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## United States Senate

COMMITTEE ON HEALTH, EDUCATION,  
LABOR, AND PENSIONS

WASHINGTON, DC 20510-6300

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<http://help.senate.gov>

January 16, 2018

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

Dear Acting Secretary Hargan:

I write with serious concern about the numerous instances in which the Department of Health and Human Services (the Department or HHS) has rolled back or undermined evidence-based practices and policies under the Trump Administration. The emerging pattern at HHS of undermining efforts to ensure policy decisions are driven by data and research is especially dangerous in a Department that impacts the health and well-being of every person and family in our country. I am committed to doing everything I can to prevent this President's apparent disregard for facts and evidence from interfering with the health of patients and families. I ask that you provide detailed information on the Department's failure to prioritize evidence-based work, as well as an explanation for how you believe such rollbacks are consistent with the mission of the Department.

Earlier this week, news reports revealed that the Substance Abuse and Mental Health Services Administration (SAMHSA) had suspended the National Registry of Evidence-based Programs and Practices (NREPP), which was designed to "promote[] the adoption of scientifically established behavioral health interventions."<sup>1</sup> The registry has served as a resource for mental health professionals and community groups to find effective interventions to prevent and treat mental illness and substance use disorders for the past 20 years.<sup>2</sup> The SAMHSA website confirms that the current NREPP contract has been discontinued and indicates the agency is "reconfiguring its approach to identifying and disseminating evidence-based practice and programs." SAMHSA has provided no additional details about when or why the contract was discontinued, nor about the timing of or changes planned in the new approach.

This recent example is unfortunately far from the first time the Trump Administration has withdrawn its support from evidence-based work. I remain extremely concerned by the Administration's decision last year to unilaterally shorten the duration of grant agreements for the Teen Pregnancy Prevention (TPP) Program.<sup>3</sup> The TPP Program has made vital contributions to the body of knowledge of what works to prevent teen pregnancy. In fact, the Commission on Evidence-

<sup>1</sup> <https://www.samhsa.gov/nrepp>

<sup>2</sup> [https://www.washingtonpost.com/national/health-science/trump-administration-freezes-database-of-addiction-and-mental-health-programs/2018/01/10/ed421654-f577-11e7-beb6-c8d48830c54d\\_story.html?utm\\_term=.8724887adb62](https://www.washingtonpost.com/national/health-science/trump-administration-freezes-database-of-addiction-and-mental-health-programs/2018/01/10/ed421654-f577-11e7-beb6-c8d48830c54d_story.html?utm_term=.8724887adb62)

<sup>3</sup> Letter from Senator Patty Murray et al., to Dr. Tom Price, Secretary, Department of Health and Human Services (July 21, 2017).

Based Policymaking highlighted the TPP Program in its final report. The Commission was established by the bipartisan Evidence-Based Policymaking Commission Act of 2016, which Speaker Paul Ryan and I coauthored to strengthen and expand the use of data in evaluating the effectiveness of federal programs and tax expenditures.<sup>4</sup> In its final report, which was issued two months after HHS shortened the TPP grants, the Commission wrote:

The Commission identified numerous examples of Federal programs developing increasingly rigorous portfolios of evidence ... One example is the Teen Pregnancy Prevention Program administered by HHS, which was designed to address high teen pregnancy rates in the United States by replicating evidence-based models and testing innovative strategies. Evidence building was woven into the program from the start, including a full range of studies from implementation assessments to impact evaluations, using random assignment when appropriate. The program is administered by the Office of Adolescent Health, which used a multipronged approach to evaluation, including the establishment of uniform performance measures, a series of grantee-led evaluations, and multiple cross-site evaluations. The purpose of this framework was to address the question of whether the replicated evidence-based teen pregnancy prevention programs and the new, innovative strategies for preventing teen pregnancy were effective.<sup>5</sup>

HHS staff has stated they are “hopeful that Congress will eliminate the Teen Pregnancy Prevention Program,” and HHS has recently invested new money in “sexual risk avoidance programs.”<sup>6</sup> These continued actions and statements make clear the Department does not value the work of this high quality evidence-based program that aims to assess the needs of diverse communities and populations.

Recent reports of a language ban on documents used to prepare the HHS budget request provide another stark example. According to press reports, Centers for Disease Control and Prevention (CDC) officials were told avoid the terms evidence-based or science-based, because such phrases “were used so frequently that they were essentially meaningless.”<sup>7</sup> HHS has confirmed that they distributed a document containing a section entitled “Words to avoid,” and CDC Director Brenda Fitzgerald has not denied that agency staff received direction about words to avoid. In a December 26, 2017 letter, she wrote, “CDC has not banned, prohibited, or forbidden employees from using any words,” while also stating HHS has provided “suggestions of what terms to use and what often overused words should be avoided.”<sup>8</sup> It is incredibly problematic that agency and Department employees received any direction about prohibited words or words to avoid, and it is difficult to contemplate how such words could be overused in a Department that heavily relies on evidence and data to accomplish its mission.

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<sup>4</sup> <https://www.murray.senate.gov/public/index.cfm/newsreleases?ID=B402B72B-547C-47EB-83B7-E64BFDD8A2EF>

<sup>5</sup> <https://www.cep.gov/content/dam/cep/report/cep-final-report.pdf>

<sup>6</sup> Letter from Senator Patty Murray et al., to Eric D. Hargan, Acting Secretary, Department of Health and Human Services (Nov. 29, 2017).

<sup>7</sup> [https://www.washingtonpost.com/national/health-science/words-banned-at-multiple-hhs-agencies-include-diversity-and-vulnerable/2017/12/16/9fa09250-e29d-11e7-8679-a9728984779c\\_story.html?utm\\_term=.aacea32d0b08](https://www.washingtonpost.com/national/health-science/words-banned-at-multiple-hhs-agencies-include-diversity-and-vulnerable/2017/12/16/9fa09250-e29d-11e7-8679-a9728984779c_story.html?utm_term=.aacea32d0b08)

<sup>8</sup> Letter from Dr. Brenda Fitzgerald, Director, Centers for Disease Control and Prevention, to Senator Patty Murray, Ranking Member, Senate Health, Education, Labor and Pensions Committee (Dec. 26, 2017).

To help me understand the Department's position on evidence-based policymaking, please reply to the following questions by no later than January 31, 2018:

1. Past HHS documents have highlighted the value of evidence-based programs across a variety of areas, including prescribing to children, nutrition assistance for older Americans, promoting mental health interventions for American Indian and Alaska Native populations, health information technology, and others.<sup>9</sup> What is the Department's current approach to the value of evidence-based work in its decision-making?
2. Will the Department continue to make available evidence-based interventions for the prevention and treatment of mental illness and substance use disorders? If so, please provide specific details on when and how such information will be available.
3. How is the Department ensuring that its evidence-based work continues to be available to the public?
  - a. The NREPP has not been updated since September, meaning information on nearly 100 evidence-based interventions has been unavailable to the public since that time. How will the Department ensure that information on those interventions is available? How will the Department ensure that future mental health and substance use-related evidence-based interventions continue to be available to the public?
  - b. Grantees in the TPP Program have to end their studies by June 30, 2018, leaving them unable to conduct the full studies they designed for the original five-year grants. How will the Department ensure the information on interventions that were successfully studied during that time is available to the public? How will the Department ensure that conclusions are not inappropriately drawn about studies that were terminated prematurely?
4. Please explain what the Department means by saying the term "evidence-based" was overused to the degree that it was rendered "essentially meaningless." Has the Department received feedback from stakeholders about the overuse of the term "evidence-based"? How does the Department believe that the overuse of this term has negatively affected its work?
5. Does the Department have plans for any new evidence-based policies, programs, or registries?

Thank you in advance for your attention to this critical matter. If you have any questions, or would like to further discuss compliance with this request, please contact Elizabeth Letter or Laurel Sakai with Senator Murray's HELP Committee Staff at 202-224-6403.

Sincerely,



Patty Murray  
United States Senator  
Ranking Member, Senate Health, Education,  
Labor, and Pensions Committee

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<sup>9</sup> <https://www.hhs.gov/sites/default/files/fy2017-budget-in-brief.pdf>