

Title X Comparison:

The Politicization Of The Nation’s Family Planning Program By The Trump Administration

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Title X Comparison:

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The Title X Family Planning Grant Process Has Been Altered Drastically From The Obama Administration Through The Trump Administration

The Trump administration scrapped what was formerly a non-political process under the Obama administration with their 2018 and 2019 grant announcements for the Title X Family Planning Program. Through the new guidelines, the family planning program can now reward the most extreme, anti-birth control views of its political supporters.

The inconsistencies between not just the Obama and Trump administrations, but year to year under Trump's HHS, are highly unusual and make the process difficult for most grantees to navigate. The grantees that do benefit from such changes were explicitly kept in mind with changes such as the 2018 shift that a Title X recipient comprised of a group of partner organizations need not all provide birth control. That recipients of an already under-resourced program are not required to provide hormonal contraceptives undermines the very mission of the family planning program.

The below comparisons outline how the grant processes have changed from the Obama era to 2018 (the first year the Trump administration overtook the program); how Trump's Department of Health and Human Services (HHS) changed the process from 2018 to 2019; and how the 2019 grant announcement compares to that of Obama's tenure.

Title X: Obama Era Vs. [2018](#) Grant Announcements

In March 2018, when HHS finally released its [woefully late guidance](#) for 2018 Title X grant applications, it came with a very unpleasant surprise.

In contrast to the last two sets of guidelines issued under the Obama Administration, which remained consistent in [2016](#) and [2017](#), Trump's HHS radically altered the points system for evaluating grantee applications in ways that are both politically motivated and could allow for less qualified applicants to become grantees. The new system lowered grant applicants' potential points for factors — such as the adequacy of staff and facilities and the extent to which family planning services are needed locally — that are critical in providing high quality health care to underserved individuals. At the same time, it increased the weight in areas that invite both political and extremist views into the process.

A new item appeared in the [grant's application review criteria](#) worth a whopping 25 points that gave priority to “natural family planning methods (also known as fertility awareness based methods)”, promotion of abstinence and to “not normalize sexual risk behaviors.” No other forms of birth control are listed as priorities or key issues.

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Title X: Obama Era vs. 2018 Grant Announcements

Under Obama, a Title X applicant could designate subawards to execute additional family planning services that it would not provide. In 2018, the guidelines' Program Description emphasized more explicitly how an applicant could be comprised of either a single provider or a group of providers that together provided a broad range of family planning methods – which under Trump, did not include contraceptives.

Additionally, career Regional Health Administrators were stripped of their power to make final grant award decisions, which previously existed to ensure that need, not politics, drove the process. They were replaced by the acting Deputy Assistant Secretary for Population Affairs, Valerie Huber, a political appointee who has spent nearly two-decades promoting abstinence-only, anti-birth control programs.

In short, the Trump Administration scrapped a non-political process for a family planning program that could reward the most extreme, anti-birth control views of its political supporters.

Below is a side by side comparison of the 2016/2017 Title X grant process and scoring guidelines, and the 2018 issued guidelines.

Title X Grant Process in <u>2016, 2017</u> 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.”	“Federal staff and an independent review panel” will review all applications.
The Objective Review Committees score the proposals using the following methodology: <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. (20 points)	Proposals are scored using the following methodology: <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>

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Comparison of the [2016](#)/[2017](#) Title X grant process and scoring guidelines, and the 2018 issued guidelines continued

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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 <i>continued</i>:</p> <ol style="list-style-type: none">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)	<p>Proposals are scored using the following methodology <i>continued</i>:</p> <ol style="list-style-type: none">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><u>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)*</u>

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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>
	<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>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, “<u>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,</u> 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.</p>

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	<u>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.”</u> [The FOA goes on to list a broad range of family planning methods that <u>does NOT include hormonal contraceptives</u>]
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.	<u>The Deputy Assistant Secretary for Population Affairs, a political appointee, makes final grant-award decisions.</u>

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Title X: [2018](#) Vs. [2019](#) Grant Announcements

When HHS released its [2018 guidance](#) for Title X family planning grant applications, critical changes were made that negatively impacted the grantmaking process integrity. These changes included replacing the Regional Health Administrators — who made final grant award decisions — with political appointee [Valerie Huber](#), an anti-birth control, abstinence-only advocate, and giving heavy weight to projects that prioritize the rhythm method. Such rollbacks remain embedded in the [2019 guidance](#), released in November 2018.

The 2018 guidance was also sharply criticized for failing to even [mention contraception](#). This year's guidance has taken a few steps to address such criticism — while also doubling down on abstinence-only education language and pushing partnerships with faith-based organizations.

While the 2018 program priorities did not mention the word “contraceptive,” they also did not mention outright abstinence counseling (though recommendations had included “providing counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”) The 2019 priorities, on the other hand, 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.”

Birth control, however, is not mentioned as 2019 key issue (nor was it last year). Instead, the key issues stress “sexual risk avoidance” as an effective means of birth control; advocate for “fertility awareness-based methods of family planning”; and recommend referrals to faith-based organizations in the case of “needs outside the scope of family planning” — such as abortion, which such faith-based organizations presumably oppose. The inconsistency between the 2018 and 2019 guidance is worth noting; under the previous administrations, grant expectations remained did not change from year to year.

Title X Comparison:

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Title X: 2018 Vs. 2019 Grant Announcements Continued

In 2018, the guidelines' Program Description laid out how an applicant could be comprised of either a single provider or a group of providers that *together* provided a broad range of family planning methods — which did not include birth control. The following year, the Title X guidelines maintained the partnership clause but mandated that at least one of the partnering organizations has to provide hormonal contraceptives. At first glance, the designation of birth control as essential is a welcome change from the 2018 guidelines. However, the 2019 guidance document also claims abstinence-only education is a form of family planning — and its detailed directions on partnerships pave the way for anti-birth control groups to take funding from the under-resourced family planning program.

Below is a side by side comparison of the 2018 Title X grant process and scoring guidelines, and the 2019 issued guidelines.

Title X Grant Process in 2018	Title X Grant Process in 2019
	<u>(Changes are highlighted, bolded, and underlined)</u>
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Proposals are scored using the following methodology: 1. The number of patients, and, in particular, 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. (10 points)	Proposals are scored using the following methodology: 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>

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Comparison of the 2018 Title X grant process and scoring guidelines, and the 2019 issued guidelines continued

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“Federal staff and an independent review panel” will review all applications.	“Federal staff and an independent review panel” will review all applications.
<p>Proposals are scored using the following methodology:</p> <ul style="list-style-type: none">3. The relative need of the applicant. (15 points)4. The capacity of the applicant to make rapid and effective use of the federal assistance. (10 points)5. The adequacy of the applicant’s facilities and staff. (10 points)	<p>Proposals are scored using the following methodology:</p> <ul style="list-style-type: none">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. (15 points)</u>4. The adequacy of the applicant’s facilities and staff, <u>including a plan for monitoring the clinical quality of family planning services according to the priorities outlined in this announcement. (20 points)*</u>5. The ability of the applicant to <u>make use</u> of non-federal resources <u>(i.e. non-Title X funds)</u> and the degree to which those resources are used to enhance the range of family planning services provided through the project <u>as evidenced by the budget object class descriptions and justifications. (15 points)</u>

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<p>Proposals are scored using the following methodology:</p> <p>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)</p> <p>7. The degree to which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A. (10 points)</p> <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>Proposals are scored using the following methodology:</p> <p>6. The degree to which the applicant describes a detailed plan for <u>ensuring compliance, including by any subrecipients</u>, with the Title X statute, regulations and legislative mandates <u>as described in the budget narrative. (15 points)</u></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. <u>(10 points)**</u></p>

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“Federal staff and an independent review panel” will review all applications.	“Federal staff and an independent review panel” will review all applications.
	<p>* 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]</p> <p>** 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]</p>

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<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 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 <u>as well as a plan to monitor their performance</u>. 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).</p>

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Comparison of the 2018 Title X grant process and scoring guidelines, and the 2019 issued guidelines continued

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Grantees apply for grant under Title X	Grantees apply for grant under Title X
“Federal staff and an independent review panel” will review all applications.	“Federal staff and an independent review panel” will review all applications.
	<u>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.</u> 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... <u>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.</u> [The FOA goes on to describe a “broad range” of family planning services as inclusive of hormonal contraceptive methods... but also of abstinence counseling]
The Deputy Assistant Secretary for Population Affairs, a political appointee, makes final grant-award decisions.	The Deputy Assistant Secretary for Population Affairs, a political appointee, makes final grant-award decisions.

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Title X: Obama Era Vs. [2019](#) Grant Announcements

A comparison of Obama Administration's last-issued Title X guidelines – consistent between [2016](#) and [2017](#) – to the [second set of guidelines](#) produced by the Trump Administration in 2019 highlights the divergent approaches to reproductive health care. Trump's HHS appears determined to undermine what remains the only federal family planning program by attacking the essence of the program.

In 2016 and 2017, the number of patients served – especially low-income patients, who receive priority under Title X – and how badly family planning services were needed in the proposed area of the project, were treated as two separate application categories worth a cumulative 30 points. In 2019, these criteria that represent the mission of the Title X program have been consolidated into a singular category worth just 15 points.

And for the second year in a row, final grant-award decisions are made by the Deputy Assistant for Population Affairs – a political appointee – rather than the Regional Health Administrators, who had done so for decades to maintain the integrity of the Title X funding process.

The influence of anti-abortion crusaders at HHS remains clear, as the 2019 grant announcement comes on the heels of the proposed [Domestic Gag Rule](#), which would mandate Title X recipients to create a physical separation of family planning services from abortion services – creating a financial burden for these clinics and impeding on abortion access for many women in one fell swoop. Hints of this rule change ([which is currently held up in court](#)) are evident with the category referring to the adequacy of facilities and staff being restored to 20 points in 2019 – after it was [docked by 50 percent in 2018](#) – likely to ensure project recipients can adhere to the proposed Domestic Gag Rule guidelines.

Title X Comparison:

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Title X: Obama Era Vs. [2019](#) Grant Announcements *continued*

Additionally, under Obama, a Title X applicant could designate subawards to execute additional family planning services that it would not provide. In 2019, the guidelines' Program Description laid out extremely clearly how an applicant could be comprised of either a single provider or a group of providers that *together* provided a broad range of family planning methods – one of which has to provide hormonal contraceptives. While birth control should be designated as essential, the same guidance document claims abstinence-only education is a form of family planning – and its detailed directions on partnerships pave the way for anti-birth control groups to take funding from the under-resourced family planning program.

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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>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...<u>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.</u></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>
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.	<u>The Deputy Assistant Secretary for Population Affairs, a political appointee, makes final grant-award decisions.</u>

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