

March of Dimes Foundation

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The Honorable Eric Hargan
Acting Secretary
US Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Acting Secretary Hargan,

On behalf of the March of Dimes, a unique collaboration of scientists, clinicians, parents, members of the business community, and other volunteers representing every state, the District of Columbia and Puerto Rico, I would like to thank you for the opportunity to provide feedback on the Department of Health and Human Services (HHS) Strategic Plan for Fiscal Years 2018-2022 (the Strategic Plan).

The March of Dimes is committed to improving the health of mothers and infants by preventing birth defects, premature birth and infant mortality. Our organization has no greater partner in that effort than HHS. Over the past several decades, HHS has worked with partner organizations to achieve significant improvements in maternal and child health. In 2014, the US infant mortality rate dropped to 5.8 per 1,000 live births, the lowest rate recorded in our nation's history. That same year, the US preterm birth rate also reached an historic low. Unfortunately, since that time both the infant mortality and preterm birth rates have risen. In addition to those concerning trends in infant health, there has recently been increased attention to rising rates of maternal mortality, in which the United States ranks 49th globally. Significant racial, ethnic and geographic disparities also exist in health outcomes for mothers and infants. It is against this backdrop that the March of Dimes offers a number of recommendations to ensure HHS's new Strategic Plan is addressing the unique needs of pregnant women, infants and women of childbearing age.

INCREASING ACCESS TO HEALTHCARE

The March of Dimes commends HHS for explicitly incorporating strategies to increase the use of timely prenatal, maternal and postpartum care throughout the Strategic Plan. Further, the March of Dimes applauds HHS for making evidence-based prevention interventions a centerpiece of the Department's objective to promote affordable health care. Access to such services is essential for healthy pregnancies, healthy infants and a healthy nation. To advance these strategies, the March of Dimes strongly urges HHS to maintain, protect, and promote the coverage of essential health benefits (EHBs) in all insurance plans, which include maternity coverage and preventive health services, and to strive to improve access to health plans that meet or exceed these minimum standards of coverage. We offer the suggestions below to strengthen the demonstrated commitment of HHS to quality coverage. These recommendations

will also support Strategic Plan tactics to expand access to treatment for substance use disorder and other behavioral health issues.

- Amend the description of Strategic Goal 1: Reform, Strengthen, and Modernize the Nation’s Health Care System, to include the statement below:
- **Recognizing that high patient cost-sharing can lead to individuals foregoing needed services, HHS is partnering with all stakeholders to improve the availability of high quality healthcare coverage that meets or exceeds the essential health benefits (EHBs) while balancing premium costs. EHBs are minimum standards of coverage that are also protected from annual and lifetime limits.**
- Edit the strategies below by adding the language suggested in italics:
 - Line 130: “...strengthening and expanding coverage options in order to *maintain quality standards while providing* greater choice for consumers...”
 - Line 173: “Strengthen coverage options to *improve quality* and reduce consumer costs”
 - Line 174: “Implement policies that increase the mix of younger and healthier consumers purchasing plans through the individual market while *maintaining and improving high standards of coverage including the essential health benefits*”
 - Line 332: “Support consumer choice and transparency by promoting the availability of a range of individual health insurance plans and other health care payment options, including faith-based options, with different benefit and cost-sharing structures *that meet the essential health benefits.*”
 - Line 358: “Allow consumers the opportunity to purchase customizable health insurance plans, with cost-sharing and out-of-pocket costs commensurate with benefits chosen *in addition to the essential health benefits.*”

INTEGRATING THE CHILDREN’S HEALTH INSURANCE PROGRAM

The Children’s Health Insurance Program (CHIP) is a bipartisan success story. Since its creation in 1997, the program has helped lower the percentage of children who are uninsured from nearly 14 percent to 4.5 percent in 2015. The March of Dimes notes that references to CHIP are omitted throughout the Strategic Plan. For instance, Objective 1.1 includes a strategy to “increase education and awareness of coverage options such as Medicaid, Medicare Fee-For-Service, Medicare Advantage, Prescription Drug Plans, and integrated care options.”¹ This list of programs should include CHIP. The March of Dimes encourages HHS to ensure that, as appropriate, CHIP is included in Strategic Plan strategies that reference Medicare, Medicaid, and other government health insurance programs.

FOSTERING CROSS-AGENCY COLLABORATIONS AND PUBLIC-PRIVATE PARTNERSHIPS TO PREVENT PRETERM BIRTH AND OTHER ADVERSE BIRTH OUTCOMES

The March of Dimes was concerned to see that the Strategic Plan removed language included in previous documents highlighting the importance of cross-agency collaboration and partnerships with the private sector and nongovernmental organizations. The March of Dimes believes such coordinated work is essential to achieving HHS's goals.

As an example, current federal initiatives focused on promoting healthy pregnancies and reducing rates of preterm birth and infant mortality are housed in agencies and offices across HHS. Though there is often interagency collaboration, those efforts are not centrally coordinated. To address this, the March of Dimes has proposed the establishment of an interagency partnership called Million Babies, which would be tasked with preventing one million cases of preterm birth, infant mortality and related adverse birth outcomes over a 10 year period. Million Babies would work across agencies to align relevant HHS goals and metrics and ensure neither gaps nor duplication exist among relevant federal programs. Million Babies would also develop new or improve existing public-private partnership to advance the initiative's goals.

Million Babies is an excellent example of how HHS can leverage cross-agency collaboration and public-private partnerships. The March of Dimes strongly urges HHS to ensure language highlighting these important opportunities is included in the Strategic Plan's introduction. Additionally, we encourage HHS to incorporate the objective proposed below, along with any relevant strategies, to Strategic Goal 5, Promote Effective and Efficient Management and Stewardship.

- Objective 5.5: Promote cross-agency collaborations and public-private partnerships to improve efficiency, reduce redundancy, and leverage the resources of the private sector and nongovernmental organizations

PROMOTING IMMUNIZATIONS

The March of Dimes appreciates the strong emphasis afforded immunizations throughout the Strategic Plan. By prioritizing strategies from public education to vaccine development, the Strategic Plan recognizes that vaccines are one of the greatest public health achievements of our time. To improve an already comprehensive set of strategies, the March of Dimes recommends adding the language suggested below in italics. This recommended edit seeks to highlight the importance of improving the immunization rates of at-risk populations, including pregnant women.

- Line 602: "Increase access to a core set of clinical preventive services including immunizations and screenings, especially for underserved *and at-risk* populations"

INCORPORATING PERFORMANCE GOALS

The March of Dimes notes that the Strategic Plan fails to define performance goals for its strategic goals and objectives as has been done in past documents. The addition of performance goals would greatly enhance the Strategic Plan. For example, the March of Dimes applauds HHS for incorporating strategies to reduce health disparities and address social determinants of health. Specifically, we appreciate the identification of strategies to:

- “conduct, fund and apply research on the role of social determinants of health;”ⁱⁱ
- “measure and report on [...] disparities at the national, state, local and individual provider level;”ⁱⁱⁱ and
- “support research to identify, implement, and evaluate interventions to reduce health disparities and improve the health of populations at risk for poor health outcomes.”^{iv}

Unfortunately, because the Strategic Plan lacks performance goals, the desired outcomes of these activities is unclear. The March of Dimes posits that the goal of these strategies is to promote health equity, or ensure that everyone has the potential to attain their full health potential. We know that we cannot improve the nation’s overall health measures without improving outcomes for those in communities with the worst health outcomes. For example, the March of Dimes goal of reducing the preterm birth rate to 5.5 percent cannot be achieved unless our nation directly addresses the fact that preterm birth rates are higher for black, American Indian/Alaska Native, and Hispanic women compared to other women, and that the gaps between groups are growing wider in many places.

The March of Dimes strongly encourages HHS to incorporate Performance Goals into its final Strategic Plan. Further, we stress that steps toward achieving health equity on issues such as preterm birth and other birth outcomes should be clearly defined as performance goals for relevant objectives.

DISCOURAGING THE USE OF TOBACCO PRODUCTS

The March of Dimes appreciates HHS including strategies to reduce tobacco-related death and disease in the Strategic Plan. Tobacco remains the leading cause of preventable and premature death in the United States, accounting for 48,000 deaths each year. Further, tobacco is a significant risk factor leading to adverse pregnancy outcomes, including preterm birth and infant death. The March of Dimes recommends adding the language suggested in italics below to improve HHS’s tobacco control efforts.

- Line 530: “...encouraging tobacco users to quit, *teaching pregnant women about the dangers of smoking and guaranteeing them access to smoking cessation tools*, educating parents on the potential harm to their children if the parents smoke...”
- Line 533: “Reduce underage access to tobacco products by ensuring tobacco is not sold to individuals *no* younger than *at least* age 18, *and preferably* age 21.”

RESPONDING TO THE OPIOID EPIDEMIC

The March of Dimes applauds HHS for ensuring that its Strategic Plan for the next five years targets one of our nation’s most urgent public health challenges: the ongoing opioid epidemic. Further, we are grateful many of the relevant strategies explicitly focus on the needs of pregnant women with a substance use disorder, infants experiencing neonatal abstinence syndrome, and parents with a substance use disorder. The March of Dimes strongly encourages HHS to maintain its stated commitment to applying a “public health approach”^v to address the opioid crisis. Further, we support the Strategic Plan’s strategies to “provide integrated child and family supports to parents/guardians with substance use disorders to support healthy child development and that families remain intact”^{vi} and to “strengthen understanding of the opioid crisis through better public health surveillance [...], including effects of opioid use in pregnancy

and neonatal abstinence syndrome.”^{vii} The March of Dimes also urges HHS to retain its strategy to “strengthen clinician training on evidence-based practices related to the prevention and treatment of opioid use disorders to inform clinical management decisions for patients, including effects of opioid use in pregnancy.”^{viii}

To enhance an already comprehensive set of strategies to address the opioid crisis, the March of Dimes urges HHS to make the edits suggested below in italics.

- Line 604: “Expand screening for tobacco use, alcohol misuse, *substance use disorder*, and obesity...”
- Line 669: “Increase healthcare providers’ use of ~~alcohol use disorder~~ screening and brief intervention approaches *for alcohol, opioid and other substance use disorders* to reduce consequences of risky behavior, including effects of ~~alcohol~~ *harmful substance* use in pregnancy”
- Line 721: “Improve access to a full evidence-based continuum of care for people with mental and substance use disorders, including medication-assisted treatment, *family-centered treatment for pregnant and parenting women with substance use disorders*, follow-up from inpatient and residential care, and recovery supports, with a focus on opioid use disorders and serious mental illness”

ADVANCING MATERNAL AND CHILD HEALTH

The March of Dimes again thanks HHS for emphasizing maternal and child health throughout the Strategic Plan. We note that the Strategic Plan has placed a new emphasis on protecting American lives “beginning at conception.” This language represents a departure from long-standing departmental verbiage and could have significant implications for maternal and child health programs and initiatives across HHS, including numerous statutes and regulations. Given that this is an issue about which many parties have deeply-held convictions and strong opinions, the March of Dimes urges HHS to approach any changes to such policy thoughtfully, deliberately and with total transparency, and to provide opportunity for public comment at multiple junctures. Receiving ample feedback from stakeholders will ensure HHS considers the full range of impacts from any policy changes and prevents potential unintended consequences.

PREPARING FOR AND RESPONDING TO PUBLIC HEALTH EMERGENCIES

HHS plays a pivotal role in coordinating the local, state, territorial and federal response to emergencies from natural disasters to infectious disease outbreaks. The March of Dimes commends HHS for developing robust strategies to respond to emergencies. The nation’s ability to respond to an emergency is largely dependent on the presence of a robust public health infrastructure. As such, the March of Dimes appreciates the Strategic Plan’s emphasis on ongoing efforts to improve infrastructure and implement public health and health care interventions to prevent the spread of infectious disease, such as the Zika virus. The March of Dimes also applauds the priority placed on promoting emergency preparedness. To enhance the preparedness activities, the March of Dimes recommends adding the strategy outlined below to Objective 2.4, prepare for and respond to public health emergencies.

- Assist state and local governments, health systems and facilities, and other organizations, including faith-based and community organizations, to develop plans and

response capacity to meet the unique emergency requirements of at-risk populations, including pregnant women, newborns, children, and individuals with complex medical needs

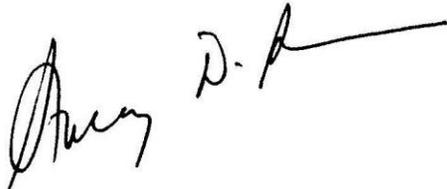
ENHANCING DATA COLLECTION AND SURVEILLANCE

The March of Dimes thanks HHS for prioritizing data collection and public health surveillance in its Strategic Plan. We agree that public health and health care data are essential to “empower[ing] decision-making at national, state and local levels.”^{ix} The March of Dimes relies on quality and timely government data to target our mission activities and measure progress toward our ultimate goal of preventing birth defects, prematurity and infant mortality. The March of Dimes suggests that the Strategic Plan incorporate two additional strategies under Objective 4.1 to reinforce HHS’s commitment to robust data collection and surveillance.

- Enhance federal surveillance activities and data collection to ensure data sets include a representative sample of the US population, including all major racial and ethnic groups, beyond reporting White, Black/African American and “Other Races.” When possible, other races and/or ethnicities should be reported separately to provide a more complete picture of the United States population.
- Support continued collection of disaggregated information (i.e. aggregating Asian and Pacific Islander or Hispanic ethnicities) to provide the greatest amount of detail possible to guide program planning and policy making at the state and local level and implement meaningful interventions to improve health in specific populations.

Again, thank you for the opportunity to comments of the Strategic Plan. The March of Dimes looks forward to working with you to implement HHS’s strategies to improve the health of women, infants and families. For additional information, please contact Rebecca Abbott, Deputy Director of Federal Affairs, at rabbott@marchofdimes.org or (202) 659-1800.

Sincerely,



Stacey D. Stewart
President

ⁱ Line 167-68

ⁱⁱ Line 297-98

ⁱⁱⁱ Line 306-07

^{iv} Line 1348-349

^v Line 656

^{vi} Line 683-84

^{vii} Line 1210-212

^{viii} Line 715-17

^{ix} Line 222-23