

August 12, 2019

Department of Health and Human Services
Office for Civil Rights
Attention: Section 1557 NPRM, RIN 0945-AA11
Hubert H. Humphrey Building, Room 509F
200 Independence Avenue SW
Washington, DC 20201.

On behalf of the National Association of Chronic Disease Directors (NACDD), thank you for the opportunity to comment on the proposed rule on Nondiscrimination in Health and Health Education Programs or Activities (docket no. HHS-OCR-2019-0007).

Chronic Disease Directors are public health professionals who play a critical role in protecting and promoting Americans' health by administering and overseeing state programs to prevent and reduce chronic disease. As the only organization representing all state and territorial Chronic Disease Directors and their staff, NACDD works to reduce the impact of chronic diseases on the population by advocating for prevention policies and programs.

Chronic Disease Directors are dedicated to identifying and working together with vulnerable and at-risk populations. NACDD and its members are committed to ensuring broad and equitable access to programs and services that promote health. We believe in creating and maintaining conditions that allow everyone to reach their full health potential.

NACDD is concerned about the impact of removing nondiscrimination protections for LGBTQ individuals and changing requirements around language services for people with limited English proficiency. All people should have access to preventive health care services in order to prevent the development of chronic disease, and these changes will negatively impact the ability of vulnerable populations to get the preventive care they need.

The inability to access needed health care services will increase the disparities already experienced by the LGBTQ community. Data show that transgender people have higher rates of HIV infections and tobacco use and higher prevalence of depression and anxiety.¹ If these protections are removed, transgender people may not seek care for fear they might be charged more, treated in a manner inconsistent with their gender identity, or denied care. According to the U.S. Transgender Survey, 33% of respondents who saw a health care provider had at least one negative experience, and 23% of respondents did not seek health care due to fears of being mistreated.² In addition, when seeking care, they may face discrimination and stigma. Perceptions of stigma may reduce the likelihood that transgender people will access appropriate and timely care, increasing the risk of developing more complicated and costly conditions and chronic diseases.

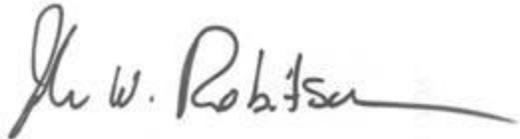
¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4802845/pdf/nihms767277.pdf>

² <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

Current regulations require covered entities to inform people with limited English proficiency about language assistance services using taglines provided in the top 15 languages spoken in the state. Under the proposed rule, taglines would no longer be required. Language proficiency has a significant impact on doctor-patient encounters and quality of care.³ Limited English proficiency can reduce the likelihood of treatment and drive disparities in chronic diseases and their risk factors, including impacting physical activity and hypertension management.^{3,4} Chronic Disease Directors serve diverse populations and understand the importance of inclusivity and cultural sensitivity. Our health systems should be designed to ensure culturally relevant and linguistically effective approaches are provided to everyone who seeks care.

As a nation, we should look for opportunities to enact policies and regulations that make healthy choices easy and remove barriers so people can access the preventive care they need. Together we can ensure a healthy future for all regardless of age, race, country of origin, sex, sexual orientation, or gender identity.

Sincerely,



John W. Robitscher, MPH
CEO
National Association of Chronic Disease Directors

³ <https://www.ncbi.nlm.nih.gov/pubmed/19782177>

⁴ <https://link.springer.com/article/10.1007/s11606-017-3999-9>
