



# **DEPARTMENT of HEALTH and HUMAN SERVICES**

**Fiscal Year  
2019**

**Office for Civil Rights**

**Justification of Estimates for  
Appropriations Committees**



I am pleased to present the Office for Civil Rights (OCR) Fiscal Year 2019 Congressional Justification. This budget supports the President's and Secretary's priority initiatives and reflects the goals and objectives of the Department.

This budget submission supports the Administration's initiative to reduce federal spending and increase government efficiencies, while still fulfilling OCR's vital mission. To this end, OCR will continue to seek creative cost savings and productivity increases. In an environment of fiscal restraint, OCR will supplement its enforcement of the Health Insurance Portability and Accountability Act (HIPAA) with monetary settlements collected via OCR's HIPAA enforcement activities. In this way, OCR will continue its robust enforcement mission to ensure that the public is protected to the fullest extent of the law.

OCR has implemented an important new initiative in support of the Administration's priority to "*vigorously enforce Federal law's robust protections for religious freedom,*" as announced in Executive Order 13798, "Promoting Free Speech and Religious Liberty." In FY 2018, OCR created a Conscience and Religious Freedom Division as a new component of its Headquarters' operations, dedicated exclusively to enforcing laws that protect conscience and religious exercise, and that prohibit coercion and religious discrimination in health care and human services. This new Division is reflected in OCR's FY 2019 budget request.

This is an exciting time for OCR. With the establishment of the new Conscience and Religious Freedom Division and many new efficiencies and innovations occurring throughout the other OCR Divisions, OCR is poised to continue to provide the American People with exemplary service and support in all aspects of its operations.

Roger Severino  
Director, Office for Civil Rights

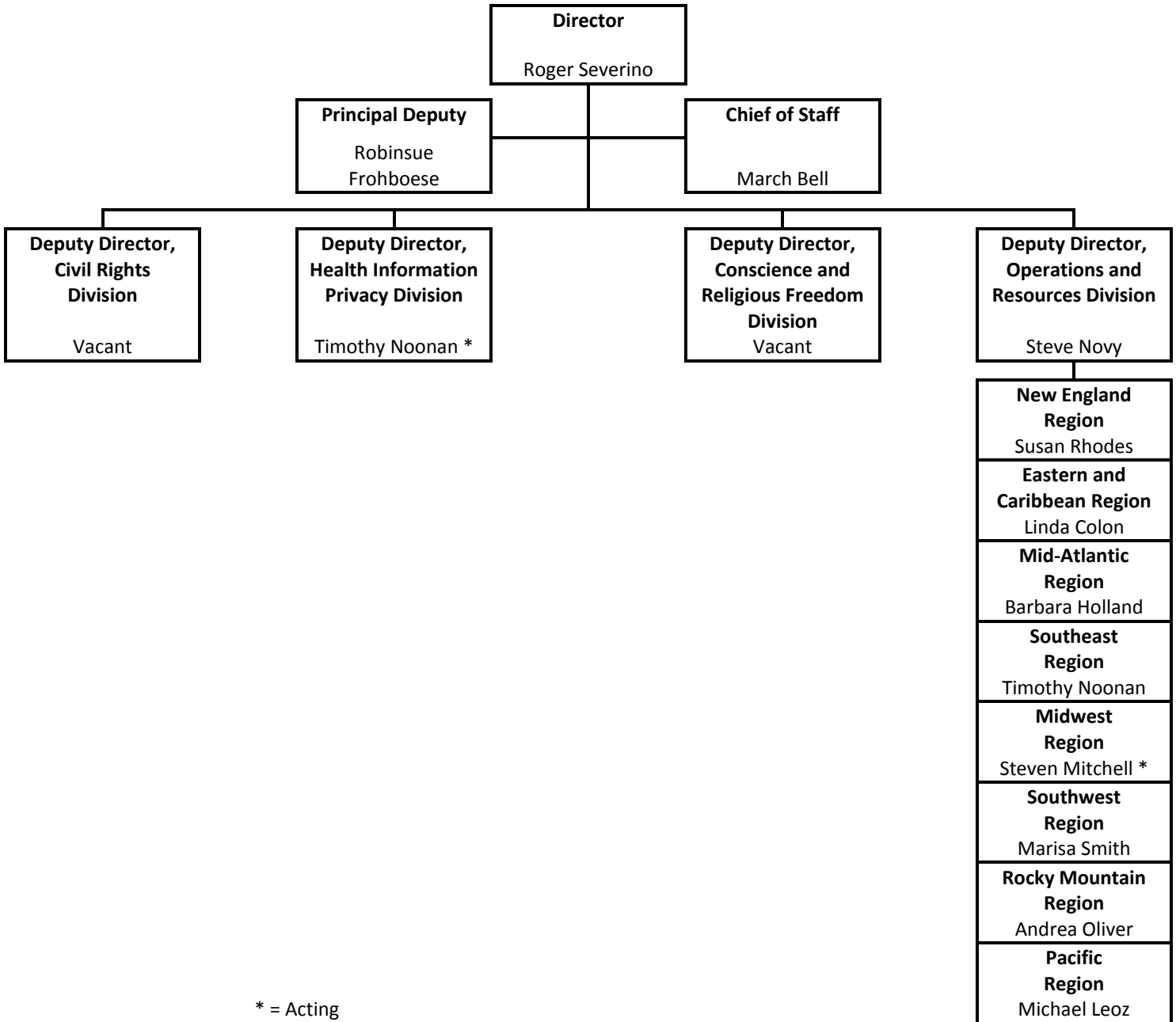
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## Section I: Introductory Items

### Organization Chart

(January 2018)



\* = Acting

## Organizational Chart: Text Version

### Office for Civil Rights

- Director Roger Severino
- Principal Deputy Robinsue Frohboese
- Chief of Staff March Bell

The following offices report directly to the Director:

- 1 Deputy Director, Civil Rights Division
- 1.2 Vacant
- 2 Deputy Director, Health Information Privacy Division
- 2.2 Timothy Noonan (Acting)
- 3 Deputy Director, Conscience and Religious Freedom Division
- 3.2 Vacant
- 4 Deputy Director, Operations and Resources Division
- 4.2 Steve Novy

The following regional managers report to the Deputy Director, Enforcement and Regional Operations:

- Susan Rhodes, New England Region
- Linda Colon, Eastern & Caribbean Region
- Barbara Holland, Mid-Atlantic Region
- Timothy Noonan, Southeast Region
- Steven Mitchell (Acting), Midwest Region
- Marisa Smith, Southwest Region
- Andrea Oliver, Rocky Mountain Region
- Michael Leoz, Pacific Region

## Section II: Executive Summary

### Introduction and Mission

The Office for Civil Rights (OCR), a staff division in the Office of the Secretary of the U.S. Department of Health and Human Services (HHS), ensures that individuals receiving services from HHS-conducted or HHS-funded programs are not subject to unlawful discrimination, individuals and entities can exercise their conscience and religious freedom rights, and people can trust the privacy, security, and availability of their health information. By rooting out discrimination and removing unlawful barriers to HHS-conducted or HHS-funded services, OCR carries out the HHS mission of improving the health and well-being of all Americans and providing essential human services. By ensuring individuals and institutions can exercise their conscience rights, OCR furthers justice and tolerance in a pluralistic society. By promoting the right to access health information and protecting the privacy and security of this information, OCR helps empower people's health care decision-making and helps ensure the integrity of the health care system, both of which promote better health outcomes for the nation.

#### **Mission**

As the enforcement agency for HHS's civil rights, conscience and religious freedom, and health privacy rights law, OCR investigates complaints, enforces rights, and promulgates regulations, develops policy and provides technical assistance and public education to ensure understanding of and compliance with non-discrimination and health information privacy laws. OCR accomplishes this by:

- Ensuring that recipients of HHS federal financial assistance comply with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and religion.
- Ensuring that Federal agencies, state and local governments, health care providers, health plans, and others comply with federal laws guaranteeing the exercise of religious beliefs and moral convictions in HHS conducted or funded programs.
- Ensuring the practices of health care providers, health plans, healthcare clearinghouses, and their business associates adhere to federal privacy, security, and breach notification regulations under the Health Insurance Portability and Accountability Act (HIPAA), as amended, through the investigation of complaints, self-reports of breaches, compliance reviews, and audits.

#### **Vision**

OCR enforces the laws prohibiting discrimination, including discrimination against those who exercise conscience and religious freedom rights, and protecting the rights of individuals to access their health information and the privacy and security of this information. Through these mechanisms, OCR helps to ensure equal access to health and human services, advances the health and well-being of all Americans, protect individuals' private health information, and provides the tools for provider awareness and full consumer engagement in decisions related to their health care.

## Overview of Budget Request

OCR's FY 2019 President's Budget request of \$30,904,000 discretionary budget authority represents a \$7,631,000 decrease from the FY 2018 Annualized Continuing Resolution (CR) level of \$38,535,000. In FY 2019 OCR will utilize \$13,477,000 in monetary settlement funds; a Total Program Level of \$44,381,000. The request supports OCR's role in defending the public's right to nondiscriminatory access to HHS funded health and human services, conscience and religious freedom, and access to, and the privacy and security of, individually identifiable health information.

### Program increases:

Conscience and Religious Freedom (+\$1.546 million): The increase allows for the expansion of this new division to perform policy, enforcement, and outreach activities. Funding consists of pay (+5 FTEs), attorney support services, and non-pay costs to support Division operations. This important change to OCR's organizational structure focuses on key policy, enforcement, and outreach activities.

### Program decreases:

Health Information Privacy Division (-\$1.283 million Total Program Level): The HIP Division decrease of \$1,283,000 reflects the reduction of funding from appropriations for pay, non-pay, and contract costs to support HIPAA matters. As allowed by law, OCR will utilize monetary settlement funding collected from HIPAA enforcement activities to offset the decrease in appropriated funding.

Operations and Resource Division (-\$4.632 million Total Program Level): ORD enforces OCR legal authorities, conducts investigations of all HIPAA complaints and high impact cases via its eight regions located nationwide. The ORD decrease of \$4,632,000 reflects reductions in regional contract staff who work on HIPAA matters, contractual services related to legal services, information technology (IT) support, and service and supply fund costs. As allowed by law, OCR will utilize monetary settlement funding collected from HIPAA enforcement activities to offset the decrease in appropriated funding.

Civil Rights (-\$0.312 million): This decrease reflects the transfer of attorney services and other support costs to the newly established Conscience and Religious Freedom Division, as it assumes these functions from the Civil Rights Division.

## Overview of Performance

OCR’s overarching goals encompass multiple supporting objectives.

OCR Goal	OCR Supporting Objectives
<p>1. Raise awareness, increase understanding, and ensure compliance with all federal laws requiring non-discriminatory access to HHS funded programs and protect the privacy and security of personal health information</p>	<ul style="list-style-type: none"> <li>A. Increase access to and receipt of non-discriminatory quality health and human services while protecting the integrity of HHS federal financial assistance</li> <li>B. Protect the privacy and security of personally identifiable health information for healthcare consumers (HIPAA rule activities and enforcement)</li> <li>C. Provide information, public education activities, and training to representatives of health and human service providers, other interest groups, and consumers (Civil rights and health information privacy mission activities)</li> <li>D. Increase the number of covered entities that take corrective action, including making substantive policy changes or developing new policies as a result of review and/or intervention</li> </ul>
<p>2. Enhance operational efficiency</p>	<ul style="list-style-type: none"> <li>A. Maximize efficiency of operations by streamlining processes and the optimal allocation of resources</li> <li>B. Improve financial management and the integration of budget and performance data (Increase resource management process oversight, strengthen internal controls, maintain viable performance objectives)</li> <li>C. Advance human capital management (Provide training, develop and mentor subordinates, promote effectiveness)</li> </ul>



The following Outputs and Outcomes Table presents the current OCR performance measures and results along with the proposed FY 2019 targets:

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
<b>#1 The number of covered entities taking corrective actions as a result of OCR intervention per year (Outcome)</b>	FY 2017: 1523 Target: 3,000 (Target Not Met)	1,000	1,000	Maintain
<b>#2 The number of covered entities making substantive policy changes as a result of OCR intervention/year (Outcome)</b>	FY 2017: 322 Target: 750 (Target Not Met)	250	250	Maintain
<b>#3 Percent of closure for civil rights cases/ cases received each year (Outcome)</b>	FY 2017: 81% Target: 90% (Target Not Met)	90%	90%	Maintain
<b>#4 Percent of closure for health information privacy cases/cases received each year (Outcome)</b>	FY 2017: 98% Target: 80% (Target Exceeded)	90%	90%	Maintain
<b>#5 Percent of civil rights complaints requiring formal investigation resolved within 365 days (Output)</b>	FY 2017: 71% Target: 41% (Target Exceeded)	41%	50%	+9%
<b>#6 Percentage of civil rights complaints not requiring formal investigation resolved within 180 days (Output)</b>	FY 2017: 94% Target: 95% (Target Not Met)	95%	95%	Maintain
<b>#7 Percentage of health information privacy complaints requiring formal investigation resolved within 365 days (Output)</b>	FY 2017: 74% Target: 68% (Target Exceeded)	68%	70%	+2%
<b>#8 Percentage of health information privacy complaints not requiring formal investigation resolved within 180 days (Output)</b>	FY 2017: 97% Target: 95% (Target Exceeded)	95%	95%	Maintain

In FY 2017, OCR exceeded its target for resolving its most complex health information privacy (HIP) cases (#7, Target: 68%, FY 2017 Actual: 74%) and its most complex civil rights enforcement work (#5, Target 41%, FY 2017 Actual: 71%) requiring formal investigation within 365 days. The timely completion of OCR's most complex cases through formal investigation represents one of the most meaningful measures of the continued improvements being made by OCR towards fulfilling its core mission. As a law enforcement agency, OCR speaks to the regulated community, advocacy groups and individuals about compliance with the laws that OCR enforces, and OCR's legal priorities through its completed investigations and letters of findings.

OCR exceeded its productivity and closure targets for health information privacy cases by closing a high percentage of cases (#4, Target: 80%, FY 2017 Actual: 98%). This continues to be a high growth area for OCR, as the receipt of health information privacy cases increased 18% from FY 2016. OCR missed its target for civil rights cases (#3, Target: 90%, FY 2017 Actual: 81%). OCR experienced a 48% increase in civil rights cases from FY 2016. Additionally, on December 31, 2016, the Northern District Court of Texas issued an order in *Franciscan Alliance, Inc. et al v. Burwell*, enjoining HHS from enforcing, on a

nationwide basis, the provisions of the regulation implementing Section 1557 of the Affordable Care Act that prohibit discrimination based on gender identity or termination of pregnancy. As a result of this injunction, OCR implemented a process in collaboration with the Office of General Counsel to review all complaints alleging sex discrimination to determine whether there was any potential for violating the injunction. This extra measure was necessary to ensure that the Department did not violate the injunction, but a consequence of this protective measure was the reduction of civil rights cases being processed and closed due to the extra time needed for OGC's careful review of the cases. OCR anticipates that when the litigation is concluded, OCR will return to meeting or exceeding the target for civil rights.

OCR did not meet its target for the performance objective for investigated complaints resulting in corrective action (#1, Target: 3,000 cases closed with corrective action, FY 2017 Actual: 1,523), and the number of covered entities making substantive policy changes (#2, Target: 750 cases closed with corrective action, FY 2017 Actual: 322). In response to yearly increases in complaints receipts, in FY 2016, OCR eliminated the review of Medicare Applications. OCR anticipated that there would be a reduction in the number of corrective actions and substantive changes in policy when this was eliminated and accordingly set the FY 2018 targets for 1,000 and 250 respectively. The elimination of the Medicare Applications has reduced OCR's output of corrective actions, but it has allowed OCR to focus its resources on complex investigations, which yield greater impact on the regulated industry and the people affected by discrimination or the violation of health information privacy. OCR also continues to effectuate corrective action in other ways. A large number of complaints are resolved by OCR through the provision of technical assistance to the named entity without a formal investigation. These cases involve simple issues that, if substantiated, could easily be addressed by the entity with voluntary corrective action. The use of technical assistance to resolve these types of complaints is an efficient way for OCR to use its resources by notifying its regulated community about potential compliance deficiencies and requesting the entity to take any necessary voluntary corrective action.

With regard to the management of administrative closures and the provision of technical assistance to cases that will not lead to a formal investigation, OCR has achieved significant and sustained success in two of its primary measures on timeliness (#6, Target: 95%, FY 2017 Actual: 94% and #8, Target: 95%, FY 2017 Actual: 97%). OCR increased the targets to 95% for the administrative closures for civil rights and HIP complaints from the previous targets of 80% and 75% respectively. These new targets present a significant challenge to OCR as OCR experienced a 23% increase in complaint receipts from FY 2016. However, continued innovations within the Centralized Case Management Operation section, where all new cases are triaged, has enabled OCR to sustain greater successes in case processing than realized in previous fiscal years, thus allowing the regional offices, which are the investigative units within OCR to apply their resources to investigations, technical assistance and outreach. Moving forward, OCR believes that these challenging targets will be met.

**All Purpose Table**

(Dollars in Thousands)

<b>Activity</b>	<b>FY 2017 Final</b>	<b>FY 2018 Annualized CR</b>	<b>FY 2019 President's Budget</b>	<b>FY 2019 President's Budget +/- FY 2018 Annualized CR</b>
Civil Rights Division	4,525	4,565	4,253	-312
Health Information Privacy Division				
Budget Authority	4,156	4,802	1,519	-3,283
Civil Monetary Settlement Funds	1,745	2,245	4,245	+2,000
Total	5,901	7,047	5,764	-1,283
Conscience and Religious Freedom Division	-	602	2,148	+1,546
Operations and Resources Division				
Budget Authority	30,027	28,566	22,984	-5,582
Civil Monetary Settlement Funds	6,382	8,282	9,232	+950
Total	36,409	36,848	32,216	-4,632
<b>Discretionary Budget Authority</b>	<b>38,708</b>	<b>38,535</b>	<b>30,904</b>	<b>-7,631</b>
<b>Total Program Level</b>	<b>46,835</b>	<b>49,062</b>	<b>44,381</b>	<b>-4,681</b>
<b>FTE</b>	<b>150</b>	<b>153</b>	<b>148</b>	<b>-5</b>

## **Section III: Office for Civil Rights**

### **Appropriations Language**

For expenses necessary for the Office for Civil Rights, [**\$38,798,000**] *\$30,904,000*.

**Amounts Available for Obligation**

(Dollars in Thousands)

Detail	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Appropriation	38,798	38,798	30,904
Across-the-board reductions	-	-263	-
Subtotal, Adjusted Appropriation	38,798	38,535	30,904
Transfer of Funds to ACF	-90	-	-
Subtotal, Adjusted General Fund Discretionary App	38,708	38,535	30,904
<b>Total, Discretionary Appropriation</b>	<b>38,708</b>	<b>38,535</b>	<b>30,904</b>

## Summary of Changes

(Dollars in Thousands)

Budget Year and Type of Authority	Dollars	FTE
FY 2018 Annualized CR	38,535	153
FY 2019 President's Budget	30,904	148
<b>Net Change</b>	<b>-7,631</b>	<b>-5</b>

Program Increases	FY 2018 Annualized CR FTE	FY 2018 Annualized CR BA	FY 2019 President's Budget FTE	FY 2019 President's Budget BA	FY 2019 +/- FY2018 FTE	FY 2019 +/- FY2018 BA
Comm, utilities, and misc. charges	-	249	-	258	-	+9
Oth svcs from non-fed sources	-	504	-	510	-	+6
Opns and maint of facilities	-	433	-	438	-	+5
Other personnel compensation	-	307	-	311	-	+4
Opns and maint of equipment	-	377	-	381	-	+4
Military personnel	-	94	-	96	-	+2
Printing and reproduction	-	68	-	70	-	+2
Military benefits	-	36	-	37	-	+1
Transportation of things	-	2	-	3	-	+1
Other than full-time permanent	-	793	-	793	-	-
Benefits for former personnel	-	20	-	20	-	-
Equipment	-	30	-	30	-	-
<b>Total Increases</b>	<b>-</b>	<b>2,913</b>	<b>-</b>	<b>2,947</b>	<b>-</b>	<b>+34</b>

Program Decreases	FY 2018 Annualized CR FTE	FY 2018 Annualized CR BA	FY 2019 President's Budget FTE	FY 2019 President's Budget BA	FY 2019 +/- FY2018 FTE	FY 2019 +/- FY2018 BA
Oth G&S from fed sources	-	9,883	-	3,230	-	-6,653
Full-time permanent	153	16,136	148	15,558	-5	-578
Rental payments to GSA	-	3,342	-	3,108	-	-234
Civilian personnel benefits	-	5,771	-	5,586	-	-185
Travel and transportation of persons	-	363	-	349	-	-14
Supplies and materials	-	127	-	126	-	-1
<b>Total Decreases</b>	<b>-</b>	<b>35,622</b>	<b>-</b>	<b>27,957</b>	<b>-</b>	<b>-7,665</b>

Program Decreases	FY 2018 Annualized CR FTE	FY 2018 Annualized CR BA	FY 2019 President's Budget FTE	FY 2019 President's Budget BA	FY 2019 +/- FY2018 FTE	FY 2019 +/- FY2018 BA
Total Increases	-	2,913	-	2,947	-	+34
Total Decreases	-	35,622	-	27,957	-	-7,665
<b>Total Net Change</b>	<b>153</b>	<b>38,535</b>	<b>148</b>	<b>30,904</b>	<b>-5</b>	<b>-7,631</b>

**Budget Authority by Activity**

(Dollars in Thousands)

Activity	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Civil Rights Division	4,525	4,565	4,253
Health Information Privacy Division	4,156	4,802	1,519
Conscience and Religious Freedom Division	-	602	2,148
Operations and Resources Division	30,027	28,566	22,984
<b>Total, Budget Authority</b>	<b>38,708</b>	<b>38,535</b>	<b>30,904</b>
<b>FTE</b>	<b>150</b>	<b>153</b>	<b>148</b>

**Authorizing Legislation**

(Dollars in Thousands)

<b>Authorizing Legislation</b>	<b>FY 2018 Amount Authorized</b>	<b>FY 2018 Amount Appropriated</b>	<b>FY 2019 Amount Authorized</b>	<b>FY 2019 President's Budget</b>
Office for Civil Rights	Indefinite	\$38,535	Indefinite	\$30,904
Appropriation	-	\$38,535	-	\$30,904

OCR Legal Authorities

- Social Security Act of 1934, Section 508; 42 U.S.C. § 708
- The Communications Act of 1934; 47 U.S.C. § 151 *et seq.*
- Public Health Service Act of 1944; 42 U.S.C. Chapter 6A; Title VI, 42 U.S.C. §291 (known, in combination with Title XVI, as the Hill-Burton Act); Title XVI, 42 U.S.C. § 300 (known, in combination with Title VI, as the Hill Burton Act);. Section 533, 42 U.S.C. §290; Section 542, 42 U.S.C. § 290dd-1; Section 794, 42 U.S.C. § 295m,. Section 855, 42 U.S.C. § 296g,. Section 1908, 42 U.S.C. §300w-7, Section 1947, 42 U.S.C. § 300x-57
- Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d *et seq.*
- Treatment and Rehabilitation Act of 1970, Section 321, 91 P.L. 616 Part C, §321
- Comprehensive Health Manpower Training Act of 1971, 92 P.L. 157 Title I Subpart III, Part H §110
- Nurse Training Act of 1971, 92 P.L. 158
- Drug Abuse Prevention, Treatment and Rehabilitation Act of 1972, 21 U.S.C. 1101
- Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 *et seq.*
- Rehabilitation Act of 1973, 29 U.S.C. § 701 *et seq.*, Section 504 and Section 508–Amendments of 1973
- The Church Amendments, 42 U.S.C. § 300a-7
- Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974, 93 P.L. 282
- National Research Service Award Act of 1974, 93 P.L. 348
- The Age Discrimination Act of 1975, 42 U.S.C. § 6101 *et seq.*
- Public Telecommunications Financing Act of 1978 Section 395, 95 P.L. 567, §201
- The Low-Income Home Energy Assistance Act of 1981, 42 U.S.C. § 8625
- Omnibus Budget Reconciliation Act of 1981, P.L. 97-35 [civil rights provisions pertaining to HHS Block Grants only]
- The Community Services Block Grant Act of 1981, 42 U.S.C. §9918
- Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. §12131
- Improving America's Schools Act of 1994 Part E, 103 P.L. 382
- Health Insurance Portability and Accountability Act of 1996
- Coats-Snowe Amendment of 1996, 42 U.S.C. § 238n
- Small Business Job Protection Act of 1996, Section 1808(c), 104 P.L. 188
- Patient Safety and Quality Improvement Act of 2005, 109 P.L. 41
- Genetic Information Nondiscrimination Act of 2008, 110 P.L. 233
- Health Information Technology for Economic and Clinical Health Act, American Recovery and Investment Act of 2009, 111 P.L. 5
- Patient Protection and Affordable Care Act of 2010, Section 1303(b)(2)(A)(iii), Section 1553, Section 1557, 42 U.S.C. § 18116–
- The Family Violence Prevention and Services Act of 2010, formerly part of the Child Abuse Amendments of 1984; 42 U.S.C. §10401 *et seq.*
- Consolidated Appropriations Act of 2016, Div. H, Section 507, 114 P.L. 113



## Appropriations History

Details	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
<b>2010</b>				
Appropriation				
Base	37,785,000	37,785,000	37,785,000	37,785,000
Rescission (PL 110-161)	-	-	-	(6,000)
Subtotal	37,785,000	37,785,000	37,785,000	37,779,000
Trust Funds				
Base	3,314,000	3,314,000	3,314,000	3,314,000
Subtotal	3,314,000	3,314,000	3,314,000	3,314,000
<b>2011</b>				
Appropriation				
Base	44,382,000	44,382,000	44,382,000	37,785,000
Rescission (PL 111-117)	-	-	-	(76,000)
Subtotal	44,382,000	44,382,000	44,382,000	37,709,000
Trust Funds				
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescission (PL 112-10)	-	-	-	(7,000)
Subtotal	3,314,000	3,314,000	3,314,000	3,307,000
<b>2012</b>				
Appropriation				
Base	44,382,000	41,016,000	41,016,000	41,016,000
Rescission (PL 112-74)	-	-	-	(78,000)
Subtotal	44,382,000	41,016,000	41,016,000	40,938,000
<b>2013</b>				
Appropriation				
Base	38,966,000	-	38,966,000	40,938,000
Sequestration	-	-	-	(2,059,000)
Rescission (PL 113-6)	-	-	-	(82,000)
Transfers (PL 112-74)	-	-	-	(182,000)
Subtotal	38,966,000	-	38,966,000	38,615,000
<b>2014</b>				
Appropriation				
Base	42,205,000	-	42,205,000	38,798,000
Subtotal	42,205,000	-	42,205,000	38,798,000
<b>2015</b>				
Appropriation				
Base	41,205,000	-	38,798,000	38,798,000
Subtotal	41,205,000	-	38,798,000	38,798,000

**Appropriations History (Continued)**

<b>Details</b>	<b>Budget Estimate to Congress</b>	<b>House Allowance</b>	<b>Senate Allowance</b>	<b>Appropriation</b>
<b>2016</b>				
Appropriation				
Base	42,705,000	-	38,798,000	38,798,000
Subtotal	42,705,000	-	38,798,000	38,798,000
<b>2017</b>				
Appropriation				
Base	42,705,000	38,798,000	38,798,000	38,798,000
Transfers	-	-	-	(90,000)
Subtotal	42,705,000	38,798,000	38,798,000	38,708,000
<b>2018</b>				
Appropriation				
Base	32,530,000	38,798,000	-	-
Subtotal	32,530,000	38,798,000	-	-
<b>2019</b>				
Appropriation				
Base	30,904,000	-	-	-
Subtotal	30,904,000	-	-	-

## Summary of the Request

(Dollars in thousands)

Division	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Civil Rights Division	4,565	4,253	-312
Health Information Privacy Division			
<i>Total Program Level Including Civil Monetary Settlement Funds</i>	7,047	5,764	-1,283
Conscience and Religious Freedom Division	602	2,148	+1,546
Operations and Resources Division			
<i>Total Program Level Including Civil Monetary Settlement Funds</i>	36,848	32,216	-4,632

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights (OCR) is the primary defender of the public's right to privacy and security of protected health information and non-discriminatory access to Federally funded health and human services. Through prevention and elimination of unlawful discrimination on the basis of race, color, national origin, disability, age, sex, and religion, and through protection of conscience and of the privacy and security of individually identifiable health information, OCR helps HHS carry out its overall mission of improving the health and well-being of all people affected by the Department's many programs.

OCR transitioned to a new organizational structure published in the Federal Register on December 28, 2016. Programs and Policy was eliminated as a consolidated entity to remove an unnecessary layer of senior management to allow the existing two Divisions to report to the Director of OCR. Additionally, a new Division was created that consolidated both the prior Enforcement and Regional Operations and Planning and Business Administration Management entities. This new Operations and Resources Division, or ORD, encompasses all operations conducted in OCR's eight regional offices as well as the resource service functions designed to support the organization as a whole.

During FY 2018, OCR added a Conscience and Religious Freedom Division. This Division complements OCR's other two existing programmatic Divisions – the Civil Rights Division and the Health Information Privacy Division – to ensure that OCR focuses equal and appropriate attention on this important priority of conscience and religious liberty, without diminishing OCR's efforts to further its important mission areas of overall civil rights issues and the privacy and security of protected health information. Together, these three Divisions ensure that OCR and the Department at large are contributing to the Department's overall mission and the Administration's priorities in each of these areas.

OCR's budget request consists of four narratives, one for each of its Divisions.

**Civil Rights Division**

(Dollars in Thousands)

Program	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	4,525	4,565	4,253	-312
FTE	16	16	16	-

**Legal Authorities**

- Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d *et seq.*
- Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794.
- Section 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794d.
- Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. § 1681 *et seq.*
- Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6101 *et seq.*
- Hill-Burton Community Service Assurance, Titles VI and XVI of the Public Health Service Act (PHSA), as amended. The community service assurances are in §§ 603(e), 1621(b)(1)(K) of the PHSA (codified as amended at 42 U.S.C. §§ 291c(e), 300s-1(b)(1)(K)(i)).
- Low-Income Home Energy Assistance Act of 1981, 42 U.S.C. § 8625 *et seq.*
- Title II of the Americans with Disabilities Act, as amended, 42 U.S.C. § 12131 *et seq.*
- Section 1557 of the Affordable Care Act, 42 U.S.C. § 18116.
- Multi-Ethnic Placement Act, 42 U.S.C. § 5115a, as amended by Section 1808 of the Small Business Job Protection Act of 1996, 42 U.S.C. § 1996b.
- Sections 799A and 855 of the Public Health Service Act, 42 U.S.C. §§ 295m and 296g.
- Section 321, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended, 42 U.S.C. § 4581.
- Section 1947, Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Services Block Grant, 42 U.S.C. § 300x-57.
- Admission of Substance Abusers to Private and Public Hospitals and Outpatient Facilities, 42 U.S.C. § 290dd-1.
- Community Services Block Grant Programs, 42 U.S.C. § 9908.
- Equal Employment Opportunity Provision in the Public Telecommunications Financing Act of 1978, Section 309, as amended, 47 U.S.C. § 398(b).
- Maternal and Child Health Services Block Grant Nondiscrimination Provision, 42 U.S.C. § 708.
- Preventive Health and Health Services Block Grants, 42 U.S.C. § 300w-7.
- Projects in Assistance to Transition from Homelessness Project Grants, Nondiscrimination Provision, 42 U.S.C. § 290c-33.
- Family Violence Prevention and Services Act, as amended, 42 U.S.C. § 10406.

**Program Description**

For more than fifty years, OCR's Civil Rights Division has been actively enforcing Federal civil rights laws to ensure that all individuals can have equal access to health care and human services to which they are legally entitled, which are funded or operated by HHS. Beginning with the passage of Title VI of the Civil Rights Act of 1964 (Title VI) and its application to the Medicare Act of 1965, the Civil Rights Division has been performing the critical function of ensuring a health care system in the United States that is free from discrimination on the basis of race, color or national origin. In the ensuing decades since Title VI, the Civil

Rights Division has taken on responsibility for an increasing number of civil rights protections by enforcing non-discrimination laws based on protected categories, including: disability (Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (ADA)); age (the Age Discrimination Act of 1975); and race, color, national origin, disability, age, and sex in certain educational and health programs and activities (Title IX of the Education Amendments of 1972 and Section 1557 of the Affordable Care Act).

The Civil Rights Division improves compliance with our Nation’s civil rights laws through:

- (1) regulations and sub-regulatory guidance and other technical assistance material to assist covered entities with civil rights compliance and inform stakeholders of their civil rights;
- (2) national outreach initiatives for covered entities and stakeholders to address civil rights compliance concerns in health and human services;
- (3) leadership in the Department in civil rights matters on Departmental priorities and coordination with other Federal agencies to ensure the HHS civil rights perspective is considered;
- (4) guidance to and partnership with OCR’s regional offices to ensure consistency in civil rights enforcement efforts; and
- (5) reform of regulations and sub-regulatory guidance issued by OCR and by other HHS components for which the civil rights benefits are outweighed by the burden imposed.

Particular areas of recent and ongoing emphasis include:

*Protecting the Rights of Children, Parents and Prospective Parents in the Child Welfare System*

As part of its enforcement, policy, and outreach work, the Civil Rights Division has entered into a partnership with the Department of Justice (DOJ) and the HHS Administration on Children and Families (ACF) to safeguard the civil rights of parents, prospective parents and children in the child welfare system. To formalize this Child Welfare Initiative, OCR entered into a Memorandum of Understanding with DOJ in January 2017. As the Federal government lead in this area, the Civil Rights Division coordinates Federal agency compliance, policy, and outreach efforts. As part of this cross-agency collaboration, OCR, DOJ and ACF have conducted joint investigations and compliance reviews. In addition, OCR, DOJ, and ACF have conducted joint outreach at several conferences, including the National Council of Juvenile and Family Court Annual Training Conference (July 2017), American Bar Association Conference on Children and the Law and Parents Attorney Conference (April 2017) and American Association of Health and Human Services Attorneys National Training Conference (November 2016).

*Ensuring Language Access Services in Healthcare and Human Service Settings*

With external entities and other HHS agencies, the Civil Rights Division works to ensure that health care and human service providers receiving Federal funds take reasonable steps to ensure meaningful access by limited English proficient (LEP) individuals to programs or services. For example, since 2012, the OCR Director has chaired the HHS Language Access Steering Committee, which oversees and coordinates ongoing Departmental efforts to improve access for LEP individuals to programs conducted by HHS. In 2016, the Steering Committee successfully launched training on the HHS Language Access Plan for HHS employees through the HHS Learning Portal.

*Promoting Effective Communication in Hospitals and Healthcare Settings*

Effective communication is critical in health care settings where miscommunication may lead to misdiagnosis and improper or delayed medical treatment. As part of its enforcement program, OCR works to ensure that hospitals and other health care organizations provide effective communications to patients who are deaf or hard of hearing, as well as their family members and friends. The Civil Rights Division provides national leadership to ensure consistency in enforcement and outreach efforts both in headquarters and the regions.

*Providing Civil Rights Training to Aspiring Doctors and Dentists*

To maximize civil rights compliance, OCR recognizes the importance of leveraging relationships with health care providers, associations, colleges and universities, industry stakeholders and state and local agencies. In 2016 and continuing into 2017, the Civil Rights Division reinvigorated a long standing relationship with the Association of American Medical Colleges (AAMC), whose members comprise all 147 accredited U.S. medical schools and nearly 400 major teaching hospitals and health systems. In a partnership with AAMC's program for aspiring dental and medical school students, OCR's headquarters and regional staff taught a civil rights compliance curriculum to several thousand students to help them understand how the equal treatment of patients, including LEP patients, is required by law and necessary to ensure safe and effective health care. OCR and AAMC presented the civil rights compliance curriculum at Columbia University, Howard University, Louisiana State University, Rutgers University, Western University, University of Alabama, University of California Los Angeles, University of Florida, University of Iowa, University of Louisville, University of Nebraska, University of Texas and University of Washington.

*Protecting Civil Rights during National Emergencies and Natural Disasters*

The Civil Rights Division serves as the OCR representative on various workgroups within HHS and external Federal agencies on planning for national emergencies and natural disasters to develop guidance and toolkits to ensure the inclusion of persons with disabilities and LEP individuals in these efforts.

**Accomplishments**

In the wake of the unprecedented 2017 hurricane season, the Civil Rights Division issued guidance to assist first-responders in identifying practices and resources to provide equal access to emergency services for persons with disabilities and LEP individuals. These practices included: employing interpreters to assist LEP individuals and persons who have disabilities during response and recovery activities; making emergency messaging available in languages prevalent in the area and in multiple formats, such as audio, large print, captioning and accessible websites; and considering the needs of individuals with mobility impairments or durable medical equipment in providing transportation for evacuation. The Civil Rights Division continued to provide applicable guidance throughout the response phases of the multiple hurricanes during the Fall of 2017, including serving on a special disabilities task force convened by the Assistant Secretary for Preparedness and Response.

In 2016 and 2017, the Civil Rights Division partnered with the Operations and Resources Division to re-launch an Early Case Resolution (ECR) pilot to more efficiently achieve corrective action complaint closures early in the complaint process to ensure speedy and effective impact. The Civil Rights Division worked with OCR's regions and successfully implemented the ECR pilot in all OCR regions. This enforcement tool has resulted in time and cost efficiencies across the regional offices and positive relationships between complainants and providers. Many providers have been quick to take corrective action and address

complainants’ concerns. In addition, ECR has proven to be a critical component in OCR’s efforts to address the significant increase in civil rights complaints that occurred in 2016 and 2017.

In December 2016, OCR issued new guidance to assist providers of health care and health coverage to ensure that services that they offer through technology are accessible to all individuals, including individuals with disabilities. The use of electronic and information technology in the health care sector continues to grow exponentially as more providers integrate computerized systems to streamline operations and communicate with consumers. OCR’s guidance provides clarity on the application of Federal civil rights laws to electronic health record systems, websites and the more than 10,000 check-in and diagnostic kiosks now in use by providers of health care and health coverage.

In October 2016, OCR, DOJ and ACF issued a joint technical assistance letter to child welfare agencies and state court systems on preventing and addressing discrimination on the basis of race, color or national origin against children, parents or prospective parents. Previously, in August 2015, the three agencies issued a similar technical assistance document on preventing and addressing disability discrimination.

In August 2016, HHS, DOJ and the Departments of Housing and Urban Development (HUD), Homeland Security and Transportation issued joint guidance to ensure that recipients of Federal financial assistance do not discriminate against individuals and communities on the basis of race, color or national origin, when providing emergency preparedness, response and recovery services. The joint guidance recommended, among other things, that recipients share information about housing, health services or other emergency-related services to diverse racial, ethnic and LEP populations; engage with, and seek input from, diverse populations during planning; and widely disseminate evacuation and disaster preparedness plans, including translated documents for LEP populations. Similarly, in August 2016, HHS issued a joint letter with DOJ and HUD to remind recipients of Federal financial assistance that immigration status is not a bar to receiving services necessary to protect life or safety.

**Funding History**

Fiscal Year	Amount
FY 2014	\$3,842,000
FY 2015	\$3,950,000
FY 2016	\$3,652,000
FY 2017	\$4,525,000
FY 2018 Annualized CR	\$4,565,000

**Budget Request**

The FY 2019 President’s Budget request for the Civil Rights Division of \$4,253,000 is \$312,000 below the FY 2018 Annualized CR level of \$4,565,000. The decrease reflects the reduction of pay and non-pay costs and transfer of attorney services to support the newly established division as it takes over responsibility for conscience and religious freedom enforcement.

**Health Information Privacy (HIP) Division**

(Dollars in Thousands)

Program	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Discretionary Budget Authority	4,156	4,802	1,519	-3,283
Civil Monetary Settlement Funds	1,745	2,245	4,245	+2,000
<b>HIP Program Level</b>	5,901	7,047	5,764	-1,283
FTE	15	18	8	-10* <sup>1</sup>

**Legal Authorities**

- Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), section 264, Public Law 104-191, 42 U.S.C. §1320d-2 (note).
- Social Security Act, section 1173(d), as added by HIPAA §262(a), 42 U.S.C. §1320d-2(d).
- Confidentiality provisions of the Patient Safety and Quality Improvement Act of 2005 (PSQIA), Public Law 109-41, 42 U.S.C. §299b-21 – 299b-26.
- Title I of the Genetic Information Nondiscrimination Act of 2008 (GINA), Public Law 110-233, section 105, 42 U.S.C. §1320d-9.
- Health Information Technology for Economic and Clinical Health Act (HITECH), American Recovery and Investment Act of 2009, 111 P.L. 5, sections 13400- 13423, 42 USC §§17921-17953.
- 21<sup>st</sup> Century Cures Act of 2016, Public Law 114-225, Section 4006(b).

**Program Description**

The collection and sharing of health information is critical to improving the quality and safety of health care and advancing medical discoveries that can improve the health and wellbeing of individuals and populations. However, in the face of increasing cybersecurity threats targeting the health care sector and public concerns about the privacy and security of health data, active stewardship and enforcement of privacy and security regulations are critical to building and maintaining public trust in robust uses of health information. HIP works to ensure the protection of identifiable health information from unauthorized disclosure, the security of electronic identifiable health information, and to enforce the right of individual patients to access their health information pursuant to the following key legal authorities: the Health Insurance Portability and Accountability Act (HIPAA) of 1996; the Genetic Information Nondiscrimination Act of 2008 (GINA); the Patient Safety and Quality Improvement Act (PSQIA) of 2005, Section 1301; Subtitle D, of the HITECH Act (American Recovery and Reinvestment Act) of 2009; and Section 4006(b) of the 21<sup>st</sup> Century Cures Act.

Through its innovative efforts to promote and enforce HIPAA privacy and security protections, HIP plays a leading role in supporting both public and private sector efforts to improve health care quality and reduce costs, including advancing interoperability of digital health information; empowering individuals to make health care decisions; building public trust in health data sharing pursuant to the newest statute in this area, the 21<sup>st</sup> Century Cures Act; helping to build the privacy and security framework for public and private sector research initiatives that yield medical discoveries; supporting public health surveillance and emergency preparedness and response activities; improving the ability of entities subject to HIPAA to prevent and effectively respond to

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<sup>1</sup> OCR will offset the FTE reduction with the use of HIPAA settlement funds as allowed by law.



cybersecurity threats; and improving the safety of health care by helping to facilitate confidential analysis of medical errors and other patient safety events.

HIP improves compliance with the HIPAA privacy, security and breach notification regulations through:

- (1) robust policy guidance on a variety of topics and outreach to the public and industry stakeholders, in order to enhance compliance by actively addressing common questions about the HIPAA regulations, including how the rules apply to novel circumstances and new technologies;
- (2) periodic audits, as required by law, to proactively identify and address vulnerabilities before they result in breaches, unauthorized disclosures, or other HIPAA violations;
- (3) Departmental leadership on cross-cutting issues involving HIPAA privacy and security;
- (4) partnering with OCR's regional offices to exercise OCR's enforcement and civil monetary penalty authority to both hold entities financially accountable for systemic compliance failures and to obtain corrective action; and
- (5) reform of regulatory provisions for which the benefit to privacy and security is outweighed by the burden imposed.

#### *Policy*

The HIPAA Privacy and Security Rules were initially written and implemented more than a decade ago, and much has changed in health care, including how health information is accessed, used, and disclosed. Recognizing that well-intended regulations can lose their efficacy with the passage of time and that regulatory complexity can contribute to noncompliance, OCR is undertaking review of its HIPAA regulations and significant sub-regulatory guidance to identify and modify, or eliminate, regulatory provisions and interpretations that are no longer effective or increase complexity for the regulated community without a corresponding benefit to privacy or security protections, or to individual empowerment. At the same time, OCR is actively working to implement provisions of HITECH and the 21<sup>st</sup> Century Cures Acts that mandate new regulations or the issuance of further guidance. OCR will seek input from the public as it undertakes this review, both informally as well as through applicable Administrative Procedure Act notice and comment processes.

#### *Audit Program*

As part of its enforcement portfolio, OCR examines the HIPAA compliance of randomly selected entities through OCR's audit program, to help promote compliance with the HIPAA regulations. HIP's audit program, required under the HITECH Act, leverages a proactive and systemic look at industry compliance successes and struggles. Following on the comprehensive evaluation conducted in the first pilot phase of OCR's audit program, Phase 2 (conducted in 2016 and 2017) focused on desk audits of over 200 covered entities and business associates who submitted documentation of their efforts to comply with selected provisions of the HIPAA regulations. In 2018 and beyond, OCR will use its audit authority to conduct more regular, annual desk and onsite audits of entities covered by HIPAA. Although only a portion of covered entities and business associates are audited in a given year, the prospect of being subject to an audit helps foster a culture of compliance as entities self-evaluate their compliance activities in anticipation of a potential audit.

Audits and other enforcement tools help raise the bar for privacy and security protections for health information – but OCR's audits and its enforcement authority can only extend so far. To more quickly achieve greater industry-wide compliance, particularly among smaller health care providers and particularly with respect to improving cybersecurity, OCR is exploring how to leverage the work of private sector entities with experience in helping industry stakeholders achieve compliance with

the HIPAA regulations and recognized cybersecurity frameworks. OCR is also working with the HHS Office of the National Coordinator for Health IT (ONC) to help providers better evaluate the security functionalities of their certified electronic health record technology and encourage those providers to more consistently deploy those functionalities, which helps bolster their compliance with the HIPAA Security Rule.

### **Accomplishments**

In December 2017, OCR launched an array of new tools and initiatives in response to the opioid crisis, while implementing the 21st Century Cures Act (Public Law 114-255). These tools and initiatives fulfill requirements of the 21st Century Cures Act to ensure that the healthcare sector, researchers, patients, and their families understand how the Health Insurance Portability and Accountability Act (HIPAA) protects privacy and helps improve health and healthcare nationwide. Highlights of these actions include new HIPAA webpages focused on information related to mental and behavioral health; new HIPAA guidance on sharing information related to mental health and substance use disorder treatment with a patient's family, friends and others involved in the patient's care or payment for that care; new collaboration with partner agencies within HHS to identify and develop model programs and materials for training healthcare providers, patients, and their families regarding permitted uses and disclosures of the protected health information of patients seeking or undergoing mental health or substance use disorder treatment, and to develop a plan to share the programs and materials with professionals and consumers; updated guidance on HIPAA and research, as called for in the Cures Act; and launch of a working group to study and report on the uses and disclosures under HIPAA of protected health information for research purposes. The working group will include representatives from relevant federal agencies as well as researchers, patients, healthcare providers, and experts in healthcare privacy, security, and technology. The working group will release a report addressing whether uses and disclosures of PHI for research purposes should be modified to facilitate research while protecting individuals' privacy rights.

In October 2017, OCR released new guidance regarding when and how healthcare providers can share a patient's health information with his or her family members, friends, and legal personal representatives when that patient may be in crisis and incapacitated, such as during an opioid overdose. Current HIPAA regulations allow healthcare providers to share information with a patient's loved ones in certain emergency or dangerous situations. This includes informing persons in a position to prevent or lessen a serious and imminent threat to a patient's health or safety. Misunderstandings about HIPAA can create obstacles to family support that is crucial to the proper care and treatment of people experiencing a crisis situation, such as an opioid overdose. It is critical for healthcare providers to understand when and how they can share information with patients' family members and friends without violating the HIPAA Privacy Rule.

By end of 2017, OCR will have audited 166 covered entities and 41 business associates pursuant to phase 2 of the HITECH audit program. The phase 2 audits focused on the HIPAA Security Rule risk analysis and risk management provisions, the HIPAA Breach Notification Rule requirements to notify individuals and HHS of breaches of health information, and the HIPAA Privacy Rule requirements to provide individuals with a Notice of Privacy Practices and to provide individuals with access to their health information. Individual reports were sent to each audited entity; OCR also will issue an overarching report to the public, identifying best practices as well as patterns of noncompliance that should be the focus of more targeted guidance and outreach (anticipated end of 2017/beginning 2018).

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On July 25, 2017, OCR launched a revised web tool that puts important information about breaches of health information into the hands of individuals, empowering them to better identify recent breaches and to learn how they are investigated and resolved. The revised HIPAA Breach Reporting Tool provides transparency to the public and organizations covered by HIPAA, and helps highlight the importance of safeguards to protect the privacy and security of sensitive health care information. It features improved navigation, highlights the most recent breaches, and helps educate industry and the public on the types of breaches that are occurring and how breaches are commonly resolved. Since 2009, OCR has maintained the HIPAA Breach Reporting Tool (HBRT) consistent with its HITECH obligations.

The HIPAA Privacy Rule requires covered entities, such as health care providers and health plans, to provide individuals with access to, and copies of, their health information, including the ability to download that information into mobile health care tools or “apps,” or to send their health information to a researcher or other entity. OCR has issued extensive guidance on this right, and has conducted extensive outreach to the public and regulated community, to help improve understanding of these provisions. In July 2017, OCR released a 30-minute Medscape module that provides clear information on the HIPAA right of individual access; health care professionals viewing the module receive continuing medical or health professional education credit. In summer 2017, HHS also issued a poster and brochure, following on its successful “Information is Powerful Medicine” campaign launched in 2013, to help individuals better understand their HIPAA rights. These tools add to the wealth of material available from OCR on the HIPAA right of access, including consumer-friendly videos in English and Spanish, developed on conjunction with ONC.

OCR has released a number of resources intended to help the health care industry effectively respond to cybersecurity threats. In 2017, OCR issued a checklist (and corresponding infographic) that clearly and concisely set forth the steps for a HIPAA covered entity or its business associate to take in response to a cyber-related security incident. Since February 2016, HIP also has released monthly newsletters on timely cybersecurity topics. All of OCR’s resources on cybersecurity can be found on a dedicated page of its website.

### **Funding History**

<b>Fiscal Year</b>	<b>Amount</b>
FY 2014	\$3,841,000
FY 2015	\$3,949,000
FY 2016	\$3,651,000
FY 2017	\$4,156,000
FY 2018 Annualized CR	\$4,802,000

### **Budget Request**

The FY 2019 President’s Budget requests \$1,519,000 discretionary budget authority for the Health Information Privacy Division, \$3,283,000 below the FY 2018 Annualized CR level of \$4,802,000. In FY 2019 OCR will utilize \$4,245,000 of monetary settlement funding collected from HIPAA enforcement activities to offset a portion of the decrease in appropriated funding; a program level of \$5,764,000. The decrease reflects the reduction of pay, non-pay, and contractual services costs.

## Conscience and Religious Freedom Division

(Dollars in Thousands)

Program	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	-	602	2,148	+1,546
FTE	-	1	6	+5

### Legal Authorities

- Federal Conscience Rights Statutes, which include
  - Church Amendments, 42 U.S.C. § 300a-7.
  - Coats-Snowe Amendment, 42 U.S.C. §238n.
  - Weldon Amendment to the Annual Labor HHS Appropriations Act, e.g., Consolidated Appropriations Act, 2017, Public Law 115-31, Division H, §507(d).
- Section 1553 of the Affordable Care Act, 42 U.S.C. § 18113.
- Equal Employment Opportunity Provision in the Public Telecommunications Financing Act of 1978, Section 309, as amended, 47 U.S.C. § 398(b).
- Maternal and Child Health Services Block Grant Nondiscrimination Provision, 42 U.S.C. § 708.
- Preventive Health and Health Services Block Grants, 42 U.S.C. § 300w-7.
- Projects in Assistance to Transition from Homelessness Project Grants, Nondiscrimination Provision, 42 U.S.C. §290c-33.
- Family Violence Prevention and Services Act, as amended, 42 U.S.C. §10406.
- Religious Freedom Restoration Act, 42 U.S.C. § 2000bb *et seq.*

### Program Description

Protecting conscience and religious freedom and preventing coercion are foundational American values. In FY 2017 and continuing into FY 2018, OCR took active steps to support the Administration's priority to "vigorously enforce Federal law's robust protections for religious freedom," as President Trump announced on May 4, 2017, in his Presidential Executive Order, Promoting Free Speech and Religious Liberty. To this end, OCR hired contractors in order to place a renewed emphasis on conscience and religious freedom and, in FY 2018, OCR created a component in its Headquarters' operations, the Conscience and Religious Freedom Division, to ensure protection of conscience and religious freedom rights of individuals and entities in health care and human services. The new Division is actively engaged in outreach, enforcement, and policy making and has prepared and is taking comment on a proposed regulation entitled "Protecting Statutory Conscience Rights in Health Care." In FY 2019 OCR looks forward to advancing and potentially finalizing this critical regulation.

Through the Conscience and Religious Freedom Division, OCR provides a centralized point within HHS to coordinate, oversee, and ensure adequate compliance with Federal laws protecting conscience and religious liberty. OCR's outreach mission complements the separate work of the Center for Faith Based and Neighborhood Partnerships, through technical assistance, policy guidance, regulatory reform, and training both within HHS as well as with grantees, service providers, and the public on these important requirements of Federal law.

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**Funding History**

<b>Fiscal Year</b>	<b>Amount</b>
FY 2014	-
FY 2015	-
FY 2016	-
FY 2017	-
FY 2018 Annualized CR	\$602,000

**Budget Request**

The FY 2019 President’s Budget request of \$2,148,000 for the Conscience and Religious Freedom Division is an increase of \$1,546,000 above the FY 2018 Annualized CR level of \$602,000. The funding allows for expansion of this new division to perform policy, enforcement, and outreach activities, as a separate entity on par with OCR’s other Divisions. Funding consists of pay, non-pay, and contract costs to support Division operations.

## Operations and Resources Division

(Dollars in Thousands)

Program	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Discretionary Budget Authority	30,027	28,566	22,984	-5,582
Civil Monetary Settlement Funds	6,382	8,282	9,232	+950
<b>ORD Program Level</b>	<b>36,409</b>	<b>36,848</b>	<b>32,216</b>	<b>-4,632</b>
FTE	119	118	118	-

### Legal Authorities

The Operations and Resources Division (ORD) acts as the enforcement arm for OCR. In that capacity, ORD enforces all legal authorities listed under the other OCR Divisions. Please refer to Civil Rights legal authorities on page 20, Health Information Privacy legal authorities on page 24, and Conscience and Religious Freedom legal authorities on page 28.

### Program Description

ORD consists of the eight regional offices,<sup>2</sup> the Centralized Case Management Operations (CCMO), and headquarters support personnel. The regions and CCMO are primarily responsible for enforcement of OCR's legal authorities and meet their responsibility through the receipt, investigation, and enforcement of complaints as well as breach reports, compliance reviews, technical assistance, and local outreach activities.

#### *Operations: The Enforcement Lifecycle of Complaints and Compliance Reviews*

##### *Complaint Processing*

The enforcement lifecycle begins with the Centralized Case Management Operations (CCMO), which receives complaints alleging the violation of one or more of OCR's legal authorities by a covered entity. Members of the public can file complaints through OCR's online complaint portal, mail, fax, or email. Complaints are assessed to determine which can be closed without formal investigation (e.g., as non-jurisdictional, or with the provision of minor technical assistance), and which complaints should be transferred to an OCR regional office for further deliberation and possible investigation. As a result of recent efficiencies and innovations, the CCMO now makes decisions on administrative closures, technical assistance closures, and regional referrals within 15 days of receipt. Significant process redesign and automation improvements have enabled OCR to increase efficiency despite receipt of double the amount of complaints (24,523 in FY 2016 as compared to 12,705 in FY 2012) since OCR's online complaint portal went live in FY 2012.

##### *Investigation*

Complaint investigations, breach report investigations, and compliance reviews are conducted by OCR regional offices. Each regional office utilizes highly skilled investigators responsible for examining allegations of discrimination or health information privacy/security violations, and determining covered entity or business associate compliance with its legal responsibilities. Through

<sup>2</sup> The regional offices include New England Region (Boston), Eastern and Caribbean Region (New York), Mid-Atlantic Region (Philadelphia), Southeast Region (Atlanta), Midwest Region (Chicago and Kansas City), Southwest Region (Dallas), Rocky Mountain Region (Denver), and Pacific Region (San Francisco, Seattle, and Los Angeles).

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the understanding and application of OCR's legal authorities and jurisdiction, the staff conducts comprehensive fact-finding investigations to determine levels of compliance across all regulations for each covered entity involved in a case. Investigations can result in a finding of no violation, the provision of technical assistance to address specific problem areas, or, where there are indications of systemic noncompliance, more formal enforcement action, including the negotiation of formal settlement agreements.

### *Enforcement*

When OCR determines there has been a violation of one or more of its legal authorities, OCR takes enforcement action. In these instances, the regional office works closely with OCR Headquarters and the Office of the General Counsel to review the facts of the investigation and produce a letter of findings. When OCR sends the letter of finding to an entity, OCR may offer to provide technical assistance to promote voluntary compliance, or engage in a settlement negotiation with a corrective action plan, and, on occasion, payment of amounts to resolve the investigation. In instances where entities are uncooperative, OCR can, depending on the statute at issue, seek rescission of HHS funding to the entity, pursue civil money penalties, or refer the case to the Department of Justice for litigation.

In addition to complaints submitted by the public, OCR is authorized to open compliance reviews of specific entities when it has reason to believe that an entity may have violated one of the laws that OCR enforces. OCR learns of such potential violations from a variety of sources, including media reports and situations in which significant numbers of individual complaints have been filed against an entity. Also, as required by HIPAA, OCR initiates an investigation in all cases where an entity has reported a health information privacy breach affecting 500 or more individuals. These compliance reviews and breach report investigations can enable OCR to evaluate compliance issues even before violations result and focus on systemic reform. The investigation and enforcement process for compliance reviews and breach report investigations, along with their outcome, follow the same processes noted above for complaint resolution.

### *Technical Assistance*

In addition to OCR's work to ensure compliance through enforcement, OCR promotes voluntary compliance through technical assistance and outreach. OCR delivers impact through strong technical assistance to covered entities. This collaboration across OCR teams ensures that covered entities can receive the information, guidance, and support required to achieve voluntary compliance with their legal responsibilities under civil rights, religious liberty, and privacy/security laws.

### *Outreach*

Another major component of OCR's compliance portfolio includes outreach. A robust outreach program informs individuals, consumer groups, advocacy groups, and other stakeholders of civil rights, religious liberty, and health information privacy laws, and obtains input about challenges and potential violations on which OCR should focus. Outreach also serves to educate covered entities about their responsibilities under civil rights, religious liberty, and health information privacy laws, and provide guidance on means to ensure compliance. This is accomplished through participating in conferences and briefings as well as smaller meetings and listening sessions; hosting workshops, webinars, and trainings; disseminating materials in a variety of forums; training law and medical students and other stakeholders; and convening and participating in various working groups. OCR's regional staffs also participate in inter-agency and intra-agency activities, and work collaboratively with federal partners. OCR's nationwide outreach efforts serve to educate, and provide guidance to,

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federal agencies, covered entities, consumers, and other stakeholders. These efforts allow OCR to build relationships, create opportunities for dialogue, provide opportunities for input on OCR's work, and ensure that OCR is able to anticipate future challenges.

### Resources and Services Support

ORD's resources staff supports all OCR operations by assisting all three Divisions, including the regional offices, by providing budget, information technology, human resources, acquisition, security, property management, travel, ethics, Freedom of Information Act (FOIA), continuity of operations (COOP), and other related administrative support. The Budget Team, Human Resources Team, Information Technology Team, and the Executive Secretariat provide critical support to all programmatic staff to allow them to focus their attention on mission requirements.

### **Accomplishments**

In December 2017, OCR reached a settlement agreement with 21 Century Oncology, Inc. (21CO), for multiple potential HIP violations. 21CO reported to OCR that the protected health information for 2,213,597 individuals was illegally obtained by an unauthorized third party through 21CO's network database. OCR's subsequent investigation revealed that 21CO failed to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of the electronic protected health information; failed to implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level; failed to implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports; and disclosed protected health information to third party vendors without a written business associate agreement. On May 25, 2017, 21CO filed for Chapter 11 bankruptcy protection in the United States Bankruptcy Court for the Southern District of New York. OCR's settlement with 21CO for \$2.3 million was approved by the Bankruptcy Court, and 21CO agreed to a corrective action plan to address the identified potential violations.

In November 2017, OCR and DOJ entered into a voluntary resolution agreement requiring the University of Vermont Medical Center (UVMHC) to take remedial actions, including providing notice of the availability of auxiliary aids and services, implementing grievance procedures and feedback protocols, providing training to UVMHC personnel, updating policies and procedures through continuous improvement, and agreeing to pay the complainants \$20,500 in compensatory relief. In 2016, OCR initiated a compliance review stemming from two complaints alleging violations of Title III of the Americans with Disabilities Act (ADA) and its implementing regulation. The complainants alleged UVMHC discriminated against them by failing to provide appropriate auxiliary aids and services necessary for effective communication during medical treatment. Both complainants are deaf and use American Sign Language as their primary means of communication. UVMHC is a recipient of HHS federal financial assistance and required to provide appropriate auxiliary aids and services to persons with impaired sensory, manual, or speaking skills, so that individuals have an equal opportunity to benefit from the services received.

In March 2017, OCR resolved a complaint against Advanced Dermatology and Cosmetic Surgery (ADCS), the largest dermatology practice in the United States with over 180 locations nationwide. The complaint was initiated by an individual, who alleged her daughter and husband, LEP individuals whose primary language is Spanish, were turned away by ADCS and told that they could only return when they brought their own interpreter. Due to the technical assistance that OCR provided, ADCS took a number of steps to ensure its compliance, including creating and posting a new non-



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discrimination policy, contracting with an interpreter service, and implementing a new grievance procedure for individuals who believe they have been victims of discrimination.

In February 2017, OCR announced a settlement agreement with Memorial Healthcare Systems (MHS) for multiple potential HIP violations. MHS reported to OCR that the protected health information of 115,143 individuals had been impermissibly accessed by its employees and impermissibly disclosed to affiliated physician office staff. Although MHS had workforce access policies and procedures in place, MHS failed to implement procedures with respect to reviewing, modifying and/or terminating users' right of access, as required by the HIPAA Rules. Further, MHS failed to regularly review records of information system activity on applications that maintain electronic protected health information by workforce users and users at affiliated physician practices, despite having identified this risk on several risk analyses conducted by MHS from 2007 to 2012. MHS agreed to a settlement monetary payment of \$5.5 million, OCR's second highest HIPAA settlement, and a corrective action plan to address the identified potential violations.

In February 2017, OCR announced its second HIPAA civil monetary penalty. The penalty was imposed against Children's Medical Center of Dallas (Children's) based on its impermissible disclosure of unsecured electronic protected health information (ePHI) and non-compliance over many years with multiple standards of the HIPAA Security Rule. Specifically, Children's failed to implement risk management plans, contrary to prior external recommendations to do so, and failed to deploy encryption or an equivalent alternative measure on all of its laptops, work stations, mobile devices and removable storage media until April 9, 2013. Despite Children's knowledge about the risk of maintaining unencrypted ePHI on its devices as far back as 2007, Children's issued unencrypted BlackBerry devices to nurses and allowed its workforce members to continue using unencrypted laptops and other mobile devices until 2013. After unsuccessful settlement discussions, OCR issued a Notice of Proposed Determination in accordance with 45 CFR 160.420. OCR subsequently issued a Notice of Final Determination, and Children's paid the full civil money penalty of \$3.2 million.

In January 2017, OCR announced a voluntary resolution agreement with the University of Connecticut Health Center (UConn Health) to ensure effective communication with individuals that are deaf or hard of hearing. The Agreement resolved a complaint filed on behalf of an individual who is deaf, alleging that UConn Health failed to provide timely auxiliary aids and services to effectively communicate with the patient during a visit to the John Dempsey Hospital's Emergency Department. According to the complaint, despite requesting services upon arrival, the complainant was not provided an interpreter or video remote interpreting services; and relied on a companion to interpret during the hospital visit. As a result of OCR's investigation, UConn Health agreed to take multiple actions to ensure the availability of auxiliary aids and services.

OCR resolved two major child welfare matters in late 2016. In October 2016, OCR resolved a complaint against the Nebraska Department of Health and Human Services (NDHHS), which provides child protection services to over 465,000 children living in Nebraska. After completing an investigation, OCR found that NDHHS had failed to develop policies and procedures to provide speech-language pathology services or otherwise ensure effective communication with children who have communication disorders. To resolve the complaint, NDHHS agreed to implement statewide, and across all NDHHS divisions: (1) a nondiscrimination policy, program accessibility policy, and grievance procedure; (2) an auxiliary aids and services policy; and (3) a training program, including mandatory in-person or online modules.

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In December 2016, OCR also resolved two compliance reviews that examined allegations of discrimination in the foster care and adoption policies and practices of the Department of Human Services in Jefferson County, Colorado, which has a population of over 535,000; and the Department of Human Services in Arapahoe County, Colorado, which has a population of over 631,000. The compliance reviews were initiated to determine whether there were delays or denials of child placements on the basis of the race, color or national origin of the prospective parent or the child involved; and whether the policies and practices denied any individual the opportunity to be a foster or adoptive parent on the basis of the race, color or national origin of the individual, or of the child involved. To resolve the compliance reviews, OCR provided Jefferson County and Arapahoe County with substantial technical assistance, and each County agreed to implement an appropriate language assistance services program to ensure meaningful access to prospective foster and adoptive parents with LEP.

In October 2016, OCR provided technical assistance to over 100 health care providers and community representatives funded by the HHS Health Resources and Services Administration (HRSA) at the Primary Care Association Annual Conference in San Juan, Puerto Rico. OCR discussed the recent technical assistance letter developed by OCR and HRSA pertaining to effective communication to the deaf and hard of hearing in Puerto Rico, which was released in August 2016.

### **Funding History**

<b>Fiscal Year</b>	<b>Amount</b>
FY 2014	\$31,115,000
FY 2015	\$30,899,000
FY 2016	\$31,495,000
FY 2017	\$30,027,000
FY 2018 Annualized CR	\$28,566,000

### **Budget Request**

The FY 2019 President's Budget requests \$22,984,000 discretionary budget authority for the Operations and Resources Division, \$5,582,000 below the FY 2018 Annualized CR level of \$28,566,000. In FY 2019 OCR will utilize \$9,232,000 in monetary settlement funding collected from HIPAA enforcement activities to offset a portion of the decrease in appropriated funding; a program level of \$32,216,000. The decrease reflects reductions in regional contract staff investigators, and other governmental and non-governmental contractual services related to IT support, attorney services, and other shared services costs.

## Section IV: Supplementary Tables

## Budget Authority by Object Class

(Dollars in Thousands)

Object Class Code	Description	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
11.1	Full-time permanent	15,487	16,136	15,558	-578
11.3	Other than full-time permanent	780	793	793	-
11.5	Other personnel compensation	277	307	311	+4
11.7	Military personnel	92	94	96	+2
<b>Subtotal</b>	<b>Personnel Compensation</b>	<b>16,636</b>	<b>17,330</b>	<b>16,758</b>	<b>-572</b>
12.1	Civilian personnel benefits	5,522	5,771	5,586	-185
12.2	Military benefits	35	36	37	+1
13.0	Benefits for former personnel	20	20	20	-
<b>Total</b>	<b>Pay Costs</b>	<b>22,213</b>	<b>23,157</b>	<b>22,401</b>	<b>-756</b>
21.0	Travel and transportation of persons	353	363	349	-14
22.0	Transportation of things	2	2	3	+1
23.1	Rental payments to GSA	3,309	3,342	3,108	-234
23.3	Communications, utilities, and misc. charges	314	249	258	+9
24.0	Printing and reproduction	67	68	70	+2
25.2	Other services from non-Federal sources	1,351	504	510	+6
25.3	Other goods and services from Federal	9,575	9,883	3,230	-6,653
25.4	Operation and maintenance of facilities	428	433	438	+5
25.7	Operation and maintenance of equipment	373	377	381	+4
<b>Subtotal</b>	<b>Other Contractual Services</b>	<b>11,727</b>	<b>11,197</b>	<b>4,559</b>	<b>-6,638</b>
26.0	Supplies and materials	123	127	126	-1
31.0	Equipment	600	30	30	-
<b>Total</b>	<b>Non-Pay Costs</b>	<b>16,495</b>	<b>15,378</b>	<b>8,503</b>	<b>-6,875</b>
<b>Total</b>	<b>Budget Authority by Object Class</b>	<b>38,708</b>	<b>38,535</b>	<b>30,904</b>	<b>-7,631</b>

**Salaries and Expenses Table**

(Dollars in Thousands)

<b>Object Class Code</b>	<b>Description</b>	<b>FY 2017 Final</b>	<b>FY 2018 Annualized CR</b>	<b>FY 2019 President's Budget</b>	<b>FY 2019 +/- FY 2018</b>
11.1	Full-time permanent	15,487	16,136	15,558	-578
11.3	Other than full-time permanent	780	793	793	-
11.5	Other personnel compensation	277	307	311	+4
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<b>Subtotal</b>	<b>Personnel Compensation</b>	<b>16,636</b>	<b>17,330</b>	<b>16,758</b>	<b>-572</b>
12.1	Civilian personnel benefits	5,522	5,771	5,586	-185
12.2	Military benefits	35	36	37	+1
13.0	Benefits for former personnel	20	20	20	-
<b>Total</b>	<b>Pay Costs</b>	<b>22,213</b>	<b>23,157</b>	<b>22,401</b>	<b>-756</b>
21.0	Travel and transportation of persons	353	363	349	-14
22.0	Transportation of things	2	2	3	+1
23.3	Communications, utilities, and misc. charges	314	249	258	+9
24.0	Printing and reproduction	67	68	70	+2
25.2	Other services from non-Federal sources	1,351	504	510	+2
25.3	Other goods and services from Federal	9,575	9,883	3,230	-6,649
25.4	Operation and maintenance of facilities	428	433	438	+5
25.7	Operation and maintenance of equipment	373	377	381	+4
<b>Subtotal</b>	<b>Other Contractual Services</b>	<b>11,727</b>	<b>11,197</b>	<b>4,559</b>	<b>-6,638</b>
26.0	Supplies and materials	123	127	126	-1
<b>Total</b>	<b>Non-Pay Costs</b>	<b>12,586</b>	<b>12,006</b>	<b>5,365</b>	<b>-6,641</b>
<b>Total</b>	<b>Salary and Expenses</b>	<b>34,799</b>	<b>35,163</b>	<b>27,766</b>	<b>-7,397</b>
23.1	Rental payments to GSA	3,309	3,342	3,108	-234
<b>Total</b>	<b>Salaries, Expenses, and Rent</b>	<b>38,108</b>	<b>38,505</b>	<b>30,874</b>	<b>-7,631</b>
<b>Total</b>	<b>Direct FTE</b>	<b>150</b>	<b>153</b>	<b>148</b>	<b>-5</b>

**Detail of Full-Time Equivalent (FTE)**

<b>Detail</b>	<b>FY 2017 Actual Civilian</b>	<b>FY 2017 Actual Military</b>	<b>FY 2017 Actual Total</b>	<b>FY 2018 Estimate Civilian</b>	<b>FY 2018 Estimate Military</b>	<b>FY 2018 Estimate Total</b>	<b>FY 2019 Estimate Civilian</b>	<b>FY 2019 Estimate Military</b>	<b>FY 2019 Estimate Total</b>
Direct	149	1	150	152	1	153	147	1	148
Reimbursable	1	0	1	1	0	1	1	0	1
<b>Total FTE</b>	<b>150</b>	<b>1</b>	<b>151</b>	<b>153</b>	<b>1</b>	<b>154</b>	<b>148</b>	<b>1</b>	<b>149</b>

**Average GS Grade**

FY 2015: GS 12

FY 2016: GS 12

FY 2017: GS 13

FY 2018: GS 13

FY 2019: GS 13

## Detail of Positions

Detail	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Executive level I	-	-	-
Executive level II	2	2	3
Executive level III	1	1	1
Executive level IV	1	1	1
Executive level V	1	1	1
<b>Subtotal</b>	<b>5</b>	<b>5</b>	<b>6</b>
<b>Total - Executive Level</b>	<b>\$880,000</b>	<b>\$899,360</b>	<b>\$1,089,360</b>
-	-	-	-
GS-15	21	22	20
GS-14	26	27	25
GS-13	38	39	38
GS-12	45	45	44
GS-11	3	3	3
GS-10	-	-	-
GS-9	7	7	7
GS-8	2	2	2
GS-7	1	1	1
GS-6	1	1	1
GS-5	-	-	-
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
<b>Subtotal</b>	<b>144</b>	<b>147</b>	<b>141</b>
<b>Total - GS Salary</b>	<b>\$15,387,000</b>	<b>\$16,029,640</b>	<b>\$15,261,640</b>
-	-	-	-
<b>Average ES level</b>	<b>III</b>	<b>III</b>	<b>III</b>
<b>Average ES salary</b>	<b>\$176,000</b>	<b>\$179,872</b>	<b>\$181,560</b>
<b>Average GS grade</b>	<b>13.5</b>	<b>13.6</b>	<b>13.5</b>
<b>Average GS Salary</b>	<b>\$106,854</b>	<b>\$109,045</b>	<b>\$108,239</b>

## Section V: Significant Items

*“The Committee is concerned about reports of continued discrimination against persons with disabilities in organ transplant programs. Despite the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act prohibiting discrimination on the basis of disability in organ transplantation, a number of States have found it necessary to enact laws to address continued barriers to receiving this lifesaving care. These barriers are reported to include medical professionals and transplant centers refusing to approve organ transplants for people with disabilities who may need help in order to follow complicated post-transplant treatment plans, or deciding that people with disabilities should be given a lower priority on waiting lists to receive an organ transplant. In coordination with HRSA, the Committee urges the Office for Civil Rights (OCR) to develop and issue guidance that clarifies the obligations of ADA- and Section 504-covered entities participating in the transplant process to provide equal access to their programs to individuals with disabilities. In developing such guidance, the Committee encourages OCR to consider prohibiting such covered entities from, among other things, denying medical services related to organ transplantation, refusing to refer an individual to a transplant center or other related specialist for the purpose of evaluation or receipt of an organ transplant, and refusing to place an individual on an organ transplant waiting list, or placement of the individual at a lower-priority position on the list than the position at which he or she would have been placed if not for his or her disability.”*

### **Action Taken or To Be Taken**

OCR is committed to ensuring non-discrimination in organ transplant decision-making and is continuing to coordinate with HRSA and CMS as specific issues arise. As part of this coordination, OCR is working with HHS components on the best ways to provide additional global guidance and technical assistance, which could include, for example, training on civil rights issues, notice of nondiscrimination, and outreach to HHS grantees and patients and their families about the application of disability non-discrimination laws, including Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and Section 1557 of the Affordable Care Act, in the context of organ transplants. In addition, OCR incorporates issues about organ transplant decision-making in its outreach activities to appropriate audiences. For example, OCR has developed a civil rights training curriculum for medical schools that includes a hypothetical involving civil rights issues in transplant decision-making to raise awareness of these issues among pre-med and medical school students through a partnership with the Association of American Medical Colleges. The curriculum is both on the MedEd portal for medical students to access and receive credit for completing and is also part of a summer training program sponsored by the AAMC in which OCR has used this transplantation hypothetical to teach thousands of pre-med and pre-dental students.