

United States Senate

WASHINGTON, DC 20510

November 29, 2017

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:

It is with great frustration that we again write regarding the actions of the Department of Health and Human Services (HHS) related to the Teen Pregnancy Prevention Program (TPPP) within the HHS Office of Adolescent Health (OAH). We remain concerned that the Trump Administration's efforts to undermine the TPPP puts at risk the health and wellbeing of our most vulnerable youth nationwide.

On November 3, 2017, HHS announced a "new research and evaluation collaboration to support and improve teen pregnancy prevention and sexual risk avoidance programs." The announcement makes a general reference to these activities being supported by funding coming from a "variety of sources including available funds set aside for support and evaluation within the HHS Office of Adolescent Health." It is unclear, however, exactly where the funding for this effort is being drawn from, what activities are losing funding as a result, and the specific purposes of the new activities.

We are concerned that the activities described in the press release reflect an attempt to promote a single ideological approach that betrays the congressional intent of the TPPP to support a "wide range of evidence-based programs."¹ It is difficult to view the actions of HHS to date as fulfilling this congressional intent. Rather than continuing to support the use of evidence to best meet the needs of communities and young people across the country, HHS's recent decisions undermine the quality and purpose of the TPPP.

The seven years of investment in TPPP has enabled communities, health program administrators and educators to learn and adapt from the program evaluations, contributing to overall progress in what we know works to help young people to make informed decisions about their health. In fact, TPPP has been recognized by bipartisan evidence experts as an outstanding example of how to build evidence and administer a high quality evidence-based program.²

At a time when there is growing bipartisan commitment to evidence-based policymaking, HHS's actions seeming to dismantle one of the key examples of this approach within the federal government are particularly troubling. For example, the September 2017 unanimously-agreed-to-report from the bipartisan Commission on Evidence-Based Policymaking established by House

Speaker Paul Ryan and Senator Patty Murray highlighted TPPP as an example of a federal program developing increasingly rigorous portfolios of evidence.³

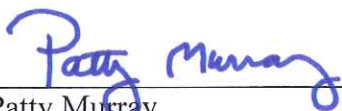
Valerie Huber, the Chief of Staff to the Assistant Secretary for Health, has stated the Department is “hopeful that Congress will eliminate the Teen Pregnancy Prevention Program.”⁴ The Department seems intent to replace a high quality evidence-based program that meets the needs of diverse communities and populations around the country with a single ideological approach that fails to meet the needs of young people. We are concerned that this new announcement represents a further effort to dismantle or redistribute program resources toward an approach that does not meet the same quality of evidence review as TPPP requires.

With these growing concerns in mind, please respond to the following questions by no later than December 12, 2017:

1. What funding streams, and from which fiscal year, are supporting each of the newly announced contracts (including contracts to Mathematica, RTI, and the MITRE Corporation)?
2. If appropriated by Congress, how does HHS intend to utilize TPPP funding for FY 2018?
3. What is the role of the Office of Adolescent Health in the efforts described in the announcement of the new contracts?
4. What are the specific requirements and activities of each contract and their related timelines?
5. As it appears TPPP funds are being used for the newly announced efforts, how do these new activities ensure that a wide variety of approaches will be supported?
6. If Public Health Services Program Evaluation set-aside funds are being used to support these activities, what type of evaluations are being conducted, consistent with the appropriation language?
7. What evidence standards were relied upon to justify the redirection of funds for these new contracts?
8. Will the new activities be held to the same rigorous evidence standards as has been applied to previous TPPP programmatic and evaluation efforts?

Thank you for your prompt attention to these and previous questions regarding activities within HHS related to promoting young people’s sexual health and lifelong wellbeing. If you have any questions, please contact Laurel Sakai with Senator Murray’s HELP Committee staff or Lisa Bernhardt with Senator Murray’s LHHS Appropriations Subcommittee staff.

Sincerely,



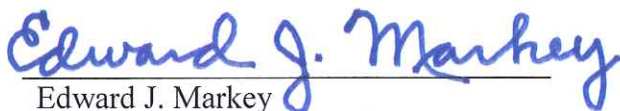
Patty Murray
United States Senator



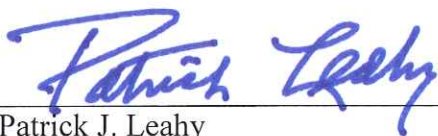
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United States Senator



Tammy Baldwin
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Edward J. Markey
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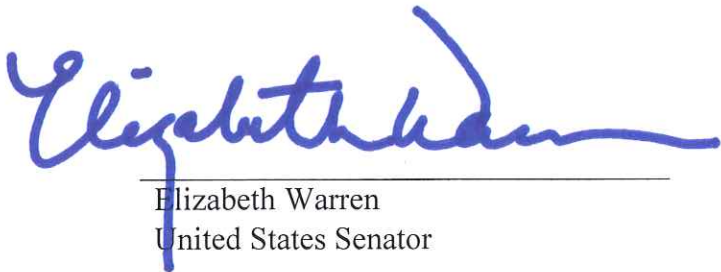
Sheldon Whitehouse
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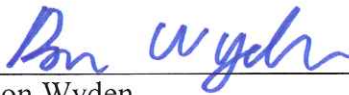
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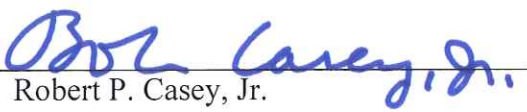
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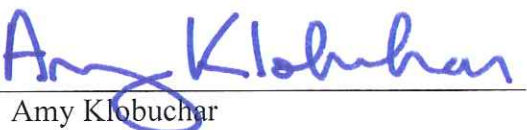

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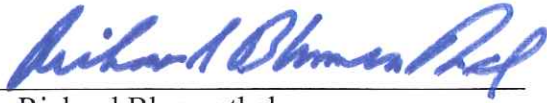

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Jeanne Shaheen
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Richard Blumenthal
United States Senator

¹ Consolidated Appropriations Act, 2010, Committee Report.

² Robert Gordon and Ron Haskins, *Trump team doesn't understand evidence-based policies regarding social problems*, The Hill, July 26, 2017, thehill.com/blogs/pundits-blog/the-administration/343908-trump-team-doesnt-understand-evidence-based-policies

³ Commission on Evidence-Based Policymaking. *The Promise of Evidence-Based Policymaking*, September 2017, www.cep.gov/content/dam/cep/report/cep-final-report.pdf.

⁴ Valerie Huber, Chief of Staff to the Assistant Secretary for Health, *All Sides with Ann Fisher*, Ohio Public Radio, August 23, 2017.