October 27, 2017
Office of the Assistant Secretary for Planning and Evaluation
Strategic Planning Team, Department of Health and Human Services
200 Independence Ave. S.W., Room 415F
Washington, D.C. 20201
VIA ELECTRONIC MAIL – HHSPlan@hhs.gov

On behalf of the 30 members of the Big Cities Health Coalition (BCHC), which is made up of public health leaders in the nation’s largest cities, we appreciate this opportunity to comment on the U.S. Department of Health and Human Services’ (HHS) Draft Strategic Plan FY 2018 – 2022. BCHC is a forum for the leaders of America’s largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of their residents. Collectively, BCHC member jurisdictions work to protect and improve the health of some 56 million, or one-in-six, Americans each day.

Some of the most exciting initiatives and innovations in public health are taking place at the local level, with good results such as decreasing teen birth rates, expanded access to addiction treatment, and increased health insurance coverage rates. The federal government is an important partner in this work and HHS touches many areas that impact health in our cities. The new strategic plan the Department is now developing will have profound effects across the country.

Unfortunately, while we agree with some of the plan’s major goals such as improving access to care, there are glaring omissions and troubling language that could harm the work that we do and the health of the people we serve. HHS is the agency charged with protecting the health of all Americans, but we are concerned that this plan as drafted signals a shift in priorities that will put health coverage at risk, limit patient choice, and worsen health outcomes for the residents of our cities and the nation as a whole.

Specifically:

1. The draft omits any reference to the Patient Protection and Affordable Care Act or its implementation. Our nation has made great strides to increase access and affordability since the passage of the Patient Protection and Affordable Care Act (ACA), helping nearly 20 million Americans get comprehensive, affordable coverage – many for the first time. The stated goals and objectives of the HHS plan include “improve Americans’ access to health care” and “promote affordable health care.” While laudable aims, we have grave concerns about the current administration’s ability to reach them. The failed proposals endorsed by the Administration to repeal and replace the ACA would have resulted in millions fewer people without health insurance and would limit the services that would be covered.
Even more troubling, executive actions to slash the open enrollment outreach budget and eliminate insurance subsidies will only make it harder and more expensive for Americans to buy health insurance. Despite this, the ACA is still law the law of the land, and as such, HHS is charged with its implementation. The glaring absence of any mention of the ACA suggests a dereliction of duty to uphold the law.

We call on HHS to make revisions to reflect the agency’s constitutional obligation to implement the ACA, which remains the law of the land and is integral to ensuring more Americans have access to health insurance coverage.

2. Redefining life as beginning at conception threatens access to reproductive health services and limits choice. The draft plan states that HHS accomplishes its mission to enhance health “through programs and initiatives that cover a wide spectrum of activities, serving and protecting Americans at every stage of life, beginning at conception.” This phrase threatens access to safe and effective methods of contraception, limits bodily autonomy, and restricts reproductive health rights in the United States. Studies show that providing access to comprehensive family planning education and options improve health outcomes. It is no accident that teen birth rates have steadily decreased as more young people have access to contraception and comprehensive sexual health education. And even as teen births are down, abortion rates are the lowest they have been since the Roe v Wade Supreme Court decision. We cannot afford to turn back the clock on this progress. Unfortunately, this language and recent executive actions indicate an intent to do just that. Most notably, the recent announcement that employers will be able to deny employees’ coverage for contraception is a significant blow to reproductive health access. And, HHS’ abrupt cuts to Teen Pregnancy Prevention Program funds, a decision made without cause or explanation, limits grantees’ ability to establish an evidentiary base for promising projects or replicate evidence-based programs to scale.

We call on HHS to remove language that turns back the clock on reproductive rights.

3. Emphasis on accommodating religious beliefs could interfere with delivery of appropriate care and services. The plan emphasizes faith-based organizations and removing barriers to the exercise of religious beliefs and moral convictions. Faith-based organizations make good partners in the communities we serve. However, while we believe strongly in individuals’ rights to practice their religion of choice, this language echoes the recent Executive Order to ostensibly protect “religious liberty,” but in reality says that health care providers should be able to discriminate against patients and deny services or treatments based on individually held beliefs. In medicine and health care, the patient’s needs must come first. These actions provide cover for organizations to discriminate against people for their reproductive health decisions, gender identity, or sexual orientation. Time and time again, this has been used to interfere with the provision of necessary, evidence-based services such as termination of pregnancy, condom distribution, comprehensive sexual health education, and even outright refusal to provide care. Furthermore, these new priorities are worrisome as they reflect an
ideology that aims to dictate the decisions people can make about their bodies and health care. The DOJ’s recently issued guidance goes even further to allow religious beliefs to justify discrimination, such as in hiring and contracting.

We call on HHS to include explicit language making clear that religious beliefs will not be used to deny access to health services or to discriminate against people based on reproductive health decisions, gender identity or sexual orientation.

4. Health disparities are ignored. Leaders of large city public health departments recognize that certain populations have historically faced significant barriers to good health. As many health indicators are improving nationwide, some at-risk groups are not realizing the same progress. For example, smoking has steadily decreased over time; however African-American and LGBT adults still remain much more likely to smoke than other groups. The draft plan makes no mention of health disparities based on race, income, sexual orientation, or other factors, and does not prioritize addressing those disparities. It is a glaring omission in the current draft and a departure from previous HHS priorities. We cannot improve the health of all Americans if we ignore the groups most in need.

We call on HHS to incorporate language addressing health disparities in the final plan.

The U.S. Department of Health and Human Services exists to promote health; however, this plan in its current form poses a serious threat to the public’s health and portends future policy and funding decisions that will continue to whittle away at our progress. The Coalition believes that, as written, this plan could result in worse health outcomes, and we respectfully request that revisions to this plan address our concerns.

Do not hesitate to reach out to me (cjuliano@naccho.org) if you would like to discuss these concerns further. As your “on the ground” partners, our members look forward to working with you to improve both this plan and the health of our communities.

Sincerely,

Chrissie Juliano, MPP
Director, Big Cities Health Coalition