

NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health

March 27, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
Attention: Office for Civil Rights
Conscience NPRM
RIN 0945-ZA03
Hubert H. Humphrey Building, Room 209F
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar:

On behalf of the National Association of County and City Health Officials (NACCHO) and nearly 3,000 local health departments, thank you for the opportunity to provide comments on the proposed Department of Health and Human Services (HHS) regulation entitled "Protecting Statutory Conscience Rights in Health Care; Delegations of Authority."

Local public health departments are the governmental agencies that work every day in their communities to prevent disease, promote wellness, and protect health. They organize community partnerships and facilitate important conversations with a number of stakeholders about how to create the conditions in which all people can be healthy.

NACCHO has several concerns about the proposed rule and its effect on access to necessary primary care services. **The rule's emphasis on accommodating religious beliefs could interfere with delivery of appropriate care and services.** As proposed, the rule will give health care providers a license based on religious beliefs to opt out of evidence-based care that the medical community endorses. If this rule were to be implemented, more women, particularly women of color, will be put in situations where they will have to decide between receiving compromised care or seeking another provider to receive quality, comprehensive reproductive health services.

NACCHO calls 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. In addition, NACCHO calls on HHS to continue activities to identify and address health disparities with the ultimate goal of eliminating them. In activities spanning the Office for Civil Rights, Office of Minority Health, Office of Women's Health as well as the Centers for Medicare & Medicaid Services, all of HHS' endeavors must ensure that disparities are not heightened but are prevented.

Teen births are decreasing and abortion rates are the lowest they have been since the Roe v Wade Supreme Court decision, in large part because of increased access to evidence-based health education and health services. We cannot afford to turn back the clock on this progress. The proposed rule may open the door to discrimination by health care providers based on individually held beliefs. To protect the public's health, the patient's needs must come first. 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.

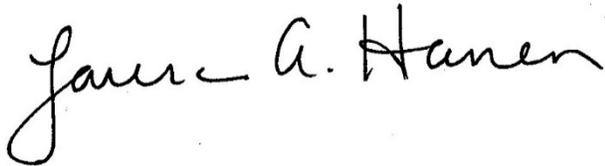


Lesbian, gay, bisexual and transgender (LGBT) people are considered a vulnerable population as it concerns their health. LGBT people face higher rates of HIV/AIDS, depression, an increased risk of some cancers, and are twice as likely as their heterosexual peers to have a substance use disorder. Transgender people in particular are at higher risk for a range of poor health outcomes. For example, the 2015 U.S. Transgender Survey, a national study of nearly 28,000 transgender adults, found that respondents were nearly five times more likely to be living with HIV than the general population, with even higher rates for some populations: for example, nearly one in five (19%) Black transgender women living with HIV, more than 63 times the rate in the general population. Transgender respondents were nearly eight times more like than the general population to be living with serious psychological distress based on the Kessler 6 scale, with higher rates correlating with experiences of discrimination, violence, and rejection.

The medical community and scientific research has repeatedly demonstrated that the poor health outcomes that LGBT people face are not associated with any inherent pathology, but rather high rates of poverty, discrimination in the workplace, schools, and other areas, and barriers to nondiscriminatory health care that meets their needs. Refusals to treat individuals according to medical standards of care put patients' health at risk, particularly for women and LGBT individuals. Expanding religious refusals will further put needed care, including reproductive health care, out of reach for many. Given the broadly-written and unclear language of the proposed rule, if implemented, some providers may misuse this rule to deny services to LGBT individuals on the basis of perceived or actual sexual orientation and gender identity. Allowing providers to flout established medical guidelines and deny medically accurate, evidence-based care impairs the ability of patients to make a health decision that expresses their self-determination.

Thank you again for the opportunity to comment on "Protecting Statutory Conscience Rights in Health Care; Delegations of Authority." NACCHO and local health departments look forward to continued opportunities to partner with the federal government to protect the public and ensure optimal health. Please contact me at lhansen@naccho.org/202-507-4255 for any further information.

Sincerely,

A handwritten signature in black ink that reads "Laura A. Hanen". The signature is written in a cursive, flowing style.

Laura A. Hanen, MPP
Interim Executive Director & Chief of Government Affairs