

**Questions for the Record**  
**“Dr. Brett Giroir, M.D., to be Assistant Secretary for Health”**  
**Hearing Date: August 1, 2017**

**Questions for the Record from Senator Elizabeth Warren**

Evidence Based Reproductive Health

The Assistant Secretary for Health oversees multiple offices within the Department of Health and Human Services that promote the reproductive health of women, men, and teens across the nation, including the Office of Women’s Health, the Office of HIV/AIDS and Infectious Disease Policy, the Office of Population Affairs, and the Office of Adolescent Health.

National reproductive health experts agree that evidence-based, scientifically-accurate sexual education is critical to the control of sexually transmitted infections (STIs), including HIV/AIDS, as well as to the reduction in teen pregnancy rates: according to the Guttmacher Institute, “comprehensive sex education programs . . . have been shown to delay sexual debut, reduce frequency of sex and number of partners, increase condom or contraceptive use, or reduce sexual risk-taking.”<sup>1</sup> To the contrary, “abstinence-only” sex education programs have proven to be ineffective, if not detrimental, to efforts to reduce teen pregnancy and STI rates.<sup>2</sup>

As the Assistant Secretary for Health, it is essential that you understand—and act upon—the plethora of evidence showing that abstinence-only education does not promote the Department’s mission to “enhance and protect the health and well-being of all Americans.”<sup>3</sup>

1. Do you agree that policies demonstrated to increase the number of unintended pregnancies and STIs among teenagers should not be supported by HHS?

**If confirmed, I intend to develop and implement evidence-based policies and programs to, among other things, decrease unintended pregnancies, and STDs among all Americans, especially among teenagers.**

2. As HHS Assistant Secretary for Health, would you commit to implementing and expanding evidence-based programs that improve teenagers’ reproductive health?

**See Above**

3. Please provide a detailed description of steps you would take as HHS Assistant Secretary for Health to improve teenagers’ access to evidence-based reproductive health education and services.

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<sup>1</sup> Heather D. Boonstra, “What Is Behind the Declines in Teen Pregnancy Rates?” *Guttmacher Institute* (September 3, 2014) (online at <https://www.guttmacher.org/gpr/2014/09/what-behind-declines-teen-pregnancy-rates>).

<sup>2</sup> Sexuality Information and Education Council of the United States, “What the Research Says...Abstinence-Only-Until-Marriage Programs” (online at <http://www.siecus.org/index.cfm?fuseaction=Page.ViewPage&PageID=1195>).

<sup>3</sup> U.S. Department of Health and Human Services, “About HHS” (online at <https://www.hhs.gov/about/index.html>).

**See Above**

### Teen Pregnancy Prevention Program

Though teen pregnancy has reached historic lows, around 25% of teen girls in the United States will become pregnant by age 20.<sup>4</sup> To combat teen pregnancy rates, the Office of Adolescent Health administers the Teen Pregnancy Prevention (TPP) Program, an “evidence-based program that funds diverse organizations that are working to prevent teen pregnancy across the United States.”<sup>5</sup> Since the program’s implementation in 2010, teen childbearing has declined by 35% nationwide, suggesting that the program is “highly effective.”<sup>6</sup>

Despite the effectiveness of the TPP Program, the Office of Adolescent Health announced on July 5, 2017, that it would cut short all 81 TPP grants and defund TPP grantees on June 30, 2018.<sup>7</sup> OAH provided no rationale for this decision. On July 21<sup>st</sup>, I joined my Senate colleagues in sending a letter to Secretary Price, requesting detailed information on the justification behind OAH’s decision.<sup>8</sup>

4. As Assistant Secretary for Health, would you commit to re-implementing the TPP grants that OAH cut short without explanation on July 5<sup>th</sup>?

**If confirmed, I commit to implementing the laws passed by Congress and signed by the President effectively and faithfully, and following the grant making rules and procedures of the Department. I also believe that the reasoning for decisions be transparent to Congress and the American people.**

5. Will you commit to ensuring that Secretary Price, through the Office of Adolescent Health, provides a detailed response to the July 21<sup>st</sup> letter requesting OAH’s justification for shortening TPP Program grant agreements?

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<sup>4</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy, “Fast Facts: Teen Pregnancy in the United States” (April 2016) (online at <https://thenationalcampaign.org/sites/default/files/resource-primary-download/fast-facts-teen-pregnancy-in-the-united-states.pdf>).

<sup>5</sup> U.S. Department of Health and Human Services, Office of Adolescent Health, “Teen Pregnancy Prevention Program (TPP)” (online at <https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/index.html>).

<sup>6</sup> Christine Dehlendorf, “Successful teen pregnancy prevention program threatened by funding cuts,” *STAT News* (April 20, 2017) (online at <https://www.statnews.com/2017/04/20/successful-teen-pregnancy-prevention-program-threatened-funding-cuts/>).

<sup>7</sup> Christine Dehlendorf, “Successful teen pregnancy prevention program threatened by funding cuts,” *STAT News* (April 20, 2017) (online at <https://www.statnews.com/2017/04/20/successful-teen-pregnancy-prevention-program-threatened-funding-cuts/>).

<sup>8</sup> U.S. Senate Committee on Health, Education, Labor, & Pensions, “Murray, Senate Dems Challenge Trump Administration Over Move to Slash Teen Pregnancy Prevention; Dems Say Action ‘Short-Sighted,’ Will Make it Harder to Prevent Unintended Pregnancies” (July 21, 2017) (online at <https://www.help.senate.gov/ranking/newsroom/press/murray-senate-dems-challenge-trump-administration-over-move-to-slash-teen-pregnancy-prevention-dems-say-action-short-sighted-will-make-it-harder-to-prevent-unintended-pregnancies->).

**See Above**

### Title X Family Planning Program

The Assistant Secretary for Health oversees the Office of Population Affairs, which runs the Title X Family Planning Program (Title X). The Title X program funds basic reproductive health services—including cancer screenings, STI testing, and birth control—to over 4 million low-income Americans every year.<sup>9</sup>

In recent years, some states have attempted to exclude reproductive health centers that also provide abortion services from receiving Title X funds. In December 2016, the Obama Administration issued a rule clarifying that Title X recipients cannot be barred from receiving funds “on bases unrelated to their ability to provide Title X services effectively.”<sup>10</sup> In spite of the critical services that Title X provides, a Republican Congress—after calling in Vice President Pence for a tie-breaking vote—nullified this rulemaking through the Congressional Review Act.<sup>11</sup>

Teresa Manning, Deputy Assistant Secretary for Population Affairs, has stated that “contraception doesn’t work” and that “its efficacy is very low.”<sup>12</sup> She has also—incorrectly—stated that a “dominant...mechanism of the morning-after pill is the destruction of a human life already conceived.”<sup>13</sup>

If confirmed as Assistant Secretary for Health, it will be your responsibility to ensure that the Office of Population Affairs makes policy decisions regarding Title X based on scientific evidence—not falsehoods.

6. Do you believe that “contraception doesn’t work” and that “its efficacy is very low”?

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<sup>9</sup> Planned Parenthood Action Fund, “Title X: America’s Family Planning Program” (online at <https://www.plannedparenthoodaction.org/issues/health-care-equity/title-x>).

<sup>10</sup> Health and Human Services Department, *Compliance With Title X Requirements by Project Recipients in Selecting Subrecipients* (December 19, 2016) (online at <https://www.federalregister.gov/documents/2016/12/19/2016-30276/compliance-with-title-x-requirements-by-project-recipients-in-selecting-subrecipients>).

<sup>11</sup> Colin Dwyer, “Trump Signs Law Giving States Option to Deny Funding for Planned Parenthood,” *NPR* (April 13, 2017) (online at <http://www.npr.org/sections/thetwo-way/2017/04/13/523795052/trump-signs-law-giving-states-option-to-deny-funding-for-planned-parenthood>).

<sup>12</sup> Juliet Eilperin, “Trump picks antiabortion activist to head HHS family planning section,” *Washington Post* (May 2, 2017) (online at [https://www.washingtonpost.com/news/powerpost/wp/2017/05/01/trump-picks-antiabortion-activist-to-head-hhs-family-planning-program/?utm\\_term=.292889b81423](https://www.washingtonpost.com/news/powerpost/wp/2017/05/01/trump-picks-antiabortion-activist-to-head-hhs-family-planning-program/?utm_term=.292889b81423)).

<sup>13</sup> Juliet Eilperin, “Trump picks antiabortion activist to head HHS family planning section,” *Washington Post* (May 2, 2017) (online at [https://www.washingtonpost.com/news/powerpost/wp/2017/05/01/trump-picks-antiabortion-activist-to-head-hhs-family-planning-program/?utm\\_term=.292889b81423](https://www.washingtonpost.com/news/powerpost/wp/2017/05/01/trump-picks-antiabortion-activist-to-head-hhs-family-planning-program/?utm_term=.292889b81423)); Planned Parenthood, “The Difference Between the Morning-After Pill and the Abortion Pill” (online at [https://www.plannedparenthood.org/files/3914/6012/8466/Difference\\_Between\\_the\\_Morning-After\\_Pill\\_and\\_the\\_Abortion\\_Pill.pdf](https://www.plannedparenthood.org/files/3914/6012/8466/Difference_Between_the_Morning-After_Pill_and_the_Abortion_Pill.pdf)).

**I look forward to working with HHS staff if I am confirmed. I am committed to promoting the public’s health and applying evidence and common sense to our policymaking process.**

7. Do you believe that emergency contraception is akin to “the destruction of human life already conceived”?

**See Above**

8. As Assistant Secretary for Health, would you push back against attempts in the Office of Population Affairs to implement policies based on inaccurate, scientifically-disproven assumptions about contraception, regardless of efforts by others in the administration to implement policies based on falsehoods?

**See Above**

9. As Assistant Secretary for Health, would you advocate for adequate funding for the Title X program?

**See Above**

10. As Assistant Secretary for Health, would you advocate for increased funding for the Title X program?

**See Above**

11. As Assistant Secretary for Health, would you revive efforts within the Department to ensure that states do not deny Title X funding to health providers for reasons other than their ability to provide reproductive health services?

**See Above**

### Contraception and the Affordable Care Act

Section 2713 of the Affordable Care Act (ACA) requires qualified health plans to cover “preventive services” for women (considered an “essential health benefit”) without imposing cost-sharing.<sup>14</sup> “Preventive health services,” for women, include FDA-approved contraceptive methods, with some limited exceptions for religious organizations.<sup>15</sup>

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<sup>14</sup> Kaiser Family Foundation, “Preventive Services for Women Covered by Private Health Plans under the Affordable Care Act” (December 20, 2016) (online at <http://files.kff.org/attachment/Fact-Sheet-Preventive-Services-for-Women-Covered-by-Private-Health-Plans-under-the-Affordable-Care-Act>).

<sup>15</sup> HealthCare.gov, “Preventive care benefits for women” (online at <https://www.healthcare.gov/preventive-care-women/>).

Prior to the full implementation of the ACA, one in five women reported that they “put off or postponed preventive services”—including contraception—due to cost.<sup>16</sup> As a result of the ACA, over 55 million women with private health insurance have guaranteed coverage of these preventive services with no co-pays.<sup>17</sup> And since the ACA was implemented, women have saved \$1.4 billion in out-of-pocket cost spending for oral contraceptives. Yet in May 2017, a leaked rule from the Department suggests that HHS may be planning to overhaul the limited exceptions to the ACA’s contraceptive mandate, creating a “very, very broad exception for everybody” that would “allow[] any employer to seek a moral or religious exemption from the requirement.”<sup>18</sup>

As the Assistant Secretary for Health, you would oversee the Office on Women’s Health, which “coordinates women’s health efforts across HHS and addresses critical women’s health issues.”<sup>19</sup>

12. As Assistant Secretary for Health, would you work with the Office on Women’s Health and other Department partners to oppose policies that would reduce women’s access to contraceptive services?

**I am fully supportive of women’s access to healthcare services. The system we ought to have in place is one that equips women and men to obtain the healthcare and preventive services that they need at an affordable price.**

13. As Assistant Secretary for Health, what initiatives would you prioritize to ensure that women’s access to preventive health services, including contraception, breast and cervical cancer screenings, and STI screening, is maintained and expanded?

**See above**

### HIV/AIDS Programs

The Assistant Secretary for Health oversees the Office of HIV/AIDS and Infectious Disease Policy. Along with the Office of HIV/AIDS and Infectious Disease Policy, the Office of the Assistant Secretary for Health provides “management and support services” for the President’s Advisory Council on HIV/AIDS (PACHA).<sup>20</sup> Yet in June 2017, six members of PACHA resigned, stating that the “Trump Administration has no strategy to address the on-going HIV/AIDS epidemic, seeks zero input from experts to formulate HIV policy, and—most

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<sup>16</sup> Kaiser Family Foundation, “Preventive Services for Women Covered by Private Health Plans under the Affordable Care Act” (December 20, 2016) (online at <http://files.kff.org/attachment/Fact-Sheet-Preventive-Services-for-Women-Covered-by-Private-Health-Plans-under-the-Affordable-Care-Act>).

<sup>17</sup> Adelle Simmons, Jessammy Taylor, Kenneth Finegold, Robin Yabroff, Emily Gee, and Andrew Chappel, “The Affordable Care Act: Promoting Better Health for Women,” *ASPE Issue Brief* (June 14, 2016) (online at <https://aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf>).

<sup>18</sup> Dylan Scott and Sarah Kliff, “Leaked regulation: Trump plans to roll back Obamacare birth control mandate,” *Vox* (May 31, 2017) (online at <https://www.vox.com/policy-and-politics/2017/5/31/15716778/trump-birth-control-regulation>).

<sup>19</sup> U.S. Department of Health and Human Services, Office on Women’s Health, “Who we are” (online at <https://www.womenshealth.gov/about-us/who-we-are>).

<sup>20</sup> HIV.gov, “What is PACHA?” (online at <https://www.hiv.gov/federal-response/pacha/about-pacha>).

concerning—pushes legislation that will harm people living with HIV and halt or reverse important gains made in the fight against this disease.”<sup>21</sup>

14. As Assistant Secretary for Health, would you prioritize HIV/AIDS initiatives and provide support to PACHA?

**Access to care for HIV/AIDS and related conditions is vital for the health of such patients. If confirmed, I commit to working within the capabilities of OASH to improve access to care for HIV/AIDS patients, as well as for all those in need of prevention or treatment services.**

15. As Assistant Secretary for Health, will you commit to ensuring that all Americans maintain access to existing levels of care for HIV/AIDS and related conditions?

**See above**

16. Will you commit to expanding access to care for HIV/AIDS patients?

**See above**

17. As Assistant Secretary for Health, will you commit to maintaining existing levels of funding for HHS programs within your purview that combat HIV/AIDS?

**See above**

#### Inclusion of Women and Underrepresented Minorities in Clinical Trials

The Assistant Secretary for Health aims to “optimize the nation's investment in health and science to advance health equity and improve the health of all people” and oversees the Office of Women’s Health (OWH) and the Office of Minority Health (OMH).<sup>22</sup> These two offices are responsible for promoting the health of women and racial and ethnic minorities and helping coordinate efforts across HHS and other federal agencies to support policies and programs that reduce health disparities.

Disparities in biomedical research are one factor exacerbating existing health disparities. Clinical trials are an essential component of drug innovation and development, and data from clinical trial research is used to shaping health care decisions, including coverage decisions. In July 2016, the OMH awarded a grant to “develop and begin implementing an education program on clinical

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<sup>21</sup> Scott Schoette, “Trump Doesn’t Care About HIV. We’re Outta Here,” *Newsweek* (June 16, 2017) (online at <http://www.newsweek.com/trump-doesnt-care-about-hiv-were-outta-here-626285>).

<sup>22</sup> Office of the Assistant Secretary for Health, “Office of the Assistant Secretary for Health (OASH)” (online at: <https://www.hhs.gov/ash/index.html>).

trials that educates and recruits minorities and/or disadvantaged populations, particularly groups underrepresented in clinical research.”<sup>23</sup>

18. Do you agree that the inclusion of women and minorities in clinical trials is important to developing new drugs and therapeutics, improving medical treatments, and addressing health disparities?

**As a physician and scientist, I have spent my career focusing on this area and believe it is vital that we strike the right balance between inclusiveness of potentially affected populations in clinical trials with the need to speed cures to patients. We have to work harder to achieve both goals. It is important for all Americans to know if they are eligible for clinical trials, and to particularly focus on rare diseases and minority populations. If confirmed, I commit to seek a broad diversity of opinions and include them in the public health decision making process, consistent with my role.**

19. As Assistant Secretary of Health, what specific steps will you take to educate women and minorities about clinical trials? What specific steps will you take to help recruit them for the trials?

**See above**

20. Do you agree that women and minority health concerns should be tightly integrated within all aspects of the federal government’s approach to health care and health research, including in the development of policy and programs?

**See above**

21. As Assistant Secretary of Health, what specific steps will you take to ensure that women and minorities are included in public health decision-making processes?

**See above**

### Combatting Antibiotic Resistance

The 2014 *National Strategy for Combatting Antibiotic-Resistant Bacteria* brought together the Secretaries of Health and Human Services, Agriculture, and Defense to declare that, “the misuse and over-use of antibiotics in health care and food production continue to hasten the development of bacterial drug resistance, leading to the loss of efficacy of existing antibiotics.”<sup>24</sup> Through this initiative, we’ve made some significant progress establishing policies that better protect lifesaving antibiotics.

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<sup>23</sup> Department of Health and Human Services Office of Minority Health, “HHS Office of Minority Health Awards \$2M to Help Reduce Lupus Related Health Disparities” (July 5, 2016) (online at: <https://minorityhealth.hhs.gov/omh/content.aspx?ID=10338>). Accessed August 1, 2017.

<sup>24</sup> “National Strategy for Combating Antibiotic-Resistant Bacteria,” The White House (September 2014) (online at: [https://www.whitehouse.gov/sites/default/files/docs/carb\\_national\\_strategy.pdf](https://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf)), p.4.

There is strong and growing evidence that antibiotic use in food animals can lead to antibiotic resistance in humans, yet the use of medically important drugs in food animals continues to grow. According to the FDA, “Domestic sales and distribution of medically important antimicrobials approved for use in food producing animals increased by 26% from 2009 through 2015, and increased by 2% from 2014 through 2015.”<sup>25</sup>

22. Do you agree that curbing the misuse and over-use of antibiotics in health care and food production should be a public health priority?

**If confirmed, I intend to engage in a personal way to support the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB), which is overseen by OASH, as well as the important work on this issue being done by CDC, FDA, ASPR, and other federal partners.**

23. As Assistant Secretary for Health, what specific steps will your office take to prevent the development of bacterial drug resistance?

**See above**

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<sup>25</sup> Food and Drug Administration, “2015 Summary Report on Antimicrobials Sold or Distributed for Use in Food-Producing Animals” (December 2016) (online at: <http://www.fda.gov/downloads/ForIndustry/UserFees/AnimalDrugUserFeeActADUFA/UCM534243.pdf>).