

**Testimony of Bob Leavitt**  
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**U.S. Department of Health and Human Services**  
**Before the**  
**Subcommittee on Government Operations and the Federal Workforce**  
**Committee on Oversight and Accountability**  
**United States House of Representatives**  
**“Oversight of Federal Agencies’ Post-Pandemic Telework Policies: Part II”**  
**November 29, 2023**

Chairman Sessions, Ranking Member Mfume, and members of the Subcommittee, thank you for the opportunity to testify before you on behalf of the U.S. Department of Health and Human Services (HHS or Department). The Department appreciates the opportunity to discuss the ways in which HHS is continuing to deliver for the American people while supporting its large and diverse workforce following the COVID-19 public health emergency.

The Department has a varied mission, which includes enhancing the health and well-being of all Americans. The dedicated workforce at HHS accomplishes this mission every day by providing for effective health and human services and by fostering sound, sustained scientific advances that underlie medicine, public health, and social services. HHS is a large and federated agency, with approximately 90,000 employees working across twelve operating divisions, including nine agencies in the U.S. Public Health Service and three human services agencies, as well as ten regional offices. Although the COVID-19 pandemic reshaped the workplace for many Americans, HHS is unique in that the Department has thousands of mission-critical employees who never left their worksites even at the height of the pandemic.

**Delivering Results for the American People**

At HHS, our employees are working full time to advance our shared mission, delivering programs and services that are essential for promoting Americans’ health and wellbeing. The entire HHS workforce has demonstrated great resilience and dedication, adapting to and overcoming crises and challenges with professionalism and ingenuity to achieve a variety of accomplishments for the American people, such as the following:

- **Saving Lives – The 988 Lifeline.** The Department’s Substance Abuse and Mental Health Services Administration (SAMHSA) established the new nationwide 988 three-digit suicide prevention and crisis telephone, text, and chat service. In the year since rolling out 988, the line has answered 5 million calls, texts, or chats—2 million more than the previous 12 months following the \$1 billion Biden-Harris Administration investment. The 988 team reduced wait times from three minutes to 40 seconds. We are working tirelessly to ensure anyone who is struggling or in crisis can get the compassionate support they need 24/7.
- **Preventing Overdoses – Opioid Response.** Between 2021 and 2022, SAMHSA also increased provider access to buprenorphine, the medication-assisted treatment for opioid use disorder, by 21 percent, and certified 134 new Opioid Treatment Programs across the

country. Moreover, the Department’s Health Resources and Services Administration’s Rural Communities Opioid Response Program further expanded access to treatment and prevention efforts by serving more than four million rural individuals across 47 states and two territories. In addition, through this program, more than 600,000 service providers, paraprofessional staff, and community members have been trained on issues related to opioid prescribing and the use of naloxone, a medication that can reverse an opioid overdose, as well as on harm reduction approaches and mental health first aid.

- **Breaking Enrollment Records – The Health Insurance Marketplace®.**<sup>1</sup> A record-breaking 16.4 million people selected an Affordable Care Act Marketplace health plan during the 2023 enrollment period. The Centers for Medicare & Medicaid Services’ (CMS) Marketplace call center reduced wait times by five minutes and increased customer satisfaction to 92 percent, higher than pre-pandemic levels. Online Customer Satisfaction for HealthCare.gov this year reached its highest at 82 percent, also higher than pre-pandemic levels.
- **High Impact Service – 1-800-MEDICARE.** 1-800-MEDICARE also reduced wait times by two minutes; customer satisfaction increased to 95 percent, better than pre-pandemic levels; and online customer satisfaction for Medicare.gov increased 10 percent compared to pre-pandemic levels.
- **Distributing Vaccines and Improving Access – COVID-19.** The Department oversaw the roll-out and distribution of over 1 billion vaccine doses to 90,000 sites across the country; delivery of more than 6 million monoclonal antibody courses, 20 million oral antiviral courses, and 1 million pre-exposure therapy courses, including 8 unique product lines; as well as 755 million at-home COVID-19 test kits. Recently, the Food and Drug Administration approved and authorized for emergency-use updated COVID-19 vaccines formulated to more closely target currently circulating variants, and to provide better protection against serious consequences of COVID-19, including hospitalization and death.

Beyond these individual accomplishments, multiple HHS teams were honored at the 2023 Samuel J. Heyman Service to America Medals, known as the Sammies, often called the “Oscars” of public service. Reflecting their dedication and results, the HRSA Rural Communities Opioid Response Program Team was honored to win the People’s Choice Award in addition to multiple HHS teams being honored as finalists. The Sammies highlight how dedicated public servants help power our government to deliver important work on behalf of the American people. At HHS, we are committed to continuing to deliver on this essential work.

### **Building and Retaining a Supportive, Diverse, and Talented Workforce**

To advance our mission, the Department pursues policies that allow for workplace flexibilities balanced with the in-office time needed to further build a workforce centered on a strong culture, trust, and interpersonal connections. HHS is proud to be ranked second in the most recent “Best

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<sup>1</sup> Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

Places to Work in the Federal Government” rankings of large agencies—which marks the seventh consecutive year in which HHS has been ranked in the top five. Our employees report a sense of community, and our teams have consistently delivered innovative and creative solutions to help fulfill our mission. We aim to create a workplace that works for everyone—one that both prioritizes employee wellbeing and fulfills our mission.

To that end, workplace flexibilities also help us attract, support, and retain a talented, engaged, and diverse federal workforce, regardless of where individuals live or work throughout the country. These flexibilities are often particularly important for service members, veterans, military spouses, as well as people with disabilities and high-risk mission critical occupations, among others. For example, our recruiters conduct outreach to highly qualified service members and veterans, including veterans with disabilities, who often ask about the availability of workplace flexibilities. Those in uniform serve selflessly, and we can meet them where they are with the necessary flexibilities to continue serving their country. We are also honored to support military families by hiring military spouses. Since last year, the Department increased the number of military spouses at HHS by 36 percent, and we continue to seek to hire more. Workplace flexibilities help us retain military spouses regardless of where their families move.

In crafting the Department’s workforce policies, we are also strategically planning for our workforce of the future. Like other agencies, HHS utilizes workplace flexibilities to stay competitive with the private sector so we can build an effective workforce across the country. We must make sure that the talent needed to advance our mission is both available and accessible to fill current and emerging requirements. That is no easy task in the current and future labor market. Workplace flexibilities matter to the talent we need to hire and retain and for sustaining a workplace that gets excellent work done.

### **Continually Improving Organizational Health and Increasing Meaningful In-office Presence**

With HHS at the center of the federal government’s response to the COVID-19 pandemic, frontline health workers, lab technicians, researchers, and many others at the Department never ceased to and continue to regularly serve onsite. As we move forward, HHS is committed to continually improving organizational health and performance while adhering to government-wide policies, including relevant Office of Management and Budget (OMB) Memoranda, such as M-23-15, “Measuring, Monitoring, and Improving Organizational Health and Organizational Performance in the Context of Evolving Agency Work Environments.” Building on our previous steps, and consistent with M-23-15, we are working to implement several changes to optimize organizational health and organizational performance while continuing to honor all relevant collective bargaining obligations.

This fall, we are increasing in-office presence at headquarters in the National Capital Region, Atlanta (Centers for Disease Control and Prevention), and Baltimore (CMS) in a variety of ways. For example, some Division components are increasing the onsite presence of executives, managers, and supervisors while other Division components may prioritize whole teams for transition. Beginning in December 2023, the same expectations for increased in-office presence will apply to offices outside headquarters. Overall, as missions and functions vary across the

Department, there may be slight differences in the approach to onsite presence, but our shared goal is to continue increasing in-office presence while striking an appropriate balance between onsite and alternate worksites. We also recognize that many employees across the Department never ceased to and continue to regularly serve onsite.

Regardless of where one works, we take employee performance very seriously, and the Department has worked to align employees' on-site requirements or eligibility for workplace flexibilities with job functions. Workplace flexibility decisions are made based on portability of work, position duties, employee conduct, and individual or organizational performance. In addition, to be eligible for telework, annual telework training and a formal agreement that outlines employee performance and attendance expectations are required. The Department's leaders, managers, and supervisors are accountable for following through on these expectations. The Department manages the employee performance process regardless of telework status through clearly established performance expectations and end-of-year assessments. HHS holds supervisors accountable for ensuring the work performance of their employees.

HHS continues to review our workplace policies to ensure that we are agile, competitive, and offer our workforce a positive and rewarding experience. The Department is strategically balancing workplace flexibilities with the in-person time we need to advance our mission and better compete in the national labor market to attract and retain the most diverse, well-qualified, and engaged federal workforce.

## **Conclusion**

Over the past few years, my HHS colleagues have helped lead the country through the pandemic while demonstrating unwavering resilience and dedication. They have remained steadfast in the Department's mission, while adapting to challenges and opportunities. I am proud to work alongside the human resources community to support our federal workforce. And across HHS, we are proud of all the work we have been able to accomplish in service to the American people.

Thank you again for the opportunity to discuss these important issues.