



TESTIMONY OF DR. HOWARD KOH
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ON

Enhancing Disease Coordination Activities Act of 2011

BEFORE THE

COMMITTEE ON ENERGY AND COMMERCE
US HOUSE OF REPRESENTATIVES

Good morning Chairman Upton, Ranking Member Waxman and distinguished Members of the Committee. I am pleased to be here today on behalf of the Department of Health and Human Services (HHS) to testify on the legislation titled *Enhancing Disease Coordination Activities Act of 2011*. My name is Dr. Howard K. Koh, and I am the Assistant Secretary for Health at HHS.

As the Assistant Secretary for Health, I oversee the 14 core public health offices and 10 Secretarial and Presidential Advisory Committees. The Office of the Assistant Secretary for Health, or OASH, implements an array of interdisciplinary programs relating to disease prevention, health promotion, the reduction of health disparities, women's and minority health, adolescent health, HIV/AIDS and chronic infectious diseases, vaccine programs, fitness, sports and nutrition, bioethics, population affairs, blood supply, research integrity and human research protections. OASH also includes the U.S. Public Health Service Commissioned Corps and the Office of the Surgeon General.

The mission statement of the Office of the Assistant Secretary for Health is: "Mobilizing leadership in science and prevention for a healthier nation." In this effort, OASH plays a leading coordinating role in a wide variety of public health and scientific areas. During my first two years as the Assistant Secretary for Health, OASH has undertaken a number of initiatives aligned with the mission of the office. As the goal of your draft legislation is "to improve the coordination of research and other activities conducted or supported by the Department of Health and Human Services that are specific to a disease or condition," I thought it would be useful to discuss a number of areas, specifically tobacco, health disparities and HIV/AIDS, where my office has taken the lead on coordination and collaboration across the Department.

Tobacco

Tobacco addiction is one of the most troubling public health challenges in modern times. In the 21st century, it is forecast that tobacco use globally will cause one billion preventable deaths. This is a startling fact that demands not just our attention, but our action. OASH directly confronted this burgeoning public health problem by leading the development and implementation of the first ever comprehensive tobacco control strategy by the Department of Health and Human Services, "Ending the Tobacco Epidemic: A Tobacco Control Strategic Plan."

I convened a coordinating committee consisting of leaders representing different agencies of the Department to understand the activities and efforts that were currently underway and how we could best leverage these existing resources. A plan was drafted that outlined a collaborative approach that utilized the skills and resources of component parts of the Department that had the opportunity to reduce tobacco-related illness and suffering. This plan focused on four pillars: 1) engaging the public to change social norms around tobacco use; 2) leading by example through the implementation of model tobacco control policies across the government; 3) improving public health by implementing evidence-based tobacco control interventions and policies at all levels of government; and 4) advancing our knowledge by accelerating research to expand scientific understanding and track outcomes of efforts.

The Action Plan was unveiled in November 2010. The coordinating committee is now actively engaged in coordinating strategies across multiple parts of the Department to achieve the goals of the plan and to ensure that the Department works collaboratively on this important effort to reduce smoking rates.

I am pleased to report that already, results have been accomplished that would not have been possible without the high level of coordination and collaboration that occurred in creating this plan. As of July 1, 2011, all Department of Health and Human Services campuses went tobacco free. Additionally, the Centers for Medicare & Medicaid Services (CMS) released guidance on the Affordable Care Act's expansion of smoking cessation benefits for pregnant women enrolled in Medicaid. CMS also announced a Medicaid option to provide administrative reimbursement for "quitlines," an important resource to help smokers quit smoking.

The Action Plan has garnered significant public support from external stakeholders and internally within the Department. In fact, it was recently cited in a CDC Morbidity and Mortality Weekly Report announcing significant decreases in incidences of smoking in movies. OASH has played an active coordination role to ensure that all new Departmental mass media efforts around tobacco control are well coordinated. I expect that, moving forward, the collaboration and coordination efforts at the Department will continue to produce important results that will help reduce smoking rates.

Health Disparities

As has been documented time and again, minority populations in the United States experience significant health disparities, including higher incidence rates of a range of debilitating diseases. There are a significant number of activities addressing the reduction of health disparities within HHS, requiring processes and infrastructure for ensuring effective and efficient coordination of those activities across the Department. These are described in four parts below.

1. HHS Action Plan to Reduce Racial and Ethnic Health Disparities

In April, the Secretary, along with the Assistant Secretary for Planning and Evaluation (ASPE) and me, issued the HHS Action Plan to Reduce Racial and Ethnic Health Disparities. The plan envisions achieving a “nation free of disparities in health and health care” by promoting access to care, strengthening the health care workforce, targeting conditions that impact minorities at a higher rate than the general public, and promoting innovation to confront these challenges. With this plan, HHS commits to: (1) continuously assessing the impact of all policies and programs on racial and ethnic health disparities, (2) assuring that all operating components work collaboratively on strategic plans and coordinated investments, and (3) coordinating monitoring and evaluation of the Department’s success in addressing health disparities, with a biannual report of progress to the Secretary.

2. Health Disparities Council

The Secretary also re-established a Health Disparities Council, an interagency coordinating committee, with representation from every component of HHS. The Council representatives for seven of the HHS agencies are the directors of their respective offices of minority health, and the director of the National Institute on Minority Health and Health Disparities. This Council, which is co-chaired by the ASPE and me, provides a forum for sharing information on health disparity reduction programs and policies, leveraging existing HHS investments to more effectively reduce disparities, coordinating and tracking progress on implementation of strategies in the Action Plan, and eliminating any programmatic duplication or unnecessary administrative burdens. The Council has primary responsibility for implementing and overseeing the Disparities Action Plan.

3. Federal Interagency Health Equity Team

As a component of the Department's leadership of the National Partnership for Action to End Health Disparities, HHS established a Federal Interagency Health Equity Team to coordinate efforts aligned under a National Stakeholder Strategy for Achieving Health Equity. This National Stakeholder Strategy is a comprehensive, community-driven approach to reducing health disparities in the U.S. and achieving health equity through collaboration and synergy. The Federal Interagency Health Equity Team, coordinated by HHS, facilitates activities under the National Stakeholder Strategy that increase the efficiencies and effectiveness of policies and programs at the local, tribal, state, and national levels. The Team includes senior representatives of the Departments of Agriculture, Commerce, Defense, Education, Health and Human Services, Housing and Urban Development, Justice, Labor, Transportation, and Veterans Affairs, the Consumer Product Safety Commission and the Environmental Protection Agency (EPA).

4. Health Disparities Dashboard

HHS uses a Health Disparities Dashboard, which compiles data from several key sources, to track national progress on key health disparity indicators on an annual basis. This week, HHS also launched the use of a new implementation monitoring database to track progress on actions that address health disparities throughout HHS. All agencies and offices report progress monthly using this unified database to assure cross-departmental coordination, transparency, and accountability for actions designed to achieve the vision of HHS – “a nation free of disparities in health and health care.”

HIV/AIDS

OASH played a pivotal role in coordinating the National HIV/AIDS Strategy (the Strategy) that is now the framework for all of the Department's efforts on HIV/AIDS. The Strategy is an important example of enhancing disease-coordination activities across the Federal government, and it was developed with input from a wide array of public health and healthcare professionals, HIV/AIDS service providers, advocacy groups, community leaders, and people living with HIV/AIDS. The outcome is a comprehensive plan to focus on policies and activities that will help us end the HIV epidemic in the U.S. The goals of the Strategy include: reducing new HIV

infections; increasing access to care and improving health outcomes for people living with HIV; and reducing HIV-related disparities and health disparities.

Another key goal of the Strategy is “achieving a more coordinated response to the epidemic.” The Strategy places significant emphasis on better coordination and collaboration of activities within and among agencies and across all levels of government to ensure we achieve the best possible results for the investment of Federal resources, reduce duplication where it may exist, and find more effective ways to share and use available data and research to inform programs, policies, and resource allocations.

When the Strategy was released in July 2010, HHS was among the six designated “lead agencies” to implement it (along with the Departments of Housing and Urban Development, Justice, Labor, and Veterans Affairs and the Social Security Administration). Given that the majority of the Federal government’s domestic HIV research, prevention, and care programs are situated within HHS, the Department plays a significant role in implementing the goals of the Strategy. While there has always been collaboration among agencies for various HIV-related initiatives, the Strategy has given HHS a new opportunity to expand that collaboration and make it an intentional feature of our HIV prevention, testing, treatment and research programs.

Specifically, last summer, OASH established a Department-wide National HIV/AIDS Strategy Implementation Group, composed of representatives from nearly every agency within the Department. This group developed the HHS National HIV/AIDS Strategy Operational Plan, an extensive action plan that reflects ongoing efforts to align existing activities with and initiate new activities in support of the Strategy’s goals. The Operational Plan is also a detailed summary of the current level of domestic HIV/AIDS spending by HHS, which has provided us with important baseline data against which to gauge unmet need and to assess any future resource alignment. The activities we are undertaking as part of the Operational Plan will require greater or new collaborations across our own agencies, which will lead to more systemic change in order to ensure that HHS resources are leveraged to maximum effect.

Environmental Health

According to the World Health Organization, environmental hazards are responsible for as much as a quarter of the total burden of disease worldwide, and more than one third of the burden among children. Recognizing this connection between health and the environment, HHS is engaged in several important initiatives, bringing together our agencies internally and also working with other Federal departments.

HHS is working with EPA and other Federal departments on the reinvigorated Interagency Working Group on Environmental Justice to address the disproportionate exposure to environmental hazards in minority and low-income populations. HHS has also joined with the Departments of the Interior and Agriculture, the White House Council on Environmental Quality, EPA, and others in the America's Great Outdoors Initiative to create a 21st century conservation and recreation agenda and reconnect Americans, especially children to the outdoors. HHS and EPA are co-chairing the Task Force on Environmental Health Risks and Safety Risks to Children, developing strategies to promote and protect children's environmental health and safety. A final example is HHS's recent partnership with EPA and other Federal departments on the Federal Radon Action Plan to create healthier home environments and reduce individuals' and families' exposure to radon.

Examination of the *Enhancing Disease Coordination Activities Act of 2011*

The *Enhancing Disease Coordination Activities Act of 2011* recognizes the important role that cross-departmental coordination and collaboration play in the work that occurs at HHS on a day-to-day basis. We appreciate this legislation's support of our efforts in regard to this practice.

The Department's commitment to coordination and collaboration provides us with a unique perspective on this proposal. The Department is involved in a broad spectrum of activities that improve the nation's health, including groundbreaking research at the NIH, health promotion and protection through the work of the CDC, FDA and the Agency for Health Research and Quality (AHRQ), and much-needed assistance and services to our nation's neediest and elderly at the Administration for Children and Families (ACF) and the Administration on Aging (AoA).

Under section 222 of the Public Health Service Act, the Secretary of HHS already has authority to create advisory councils and committees and appoint members to those groups. (42 USC

217a). Using this authority, the Department has established a number of Advisory Committees, which we utilize in two important ways. First, advisory committees allow the Department and its components to receive input, advice and information from committee-member experts in the topic areas covered by the groups' charter. Second, advisory committees allow for the public to be engaged in the work and policy development process that occurs at the Department.

Two Secretarial advisory committees and eight presidential advisory committees are operated within OASH, including the the President's Advisory Council on HIV/AIDS, the President's Council on Fitness, Sports and Nutrition, and the Secretary's Advisory Committee on Minority Health. I can say with great certainty that the work of these groups is crucial to informing the Department's progress in a wide variety of areas. At present, there are 84 Secretarial advisory committees dealing with the entire spectrum of research, regulation and policy areas that are under the purview of the Department.

The committees operated by HHS function under the rules set out in the Federal Advisory Committee Act (FACA) (5 U.S.C. App). Rules are in place under FACA to guarantee that the members serving have the expertise necessary to provide substantive advice and input to the sponsoring agency, as well as to ensure that a variety of viewpoints and perspectives are represented on the specific topic areas. Members are also screened to avoid any ethics or conflicts of interest concerns. Lastly, regulations require public notice and opportunities for participation from the general public at meetings. In recent years, a number of FACAs have begun to utilize web streaming and web archiving to allow for more public participation.

Due to the existing advisory committee system in place, the proposed legislation may create redundancies. For example, the legislation requires that each coordination committee develop a strategic plan every two years that makes wide-ranging recommendations. Under the current structure in place at the Department, advisory committees help inform the work of the Department by establishing priorities and by submitting recommendations on a regular basis to the Secretary. These recommendations are taken seriously by the Department. In addition, requiring a strategic plan every two years would seem to be an extraordinary use of time and resources for the coordination committees. Developing and drafting a strategic plan would take away from the ability of the coordination committees to focus on substantive inquiries and analysis.

However, the priority that the legislation places on ensuring members of the proposed coordination committee represent a number of different stakeholders groups is laudable. The benefit of outside advice and input from the full spectrum of interested parties is something that the Department values in its current advisory committee system.

The last area I will focus on is the potential costs associated with this legislation. The administrative costs, the expense of reimbursing members for their travel, and the increased burdens on the Department to coordinate and participate on these coordination committees could represent a significant commitment of funds for the Department. The Department already commits resources to the existing advisory committees. Having to spend even more funds on these coordination committees would potentially take away dollars from other important endeavors, and potentially represent duplication of efforts. Since the coordination committees are envisioned to promote efficiency and eliminate duplication, it would seem counterproductive for their operation to create redundancies and unnecessary costs.

In closing, I thank the committee for its recognition and promotion of the important role that cross-agency collaboration and coordination play in the development of strong public policy. I would urge the committee to take into account the current system that exists at the Department of Health and Human Services for establishing and managing advisory groups. We at the Department stand ready to work with you in moving forward on this important process.

At this time I am happy to address any questions from the committee.