OPA highly recommends that current grantees and potential new grantees who plan to apply participate in the Technical Assistance call when announced. Per the FOA, that call should occur within 30 days of release of the FOA

... And Trump's Current DASPA Is An Anti-Abortion Zealot And Fundamentally Opposed To The Point Of The Title X Program: Birth Control

In May 2018: HHS Appointed Diane Foley To Be The Deputy Assistant Secretary For Population Affairs...

May 29, 2018: HHS Announced Diane Foley As The New Deputy Assistant Secretary For Population Affairs. [[HHS Public Affairs, Twitter, 5/29/18](#)]

... Foley Is An Abstinence-Only Advocate Who Compared Sex To "Super Gluing Your Fingers Together" And Has Promoted "Fear-Based" Tactics For Sex-Ed

Foley Said She Believed It Could Be Considered “Sexually Harassing” To Demonstrate Condom Use To A Class With A Banana. “Speaking in her office, above one of the Life Network pregnancy centers where pregnant women are given ultrasounds and discouraged from getting abortions, Foley argues it’s difficult even to teach condom use, requiring 13 separate steps. ‘By the time you get to step six, you forget why you are even using the condom,’ she jokes. (Planned Parenthood, incidentally, has a 10-step video on its Web site, which includes steps such as “Don’t tear the condom while unwrapping it.”) Foley says she believes it could be considered “sexually harassing” to demonstrate condom use to a class with, say, a banana. [Colorado Springs Independent, [4/8/10](#)]

Foley Compared Sex To “Super Gluing Your Fingers Together.” Foley: “So to help them understand that when God said that ‘the two shall become one flesh’ his idea was the limbic system was to protect that emotional relationship for husband and wife for life. The sexual relationship is the closest you can get physically, have you ever superglued your fingers together? It’s not a good time, I have, it’s really hard to come apart but that’s basically what happens. [Diane Foley, WVC Student Ministries, [4/29/12](#), 54:00]

Foley Advocated For “Fear-Based” Sex Education. FOLEY: “There is a lot of social pressure to not teach kids from fear. You know when you’re talking about sex the big thing is ‘well you’re just scaring them,’ well you know my answer to that is ‘explain to me when you bring a smashed car and set it in front of my high school for a week, is that not fear-based against drunk driving? Why can’t I do the same thing for sex?’ [Diane Foley, 2013, WVC Student Ministries, [4/29/12](#), 13:00]

Foley Spent The Past 13 Years Working For “Life Network,” Which Operates Two Anti-Abortion Crisis Pregnancy Centers And Runs A Pro-Abstinence Education Program For Teens

2012 – 2017: Foley Served As The President Of The Anti-Abortion Group “Life Network.” From October 2012 to January 2017, Foley was the CEO/president of the Life Network, which runs two anti-abortion counseling centers in Colorado Springs. Life Network’s mission is described as: “Presenting the gospel of Jesus Christ, providing life-affirming alternatives to abortion, promoting sexual integrity & healthy decisions, empowering parents to be healthy & hopeful, giving hope and healing to post-abortive, engaging the community to advance life” [LinkedIn, Diane Foley, accessed 5/29/18]

- **Life Network Operates The Colorado Pregnancy Center Which Has Been Listed As A Business That Provides “Alternatives To Abortion And Primarily Engage In Counseling Against Abortion.”** “The Colorado Springs Pregnancy Center has a mission similar to that of the more covert clinics. But it doesn’t hide its Christian, pro-life stance. The center, along with other regional organizations, is listed under ‘Abortion Alternatives’ in the Yellow Pages, beneath a heading that reads, ‘For businesses that provide alternatives to abortion and primarily engage in counseling against abortion.’” Life Network’s website describes the organization as a “sanctity of human life ministry” based upon the ‘love of Christ.’” [Life Network, captured [08/08/07](#)]

HHS IS ATTEMPTING TO LIMIT ACCESS TO BIRTH CONTROL BY GUTTING THE NATION’S ONLY FAMILY PLANNING PROGRAM

When HHS Finally Released Its Delayed 2018 Title X Funding Announcement, It Omitted Any Mention Of Birth Control—The Primary Purpose Of The Program...

After Months Of Delaying Funding Opportunity Guidance, HHS Finally Released Its Guidance, Which Did Not Even Mention Birth Control...

February 2018: HHS Released Its 2018 Funding Opportunity Announcement, Omitting Any Mention Of Birth Control. “The Trump administration on Friday announced the beginning of this year’s application process for family planning providers to receive crucial federal funding from the Title X program. ... Eligible services for grant funding include family planning services that offer ‘natural family planning methods’ or ‘fertility awareness,’ a family-planning technique that tracks a woman’s ovulation to avoid pregnancy. The method has a failure rate of up to 25%, according to information on HHS’ website. The requirement does not mention birth control.” [[Modern Healthcare, 2/26/18](#)]

... But After Pressure From Pro-Birth Control Groups, HHS Clarified That Grant Recipients Must Include A Provider That Offers Hormonal Birth Control

On November 8, 2018 HHS “Clarified That Every Recipient Of Title X Family Planning Grants Must Include A Provider That Offers Hormonal Birth Control.” “The Trump administration has clarified that every recipient of Title X family planning grants must include a provider that offers hormonal birth control. HHS released a new funding announcement Wednesday night with little fanfare and no significant changes for the providers who currently receive portions of the \$260 million in grants.” [[Modern Healthcare, 11/8/18](#)]

After The Initial Title X Funding Guidance Was Announced, The National Family Planning & Reproductive Health Association And Planned Parenthood Sued HHS In A Lawsuit That Was Later Thrown Out. “The administration’s first revision of the program’s funding guidance came in February and prompted a lawsuit from the American Civil Liberties Union, the National Family Planning & Reproductive Health Association (NFPRHA) and Planned Parenthood affiliates arguing the administration was signaling it would roll back the contraception requirement. But a federal judge dismissed the lawsuit, noting he was skeptical that Planned Parenthood affiliates would lose their Title X awards given that often their clinics ‘are the only show in town.’ Soon afterwards, HHS announced this year’s grant recipients. No grantee lost funding and the department added new recipients including an additional Planned Parenthood affiliate.” [[Modern Healthcare, 11/8/18](#)]

... And HHS Abruptly Shortened The Funding Period For 2018 Grantees From Three Years To Just Seven Months

Rewire: “The U.S. Department Of Health And Human Services (HHS) Shortened The Funding Period For The Latest Round Of Title X Family Planning Grants To Just Seven Months, Rather Than The Usual Three-Year Cycle.” “The U.S. Department of Health and Human Services (HHS) shortened the funding period for the latest round of Title X family planning grants to just seven months, rather than the usual three-year cycle. The move has concerned reproductive health advocates, who said it could indicate that the Trump administration is rushing to implement its proposed anti-choice domestic gag rule. Title X grantees typically go through the application process and compete for funding every three years. This time, however, grants have only been awarded to fund providers from September 1 of this year until the end of March 2019.” [[Rewire, 8/31/18](#)]

... And While HHS Is Trying To Limit Birth Control Access Through Title X, It Is Encouraging People To Use These Funds If Their Employer Denies Them Coverage...

In A May 2018 Press Release HHS Proposed That Individuals Denied Birth Control Coverage For Religious Reasons Use The Title X Program Instead... “Permitting individuals to qualify for Title X services if they are unable to obtain employer-sponsored insurance coverage for certain contraceptive services due to their employer’s religious beliefs or moral convictions.” [[Press Release, HHS, 5/22/18](#)]

... Through A Loophole The Trump Administration Generated Themselves

On November 6, 2018 Trump’s HHS Issued Two Federal Rules Allowing Employers To Deny Insurance Coverage Of Birth Control On Religious Or Moral Grounds, Including For-Profit Businesses. “The Trump administration issued a pair of federal rules on Wednesday that allow some employers to deny insurance coverage of birth control on religious or moral grounds, plowing ahead despite a legal and ideological tempest. The rules notch a deep exception to a federal requirement under the Obama-era interpretation of the Affordable Care Act that essential health benefits must include coverage of contraception at no charge to consumers. The circumvention of this mandate, first proposed by Trump health officials a year ago, is part of the administration’s alliance with social conservatives for whom ‘religious liberty’ has become a central cause and who had objected to the contraceptive mandate.” [[Washington Post, 11/7/18](#)]

TRUMP’S HHS IS SPOON-FEEDING ANTI-ABORTION ZEALOTS ON HOW TO “QUALIFY” FOR FEDERAL FAMILY PLANNING FUNDS UNDER NEW RULES

The Trump Administration Wants Faith-Based Anti-Abortion Clinics That Only Offer Limited Services To Receive Title X Family Planning Funds...

Politico: “Anti-Abortion Family Planning Clinics Are Increasingly Vying For The Same Federal Funds That Go To Planned Parenthood.” “Anti-abortion family planning clinics are increasingly vying for the same federal funds that go to Planned Parenthood, signaling a major change in federal policy being pushed by the Trump administration. This new front in the abortion wars comes as conservatives have largely given up on completely defunding Planned Parenthood, so they’re trying to use the rules to their advantage, pushing for faith-driven women’s clinics to apply for those same federal funds to push an anti-abortion agenda.” [Politico, 12/14/18]

One Trump Administration Proposal That Could Soon Be Finalized Would Let Faith-Based Clinics Compete For Title X Family Planning Funds. “One controversial administration proposal, which could be finalized in the next month or so, would let faith-based clinics compete for Title X family planning funds — much of which now goes to Planned Parenthood. That move is being challenged in a federal appeals court.” [Politico, 12/14/18]

January 2019: Azar Bragged About Making It Easier For Fake Clinics To Receive Family Planning Funds

Alex Azar Even Bragged About How His Department Has Worked To Weaken The Title X Family Planning Program... “We have proposed a foundational reform of Title X which is the contraception services program that we have at HHS. We have proposed a system of rules that would bring integrity to the program, ensuring that there has to be a fiscal separation between a Title X grantee and any entity that provides abortion services, so really bringing that fiscal integrity back to ensure that taxpayer money is not being used directly or indirectly to fund abortion.” [[Alex Azar remarks at Family Research Council, 1/18/19](#)]

...Including HHS’ Moves To Make It Easier For Anti-Contraception, Anti-Abortion Organizations To Receive Family Planning Grants. “We have opened the door to more Title X providers, and we’ve seen faith-based, community-based organizations come in, and I hope more providers will come in and seek to be Title X providers there.” [[Alex Azar remarks at Family Research Council, 1/18/19](#)]

These Abstinence-Promoting Organizations Have Been Attempting To Divert Funds From The Already Under Resourced Family Planning Program Designed To Serve Low-Income Women. “So-called crisis pregnancy centers, which offer limited services such as pregnancy testing, ultrasounds and certain supports for women with unplanned pregnancies, have been increasing in number for several years... Now, some are trying to become anti-abortion, abstinence-promoting alternatives to Planned Parenthood clinics [and]... are increasingly vying for the same federal funds that go to Planned Parenthood, signaling a major change in federal policy being pushed by the Trump administration. This new front in the abortion wars comes as conservatives have largely given up on completely defunding Planned Parenthood, so they’re trying to use the rules to their advantage, pushing for faith-driven women’s clinics to apply for those same federal funds to push an anti-abortion agenda.” [[Politico, 12/14/18](#)]

HHS Lied About Why It Wanted To Publicly Release Successful Title X Grantee’s Applications—Claiming It Was In Response To A “FOIA Request” When It Was Actually A Ploy To Help New Applicants Imitate Successful Applications...

September 2019: The Trump Administration Notified Five Active 2018 Title X Grant Recipients That Their Applications Would Be Released Publicly “In Response To A FOIA Request...”

HHS Released Successful 2018 Grant Applications On The Office Of Population Affairs Website Through Hidden Links From The Colorado Department of Public Health and Environment And The Carson City Health & Human Services Family Planning and Related Health Services. [[Carson City](#); [Colorado](#)]

In September 2019, HHS Notified The Iowa Family Planning Council And Arizona Family Health Partnership That Their 2018 Title X Applications Would Be Released In Response To A FOIA Request “On September 4, 2018, HHS sent AFHP and FPCI pre-disclosure notifications (“PDNs”), which provided both organizations with an opportunity to recommend redactions under Exemption 4 of the FOIA to the grant application each had submitted in response to the 2018 Title X FOA.3 AFHP R. 03a; FPCI R. 03a. The PDNs advised AFHP and FPCI that HHS had received FOIA requests for their 2018 Title X grant applications.” [United States District Court for the District of Columbia, Case 1:18-cv-02581-TNM, Defendant’s Motion For Summary Judgment, 12/13/18]

HHS Tried To Publicly Disclose A Title X Grant Application From A Planned Parenthood - Falsely Claiming That It Had Received A FOIA Request For The Application.... “A federal judge in Seattle Thursday blocked the U.S. Department of Health and Human Services (HHS) from publicly disclosing a Title X grant application submitted by the Northwest’s largest Planned Parenthood group, after the federal agency initially told the nonprofit it had received a request for the document when it had not. U.S. District Judge John C. Coughenour noted in his 12-page order that HHS later revised its justification for opting to make public the 187-page application from Planned Parenthood of the Great Northwest and the Hawaiian Islands (PPGNHI) by admitting it hadn’t actually received a federal Freedom of Information Act (FOIA) request for the document, but rather was preparing for ‘proactive disclosure’ of the application because it expected to get requests.” [[Seattle Times, 11/29/18](#)]

- **According To Planned Parenthood, Disclosure Of The Application Would Result In Substantial Competitive Harm.** “Disclosure of the application, which contains confidential commercial information belonging to PPGNHI (Planned Parenthood of the Great Northwest and the Hawaiian Islands), would result in substantial competitive harm ... by giving its competitors the playbook that PPGNHI has followed for years to compete for and provide exceptional family planning services in Hawaii, as well as in Washington, Idaho and Alaska, through the Title X program,’ according to the group’s lawsuit, filed on Nov. 7 in U.S. District Court in Seattle.” [[Seattle Times, 11/29/18](#)]

HHS Also Tried To Publicly Disclose Successful Grant Applications For Two Independent Clinics That Receive Title X Funds Under The Same False “FOIA” Pretense. “On September 4, 2018, HHS sent AFHP and FPCI pre-disclosure notifications (“PDNs”), which provided both organizations with an opportunity to recommend redactions under Exemption 4 of the FOIA to the grant application each had submitted in response to the 2018 Title X FOA.3 AFHP R. 03a; FPCI R. 03a. The PDNs advised AFHP and FPCI that HHS had received FOIA requests for their 2018 Title X grant applications. This statement was in error. While the Office of the Secretary, Freedom of Information/Privacy Act Division (“FOIA Office”), had received requests for materials relating to 2018 Title X grant applications, the FOIA Office had not, as of September 4, received requests for Plaintiffs’ applications.” [United States District Court for the District of Columbia, Case 1:18-cv-02581-TNM, Defendant’s Motion For Summary Judgment, 12/13/18]

...But Then Admitted In Court Documents That It Lied—And That They Had Not Received FOIA Requests At The Time The Notification Letters Were Sent to Grantees...

HHS Later Changed Its Justification To One Of “Proactive Disclosure” Calling It A “Stalking Horse For The True Reason Behind The Agency’s Actions” “The Court is particularly skeptical of HHS’s proactive disclosure justification, given that it initially represented to the Plaintiff, falsely, that the agency had received a FOIA request seeking the FY18 Application,’ Coughenour wrote. ‘HHS’ misrepresentation of the actual basis for its disclosure decision strikes the Court as a stalking horse for the true reason behind the agency’s actions.” [[Seattle Times, 11/29/18](#)]

HHS Advisor Valerie Huber Admitted That HHS Wanted To Release The Grantee’s Successful Applications To Make It Easier For New Applicants To Get Accepted For Grants

HHS Advisor, Valerie Huber Admitted That HHS Has Publicly Released Title X Providers Grant Applications To Make It Easier For First-Time Applicants To Understand The Application. “Posting portions of successful applications from State and non-profit entities is necessary to attract the interest of grantees that we believe may offer innovative strategies in the family planning services area, but who may be inexperienced with the federal grants process. Posting the successful applications is intended to increase the number of applications - specifically, to encourage less experienced applicants to apply by providing them examples of the sorts of detailed descriptions that federal grant applicants are expected to provide about their own organizations, processes and other application elements. Without such examples, new applicants may refrain from applying due to concerns that the application process is too complicated and as a result, that they will be unable to develop thorough and quality proposals that meet the expectation of federal grant evaluators. As is true with completing any document for the first time, having access to a quality example aids in the accurate completion of the document. This is especially true for the Title X application , a particularly complicated undertaking for a new applicant. In addition, the sort of information that new applicants will look to for purposes of crafting their own detailed proposals is information that is unique to each grantee, and therefore cannot be simply ‘cut and pasted’ from one grant application (i.e., one that is posted) into a new application.” [Valerie Huber Declaration, U.S. District Court for D.C., Case No. 18-cv-2581, 11/28/18]

Last Ditch Effort: HHS Extended The Submission Deadline For 2019 Title X Applications *The Same Day* A Federal Court Allowed HHS To Release Two Successful 2018 Title X Applications

On Friday, January 11, The DC Circuit Court Decided Not To Forbid HHS From Releasing The Arizona And Iowa Applications As The Case Made Its Way Through The Court...

“Upon consideration of the emergency motion for injunction pending appeal, the response thereto, and the reply; and the emergency motion for injunction pending a ruling on appellants’ emergency motion pending appeal and the response thereto, it is ORDERED that the emergency motion for injunction pending appeal be denied. Appellants have not satisfied the stringent requirements for an injunction pending appeal.” [United States Circuit Court Of Appeals For the District of Columbia, #19-5001, Order, 1/11/19]

...Shortly Thereafter, HHS Extended The Deadline For 2019 Title X Grant Application Submissions From Monday, January 14 to Wednesday, January 16 [[FY19 Title X Grant Opportunity, Accessed 1/12/19](#)]

A DC Federal Judge Ruled that HHS Should Be Allowed To Publicly Post Winning Bids For Title X Grants. “A federal judge says government health officials should be allowed to publicly post the winning bids from previous family planning contracts, as organizations vie for new rounds of grant money. District of Columbia Federal Judge Trevor McFadden decided last week that the U.S. Department of Health and Human Services could release redacted versions of grant applications for Title X money — which underwrites preventive services like birth control, cancer screening and family planning counseling, but not abortion.” [[MarketWatch 1/8/19](#)]

The Judge Argued That The Applications Should Be Released Because The Department’s “Desire To Help Other Potential Applicants Develop More Robust Applications Is Laudable.” “The judge said ‘the nation is best served by rigorous competition for Title X grants,

and the Department's desire to help other potential applicants develop more robust applications is laudable." [\[MarketWatch 1/8/19\]](#)

... However, In A Similar Case In Seattle, A Judge Ruled That Officials Could Not Release A Winning Application For Title X Grants, Stating That Releasing It "Would Immediately And Irreparably Injure' Planned Parenthood Of The Great Northwest And The Hawaiian Islands." "There is a national interest in transparency of government operations,' the judge wrote, brushing off the providers' arguments that the redacted applications would give their competitors an unfair edge. Though McFadden ordered their release, albeit in redacted form, a Seattle federal judge said in a similar case that officials could not release Planned Parenthood's winning application. ... Judge John Coughenour, appointed by President Ronald Reagan, said the information disclosure, for the time being, 'would immediately and irreparably injure' Planned Parenthood of the Great Northwest and the Hawaiian Islands. Court papers show the case in Seattle federal court is on hold because of the government shutdown." [\[MarketWatch 1/8/19\]](#)

... And One Chain Of Anti-Abortion Centers That Was Rejected For 2018 Title X Funds Quickly Picked Up On HHS' Cues—Admitting That It Is Trying To Copy Planned Parenthood's Model For Its Own Advantage

In 2018, The Anti-Abortion Chain Obria Group Was Rejected For Title X Funds....

Our Chief Operating Officer and Grant Writer, Mauricio Leone, spent two and half months writing our 150 page grant requesting federal funds for our 38 clinic locations. I've taken three trips to Washington D.C. to share our national brand and our effective Obria clinic model to influential political leaders. Most of our clinics are AAAHC accredited, use Electronic Health Records, and educate with proven sexual risk avoidance education curriculum. **And most importantly, most of our patients demonstrate positive health outcomes after receiving quality, holistic health care from our medical providers.** Our clinics are more than qualified to receive funding from Title X. Should we have received these funds, our clinics would have benefited from expanding their services and caring for more patients.

Yes! I support The Obria Group!

But, HHS has decided to continue doing business as usual. Today it was announced that [Title X funding would continue to go to state health departments and Planned Parenthood](#). Planned Parenthood definitely provides abortion and

... And Then In August 2018, Obria's President Reached Out To HHS Anti-Abortion Trump Appointee Steven Valentine Requesting To Learn About HHS Grants The Chain Could Qualify For

From: Clare Venegas [mailto:(b) (6)@obria.org]
Sent: Wednesday, August 02, 2017 6:36 PM
To: Valentine, Steven (HHS/IOS)
Cc: Mansdoerfer, David (HHS/IOS)
Subject: RE: Connecting

Hi Steven- Sorry for my delayed response to David's kind introduction!

I am President of Obria Medical Clinics of So Cal, we operate four California-licensed clinics in Orange and LA Counties and a mobile unit, offering affordable life-affirming women's health care services (pregnancy tests, ultrasounds, well-woman exams, STD/HIV testing and treatment, and full-term prenatal care). In addition to medical services, we provide free programs such as parenting classes, abortion-recovery, and adoption referrals with vetted partners. If you are familiar at all with the state of pro-life pregnancy clinics in the U.S., ours are quite advanced in terms of medical scope of services.

Over 80% of our patients are 200% below the federal poverty line (and Medi-Cal eligible). Currently, 98% of our funding comes from the generous support of pro-life Christian families and foundations.

I am very interested in learning if there are any HHS grants that we might qualify for in the areas of --

- 1) Women's healthcare
- 2) Prenatal care
- 3) Abstinence-based education programs for schools
- 4)) Licensed mental health wrap-around support for our patients, many of whom are victims of abuse in its many forms (domestic violence, child abuse, sex trafficking).
- 5) Parenting program support for new mothers and fathers from 0- 2 years of age.

I'm attaching a two-pager that more fully explains our ministry, as well as an overview brochure of our services.

Hoping we can connect for a 15-minute phone call to discuss the potential for HHS grant support!

Sincerely,

Clare Venegas
President

... And Now Obria Has Begun Preparing For An Opportunity To Apply For The Title X Grants Again, Admitting That They Are "Using Planned Parenthood's Model"...

Anti-Abortion Group CEO On Its Expansion: "I'm Using Planned Parenthood's Model, And It's Working" Because She "Didn't Recreate The Wheel" "I didn't recreate the wheel,' said Kathleen Eaton Bravo, the CEO of the Obria Group, a nonprofit chain of clinics that's now expanding beyond the West Coast. The chain has been adding medical services as part of its long-term vision — one that also lets it bill insurers and qualify for government funds. 'I'm using Planned Parenthood's model, and it's working.'" [\[Politico, 12/14/18\]](#)

One Chain Of Fake Clinics, Obria Has Reportedly Been "Adding Medical Services As Part Of Its Long-Term Vision." "I didn't recreate the wheel,' said Kathleen Eaton Bravo, the CEO of the Obria Group, a nonprofit chain of clinics that's now expanding beyond the West Coast, has been adding medical services as part of its long-term vision — one that also lets them bill insurers and qualify for government funds. 'I'm using Planned Parenthood's model, and it's working.'" [\[Politico, 12/14/18\]](#)

In An Attempt To Qualify For Title X Family Planning Funds, Obria Said It Planned To Partner With A Health Center That Provides Contraception, But Not Abortion. "The federal government rejected Obria this year for Title X family planning grants because, under the current rules, the Trump administration still requires grantees to include a provider that offers hormonal birth control. Obria plans to reapply, by partnering with a health center that does provide contraception, though not abortion." [\[Politico, 12/14/18\]](#)

... The Moves By Anti-Abortion Clinics To Vie For Title X Comes As Conservatives Have Failed To Defund Planned Parenthood In Congress

Politico: “The Build-Out Of These Clinics Comes As Conservatives, Who Failed To Defund Planned Parenthood In Congress, Take Their Battles To The Courts And The States.” “The challenge with this administration is they want to eliminate the ability of women to make that decision on their own, with their families, with their medical providers,’ said Sen. Jeanne Shaheen (D-N.H.) ‘And that’s the objection I have.’ The build-out of these clinics comes as conservatives, who failed to defund Planned Parenthood in Congress, take their battles to the courts and the states. If they can’t cut off Planned Parenthood completely, they may be able to shift some of the money to places like Obria.” [\[Politico, 12/14/18\]](#)

HHS IS TRYING TO GAG TITLE X PROVIDERS FROM EVEN MENTIONING ABORTION

Trump’s Health Department Announced A Proposed Rule That Would Forbid Recipients Of Title X Funds From Discussing Abortion

May 2018: HHS Proposed A “Gag Rule” To Prohibit Title X Grantees From Discussing Abortion

In May 2018, HHS Announced That It Would Issue A Rule That Would No Longer Allow Recipients Of Title X Family Planning Funds To Discuss Abortion. “When health officials revealed Friday that they would be filing a change to which clinics would be eligible for funding, they emphasized that it was not a “gag rule.” Instead, they said they were proposing to strip away a current mandate. It requires organizations that receive Title X funding to counsel women about abortion and provide them with referrals to abortion services. Under the new rules, a provider wouldn’t have to talk about abortion at all.” [\[Washington Post, 5/23/18\]](#)

June 2018: Trump’s HHS Proposed A Rule To Prohibit Title X Recipients From Even Referring For Abortion. “For these reasons, the Department proposes to change the Title X regulations to eliminate the requirement that Title X projects provide abortion referral and counseling. In addition, consistent with the purpose of the program, the proposed rule would prohibit recipients from using Title X funds to perform, promote, refer for, or support abortion as a method of family planning. This rule would better align with both the best reading of section 1008 and with the Federal conscience statutes. [\[Federal Register, Proposed Rule, Compliance with Statutory Program Integrity Requirements, 6/1/18\]](#)

In Its Proposed Title X Rule To Limit Access To Reproductive Healthcare, HHS Proposed That Any Grant Applications Specifically Address How They Will Satisfy The Gag Rule (Not Referring For Or Talking About Abortion) In Its Application Or Be Deemed Ineligible For Funding. [\[Federal Register, Proposed Rule, Compliance with Statutory Program Integrity Requirements, 6/1/18\]](#)

The Department proposes revising the current application review criteria at [45 CFR 59.7](#) through this rulemaking process to establish the following criteria for selection of Title X grantees. Under this proposed regulation, any grant applications that do not clearly address how the proposal will satisfy the requirements of the regulation would not proceed to the competitive review process, but would be deemed ineligible for funding. The Department would explicitly summarize each provision of the regulation (or include the entire regulation) within the Funding Announcement, and would require applicants to describe their affirmative compliance with each provision. If a proposal is deemed compliant with the regulation, then applicants would be rated based on at least the following criteria for selection within the competitive grant review process:

The HHS Proposed Rule Would Also Increase Monitoring and Enforcement Of Title X Recipients, At The Cost Of Taxpayers. [[Federal Register, Proposed Rule, Compliance with Statutory Program Integrity Requirements, 6/1/18](#)]

E. MONITORING AND ENFORCEMENT

This proposed rule would result in additional monitoring of Title X grantees and subrecipients in order to ensure compliance with new regulatory and existing statutory requirements. We estimate that addressing additional monitoring and enforcement activities would require management staff for each grantee to spend an average of an additional 40 hours each year, and would require an average of an additional 10 hours for each Title X service provider each year. Finally, additional monitoring and enforcement require additional time spent by Federal staff. We estimate this would require 3 FTEs at the GS-13 level, 2 FTEs at the GS-14 level, and 2 FTEs at the GS-15 level. As a result, using wage information provided in Table 2, this would imply costs of \$8.53 million every year following publication of a final rule in this rulemaking.

In May 2018, HHS Proposed An Update To Title X That Would Require A “Financial And Physical Separation” Between Title X Projects And Programs That Provide Abortion

HHS Proposed “Requiring Clear Financial And Physical Separation Between Title X Funded Projects And Programs Or Facilities Where Abortion Is A Method Of Family Planning.” “The U.S. Department of Health and Human Services (HHS) is issuing a proposal to update the regulations governing the Title X family planning program, which focuses on serving low-income Americans. ... Key elements of the proposed update include: Requiring clear financial and physical separation between Title X funded projects and programs or facilities where abortion is a method of family planning.” [[Press Release, HHS, 5/22/18](#)]

... HHS’ Proposed Policy Is Expected To Have Negative Effects On Clinics And Community Health Centers

According To Kaiser Family Foundation, Just One In Five Community Health Centers Could Increase Their Patient Caseload By 25 Percent Or More. “Just one in five community health centers told the Kaiser Family Foundation in a nationwide survey earlier this year that they could increase their patient caseload by 25 percent or more. ‘They either don’t have the staff, or the staff doesn’t have the training,’ Sobel added. ‘If you look at those clinics, they don’t provide the same range of contraceptive services.’” [[Vice News, 12/4/18](#)]

“According To The Indiana Family Health Council, 8 Of 30 Family Planning Clinics Operated Through Indiana’s Title X Grant Would Close If The Trump Administration’s Proposed Changes Go Into Effect.” “Eight of the 30 family planning clinics operated through Indiana’s Title X grant would close if the Trump administration’s proposed changes go into effect, estimated Kristin Adams, who heads the Indiana Family Health Council. As Indiana’s sole Title X grantee, her organization received \$5 million from Title X during the last grant cycle. Those dollars make up about 80 percent of the Indiana Family Health Council funding, Adams told VICE News.” [[Vice News, 12/4/18](#)]

- **The President Of The Indiana Family Health Council Said That With Some Of The Title X Changes “I Really Wonder What Happens To My Patients.”** “As she awaits the finalized changes, Adams said, ‘We just try to continue working with our partners. We address each day as it comes.’ ‘We have a lot of new patients, but we also have a lot of people that have used Title X services from when they were teenagers and now they’re middle-aged adults,’ Adams said. ‘Some of these changes — I really wonder what happens to my patients.’” [[Vice News, 12/4/18](#)]

APPENDIX A

The Politicization Of Title X Under The Trump Administration

Title X: Obama Era Vs. 2018

Title X Grant Process in 2016 , 2017 Under Obama	Title X Grant Process in 2018 Under Trump
	<u>(Changes are highlighted, bolded, and underlined)</u>
Grantees apply for grant under Title X	Grantees apply for grant under Title X
Grant application is reviewed by the Objective Review Committee, a panel of independent reviewers with technical expertise in applicable fields. The review is described as “formal and confidential.”	<u>“Federal staff and an independent review panel” will review all applications.</u>
<p>The Objective Review Committees score the proposals using the following methodology:</p> <ol style="list-style-type: none"> 15. The number of patients, and the number of low-income patients to be served. (10 points) 16. The extent to which the applicant’s family planning services are needed locally. (20 points) 17. The relative need of the applicant. (5 points) 18. The capacity of the applicant to make rapid and effective use of the federal assistance. (15 points) 19. The adequacy of the applicant’s facilities and staff. (20 points) 20. The relative availability of nonfederal resources within the community to be served and the degree that those resources are committed to the project. (10 points) 21. The degree to the which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A. (20 points) 	<p>Proposals are scored using the following methodology:</p> <ol style="list-style-type: none"> 1. The number of patients, and the number of low-income patients to be served. (10 points) 2. The extent to which the applicant’s family planning services are needed locally. <u>(10 points)</u> 3. The relative need of the applicant. <u>(15 points)</u> 4. The capacity of the applicant to make rapid and effective use of the federal assistance. <u>(10 points)</u> 5. The adequacy of the applicant’s facilities and staff. <u>(10 points)</u> 6. The relative availability of nonfederal resources within the community to be served and the degree that those resources are committed to the project. (10 points) 7. The degree to the which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A. <u>(10 points)</u>

	<p>8. The degree to which the project plan adequately provides for the effective and efficient implementation of requirements set forth in the priorities and key issues on page 9-11 of the FOA. (25 Points)*</p> <p><i>*The newly added scoring criteria in #8 above refers to the priorities and key issues in the FOA. These include that projects should include “natural family planning methods (also known as fertility awareness-based methods)”, promotion of abstinence and to “not normalize sexual risk behaviors.” Other than natural family planning methods, no other forms of birth control are listed as priorities or key issues.</i></p>
<p>The Program Description states, “For applicants that will not provide all services directly, the applicant must document the process and selection criteria it will use for providing an opportunity to receive subawards to qualified entities eligible to receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated.”</p> <p>[The FOA goes on to list a broad range of family planning methods that includes contraceptive services]</p>	<p>The Program Description states, “An applicant may propose a family planning service project that either is comprised of a single provider or a group of partnering providers who deliver coordinated and comprehensive family planning services. If not providing all services directly, the applicant must have documented the process and selection criteria it will use for providing an opportunity to receive subawards to qualified entities eligible to receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Single providers who have developed expertise in one family planning approach or method may be partners in a broader proposal that offers a broad range of family planning methods.”</p> <p>[The FOA goes on to list a broad range of family planning methods that does NOT include hormonal contraceptives]</p>
<p>The Regional Health Administrators makes final grant-award decisions. This power was given to them in the 1980s to maintain the integrity of the funding processes.</p>	<p>The Deputy Assistant Secretary for Population Affairs, a political appointee, makes final grant-award decisions.</p>

Title X: Obama Era Vs. 2019

Title X Grant Process in 2016 , 2017 Under Obama	Title X Grant Process in 2019 Under Trump
	(Changes are highlighted, bolded, and underlined)
Grantees apply for grant under Title X	Grantees apply for grant under Title X
Grant application is reviewed by the Objective Review Committee, a panel of independent reviewers with technical expertise in applicable fields. The review is described as “formal and confidential.”	“Federal staff and an independent review panel” will review all applications.
<p>The Objective Review Committees score the proposals using the following methodology:</p> <ul style="list-style-type: none"> 22. The number of patients, and the number of low-income patients to be served. (10 points) 23. The extent to which the applicant’s family planning services are needed locally. (20 points) 24. The relative need of the applicant. (5 points) 25. The capacity of the applicant to make rapid and effective use of the federal assistance. (15 points) 26. The adequacy of the applicant’s facilities and staff. (20 points) 27. The relative availability of nonfederal resources within the community to be served and the degree that those resources are committed to the project. (10 points) 28. The degree to the which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A. (20 points) 	<p>Proposals are scored using the following methodology:</p> <ul style="list-style-type: none"> 8. The number of patients, and, in particular, the number of low-income patients proposed to be served, and the extent to which family planning services are needed in the proposed service area. (15 points) 9. The relative need of the applicant as evidenced by the budget narrative/justification. (10 points) 10. The capacity of the applicant to make rapid and effective use of the federal assistance as documented by available administrative staff and a detailed plan for the selectin of qualified subrecipients, applicants must demonstrate/explain how they propose to provide oversight for the use of federal funds to provide family planning services. (15 points) 11. The adequacy of the applicant’s facilities and staff, including a plan for monitoring the clinical quality of family planning services according to the priorities outlined in this announcement. (20 points)* 12. The ability of the applicant to make use of non-federal resources (i.e. non-Title X funds) and the degree to which those resources are used to enhance the range of family planning services provided through the project as evidenced by the budget object class descriptions and justifications. (15 points)

	<p>13. The degree to which the applicant describes a detailed plan for ensuring compliance, including by any subrecipients, with the Title X statute, regulations and legislative mandates as described in the budget narrative. (15 points)</p> <p>14. The degree to which the project plan adequately provides for the effective and efficient implementation of the key issues outlined in this funding announcement. (10 points)**</p> <p><i>* 2019's priorities state that projects should offer a "broad range" of family planning methods, including "abstinence counseling, hormonal methods (oral contraceptives, rings and patches, injection, hormonal implants, intrauterine devices or systems), barrier methods (diaphragms, condoms), fertility awareness-based methods and/or permanent sterilization." [FY 2019 Family Planning Services Grants FOA]</i></p> <p><i>** 2019's key issues, which are determined by the Office of the Assistant Secretary of Health (OASH) and the Office of the Secretary (OS) within HHS, do not mention birth control. Rather, they emphasize "Providing resources that prioritize optimal health outcomes... with the goal of healthy relationships and stable marriages as they make decisions about preventing or achieving pregnancy"; "Providing counseling for adolescents that encourages sexual risk avoidance by delaying the onset of sexual activity as the healthiest choice" and "reducing the overall number of lifetime sexual partners"; "Communicating... a variety of fertility awareness-based methods of family planning"; and "Fostering Interaction with community and faith-based organizations to develop a network for client referrals when needs outside the scope of family planning are identified". [FY 2019 Family Planning Services Grants FOA]</i></p>
<p>The Program Description states, "For applicants that will not provide all services directly, the applicant must document the process and selection criteria it will use for providing an opportunity to receive</p>	<p>The Program Description states, "An applicant may propose a family planning service project that either is comprised of a single provider or a group of partnering providers who deliver coordinated and</p>

<p>subawards to qualified entities eligible to receive federal funds in providing services throughout the service area to meet the needs of project beneficiaries. Family planning services include clinical family planning and related preventive health services; information, education, and counseling related to family planning; and, referral services as indicated.”</p> <p>[The FOA goes on to list a broad range of family planning methods that includes contraceptive services]</p>	<p>comprehensive family planning services. For applicants that will not provide all services directly, the applicant must document the process and criteria it will use for selecting subrecipients as well as a plan to monitor their performance. The applicant will take into consideration the extent to which the subrecipient(s) indicates it can provide the required services and best serve individuals in need throughout the proposed service area (or part thereof). If an applicant plans to only provide a limited range of family planning methods, they must select subrecipients who offer additional family planning methods or act as a subrecipient for another applicant. In order to fulfill the requirements in the Title X statute, the project, made up of the applicant, and any subrecipients, must provide a broad range of family planning methods to clients throughout the proposed service area... A “broad range” would not necessarily need to include all categories, but should include hormonal methods since these are requested most frequently by clients and among the methods shown to be most effective in preventing pregnancy.</p> <p>[The FOA goes on to describe a “broad range” of family planning services as inclusive of hormonal contraceptive methods... but also of abstinence counseling]</p>
<p>The Regional Health Administrators makes final grant-award decisions. This power was given to them in the 1980s to maintain the integrity of the funding processes.</p>	<p>The Deputy Assistant Secretary for Population Affairs, a political appointee, makes final grant-award decisions.</p>

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