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October 26, 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 – [HHSPPlan@hhs.gov](mailto:HHSPPlan@hhs.gov)**

**Attn: Strategic Plan Comments (82 FR 45032)**

Dear Sir or Madam:

On behalf of The Leadership Conference on Civil and Human Rights, a coalition charged by its diverse membership of more than 200 national organizations to promote and protect the civil and human rights of all persons in the United States, and our Health Care Task Force, we appreciate this opportunity to provide comments on the Department of Health and Human Services' (HHS') draft strategic plan. The Leadership Conference's Health Care Task Force is committed to eliminating health disparities and ensuring that all people in the United States can access quality, affordable health care, without discrimination.

Members of the Health Care Task Force have filed detailed comments with specific edits to stated objectives and strategies that we urge you to consider. These comments address such areas as the development of the Strategic Plan, as well as its implications for reproductive health, people with disabilities, health equity, and people with substance use disorders.

As a threshold matter, we share the views of our member organizations that the Strategic Plan must specifically mention and address HHS' legal responsibility to uphold the laws of the United States, including the Affordable Care Act (ACA) and Medicaid. Without robust implementation of the ACA and adherence to Medicaid's governing statute and regulations, many of the goals and strategies outlined in this plan will be unobtainable.

In addition, we detail below our specific recommendations designed to ensure that the opportunity to access quality health care and live a healthy life is equally available to all and not selectively reserved for a few.

### **Implications for Health Equity**

Ensuring that the nation's health care system is accessible to all individuals, regardless of race, ethnicity, language, immigration status, sex, gender identity, sexual orientation, age and/or disability is a key civil and human rights priority, and we believe the Strategic Plan should emphasize this goal. HHS must continue to undertake activities to identify and address health disparities and to ensure that disparities are not heightened but are prevented, all with the ultimate goal of eliminating them. Moreover, we urge HHS to adopt a broad definition of health care disparities in its Strategic Plan, which includes not only racial and ethnic health disparities but also disparities based on language, age, sex, sexual orientation, gender identity, and disability. We note here our grave concern about the exclusion of lesbian, gay, bisexual, transgender (LGBT) people as a population. In previous strategic plans, HHS included explicit references to the LGBT population when discussing goals related to providing access to quality, competent care, improving data collection, supporting the healthy development of youth, and expanding access to culturally competent services, among other goals. As a population that experiences significant disparities related to health care access, essential services, and economic security, LGBT individuals should be specifically mentioned in relevant portions of the Strategic Plan.

We are concerned that the plan fails to mention other relevant federal civil rights laws and Executive Orders, including Section 1557 of the ACA. Reducing health care discrimination is a critical strategy to reduce disparities in health and health care. Section 1557 must be fully implemented and robustly enforced by HHS to ensure that HHS' programs and activities, and those it supports with federal funds, are responsive to consumer demands and serve the purposes of the ACA to reduce barriers and expand access to health care and coverage.

Finally, we do not agree with HHS' statement that removing barriers to and promoting participation in HHS programs by persons and organizations with religious beliefs or moral convictions is a solution to assisting targeted populations. Rather, HHS should remain religiously and morally neutral in its funding and activities to ensure that individuals do not feel proselytized by providers or receive access to a limited scope of services due the moral or religious nature of an organization.

### **Implications for Reproductive Health**

We are deeply concerned that HHS is inserting concepts into the Strategic Plan that run contrary to medical and health-related evidence and standards of care. In order to fulfill the person-centered strategy laid out by HHS, consumers require medically accurate, evidence-based, unbiased comprehensive health care services so that they can use their own decisionmaking capacity to choose health care services that comport with their individual morality and circumstances. Reproductive health care is an essential part of women's health care, and reproductive health care services must be available to all who desire those services in accordance with their own individual beliefs. We urge HHS to remove all language that could threaten women's access to a broad array of health care services.

Thank you for your attention to these comments. If you have any questions or would like to discuss this matter further, please contact Leadership Conference Health Care Task Force Co-chairs Judith Lichtman at the National Partnership for Women & Families ([jllichtman@nationalpartnership.org](mailto:jllichtman@nationalpartnership.org)) at the National Partnership for Women & Families and Mara Youdelman at the National Health Law Program

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([youdelman@healthlaw.org](mailto:youdelman@healthlaw.org)), or Leadership Conference Managing Policy Director Corrine Yu  
([yu@civilrights.org](mailto:yu@civilrights.org)).

Sincerely,



Vanita Gupta  
President & CEO