

ONE HUNDRED FIFTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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April 3, 2018

The Honorable Alex M. Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Azar:

We write to you with serious concerns regarding the 2018 Funding Opportunity Announcement (FOA) for Title X Family Planning Service Grants that the U.S. Department of Health and Human Services (HHS or the Department) released on February 23, 2018, which differs significantly from Title X FOAs from previous years.¹ The Title X program provides critical funds to organizations that deliver these essential services in their communities, and the revisions to this year's FOA strongly suggest that, once again, the Trump Administration is prioritizing political ideology over the well-being of women and families across the nation.

The 2018 Title X FOA – a 60-page document that outlines the federal family planning program's priorities, eligibility, and requirements for participation – deviates from Title X FOAs from previous years. It de-emphasizes U.S. Food and Drug Administration (FDA)-approved contraceptive care in favor of "natural family planning methods," appearing to encourage the participation of abstinence-only providers and crisis pregnancy centers (CPCs) while discouraging the participation of comprehensive reproductive health centers in the program.² For example, the 2018 FOA does not include a single explicit reference to "contraceptives" or "contraceptive services," but refers to natural family planning methods six times.³

¹ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Population Affairs, *Announcement of Anticipated Availability of Funds for Family Planning Services Grants* (Feb. 23, 2018) (www.hhs.gov/opa/sites/default/files/FY18%20Title%20X%20Services%20FOA_Final_Signed.pdf).

² *Id.*

³ *Id.*

By failing to reference longstanding guidance on the standard of care for providing comprehensive medical services related to family planning and contraceptive services, the 2018 FOA shifts Title X's focus from "required" services to "core" services, which do not include contraceptives. For example, the 2018 FOA neither references nor mentions the nationally recognized clinical standards developed jointly by the Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) in 2014 that define quality for family planning care.⁴ Instead, the 2018 FOA references "core family planning services" on four occasions without referring to any existing program guidelines, regulations, or statutory language.⁵ It is worth noting that contraceptive services are notably missing from the list of "core" services in the 2018 FOA, and the document does not explicitly require grant applicants to list all contraceptive methods and services offered through their Title X projects. Instead, applicants are required to list only the "family planning methods" they intend to offer. Unlike in previous years, providers are not asked to justify any failure to offer the full range of FDA-approved contraceptives.⁶

We have significant concerns with the 2018 FOA for the reasons described above and strongly believe that the individuals who seek care through the Title X program should have access to the full range of contraceptive options. This Administration should be working to ensure that Title X patients receive comprehensive family planning and related preventive health services instead of pursuing ideological priorities that will not best serve all patients.

In addition, the 2018 FOA shifts final Title X grant decision-making authority in a way that may prevent adequate oversight of these decisions. In previous years, regional health officials, the HHS Assistant Secretary for Health, and the HHS Deputy Assistant Secretary for Population Affairs shared this authority.⁷ Under the 2018 FOA, Valerie Huber, the Acting Deputy Assistant Secretary for Population Affairs, has exclusive authority to make the final decision on which entities will receive Title X funding.⁸

Huber, the former President and CEO of Ascend – a national organization that promotes youth abstinence education – is a longtime advocate of abstinence over FDA-approved contraceptive methods. During her tenure at Ascend, Huber publicly stated: "[W]e must normalize sexual delay more than we normalize teen sex, even with contraception."⁹ Additionally, given recent reports that Ms. Huber and other HHS political appointees appear to have disregarded the concerns raised by career agency employees on HHS's efforts to end the

⁴ *Id.*

⁵ *Id.*

⁶ *Id.*

⁷ *Abstinence Advocate Gets Final Say on Family Planning Dollars*, Politico (Mar. 7, 2018).

⁸ *See* note 1.

⁹ *See* note 7.

Teen Pregnancy Prevention Program.¹⁰ We question whether Ms. Huber can independently select grantees without political or ideological bias. Granting the final decision-making authority over Title X awards to someone who prioritizes ideology over the well-documented public health gains associated with expanded contraceptive access raises major questions about the Trump Administration's commitment to health of the millions of women and families across America who rely on the Title X program.

In light of the concerns described above, we ask that you provide a response to the following questions, as well as a briefing to Committee staff, by no later than April 17, 2018:

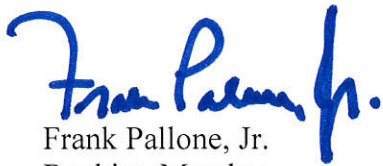
1. Please provide a timeline detailing the sequence of events related to the drafting, revision, and release of the 2018 FOA.
2. Please provide any communications between HHS and/or employees of HHS and outside advocacy organizations that pertain to the drafting of the 2018 FOA.
3. Please provide an explanation for the substantial delay that occurred in releasing the Title X grant application.
4. Who within the Department was responsible for final sign-off on the 2018 FOA?
5. At any point in the drafting process for the 2018 FOA, were HHS employees instructed not to reference or to remove references to "contraceptives" and "contraceptive services?" If so, who gave this instruction?
6. At any point in the drafting process for the 2018 FOA, did any HHS employees express concern that the document neglected to reference "contraceptives" and "contraceptive services?"
7. Does the Department intend to enforce existing program guidelines, regulations, and/or statutes pertaining to services that are required to be offered by Title X grant recipients?
8. Who within the Department was responsible for the decision to grant sole, final decision-making authority regarding Title X grant recipients to the Deputy Assistant Secretary for Population Affairs? Please provide a written explanation detailing why this decision was made, as well as an overview of any analysis conducted regarding how this policy change will impact the distribution of Title X grant awards.
9. On January 12, 2018, the former Deputy Assistant Secretary for Population Affairs, Teresa Manning, left her post nine months after her appointment and was reportedly

¹⁰ *Notes, emails reveal Trump appointees' war to end HHS teen pregnancy program*, NBC News (Mar. 20, 2018).

escorted from the HHS building by security.¹¹ What were the circumstances behind Manning's departure, and was her departure in any way related to the delay of or revisions to the Title X grant application process?

Thank you for your prompt attention to this critical matter. Should you have any questions or would like to further discuss compliance with this request, please contact Christina Calce, Jacquelyn Bolen, or Miles Lichtman of the Democratic Committee staff at (202) 225-3641.

Sincerely,



Frank Pallone, Jr.
Ranking Member



Gene Green
Ranking Member
Subcommittee on Health



Diana DeGette
Ranking Member
Subcommittee on Oversight
and Investigations

¹¹ *Anti-Birth Control Official Who Led Title X Departs HHS*, Politico (Jan. 12, 2018).