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

The points system for evaluating grantee applications had been radically altered in ways that are both politically motivated and 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.

Additionally, the 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-contraception programs.

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

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

More information on the political extremists overseeing HHS can be found at, www.HHSWatch.org

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<tr>
<td>Grantees apply for grant under Title X</td>
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<td>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.”</td>
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<td>The Objective Review Committees score the proposals using the following methodology:</td>
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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 which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A. (20 points)

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)*

*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.

May 2018

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.

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