

TO: Interested Parties
FROM: Clare Coleman, President & CEO
Jessica Marcella, Vice President, Advocacy & Communications
Robin Summers, Vice President, Health Care Strategy & Analysis
Lauren Weiss, Manager, Advocacy & Communications

DATE: February 27, 2018

RE: The 2018 Title X Funding Opportunity Announcement Signals the Administration's Intent to De-emphasize Contraceptive Care in the Nation's Family Planning Program
A comparison with the 2017 funding opportunity announcement

On February 23, 2018, the US Department of Health and Human Services' Office of Population Affairs (OPA) released the [2018 Funding Opportunity Announcement](#) (FOA) for Title X Family Planning Service Grants. The announcement, which is typically issued in the early fall, details eligibility and scoring criteria for applicants requesting funds to support a project period beginning September 1, 2018, that may run as long as three years and nine months (i.e. through May 2022). The application deadline is May 24, 2018, and current grantees have already received separate instructions for cost extensions to extend their current projects until September because those projects are slated to end either March 31, 2018, or June 30, 2018.

Detailed below is NFPRHA's comparison of the 2018 FOA based against the [2017 FOA](#), the last issued by the Obama administration. There are several aspects in which the 2018 FOA diverges from its predecessor. Please do not hesitate to be in touch with questions or for additional information.

The funding announcement de-emphasizes contraceptive care within the Title X family planning program.

- The 2018 FOA executive summary has removed language included in the 2017 executive summary that, consistent with existing regulations, explicitly notes that family planning services include "clinical family planning and related preventive health services" (page 4).

- Despite existing legal requirements, the 2018 FOA no longer references “comprehensive medical” services related to family planning or the program’s guidelines, which also reference contraceptive care. In previous FOAs, a key criterion of applicants was providing “evidence that comprehensive medical, informational, educational, social, and referral services related to family planning will be provided as stipulated in 42 CFR 59.5” (page 13).
- While the word “clinical” is used in both project narrative requirements, the 2018 FOA merely requires that an applicant “have experience in providing clinical health services” (page 21) without any requirement that those services be linked to family planning and related preventive health care and, perhaps even more disconcertingly, implies that legally required clinical services could be achieved via referral alone (page 23). In contrast, the 2017 FOA requires applicants to furnish evidence that the entity “has the capacity to undertake the comprehensive clinical family planning and related preventive health services required, *including* offering a broad range of acceptable and effective family planning methods, as required by statute. (page 19, emphasis added).

The 2018 FOA omits the requirement that Title X providers follow *Providing Quality Family Planning Services: Recommendations of the CDC and the US Office Population Affairs* (QFP), the nationally recognized clinical standards for what defines quality for family planning care.

- The QFP, which was jointly developed by OPA and the Centers for Disease Control (CDC) in 2014, summarizes clinical recommendations for providers on what to offer during a family planning visit and how to provide such services to women and men. The evidence-based guidelines outline patient-centered services related to contraception, pregnancy testing and counseling, achieving pregnancy, infertility, preconception health, and sexually transmitted diseases, drawing on other national recognized clinical guidelines in these areas.
- The 2018 FOA makes no reference to the QFP, or any recognized clinical standards of care for providing contraceptive and other family planning and sexual health services. By comparison, the 2017 FOA references the QFP eight times in sections on program guidelines, program priorities, key issues, and project narrative.
- Even though the current Title X program is operated in line with the QFP standards, which are widely held to be the premier standard of care for family planning, the 2018 FOA only requests that applicants propose to offer “innovative” services that are not currently seen in the Title X network (page 9), with no emphasis on maintaining the existing standard of care.

The 2018 FOA omits explicit mention of “contraceptives” or “contraceptive services” in the entirety of the 60–page document that outlines the program priorities, eligibility, and requirements for participating in the nation’s only federal family planning program, instead opting only to refer back to the program’s regulatory requirements.

- Offering contraceptive services on site is not included on the list of core services in the 2018 FOA, despite its centrality to program regulation and guidance as well as in

previous FOAs. For comparison, there is an explicit reference to contraceptive services twice under the 2017 FOA Program Priorities (page 9) and twice under the 2017 FOA Key Issues (page 10).

- The 2018 FOA strikes language included in the 2017 FOA that states project narratives should include “a complete list of the contraceptive methods offered as part of the Title X project as well as justification for non-inclusion of any specific methods (refer to the 18 FDA-approved methods specified in the FAQs about Affordable Care Act Implementation” (page 19) and that “The entire list of all services, tests, and contraceptives provided as part of the proposed Title X project should be included” (page 20).

The FOA emphasizes natural family planning over FDA-approved contraceptive methods rather than aligning with the QFP’s approach to patient-centered care.

- As noted above, the 2018 FOA makes no reference to contraceptives and simply requires that applicants list which “family planning methods” will be offered (page 21).
- The 2018 FOA makes six references to natural family planning (pages 6, 7, 9, and 16), including explicitly naming its availability as a program priority and as one of the application responsiveness criteria. This compares to one reference in the 2017 FOA that note that Title X regulations require natural family planning to be offered (page 6).
- In contrast, the 2017 FOA specifically requires applicants to include a justification in any instances when an FDA-approved contraceptive method would not be offered within the project (page 19).
- The 2018 FOA also explicitly encourages applications for methods that are “historically underrepresented in the Title X program” (page 7).

The 2018 FOA omits references to longstanding guidance, including the program guidelines and program policy notices, on how Title X program requirements are realized and instead shifts references to “core” services rather than “required” services.

- The 2018 FOA has removed a paragraph on program guidelines, which include the QFP and “Program Requirements for Title X Funding Family Planning Projects, from its program description altogether.
- The key issues section in the 2018 FOA make no references to OPA or other government agencies’ guidelines, recommendations, or regulations concerning the standard of care for providing comprehensive medical services related to family planning, including clinical contraceptive services, raising questions as to how these criteria will be evaluated and how grantees should interpret them.
- The 2018 FOA refers four times to “core family planning services” (pages 5, 9, 21, and 24). While the FOA enumerates a list of what qualifies as a core service, it does not refer to any existing program guidelines, regulations, or statutory language when doing so, which makes it challenging to understand how these aspects of the FOA will be applied.

The 2018 FOA explicitly promotes that family planning care would be “optimally” delivered in comprehensive primary care settings rather than at sites that focus on family planning and sexual health care.

- The 2018 FOA adds new language stating “each Title X project should ensure that family planning is contextualized within a holistic conversation of health, with the project *optimally offering primary health services onsite*, or having robust referral linkages to primary health providers in close proximity to the Title X site” (emphasis added, page 8). In contrast, the 2017 FOA instead references “facilitat[ing] access to” comprehensive primary care services” (page 22).
- This FOA does not clarify what “optimally” means in terms of considering grant applications.

The 2018 FOA echoes HHS’ draft strategic plan.

- The 2018 FOA replaced the 2017 FOA language that “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,” with a narrow focus on conception: “Family planning services include services for both men and women as they plan their families.” (page 4)
- The key issues in the 2018 FOA include “a meaningful emphasis on education and counseling that communicates the social science research and practical application of topics related to healthy relationships, to committed, safe, stable, healthy marriages, and the benefits of avoiding sexual risk or returning to a sexually risk-free status, especially (but not only) when communicating with adolescents.” (page 11)
- The 2018 FOA requires that entities provide “health information, education, and counseling with an optimal health outcome as the desired goal for the client” and notes that “optimal health” means “the best possible outcomes for an individual’s physical, emotional, and social health” (page 6). The FOA later specifies that the best outcomes for adolescents come from avoiding sexual activity (page 11).

NFPRHA continues to analyze the 2018 funding opportunity announcement and assess potential impacts on the implementation of the Title X family planning program. With questions or for additional information, please do not hesitate to contact NFPRHA staff at 202-293-3114.