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**FORWARD**

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# **TITLE X UNDER SIEGE:**

**Nation's Family Planning Program  
Politicized and Sabotaged By Trump  
Administration**

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## **The Trump Administration Has Attacked The Intent, Purpose Of The Nation's Family Planning Program — Beginning With Its Politicization Of The Title X Grant Process**

Since Trump took office, Title X — the nation's family planning program for low-income individuals — has been in constant peril. In 2018, the Department of Health and Human Services (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 less effective and so-called “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 on which entities would receive funding (SEE APPENDIX).

Most recently, Trump's HHS made it easier for anti-abortion organizations to apply for Title X family planning grants — [awarding one extremist organization over \\$5 million](#) in their [2019 family planning grants](#) while simultaneously cutting funding for five Planned Parenthoods. 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 intended to ensure low-income people get the care they need into a political football.

## **The Trump Administration Diverted Limited Title X Funds From Legitimate Health Care Providers To Anti-Abortion Extremists In 2019**

In March 2019, Trump's HHS announced its Title X family planning grantees. Obria — an anti-abortion organization that [does not provide](#) any forms of birth control and advertises medically unproven “[abortion reversals](#)” — will gain a total of [\\$5.1 million in Title X grants from HHS from 2019 to 2022](#) for their California clinics. Emboldened by their navigation of HHS, Obria is now [pushing their affiliate expansion plan nationwide](#). The group has reportedly agreed to refer patients to outside health centers for birth control — [gaining criticism from other antis](#) who hold disproportionate influence over the Trump administration.

The same year that Obria received the large grant from the nation's only family planning program — diverting funds from already under resourced legitimate health care providers — the health department [cut funding from five Planned Parenthoods](#) across the country. In four of these states (Virginia, North Carolina, Wisconsin, and Hawaii) state health departments are now the sole Title X providers — a move that is alarming due not just to the loss of Planned Parenthood's health services, but also due to the Trump administration's efforts to influence the family planning program through state health departments.

## **The Trump Administration Has Meddled With States' Title X Grants And Program Implementation In Efforts To Sabotage The Program**

In addition to its attempts to change the very nature of the program, Trump’s HHS has been meddling in the grant application process. The health department is trying to divert funds from traditional providers to both [faith-based clinics](#) that offer a very limited amount of services, and — as Equity Forward has learned through public records requests — to state health departments, where HHS political appointees can coordinate with state health departments to control program implementation or prevent program implementation from occurring whatsoever. **Missouri, Utah and Arizona** provide a window into this state-level sabotage.

Equity Forward obtained internal documents from the **Missouri Department of Health and Senior Services (MDHSS)** and the **Utah Department of Health (UDH)** that show that high-level HHS appointees engaged in political sabotage to re-direct Title X funds away from proven providers to medically inadequate health departments and anti-abortion centers. HHS has been actively working with MDHSS and UDH to divert funds away from qualified clinics by coaching the departments on their applications and encouraging them to submit records requests for proprietary information regarding current, successful grantees.

HHS has also attempted to coordinate with **Arizona Department of Health Services (AZDHS)** on Title X. Public records obtained from Equity Forward in March 2019 show that the AZDHS never got up to speed administering its nearly \$1 million of 2018 Title X funds. 2018 was the [first year](#) AZDHS got Title X funds after its state legislature [forced](#) it to apply for Title X funds, so it was a steep learning curve for program implementation; in fact, the records Equity Forward obtained suggest that **Arizona never provided Title X family planning services, in spite of receiving funding for the program.** AZDHS didn’t even hire a Title X coordinator until January 2019, and there are no subgrantees listed for AZDHS as of [Nov. 2018](#).

**APPENDIX**

**Title X: Obama Era Vs. 2019**

Title X Grant Process in <a href="#">2016</a> , <a href="#">2017</a> Under Obama	Title X Grant Process in <a href="#">2019</a> Under Trump
	<b><u>(Changes are highlighted, bolded, and underlined)</u></b>
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.”	<b><u>“Federal staff and an independent review panel” will review all applications.</u></b>
The Objective Review Committees score the proposals using the following methodology: <ol style="list-style-type: none"> <li>1. The number of patients, and the number of low-income patients to be served. (10 points)</li> <li>2. The extent to which the applicant’s family planning services are needed</li> </ol>	Proposals are scored using the following methodology: <ol style="list-style-type: none"> <li>1. The number of patients, and, in particular, the number of low-income patients proposed to be served, <b>and</b> the extent to which family planning services are needed in the proposed service area. <b>(15 points)</b></li> </ol>

<p>locally. (20 points)</p> <ol style="list-style-type: none"> <li>3. The relative need of the applicant. (5 points)</li> <li>4. The capacity of the applicant to make rapid and effective use of the federal assistance. (15 points)</li> <li>5. The adequacy of the applicant's facilities and staff. (20 points)</li> <li>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)</li> <li>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)</li> </ol>	<ol style="list-style-type: none"> <li>2. The relative need of the applicant <b>as evidenced by the budget narrative/justification. (10 points)</b></li> <li>3. The capacity of the applicant to make rapid and effective use of the federal assistance <b>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.</b> (15 points)</li> <li>4. The adequacy of the applicant's facilities and staff, <b>including a plan for monitoring the clinical quality of family planning services according to the priorities outlined in this announcement.</b> (20 points)*</li> <li>5. The ability of the applicant to <b>make use</b> of non-federal resources <b>(i.e. non-Title X funds)</b> and the degree to which those resources are used to enhance the range of family planning services provided through the project <b>as evidenced by the budget object class descriptions and justifications. (15 points)</b></li> <li>6. The degree to which the applicant describes a detailed plan for <b>ensuring compliance, including by any subrecipients,</b> with the Title X statute, regulations and legislative mandates <b>as described in the budget narrative. (15 points)</b></li> <li>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. <b>(10 points)**</b></li> </ol> <p><i>* 2019's <b>priorities</b> 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</i></p>
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	<p>sterilization.” <a href="#">[FY 2019 Family Planning Services Grants FOA]</a></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”. <a href="#">[FY 2019 Family Planning Services Grants FOA]</a></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, “<b>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.</b> For applicants that will not provide all services directly, the applicant must document the process and criteria it will use for selecting subrecipients <b>as well as a plan to monitor their performance.</b> 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). <b>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.</b> 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</p>

	<p>the proposed service area... <b>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.</b></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.	<b>The Deputy Assistant Secretary for Population Affairs, a political appointee, makes final grant-award decisions.</b>

### Title X: Obama Era Vs. 2018

Title X Grant Process in <a href="#">2016</a> , <a href="#">2017</a> Under Obama	Title X Grant Process in <a href="#">2018</a> Under Trump
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Grantees apply for grant under Title X	Grantees apply for grant under Title X
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<p>The Objective Review Committees score the proposals using the following methodology:</p> <ol style="list-style-type: none"> <li>8. The number of patients, and the number of low-income patients to be served. (10 points)</li> <li>9. The extent to which the applicant’s family planning services are needed locally. (20 points)</li> <li>10. The relative need of the applicant. (5 points)</li> <li>11. The capacity of the applicant to make rapid and effective use of the federal assistance. (15 points)</li> </ol>	<p>Proposals are scored using the following methodology:</p> <ol style="list-style-type: none"> <li>1. The number of patients, and the number of low-income patients to be served. (10 points)</li> <li>2. The extent to which the applicant’s family planning services are needed locally. <b>(10 points)</b></li> <li>3. The relative need of the applicant. <b>(15 points)</b></li> <li>4. The capacity of the applicant to make rapid and effective use of the federal assistance. <b>(10 points)</b></li> </ol>

<p>12. The adequacy of the applicant's facilities and staff. (20 points)</p> <p>13. 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>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>5. The adequacy of the applicant's facilities and staff. <b>(10 points)</b></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 the which the project plan adequately provides for the requirements set forth in the Title X regulations, subpart A. <b>(10 points)</b></p> <p><b>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)*</b></p> <p><i>*The newly added scoring criteria in #8 above refers to the <b>priorities and key issues</b> 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. <a href="#">[FY 2018 Family Planning Services Grants FOA]</a></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 Program Description states, "<b>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,</b> 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. <b>Single providers who have developed expertise in one family planning approach or method may be</b></p>

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

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