

EXAMINING THE POLICIES AND
PRIORITIES OF THE U.S. DEPARTMENT
OF HEALTH AND HUMAN SERVICES

HEARING

BEFORE THE

COMMITTEE ON EDUCATION AND LABOR
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED SEVENTEENTH CONGRESS

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EXAMINING THE POLICIES AND PRIORITIES OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Wednesday, June 16, 2021

HOUSE OF REPRESENTATIVES,
COMMITTEE ON EDUCATION AND LABOR,
Washington, DC.

The Committee met, pursuant to notice, at 9:01 a.m. via Zoom, Hon. Robert C. “Bobby” Scott (Chairman of the Committee) presiding.

Present: Representatives Scott, Grijalva, Courtney, Sablan, Wilson of Florida, Bonamici, Takano, Adams, DeSaulnier, Norcross, Jayapal, Morelle, Wild, McBath, Hayes, Levin, Omar, Stevens, Leger Fernández, Jones, Manning, Mrvan, Bowman, Pocan, Yarmuth, Mfume, Foxx, Wilson of South Carolina, Thompson, Walberg, Grothman, Stefanik, Allen, Banks, Comer, Fulcher, Keller, Murphy, Miller-Meeks, Owens, Good, McClain, Harshbarger, Miller, Spartz, Fitzgerald, Cawthorn, Steel, and Letlow.

Staff present: Ilana Brunner, General Counsel; Ijeoma Egekeze, Professional Staff; Daniel Foster, Health and Labor Counsel; Rashage Green, Director of Education Policy; Christian Haines, General Counsel; Alison Hard, Professional Staff; Rasheedah Hasan, Chief Clerk; Sheila Havenner, Director of Information Technology; Eli Hovland, Policy Associate; Carrie Hughes, Director of Health and Human Services; Ariel Jona, Policy Associate; Andre Lindsay, Policy Associate; Yonatan Moskowitz, Oversight Counsel—Labor; Mariah Mowbray, Clerk/Special Assistant to the Staff Director; Kayla Pennebecker, Véronique Pluviose, Staff Director; Theresa Thompson, Professional Staff; Banyon Vassar, Deputy Director of Information Technology; Cyrus Artz, Minority Staff Director; Rob Green, Minority Director of Workforce Policy; Taylor Hittle, Minority Professional Staff Member; Amy Raaf Jones, Minority Director of Education and Human Resources, Dean Johnson, Minority Legislative Assistant; Georgie Littlefair, Minority Legislative Assistant; John Martin, Minority Workforce Policy Counsel, Hannah Matesic, Minority Director of Operations; Maureen O’Toole, Minority Press Assistant; Alex Ricci, Minority Professional Staff Member; and Mandy Schaumburg, Minority Chief Counsel and Deputy Director of Education Policy.

Chairman SCOTT. The Committee on Education and Labor will come to order. Welcome to everyone and I note that a quorum is present. The Committee is meeting today to hear testimony on “Ex-

aming the Policies and Priorities of the U.S. Department of Health and Human Services.”

This is an entirely remote hearing and as such the Committee’s hearing room is officially closed. All microphones will be kept muted as a general rule to avoid unnecessary background noise, and Members and witnesses will be responsible for unmuting themselves when they’re recognized to speak, or when they wish to seek to be recognized.

If a Member or witness experiences technical difficulties during the hearing please stay connected to the platform, make sure that you’re muted and use your phone to immediately call the Committee’s IT director whose number was provided for you in advance.

Should the Chair experience technical difficulties and need to step away, Mr. Morelle or any other Majority Member, is hereby authorized to assume the gavel in the Chair’s absence.

In order to ensure that the Committee’s five-minute rule is adhered to, the staff will be keeping track of time using the Committee’s field timer which is designated in its own thumbnail picture designated 001_timer and will show a blinking light when the time is up.

As a courtesy to our witness and to get to our questions as soon as possible, we will forego the customer roll call. Pursuant to Committee Rule 8(c) opening statements are limited to the Chair and the Ranking Member, and now I’ll recognize myself for the purpose of making an opening statement.

Today we are meeting to discuss the Department of Health and Human Services Budget Request for Fiscal Year 2022, and to examine the Department’s policies and priorities. Secretary Becerra, thank you for coming today and thank you for your time. I fondly remember a time when we both served on this Committee, as well as the judiciary Committee, and I’m pleased to welcome you back.

We look forward to discussing your vision to ensure all Americans access to high-quality healthcare. The importance of maintaining a strong public health system has never been more apparent. Regretfully, we are mourning the grim milestone of 600,000 COVID-19 deaths in the United States. Many of these deaths could have been prevented by a coherent response to the pandemic.

For example, last night I attended an event at the Philippine Embassy, and I was informed that they had suffered 20,000 deaths. The United States is three times bigger than the Philippines, so at their rate we would have suffered 60,000 deaths, not 600,000 deaths.

Fortunately, the Biden/Harris Administration is taking an evidence-based approach to reinvesting in the well-being of our families and communities, most notably the Administration has worked with Congress to enact The American Rescue Plan which helped more than half of our Nation’s adults get fully vaccinated, protected children from abuse and neglect, and expanded access to child nutrition and put us on track to cutting the child poverty rate about in half.

We addressed rising rates of domestic and gender-based violence, strengthened support for older Americans, and expanded access to affordable healthcare. These investments have saved lives and reaffirmed that when we invest in the health of our communities, we

provide people with the tools to care for themselves and their loved ones.

However, severe challenges are still ahead. Secretary Becerra you inherited a department that consistently sabotaged the Affordable Care Act, and jeopardized access to healthcare for millions of Americans.

Today we look forward to hearing how the Department's budget request, the American Jobs Plan, and the American Families Plan will finally help defeat the pandemic and extend access to high-quality healthcare for people across the Nation. Again, thank you for being with us today.

[The statement of Chairman Scott follows:]

STATEMENT OF HON. ROBERT C. "BOBBY" SCOTT, CHAIRMAN,
COMMITTEE ON EDUCATION AND LABOR

Today, we are meeting to discuss the Department of Health and Human Services budget request for Fiscal Year 2022 and examine the Department's policies and priorities.

Secretary Becerra, thank you for coming today and thank you for your time. I fondly remember our time when we both served on this Committee, as well as the Judiciary Committee, and I am pleased to welcome you back. We look forward to discussing your vision for ensuring all American access to high-quality health care.

The importance of maintaining a strong public health system has never been more apparent. Regretfully, we are mourning the grim milestone of 600,000 COVID-19 deaths in the United States. Many of these deaths could have been prevented by a coherent response to the pandemic.

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Most notably, the Administration has worked with Congress to enact the American Rescue Plan, which:

- Helped more than half of our Nation's adults get fully vaccinated,
- Protected children from abuse and neglect and expanded access to child nutrition,
- Put us on track to cutting the child poverty about in half,
- Addressed rising rates of domestic and gender-based violence,
- Strengthened support for older Americans, and
- Expanded access to affordable health care.

These investments have saved lives and reaffirmed that, when we invest in the health of our communities, we provide people with the tools to care for themselves and their loved ones.

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Today, we look forward to hearing how the Department's budget request, the American Jobs Plan, and the American Families Plan would finally help defeat the pandemic and expand access to high-quality health care for people across the country.

Again, thank you, for being with us today. I will now recognize the Ranking Member of the Committee, the gentlelady from North Carolina, Dr. Foxx.

Chairman SCOTT. I will now recognize the Ranking Member of the Committee, the gentlelady from North Carolina Dr. Foxx.

Ms. FOXX. Thank you, Mr. Chairman. There's absolutely no reason why this event should not be conducted in person in the Committee hearing room. Vaccines were taken, mask guidance was

changed, yet Democrats are pursuing permanent pandemic policies to exert more control over people's lives.

And there's absolutely no reason why we should not treat every witness we have with respect and not do the roll call and waste everybody's time. The Biden administration inherited a pandemic that was winding down, but the Administration now creating several new crises all on its own.

There's a crisis at the border. Human traffickers and drug smugglers are ubiquitous and rampant. The Secretary of the Department recklessly packed children in the holding cells well beyond capacity limits. There's a crisis in our school system, students are most likely from 6 months to a year behind in their studies because the Biden administration insists on doing the bidding of teachers' union's leadership.

There's a mental health crisis caused by Democrats' mandated, isolation policies. Our children, particularly our young girls, are attempting suicide at staggering and mortifying rates. There's an inflationary economic crisis, prices on consumer goods are skyrocketing because of the Democrats' failed stimulus policies and energy policies.

And what did this Administration do with these self-imposed catastrophes it thrust upon the American people? The Biden administration proposed the most outrageous budget proposal in the history of our Nation. The Democrats' bloated budget panders to the Democrats' most extreme socialist allies and leaves working class Americans to fend for themselves.

Furthermore, the President's radical healthcare proposals shatter the bedrock of America's healthcare system, employer-sponsored health insurance, cheered on by socialist supporters in Congress. Obamacare 2.0 will be a disaster.

The President's morally repugnant budget also forces the public to fund abortions. Secretary Becerra has much to explain and unpack at today's hearing, and Committee Republicans look forward to getting answers. With that Mr. Chairman I yield back.

[The statement of Ranking Member Foxx follows:]

STATEMENT OF HON. VIRGINIA FOXX, RANKING MEMBER,
COMMITTEE ON EDUCATION AND LABOR

There is absolutely no reason why this event should not be conducted in person in the Committee hearing room. Vaccines were taken, mask guidance has changed, yet Democrats are pursuing permanent pandemic policies to exert more control over people's lives.

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Secretary Becerra has much to explain and unpack at today's hearing and Committee Republicans look forward to getting answers.

Chairman SCOTT. Thank you. Without objection all other Members who wish to insert written statements into the record may do so by submitting them to the Committee Clerk electronically in Microsoft Word format by 5:00 p.m. on June 23, 2021. I'll now introduce our witness.

The Honorable Xavier Becerra is the 25th Secretary of the Department of Health and Human Services, and the first Latino to hold office in the history of that office in the history of the United States. Previously he served 12 terms in Congress, so welcome back as well as serving as Attorney General for the sake of California.

We appreciate the Secretary for participating today and look forward to your testimony. Your written statement will appear in full in the hearing record. You are asked to limit your own presentation to about a five-minute summary. After your presentation as you know we'll move to Member questions.

The witness is aware of the responsibility to provide accurate information to the Committee, and therefore will proceed directly with his testimony. Secretary Becerra, it's good to see you today, you're now recognized for five minutes.

**STATEMENT OF HON. XAVIER BECERRA, SECRETARY, U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Secretary BECERRA. Chairman Scott, Ranking Member Foxx, and Members, thank you for the opportunity to be before you, and great to be with so many friends and colleagues from the past. The Department of Health and Human Services is at the center of many challenges facing our country today.

The COVID-19 pandemic has shed light on how health inequities and inefficient Federal funding can leave communities vulnerable to crises. So, now more than ever, we must ensure that the Department has the resources to achieve its mission and build a healthier America.

For HHS, the budget proposed \$131 billion in discretionary budget authority, and \$1.5 trillion in mandatory funding. This budget underscores the Administration's commitment to prepare the Nation for the next public health crisis, to expand access to affordable healthcare, to address health disparities, to tackle the opioid and other drug crises, and to invest in other priority areas like maternal health, tribal health, and early childhood education.

Of course, the fight against COVID-19 is not yet over, but even as HHS works to beat this pandemic, we must prepare for the next public health crisis. To start, this budget makes significant investments in our preparedness and response capabilities, including investing in strategic national stockpile, and our public health workforce. It provides a new mandatory funding stream for the manu-

facturers of medical countermeasures here at home to protect America from future pandemics, and to create U.S. jobs.

The budget also includes the largest Fiscal Year investment in the CDC in almost two decades. The budget reflects the President's commitment to expand access to quality affordable healthcare for all Americans, it builds on the groundbreaking reforms introduced in the American Rescue Plan by permanently extending the enhanced premium subsidies that put affordable healthcare coverage within reach for millions more Americans.

The budget also expands access to home and—community-based services under Medicaid, critical services that allow older Americans and our loved ones with disabilities to live independently in their homes and communities.

And the budget calls on Congress to take additional steps this year to lower the costs of prescription drugs, and further expand and improve health coverage through additional benefits and public coverage options. Healthcare must be a right, not a privilege, and we will work to ensure that families across the Nation are able to secure the healthcare they need.

As we work to expand access to affordable healthcare and address the challenges of COVID-19 and future pandemics, we need to address public health crises that are already here, like violence in our communities, and climate change. The President's budget increases funding to support domestic violence survivors.

It addresses gun violence by doubling funding for firearm violence prevention research, and it allows HHS to play a major role in the Administration's government-wide efforts to tackle the climate crisis by supporting research and programs identifying the human health impacts of climate change and establishing an office of climate change and health equity.

To ensure that HHS is equitably serving all Americans, the budget invests in reducing maternal mortality and morbidity that disproportionately impacts women of color. It builds on the American Rescue Plan's State option to extend Medicaid postpartum coverage.

It funds a range of rural healthcare programs and expands the pipeline for rural health providers. It includes a dramatic funding increase, and advance appropriations for the Indian Health Service, and it invests in improving access to vital reproductive and preventative care services through Title X. To support families and build the best possible future for our children, the budget makes major investments to ensure high-quality childcare is affordable to low- and middle-income families, and it provides high-quality pre-K for all three- and four-year olds.

I think we all know that our experiences as children shape the adults we've become, supported childhood leads to success in the future. To address COVID-19's unprecedented acceleration of substance use and mental health disorders, the budget makes historic investments in SAMSA to support research prevention, treatment, and recovery services.

To support innovation and research, the budget increases funding for NIH by 9 billion, 6 and a half billion of which will go to establish the Advance Research Projects Agency for Health, or

ARPAH with an additional focus on cancer and other diseases such as diabetes and Alzheimer's.

This major investment in Federal research and development will leverage ambitious ideas to build transformational innovation through health research and the application and implementation of health breakthroughs.

Finally, to ensure our funds are used appropriately, the budget invests in program integrity, including efforts to combat fraud, waste, and abuse in Medicare, Medicaid, and private insurance. Mr. Chairman, I'd like to close by recognizing the women and men at HHS for their outstanding and tireless work fighting COVID-19 to protect the health of their fellow Americans.

To build back a prosperous America we need a healthy America. We've taken important steps over the past few months to beat back this pandemic, to expand access to quality affordable healthcare, to lower health insurance premiums, and to protect women's health at home and abroad.

President Biden's budget requests build on that progress. Thank you.

[The prepared statement of Secretary Becerra follows:]

PREPARED STATEMENT OF HON. XAVIER BECERRA

**TESTIMONY OF SECRETARY BECERRA
BEFORE HOUSE EDUCATION AND LABOR COMMITTEE
June 16, 2021.**

Chairman Scott and Ranking Member Foxx, and Members of the Committee, thank you for the opportunity to discuss the President's Fiscal Year (FY) 2022 Budget for the Department of Health and Human Services (HHS). I am pleased to appear before you, and I look forward to continuing to work with you.

HHS is at the center of many challenges facing our country today—the COVID-19 pandemic, safely caring for unaccompanied children at our southern border, the overdose and the addiction epidemic, gun violence, racial inequality, and more—and we are rising to meet those challenges. I am honored to be given the responsibility to lead HHS at this time.

COVID-19 has shed light on how health inequities and insufficient Federal funding can leave communities vulnerable to crises. The President's Budget invests in America, demonstrates a conscious effort to address racial disparities in health care, tackles the opioid and other drug crises, and puts us on a better footing to take on the next public health crisis.

Now more than ever, we must ensure that HHS has the resources to achieve its mission and tackle these challenges after years of underfunding. The President has put forward a budget that does just that. The FY 2022 budget proposes \$131.8 billion in discretionary budget authority and \$1.5 trillion in mandatory funding. The Labor-HHS total is \$119.5 billion, an increase of \$23 billion. Investments in the budget support families in areas such as behavioral health (mental health and substance use), maternal health, emerging health threats, science, data and research, tribal health, early child care and learning, and child welfare.

To build back a prosperous America, we need a healthy America, and President Biden's budget builds on that vision while investing in the many programs housed at HHS to save lives.

Preparing for and Responding to Public Health Crises

The fight against COVID-19 is not yet over. Even as HHS works to beat this pandemic, we are also preparing for the next public health crisis. The FY 2022 budget makes significant investments in our preparedness and response capabilities.

The Strategic National Stockpile, within the HHS Office of the Assistant Secretary for Preparedness and Response, has served a critical role in the COVID-19 response, permitting rapid deployment of personal protective equipment, ventilators, and medical supplies to states, cities, tribes, and territories across the country. The budget provides \$905 million for the stockpile, \$200 million above FY 2021, to ensure that the stockpile is ready to respond to future pandemic events and any other public health threats while maintaining a robust inventory of critical medical supplies, enhancing visibility of the domestic supply chain, and modernizing the

stockpile's distribution model. In addition, the budget provides \$823 million, \$227 million above FY 2021, for the Biomedical Advanced Research and Development Authority, which has supported the development of new vaccines, therapeutics, and diagnostics for the COVID-19 response. Additional resources will support improved medical countermeasure platforms that will enable quicker, more effective detection and public health and medical responses to health security threats. The budget also supports a strong public health workforce, and addresses gaps in the existing public health infrastructure, including at the state and local levels. In addition to discretionary investments, the budget includes \$30 billion over four years in mandatory funding for HHS, the Department of Defense, and the Department of Energy to protect Americans from future pandemics and create U.S. jobs through major new investments in medical countermeasures manufacturing; research and development; and related biopreparedness and biosecurity investments.

During this pandemic, we have seen the critical role of the Centers for Disease Control and Prevention (CDC). To ensure that CDC is well positioned to address current and emerging public health threats, the budget restores capacity to the world's preeminent public health agency by investing an additional \$1.6 billion over the FY 2021 level for a discretionary funding total of \$8.7 billion. This is the largest budget authority increase for CDC in almost two decades. A core function of CDC is partnering with state, tribal, local, and territorial entities, and this funding will enhance those partnerships. The budget will also provide CDC with additional resources to further develop and expand teams of highly trained and deployable public health experts to support preparedness at the local level.

The COVID-19 pandemic has also shown the importance of producing reliable data. Bad inputs lead to bad outputs, and without good data, CDC cannot effectively prepare for, or respond to, public health threats and make well-informed decisions to protect the American people. With funding provided in the FY 2022 budget, CDC will build upon previous investments in the data infrastructure to date and continue efforts to modernize public health data collection and analysis nationwide.

Public health threats know no borders, and CDC is working to prevent, detect, and respond to epidemic threats at home and abroad. With CDC experts embedded in countries around the world, CDC is supporting global COVID-19 response by leveraging core public health capacities and relationships built through decades of CDC global health activities. As we continue to confront new and emerging COVID-19 variants, as well as a surge of cases in India, support for CDC's work is even more important. CDC is working closely with U.S. government agencies, ministries of health, and other partners to assist countries in responding to COVID-19, while simultaneously developing and implementing adaptations to interventions for malaria, HIV, and vaccine-preventable diseases. With the President's proposed FY 2022 investments, CDC will not only address preparedness within the United States, but will also support core public health capacity improvements overseas and strengthen global health security by improving our ability to deploy experts internationally and support efforts to prevent, detect, and respond to emerging global biological threats. CDC will invest in global health security and continue to fight health

threats worldwide while simultaneously enhancing domestic preparedness to address threats here at home. Domestic health is increasingly impacted by global factors and CDC's global health security efforts include conducting research to ensure efficient disease response.

The Assistant Secretary for Preparedness and Response (ASPR) and CDC investments complement preparedness activities across HHS including basic and clinical research within National Institutes of Health (NIH) and activities within the Food and Drug Administration (FDA) to advance regulatory science and mitigate potential supply or drug shortages.

While we prepare for future pandemic threats, we are also facing a public health crisis that is already here: violence in our communities. The current public health emergency has shone a light on the issue of domestic and gender-based violence. More than 1 in 4 women and more than 1 in 10 men have experienced contact sexual violence, physical violence, or stalking by an intimate partner and reported significant impacts. The budget provides \$489 million for the Administration for Children and Families (ACF) to support and protect domestic violence survivors, which is more than double the FY 2021 enacted levels. The budget also provides \$66 million for victims of human trafficking and survivors of torture, more than 45 percent above FY 2021 enacted levels.

We have also seen the devastating impact of gun violence in communities across the country. Almost 40,000 people die as a result of firearm injuries in the United States every year, while homicide is the third leading cause of death for people ages 10-24. This is a public health issue, and one that disproportionately impacts communities of color. The budget addresses this crisis by doubling CDC and NIH funding for firearm violence prevention research. The budget provides \$100 million in discretionary funding to CDC to start a new Community Violence Intervention initiative, in collaboration with the Department of Justice, to implement evidence-based community violence interventions at the local level. In addition to the discretionary investment for the Community Violence Intervention initiative, the budget includes a total of \$5 billion in mandatory funding for CDC and the Department of Justice, beginning in FY 2023 and continuing through FY 2029.

The climate crisis has real public health impacts, and the HHS' mission depends on healthy and sustainable environments. HHS thus has a major role to play in the Administration's government-wide effort to tackle this crisis. HHS' investments to combat climate change in the FY 2022 Budget will advance health equity, lay the foundations for economic growth, and ensure that benefits from tackling the climate crisis accrue to tribal communities, communities of color, low-income households, and disadvantaged communities that have been marginalized or overburdened. The budget includes a \$100 million increase in NIH funding to support research aimed at understanding the health impacts of climate change, as well as an additional \$100 million investment in CDC's Climate and Health program to support efforts to understand and identify potential health effects, including children's environmental health considerations associated with climate change and implement plans to adapt to a changing environment. The American Jobs Plan also would invest \$1.5 billion to increase the resilience of hospitals and

critical infrastructure, fund health emergency preparedness cooperative agreements, and build resilience including in relation to the effects of a changing climate.

Caring for all Americans Through Health and Human Services

Central to the HHS mission is the charge to enhance the health and well-being of all Americans. The budget invests in areas across HHS to ensure that we are equitably serving the American people. As Secretary, I will ensure that this focus is fundamental to all of our work.

A critical part of this is investing in civil rights enforcement to ensure that all people receiving services from HHS-conducted or HHS-funded programs, no matter who they are, or where they live, can receive health care free from discrimination.

The FY 2022 Budget makes expanding affordable health care access a priority across Centers for Medicare & Medicaid Services programs. A recently released report titled “Health Coverage Under the Affordable Care Act: Enrollment Trends and State Estimates” shows that the Affordable Care Act (ACA) has expanded health insurance coverage to millions of Americans, and the budget goes even further. It builds on the groundbreaking reforms introduced in the American Rescue Plan Act by extending the enhanced premium subsidies that put affordable health care coverage within reach of millions more Americans. These improvements in the American Rescue Plan Act are lowering premiums for more than nine million current enrollees by an average of \$50 per person per month. In addition, due to the COVID-19 pandemic, an ongoing opportunity to apply for enrollment in Marketplace health care coverage is available on HealthCare.gov through August 15. This extension provides individuals and families a desperately needed opportunity to get quality, affordable health insurance coverage. As of May 10, over 1 million additional Americans have signed up for health insurance through the Marketplace, and an additional 2 million obtained improved benefits through the Marketplace, benefitting from both reduced premiums and more affordable cost sharing.

The FY 2022 Budget also expands access to critical home- and community-based services (HCBS) under Medicaid, critical health care services that allow older people and people with disabilities to live independently in their homes and communities. The budget builds on the additional Medicaid funding included in the American Rescue Plan that not only expands access to these important services but also strengthens state HCBS programs by allowing states to use the additional money to, for example, provide additional benefits, like mental health and substance use services, to beneficiaries, as well as to raise wages and provide paid leave for home care workers.

I look forward to working with the Congress to achieve the Administration’s goal of lower costs and expanded and improved coverage for all Americans. This includes reforms to lower the costs of prescription drugs, such as allowing Medicare to negotiate payment for certain high-cost drugs, and requiring manufacturers to pay rebates when drug prices rise faster than inflation. We will also work to improve Medicare, Medicaid, CHIP, and private insurance coverage, by

pursuing changes such as improving access to dental, hearing, and vision coverage in Medicare, making it easier for eligible people to get and stay covered in Medicaid, promoting Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements for eligible youth, and reducing out-of-pocket costs for individuals in private insurance coverage obtained through the Marketplace. The Administration also supports additional public coverage options, including a public option that would be available through the insurance marketplaces. Health care is a right, not a privilege, and I will work to ensure that families across the nation are able to secure this right.

The United States has the highest maternal mortality rate among developed nations, with an unacceptably high mortality rate for Black and American Indian/Alaska Native women. Addressing this critical public health issue is a major priority of this Administration, as evidenced by the American Rescue Plan's state option to extend Medicaid postpartum coverage. Building on HHS's longstanding efforts to improve maternal health, including the Department's recent Medicaid postpartum waiver approvals, the budget provides more than \$220 million in discretionary funding to reduce maternal mortality and morbidity by implementing evidence-based interventions to address critical gaps in maternity care service delivery and improve maternal health outcomes. This includes increased funding to CDC's Maternal Mortality Review Committees and the Health Resources and Services Administration's (HRSA) Rural Maternity and Obstetrics Management Strategies program. HRSA also prioritizes maternal health through its Title V Maternal and Child Health Block Grant and Alliance for Innovation on Maternal Health programs. As with all our public health work, collecting good data will be critical. In addition to these discretionary resources, the budget includes \$3 billion in mandatory funding over five years, to invest in maternal health and reduce the maternal mortality rate and end race-based disparities in maternal mortality.

HRSA's work is central to our focus on serving all Americans, given their mission to improve health outcomes and address health disparities. HRSA-funded Health Centers provide access to care for low-income and marginalized populations, and they serve 1 in 11 people in the nation. The President's Budget increase to workforce diversity programs, highlights HRSA's commitment to supporting health care providers dedicated to working in underserved areas and building toward a workforce that reflects the communities it serves and is able to provide culturally relevant care.

The budget provides \$670 million across HHS to continue efforts to end the HIV epidemic in the United States by working closely with communities that have high rates of HIV transmission to implement effective prevention, diagnosis, and treatment strategies, including ones that address the disproportionate impact of HIV and Hepatitis C infections in Tribal communities. HHS programs have already made major progress in combating the HIV epidemic. HRSA ensures equitable access to services and supports for low-income people with HIV through Health Centers as well as the Ryan White HIV/AIDS Program. In 2019, 88.1 percent of those served under the Ryan White HIV/AIDS Program had achieved viral suppression, a record level that

exceeds the national average of 64.7 percent. HHS will build on this work to end the epidemic once and for all.

Also, directly connected to the HHS mission is the need to provide access to high-quality care, no matter where you live. HHS will continue to focus on the unique needs of rural communities. HHS administers a range of programs that address rural health, from those that serve large populations such as Health Centers, to those serving targeted populations such as the Black Lung Clinics Program. The FY 2022 budget serves active, inactive, retired, and disabled coal miners and their families through high-quality medical, outreach, educational, and benefits counseling services. It also provides funding to increase the number of individuals receiving training and serving in health professions in rural communities, as research has shown that providers are likely to remain in the communities where they train as residents.

HHS will also address the stark health disparities that persist in Tribal communities by investing in the Indian Health Service (IHS), which serves over 2.6 million American Indians and Alaska Natives. The COVID-19 pandemic's devastating impact on Tribal communities has demonstrated the real human toll of these disparities. The budget provides a \$2.2 billion, or 36 percent, increase for IHS in order to take a historic step to address chronic underfunding, expand access to high-quality health care, and address critical facilities and information technology infrastructure deficiencies across Indian Country. For the first time, the budget also proposes advance appropriations for IHS to provide stability for the Indian Health system and parity with how other Federal health agencies are funded. I am committed to strengthening the Nation-to-Nation relationship between the United States and Indian Tribes. To this end, the budget supports self-determination through a consultative process to consider long-term solutions, including mandatory funding, to ensure adequate and stable funding for IHS.

The budget also provides an 18.7 percent increase to the Title X Family Planning program to improve access to vital reproductive and preventive care and to advance gender equity. Over the last two years, nearly half of the programs supported by Title X lost providers as a result of the 2019 regulation which added burdensome restrictions inconsistent with quality care guidelines and ultimately resulted in many highly qualified, longstanding healthcare entities to exit Title X. The budget allows Title X to not only restore highly qualified providers, but also to expand its essential services to meet increased demand as a result of the global pandemic and resulting recession. In 2019, Title X-funded clinics served almost 3.1 million Americans, 66 percent of whom had incomes at or below the federal poverty level and 41 percent of whom were uninsured. This is nearly 1 million fewer people served than in 2018.

Investing in Children's Futures

Our experiences as children shape the adults we become, and support in childhood can mean success in the future. As Frederick Douglass wrote, "It is easier to build strong children than to repair broken men." High-quality early care and education lay a strong foundation so that children can take full advantage of education and training opportunities later in life. The

American Jobs Plan and the American Families Plan invest in school and child care infrastructure and workforce training, and ensure that low and middle-income families pay no more than 7 percent of their income on high-quality child care. These investments include \$200 billion over ten years for a national partnership with states to offer free, high-quality, accessible, and inclusive preschool to all three- and four-year-olds, benefiting five million children. The budget also invests \$250 billion over ten years to make child care affordable.

The budget also provides \$19.8 billion in discretionary funding for the Department's early care and education programs in ACF, \$2.8 billion over FY 2021 enacted. This includes \$11.9 billion for Head Start, which helps young children enter kindergarten ready to learn. Head Start programs deliver services through 1,600 agencies in local communities, and they provide services to more than a million children and pregnant women every year, in every U.S. state and territory. In addition, the budget provides \$7.4 billion for the Child Care and Development Block Grant, \$1.5 billion over FY 2021 enacted, to expand access to high-quality child care for families in all corners of the country. Over a million children receive child care subsidies every month funded by the Child Care and Development Fund, and nearly half of the families receiving child care subsidies reported income below the Federal Poverty Level. These investments will improve outcomes for children across the country.

The budget also invests in improvements to the child welfare system, particularly to address its racial inequity. The budget provides \$100 million in new competitive grants for states and localities to advance reforms that would reduce the overrepresentation of children and families of color in the child welfare system and address the disparate experiences and outcomes of these families. This funding will also give more families the support they need to remain safely together. The budget also provides \$200 million for states and community-based organizations to respond to, and prevent, child abuse, over 30 percent above FY 2021 enacted.

Combating Mental Health and Substance Use Crises

HHS must address the public health crises associated with mental health and substance use disorders. This need is especially urgent given that both crises have accelerated during the COVID-19 pandemic. Calls to mental health helplines have increased across the country as Americans struggle with increased anxiety, depression, risk of suicide, and trauma-related disorders resulting from the pandemic. Younger adults, racial minorities, essential workers, and unpaid adult caregivers are particularly impacted. Similarly, preliminary data from 2020 suggests that overdose deaths, which were already increasing, accelerated at an unprecedented rate during the pandemic. Provisional data suggest that over 90,000 drug overdose deaths occurred in the United States in the 12 months ending in September 2020. That represents a year-over-year increase of close to 29 percent.¹ This crisis is also evolving—overdose deaths

¹ Centers for Disease Control and Prevention. (2021). Vital Statistics Rapid Release: Provisional Drug Overdose Death Counts. Retrieved May 6, 2021 at <https://www.cdc.gov/nchs/nvss/vsrn/drug-overdose-data.htm>

involving substances other than opioids are also increasing. HHS will ensure that our work is responsive to the needs of communities across the country.

The budget addresses these crises through investments in the Substance Abuse and Mental Health Services Administration.

In a historic investment, the budget provides \$1.6 billion to the Community Mental Health Services Block Grant to respond to the systemic strain on our country's mental health care system—more than double the FY 2021 level. To address the undeniable connection between the criminal justice system and mental health, the discretionary request will also invest in programs for people involved in the criminal justice system. HHS will also focus on the behavioral impact of COVID-19, including on children. When children and young people face Adverse Childhood Experiences (ACEs) such as trauma, it can continue to affect them across their lifespan, so it is critical we intervene now to support their social, emotional, and mental well-being.

The budget also takes action to address addiction and the overdose epidemic, investing \$11.2 billion across HHS, \$3.9 billion more than in FY 2021, including \$3.5 billion for the Substance Abuse Prevention and Treatment Block Grant, which has historically failed to keep up with increases in the cost of providing substance use care to America's neediest citizens. For the first time, the budget includes a 10 percent set aside for recovery support services, a critical step for building and sustaining the nation's recovery support services infrastructure. The Block Grant remains a critical source of funding for states, tribes, and territories to provide prevention, treatment, and recovery support services to their citizens. The impact of this epidemic is felt in our communities, and the budget will direct funding to states and Tribes to increase community-level response. The budget will also increase access to medications for opioid use disorder and expand the behavioral health provider workforce, particularly in underserved areas. I greatly appreciate the investments the American Rescue Plan Act provided to the Substance Abuse Prevention and Treatment Block Grant, Mental Health Block Grant, and Certified Community Behavioral Health Centers, and HHS will continue to build on these efforts.

Promoting Biomedical Research

HHS' work is responsible for major scientific breakthroughs, and we are committed to supporting innovative science and research in order to advance the health and well-being of our nation. As the world's premier biomedical research agency, NIH will continue to be at the forefront of scientific advancements. The budget includes \$52 billion for NIH, a \$9 billion increase or 21 percent increase over FY 2021 enacted. Included in this increase is \$6.5 billion to establish the Advanced Research Projects Agency for Health (ARPA-H). With an initial focus on cancer and other diseases such as diabetes and Alzheimer's, this major investment in Federal research and development will leverage ambitious ideas to build transformational platforms, capabilities, and resources to speed the application and implementation of health breakthroughs and shape the future of health and medicine in the U.S.

This bold new approach will complement NIH's existing research portfolio, which is a vital contributor to longer and healthier lives, supports and trains world-class scientists, and drives economic growth. Outside of ARPA-H, the remaining \$2.5 billion increase will allow NIH to continue investing in basic research and translating research into clinical practice to address the most urgent challenges, such as HIV/AIDS and ending the opioid crisis.

Restoring America's Promise to Refugees

HHS plays a critical role in promoting the wellbeing of those seeking refuge or relief in the U.S. The FY 2022 budget provides over \$4.4 billion to the Office of Refugee Resettlement (ORR) – an increase of over \$2.5 billion above FY 2021 enacted. This funding would allow ORR to support an increase in the refugee admissions ceiling to 62,500 this fiscal year and to continue to rebuild the resettlement infrastructure in order to resettle up to 125,000 refugees in FY 2022.

This funding increase also reflects a commitment to ensuring that unaccompanied children are provided with care and services that align with child welfare best practices while they are in ORR's custody, and unified with relatives and sponsors as safely and quickly as possible. Despite significant challenges posed by COVID-19 and policies from the previous administration, HHS is humanely caring for unaccompanied children while working to unite them with a vetted sponsor. Working across government and in close partnership with the Department of Homeland Security, we have substantially increased our ability to quickly facilitate the transfer of children out of U.S. Customs and Border Patrol custody and into child-appropriate settings, including with fully vetted sponsors.

Funding Core Program Operations

It is simply not possible to meet the HHS mission and address all these key changes without sufficient funding to cover our operational needs. The FY 2022 budget invests to bolster operations. It strengthens administrative and operational resources throughout the Department needed to ensure proper stewardship of resources entrusted to HHS by Congress.

Providing Oversight and Program Integrity

Given the magnitude of HHS's work—and the taxpayer dollars used to fund it—it is critical that we ensure that our funds are used appropriately. The budget invests in program integrity, including efforts to combat fraud, waste, and abuse in Medicare, Medicaid, and Private Insurance.

Conclusion

I want to thank the Committee again for inviting me to discuss the President's FY 2022 Budget for HHS, which offers a comprehensive fiscal vision for the nation that reinvests in America's

health, supports future growth and prosperity, and meets U.S. commitments in a fiscally sustainable way. I look forward to continuing to show how HHS helps fulfill that vision.

Chairman SCOTT. Thank you. Thank you very much. We'll now get to Member questions beginning with the gentleman from Arizona Mr. Grijalva.

Mr. GRIJALVA. Thank you very much Mr. Chairman and thank you for being here Secretary Becerra. It's good to see you again my friend, and glad to have you in this very important and vital role

and leadership that you've earned as Secretary of Health and Human Services.

As you have heard already today, and the drumbeat will continue that it is your fault, and by extension the fault of the Biden administration for any perceived or real ills that are affecting the American people. The attack on January 6 on our democracy forgotten; just a mere walk in the park.

Four years under the previous Administration of concerted efforts to dismantle healthcare, aggravate the disparity that already exists, undercut and sabotage Obamacare, that didn't occur. The tax cuts to the super wealthy that have skewed and affected the services that the American people need and demand from their government, and the punitive refugee and immigration policies that were the hallmark of the previous administration.

So yes, recovering from those is difficult, and it's going to continue to be difficult, but I'm glad to have you in that role Secretary to lend some leadership, some rationality and some empathy and compassion to those issues that the American people need addressed, and need addressed quickly.

I think the efforts in your budget reflect that, and I'm proud to support it. Two questions that we saw during the pandemic responses. First, the lack of the response, but as a response undertook itself and certainly under the leadership of the Biden administration even more so, the role of public health departments, county based public health departments, how important they became in the vaccination process and the outreach process, in the testing process, and what role do you see for public health going forward in those departments in particular, and what in the budget do you see as reflecting that?

The other issue is childcare. That is a glaring need in this country for working parents, and particularly for working moms, how do you see that in the budget being reflected, and with that I'll turn that back over you to Secretary, for your response to that thank you.

Secretary BECERRA. Congressman, great to see you, thank you for the question. Public health one of the most important lessons we've learned is how ill-prepared this country was to reach everyone in America who needed help when it came to COVID. And part of the problem was we didn't have a good partnership and a clear safety net where we were interconnected with our public health colleagues at the State and local level.

And what we should learn from that is that we should never again allow those gaping holes to exist in our national public health safety network. We are working closely with our partners. We are providing guidance and support, not just simply mandates, and so we allow on the groundwork to be done by those closest to that work, but we will be there to support. We will not ever again I hope return to the day when we tell people you're on your own.

It is time for us to work together, public health must be addressed. We don't want to see another pandemic, and that's why we're preparing with our State and local partners to be ready to provide everyone in America with the healthcare that they need, and for that you need a strong, safety net of public health.

The second question was childcare.

Mr. GRIJALVA. Childcare.

Secretary BECERRA. Yes. I hope that you all succeed in passing the American Family Plans that the President has introduced, because it will be a generational type of investment in our kids. We know that barely one in seven children who qualify, who is eligible to receive childcare has a chance to get it, and we want to change that.

We saw again with COVID what happens when you don't have adequate childcare, when you don't pay people who provide childcare services enough, and we can't experience that again. It's not just important for the health of our families, it's important for the health of our economy.

Mr. GRIJALVA. Mr. Chairman thank you so much and I yield back.

Chairman SCOTT. Thank you. Next will be the gentleman from South Carolina, Mr. Wilson.

Mr. WILSON. Thank you, Mr. Chairman and thank you Ranking Member Virginia Foxx. Mr. Secretary, I agree very much with Ranking Member Virginia Foxx that we should be in-person. I think it's actually insulting that we're not in person for you to be able to speak to the American people, for us to be present with you to speak to the American people.

We can always remember that the architect of Obamacare, Jonathan Gruber, said that it was built on the stupidity of the American people, and that means that we need to be open and transparent and somehow be working together in a bipartisan manner, but it can't be done with the level of isolation that I see here today.

Mr. Secretary in light of the recent cybersecurity threats I was grateful to represent a Savannah River site in South Carolina and George to see that the HHS is taking initiative to increase cybersecurity for the radiation dose reconstruction program affecting claimants under the Energy Employees Occupational Illness Compensation Program Act.

Unfortunately, as a result the National Institute for Occupational Safety and Health established a temporary moratorium of completing dose reconstructions. A key process for many claimants with cancer, meaning that workers from sites like the Savannah River site that I represent, will not be able to proceed with their claims.

What if any immediate alternatives could be done to by NIOSH to implement, to ensure these claimants can proceed with their claims during the period, especially for those that are terminally ill?

Secretary BECERRA. NIOSH plays a very important role along with the Department of Labor trying to make sure we're protecting the health and safety of our workers. The research that we do is indispensable. We will continue to do that work. We understand that COVID has disrupted many things, and what I can commit to you is that if you believe that there's more that we can be doing, we can work with you.

Please inform your team to reach out to my team, and we will work with you if you believe there's something more that we should be doing at NIOSH.

Mr. WILSON. Well, thank you and in fact I've got a really talented young lady Emily Saleeby who will be in touch with your staff right away.

Secretary BECERRA. We'll be waiting for her call.

Mr. WILSON. Well, hey, she's available 24 hours a day, 7 days a week. It's really good. Mr. Secretary the policies contained in H.R. 3, Speaker Pelosi's partisan drug pricing scheme, will stifle the very innovation that contributed to the America's Wuhan virus vaccine success.

I'm grateful to cosponsor H.R. 19, the Lower Cost More Cures Act, which is produced by Ranking Members Kathy Morris Rogers, Kevin Brady, and especially Congresswoman Virginia Foxx. Every provision in H.R. 19 is a bipartisan solution to drug pricing issues. Just last Congress we sent 15 bipartisan provisions of the Lower Cost More Cures Act to President Trump that he signed into law.

The last thing I believe is that we need for government to hinder private sector investments to the ability of drug companies to develop treatments and vaccines, especially during a pandemic. With the White House Council of Economic Advisers, and even the Congressional Budget Office in agreement that H.R. 3 would lead to fewer new drugs being produced over the next decade, do you agree that H.R. 3 will have a negative impact on the private sector's ability to development treatment and cures for patients which we encounter when we do encounter another pandemic?

Secretary BECERRA. I think you and I and everyone agrees regardless of what the legislation is that we have to reduce the cost of prescription medication. We have to make vaccines available to all, and that requires us to continue to have the infrastructure in this country, both public, but also importantly private; the private research and manufacturing capabilities to put out the vaccines as we've seen occur with COVID.

And what I will tell you is the President has been very committed and he's been very public about this that he wants to see the price of drugs go down, and he is willing to work with anyone. H.R. 3 is a proposal that not only reduces the price of prescription medication, but it also saves the government quite a bit of money. But there are other proposals as you mentioned, and we are open to considering any proposal that reduces the price of prescription medication and protects the American people.

Mr. WILSON. Well, thank you and indeed, I'm so grateful for the leadership of the Congresswoman Virginia Foxx, and I know she'd be happy to meet with you and explain the benefits and the superior status of H.R. 19 to 3, and with that I yield back. Thank you.

Chairman SCOTT. I thank both of our questioners for staying within time. I forgot to ask people to maintain their time because if everybody goes 1 minute over, we'll be almost an extra hour in the hearing, so we're going to try to keep exactly to five minutes, and I appreciate the first two who are complying before I gave the warning.

And next will be the gentleman from Connecticut, Mr. Courtney.

Mr. COURTNEY. Thank you, Mr. Chairman and Mr. Secretary it's very exciting to see you here today as one of our former colleagues. Congratulations on your confirmation, and also congratulations on your great work as Attorney General in California.

You again, were one of the AG's that stepped forward to defend the Affordable Care Act, and with passage of the American Rescue Plan which we have now already seen in the very short space and time that well over a million new Americans have now enrolled in qualified health plans as well as there's an expansion on the Medicaid side, so your work was not in vain. It was really critical to stand up in the ACA's hour of need.

I also want to thank you for your great work in terms of protecting defrauded student borrowers. The news yesterday that Secretary Cardona who hails from the State of Connecticut was finally going to discharge the debt of defrauded student borrowers from ITT Tech that's about 72,000 borrowers across the country who got totally ripped off by that institution in the last administration.

I mean just disgracefully was refusing to provide relief for those students. Again, as Congresswoman Hayes can attest there's well over about 1,000—2,000 kids in Connecticut that are going to get relief from that order, so again your work as AG was not in vain.

Mr. Secretary I wanted to focus for a minute on a COVID policy which HHS adopted, which I support, which is they basically suspended the 3-day hospitalization rule for Medicare patients to get coverage upon discharge from hospital. This has been a persistent problem over the years in terms of the way hospitals were coding patients as outpatient as opposed to inpatient, and we just have horror stories over the years of elderly patients with broken hips, ribs, who in some instances were in hospital for 5, 6, 7, sometimes 12 days, and then found out that they did not qualify for follow-on rehab care for their injuries because of the way they were coded as observation status, not inpatient.

Again, HHS suspended that rule during the pandemic, which I think was a smart move. And I would like to at least flag this issue. There is a bipartisan bill H.R. 3650. It is supported by over 30 geriatric groups including ARP, the Committee to save social security and Medicare, and many provider groups like the ER docs and other to really get rid of this surprise billing on steroids, because that really is what happens to patients when they again find out that they were coded in the wrong bucket and lose this coverage.

Again, it's a very specific issue. I don't want to put you on the spot this minute, but I want to flag it for you that you know as the emergency order sunsets that the system is going to snap back to where it was before, and we want to work with the Department to either enact 3650, or get some policy, and I don't know whether you just want to react and comment. I do have one other question.

Secretary BECERRA. Congressman first, great to see you again, and actually I'm aware of this. I look forward to working with you. You understand that this is a statute we have some constraints in what we can do, but we are absolutely willing to work with you. President Biden is committed to expand access to care, not reduce it, so definitely look forward to working with you.

Mr. COURTNEY. Well, thank you, and you're right, we do need to move forward by law, but the good news is we now have some data during the pandemic to show that maybe some of the cost issues that have raised concerns in the past really in some ways allowing

people to get the care that's medically prescribed that actually reduces hospital readmissions.

And again, just really quickly on H.R. 3, I just would not that that bill, the savings that accumulates which you mentioned, a big portion of that is actually getting invested in the National Institute of Health. The bill also totally protects and preserves the R&D tax credit which pharmaceutical companies like Pfizer, you know, utilize and Moderna utilize.

So, you know we are leaving a framework that still encourages investment in R&D, and I think frankly, the collaboration of Congress in the CARES Act, other COVID bills and the Rescue Plan working with the private sector is a great success story, but frankly the taxpayers and patients should not have to bear the brunt of unacceptable prices for medications like insulin that have been off patent for decades.

Secretary BECERRA. I agree with you Congressman, and we're definitely looking forward to working with you and your colleagues to get something done to reduce the cost of prescription medication.

Mr. COURTNEY. Thank you. I look forward to it again. Congratulations, it's great to see you.

Secretary BECERRA. Thank you. It's great to see you as well.

Chairman SCOTT. Thank you, the gentlemen for the minority side is the gentleman from Michigan, Mr. Walberg.

Mr. WALBERG. Thank you, Mr. Chairman and Secretary Becerra, welcome back to the people's house. I wanted to followup on a question that I know you've received in previous hearings, but now that you have had some time to talk with your team perhaps you have had time to learn more about the rationale.

In reference to efforts to reduce maternal mortality in the Centers for Disease Control and prevent some budget justification the budget uses the term on page 14 of that document, uses the term of "birthing people." Secretary Becerra is there a reason the agency is using the term "birthing people," and that's the only spot I've seen in the budget, but the term was used birthing people, rather than mother in this context. Is there a reason?

Secretary BECERRA. Congressman, thank you for the question and let me try to explain as I did the last time that use of the word birthing people is an effort to try to be not only inclusive, but accurate in the way we describe the individuals involved in this particular matter.

And that would include mothers, that would include women of whatever walk of life, but we want to make sure we're inclusive, and we want to make sure we're using words that are accurate to convey what is going on.

Mr. WALBERG. Well, let me followup with that. At a previous hearing you said the goal was to be precise in the language you choose. Why is mother not a precise term that's totally inclusive in every way, shape, and form? In fact, when we've first began hearing that term "birthing person" or "birthing people", mothers and women in general all across my district expressed great concern that that was not a precise term, it was more given to agriculture, and it was pejorative in their mind.

Mother is a term that is special, it's unique, it speaks specifically to the uniqueness of birth itself and who is capable of doing that

thankfully. Can you provide this Committee with a definition of birthing person specifically?

Secretary BECERRA. And thank you for asking the question in a thoughtful way, as it does require a thoughtful response. Congressman, as you and I know, there are individuals take for example a surrogate who will not be the mother of that child. There are individuals who do not categorize themselves as being male or female, and what we want to make sure is that we are not excluding anyone when we use particular terms.

Certainly, birthing person would include a woman who considers herself to be a future mother.

Mr. WALBERG. Well, again, as we see all across the course of your budget mother is used but one spot, birthing people is put in. There's a concern that there's a camel's nose under the tent for social change, and social engineering that goes against precise X and XY chromosomes and science itself.

I express strong opposition to that on behalf of mothers and women all across my district, and I believe across this country. There's a time when we say what we really mean, and a mother is a mother, surrogate or otherwise. The term is understood Secretary, I'd encourage you to remove that term.

Perhaps you could also clarify another issue that has come up regarding the Federal law on partial birth abortion. In response to several Members of Congress you said you will follow that law under Roe v. Wade however, it has not been clear if you recognize the law as defined in Section 1531 of Title 18 U.S. Code which bans specifically partial birth abortion.

In your response to Representative Joyce at your May 12th hearing, you stated that partial birth abortion is not a medically recognized term. With all due respect Secretary Becerra were you suggesting that doctors would not have to follow the law because they used different terms?

Secretary BECERRA. Congressman, thank you again for the question and the thoughtful way it was presented. Just as I am required to follow the law and do, and will, every physician in America must follow the law, and I will repeat what I've said before. In this country the law of the land is Roe versus Wade.

A woman has a right to exercise her choice when it comes to reproductive health. We will defend that right, and we will protect that right, and we recognize that we must do that according to the law that exists in America.

Mr. WALBERG. Well, I encourage you, even though you voted against the law that banned partial birth abortion, it is the law. Section 1531 of Title 18, Title 18 U.S. Code, with that I appreciate your response and I yield back.

Chairman SCOTT. The gentleman yields back. Next the gentleman from the Northern Mariana Islands, Mr. Sablan.

Mr. SABLÁN. Thank you very much Mr. Chairman for this. Secretary Becerra, thank you for joining us. Congratulations on your new job. You have to make up your mind whether you're going to live in the east coast or the west coast. You're always welcome here in Congress.

Mr. Secretary the question

[inaudible] address the barriers indicated in the territories caused by a Medicaid funding gap and an incidental local matching rate. Are you familiar with that section of the bargain; and if so, can you elaborate on the Administration's position on that addressing the disparities in the insular areas and territories please?

Secretary BECERRA. First, great to see you again, always wonderful to have a chance to work with you and I guess I'm familiar with this issue. You and I have worked on these issues in the past on behalf of the territories, and the President has also been clear where he stands on this issue.

In his budget he makes it very clear that he supports eliminating the Medicaid funding caps for U.S. territories, and in aligning Medicaid financing for the territories with that of the states.

Mr. SABLON. Thank you. And I'm going to jump to another issue. I have several that I will submit for the record, but Mr. Secretary starting in Fiscal Year 2021, HHS is required to set aside 75 million for the territories from the full amount appropriated in the childcare entitlement states program.

We find that the 75 million is going to be allotted among the territories in proportion to their respective needs. What data or formula does HHS use to determine their respective needs of each territory? You can answer now or come back with me later.

Secretary BECERRA. Congressman let me get back to you on the precise data, or the formulation that was used, and I'm pretty sure you were asking about childcare, but it's a little difficult to understand your question because at least for me you were coming in and out, but I think it was regard to childcare, and how that funding would work for the territories. We can get back to you on that.

Mr. SABLON. All right. And I will submit this question for you to review and give us some answers Mr. Secretary. Let me also say before I forget and get to my next question. Mr. Secretary I want to thank the men and women in your department, the men, and women in various public health agencies throughout the Nation, and of course to the American people sir. Just today my district in Northern Mariana Islands moved to the community vulnerability developing.

This is great news and since we started this pandemic, I think 180-something infections, and of that we have had two deaths. In the very, very, beginning from individuals who are coming in and were sick before they got here. But of course, we couldn't have done any of this sir people say if it weren't for the generosity of the American people, and I thank you for all the help.

But my final question Mr. Secretary, Northern Mariana has never been eligible for especially in our country, for 5 percent of the funding from pandemic emergency assistance, or set aside for tribal pilot programs. We distributed it in the manner deemed appropriate by the HHS Secretary.

[Inaudible]—funding for the Northern Marianas?

Secretary BECERRA. Congressman absolutely. Let me first say that I know the President believes this, and I feel it as well that when it comes to pandemics, or any types of crises we all reach out to everyone in the American family, and certainly our brothers and sisters from the Mariana Islands and the territory are part of the American family.

And so, when it comes to something like a crisis, or where it comes to the distribution of funding, we will do at HHS what we can to make sure that those funds first go to those in need, and we try to do it in a way that lets us show a transparent allocation. And so, what we're willing to do is work with your office if you'd like your team, to give you a more precise answer as to what the Mariana Islands can expect.

Mr. SABLON. Yes sir, thank you. It is good seeing you again Mr. Secretary. Mr. Chairman I yield back.

Chairman SCOTT. Thank you. The next I see on the screen is the gentlelady from New York Ms. Stefanik.

Ms. STEFANIK. Thank you, Mr. Chairman. Secretary Becerra you talked about in your testimony the importance of focusing on access to healthcare in rural communities, and I represent a very rural district in northern New York.

One of the challenges we've faced is there was a CMS redefinition of the term primary care, this significantly narrowed the eligibility criteria, and it's putting many of our rural hospitals at risk of losing their critical access hospital status. I am working with my colleague, Representative Delgado, across the aisle on addressing this issue which is particularly challenging because it pulls the rug out from under these hospitals, amidst a very challenging once in a century pandemic.

Can you commit to working with both of us on a bipartisan basis to address this misguided redefinition because this is going to impact rural districts across America?

Secretary BECERRA. Congresswoman, thank you for the question. I'll make sure that the team at CMS is aware that you're asking this question, and absolutely would commit to working with you and your colleagues to see where we can head on this.

Ms. STEFANIK. My next question is regarding during the Trump administration, President Trump created the Religious and Religious Freedom Division within HHS's Office of Civil Rights to review complaints of discrimination against healthcare entities that exercise their rights under the law to choose not to provide or pay for abortions or other healthcare procedures.

It is unclear based upon the language in President Biden's budget, but do you plan on eliminating the Religious and Religious Freedom Division yes or no?

Secretary BECERRA. Congresswoman, we are going to continue the work that it takes to protect the rights of all Americans, including religious freedom rights. We're going to do everything we can to be as aggressive as possible. My history, if you'll take a look at it, is one about defending Constitutional and civil rights of all Americans, and as a person of faith I can guarantee you that we will do everything we can to make sure people are able to exercise their rights under the Constitution when it comes to religion, their faith, and so forth.

Ms. STEFANIK. So that's a no, that you won't eliminate that division?

Secretary BECERRA. We're going to continue to move forward in protecting people's rights and having an Office of Civil Rights that will continue to protect those. We have a number of cases that are coming before us. All of those, if they deal with Constitutional civil

rights, we under the Office of Civil Rights, we'll be protecting those rights.

Ms. STEFANIK. Great. It's a simple question, is it a yes or no that you plan on eliminating the Conscious and Religious Freedom Division?

Secretary BECERRA. We will do nothing that's against the law.

Ms. STEFANIK. So, you won't eliminate it, great. I'll take that. You'll do nothing to eliminate thank you. And I am familiar with your record while you were Attorney General of California, HHS found the State of California to be in violation of Federal law by imposing universal abortion coverage mandates.

I just want to reiterate on the record do you commit to upholding the enforcement of Federal conscious protections and religious freedom laws, including the Weldon Amendment?

Secretary BECERRA. Congresswoman we will continue to respect and not only follow the law, but enforce the law when it's under our jurisdiction, including the religious rights of Americans.

Ms. STEFANIK. Great. So, the answers I've gotten today are thank you for being willing to work with us on a bipartisan basis on the rural healthcare issue. No, there will not be an elimination of the Conscious and Religious Freedom Division, and commitment to upholding Federal law when it comes to conscious protections, thank you I yield back.,

Chairman SCOTT. Thank you. Next will be the gentlelady from Florida Ms. Wilson.

Ms. WILSON. Good morning. I could hear you.

Chairman SCOTT. I could hear you.

Ms. WILSON. Good morning, everyone, and Secretary Becerra welcome home. We are so proud of you, and everything that you have accomplished, and you've earned it all, so God bless you as you assume this high position, we are so proud of you. I just want everyone to remember why we are holding this hearing remotely. Our country lost over 600,000 people in a pandemic, they died.

And my district is an epicenter. And people are still dying, and they will continue to die until we can vaccinate everyone and get rid of all these conspiracy theories and misinformation. And Members of Congress are going to continue to get sick and to die until all Members of Congress are vaccinated.

Now with that said I just have a couple of questions for the Secretary, and I think it would be best if I asked my questions in threes, and then you answer them. No. 1, school nurses. We have a police officer in every school. We tried to do that across the country, and I'm just wondering with what has happened during this pandemic do you agree that instead of having police officers in every school, we should focus on having a healthcare professional at every school?

I have a bill that I have been filing for years, it's one nurse one school, and I filed it through the legislature, through the Senate and in Congress, and I want to know how you feel about that. Also, the American Rescue Plan includes a temporary 5 percent Federal medical assistance percentage increase for states to expand Medicaid.

I'm from Florida. I wrote my Governor a letter asking him to expand Medicaid, and I want to know what you would say to Gov-

ernor DeSantis to make him expand Medicaid, because I'm not having any luck with it. And then sickle cell anemia, what does HHS do to ensure that patients who are Medicaid and Medicare beneficiaries have equal access to all of the innovative therapeutics that are now available? Those are the first three.

Secretary BECERRA. Congresswoman great questions and great to see you. You look the same, I love those hats. First, nurses in school. You and I probably remember the days when we were in elementary school and we knew that there would be a nurse there for us, and what a sin that we don't do that for our children today right?

Especially in our schools most in need to have access to a nurse. If you help us pass the American Families Plan, I guarantee you we will see far more nurses in our schools providing care to our children who really need it, because we'll give the resources to our local school districts to do that, so I hope we're able to work with you to pass the American Families Plan.

Medicaid expansion, what would I tell any Governor? You got elected to care for all the people in your State, not just some. We're offering you a deal that is hard to beat. We're going to actually help pay for virtually almost 100 percent of that cost of that care for that individual who doesn't have access to care right now, and hopefully then you'll buy into it and find that it makes sense to cover someone, because they won't be getting their healthcare at the emergency room, the most expensive way to get it now.

And so, it's a savings not just for you as Governor, it's a savings for us as a Federal Government when we get people good care, and they start getting the preventative care that keeps them from getting really ill and suffering from those chronic illnesses in the future that cost so much.

Finally, sickle cell anemia. Congresswoman I've got to tell you, I think there's some bright news on the horizon when it comes to sickle cell. Finally, we're beginning to see far more investment, but this is where a program like ARPA H is so critical, because it lets us zero in on these really difficult and devastating diseases and conditions that sometimes because they don't hit everyone, are far more expensive to focus on.

This lets us target some of those like sickle cell, certain cancers, Alzheimer's, and actually come up with a solution, so I hope you'll be supportive of our efforts to start ARPA H which will let us go and save lives.

Ms. WILSON. Thank you. Quickly, I Chair Higher Ed, so I'd like to know how will the HHS budget support CDC engagement and technical assistance for colleges and universities in the event of an outbreak now that we're opening colleges and universities?

Chairman SCOTT. If you can be very quick because the time has expired.

Secretary BECERRA. Congresswoman I'll simply say that as I said before, we can't have holes in our public health network, certainly our schools, whether college or K through 12 has to be part of that network to protect everyone in the case of a pandemic.

Ms. WILSON. Thank you and I yield back.

Chairman SCOTT. Thank you. The gentleman from Georgia Mr. Allen.

Mr. ALLEN. OK can you hear me, OK?

Secretary BECERRA. Yes sir.

Mr. ALLEN. Good. Mr. Secretary thank you for joining us this morning and obviously my constituents are concerned with the cost of healthcare and certainly, some of the issues surrounding you know surprise medical billing and that sort of thing. My first question, and again, I don't you know I can't tell you where these numbers are coming from, but I'd like to know what your agency can give me that will tell me because Mr. Scott, Chairman Scott brought up the Philippines this morning versus the United States.

And I understand we pay about 10 times per capita for healthcare in the United States versus other nations. Is that correct?

Secretary BECERRA. Congressman I can't say that it's 10 times, but I know compared to the rest of the industrialized world America has the most expensive per person cost of healthcare. Other countries that provide quality healthcare to all their people whether it's Canada, France, Germany, Great Britain, they all do it for far less than we do.

Mr. ALLEN. Yes, and that might explain why they're coming here for healthcare. Mr. Secretary, for each premium dollar in taxpayer dollars that is paid into Obamacare, what percent of a dollar gets back to take care of a patient?

Secretary BECERRA. All right so I'll get back to you on a precise number. If I recall correctly at least close to 80 percent of any dollar that's spent must be, must go into actual care. I know I'm probably off on that number. I remember from my days in helping craft the Affordable Care Act back in 2009 and 10 that we wanted to make sure that the lion's share of any dollar that an American consumer puts into healthcare would be spent on healthcare, not on marketing, not on profits, and so the lion's share of that dollar in the Affordable Care Act must be spent on care for that patient.

Mr. ALLEN. Right and exactly right now it has to run through Washington to get back to take care of a patient, and that's what I want to know is exactly what Washington is taking out of that dollar. We have about 8 million jobs open in this country 10 million people are not working. Of those 10 million about 3 and a half million are on enhanced unemployment because of the American Rescue Plan.

Mr. Secretary strong economic growth allows more workers to enjoy the benefit of health insurance provided by their employers. Do you agree that getting people back to work would help decrease the number of uninsured individuals in the United States?

Secretary BECERRA. Any time you have a job Congressman, as you know, if you're far more capable of affording the healthcare that your family needs, but to have a healthy economy we need a healthy America, and that's why it's so important that we continue to expand healthcare and get people back to work.

If they can get everyone vaccinated, get everyone to be safe. I think what we're going to do is see a prosperous America moving forward.

Mr. ALLEN. We've you know gotten about as I said, about 25 million work capable Americans trapped on welfare and why does the Biden administration budget propose to continue COBRA subsidies

and expand ACA subsidies which make it more appealing not to seek employment?

Secretary BECERRA. Congressman COBRA is a program that's been a lifeline for a lot of Americans who lose their job and as a result their health insurance attained with the job.

Mr. ALLEN. I understand the purpose.

Secretary BECERRA. Well, it gives people a bridge until they're able to find other insurance, whether through their new employer, or through some other means, whether it's on the Affordable Care Act or elsewhere, and what you want to do is make sure that you don't have these gaps.

COVID exposed the gaps that we have in our healthcare system. The result of this pandemic is that because of these gaps many Americans not only got sick but died. And what we want to do is keep Americans alive, and the best way to do that is to make sure they have access to good care from the start.

Mr. ALLEN. Right. And we want to give those folks an incentive to go to work, and then I got two more quick questions because I'm about out of time. Do you agree or disagree that Americans staying out of the workforce is bad for their mental, physical, and economic health?

Secretary BECERRA. Well, certainly we want to make sure everyone is ready to go back to work mentally, physically, and we want to make sure it's safe, that they've been vaccinated, they're not going to infect others, and I don't know many Americans. My dad, I don't remember a day when my dad didn't work, even though often times he wouldn't be able to do the construction job he did because the rain, he always found work.

And so, I think many Americans are out there looking for every good job they can, but let's make sure they're safe, and they're vaccinated, and ready to go back to work.,

Mr. ALLEN. Well, I'm out of time, but the other question I had is surprise medical billing and where we are with that rule, and if you could cover that at some point in time in this hearing that would be much appreciated. Thank you very much and I yield back.,

Chairman SCOTT. Thank you. The gentleman's time has expired, and I'm sure the surprise billing will come up. I'll make sure of that. The gentlelady from Oregon Ms. Bonamici?

Ms. BONAMICI. Thank you, Mr. Chairman. Secretary Becerra it's so great to see you, and I'm very grateful that President Biden selected you. Congratulations on your confirmation as our Secretary of Health and Human Services.

There are so many important issues within HHS, but I want to focus on two because of time limits. The Older Americans Act of PBD Services block grant program. The last years have been particularly difficult for seniors as they disproportionately faced threats to their health and well-being.

The President's budget proposes 1.1 billion dollars to strengthen critical programs for older adults under the Older Americans Act and the Elder Justice Act, and this includes significant fund for nutrition assistance, vaccination efforts, caregivers, so I proud to see the reauthorization of the Older Americans Act of 2016 and again

in the last Congress, and I hope to make similar progress with the Elder Justice issues.

So, these programs are extremely important to not only my constituents in northwest Oregon, but to everyone. In the early parts of the pandemic CMS issued guidance on visitation in long-term care facilities, and unfortunately there was some confusion about the ability of the State long-term care on this to maintain access to residents in a pandemic.

So, in response when Congress passed the CARES Act, which included a provision I offered to clarify that the continued direct access of other access through the use of technology to residents of long-term care facilities for health emergencies. Now CMS eventually clarified your guidance, but I'm concerned with the early confusion they have denied resident's critical protections and oversight.

So, I am hoping that CMS makes access to this vital program, these services for long-term care residents a priority going forward. So, what can your department do to make sure that these mostly voluntary but very important advocates have access to the support that they need to carry out their important work.

Secretary BECERRA. Congresswoman, thank you for the question, and thanks for pointing out how critical it is that we have accurate data, and that we're communicating it well because in a pandemic a minute could make the difference between someone getting too ill or surviving or not.

And so, I think at CMS what we're going to try to do is recognize that we are the possessors of very valuable data. We try to work with our local communities as best we can. Please let us know if you think that we're not doing that, but we are learning as well. I think CMS learned many important lessons as a result of COVID, and how we can try to get information out faster.

But I look forward to working with your team.

Ms. BONAMICI. Thank you, thank you, Mr. Secretary. The long-term care Ombudsman program is so important because it really provides a voice for residents of long-term care facilities. So, I Chair the Civil Rights and Human Services Subcommittee, and one of my top priorities this year is to advance the long overdue reauthorization of the community services block grant program. So, I'm working with Congressman G.T. Thompson toward a comprehensive update of CSBG.

And I know others on the Committee, the public working with us to strengthen these vital anti-poverty programs, so I particularly just want to thank you for the support for CSBG, especially the Administration's budget, I understand since one of the few Presidential budgets to propose an increase in funding since the program began.

The nation's community action agencies (or CAAs) are funded by the community service block grants, and they have served an essential role during the pandemic. So, the CARES Act invested a billion dollars to help CAA's standard services, and the legislation also raised the CSBG eligibility criteria 200 percent above poverty line, which provided greater flexibility, and I support that increase.

But what is your view on the role of community service block grants as an anti-poverty? Would you commit to working with us to provide communities with the flexibilities to provide updates to

the program that can strengthen the abilities of the action agencies to better serve those in need?

Secretary BECERRA. Congresswoman, indispensable. You've described why these services are indispensable. Thank you for the support and the CARES Act to give us that extra funding. The President makes commitment to continue that forward, and if you are able to pass the American Families Plan, we can make truly generational changing investments in making sure we're taking care of our folks.

Ms. BONAMICI. Thank you. And again, the community service block grant program has been an essential anti-poverty program, and I look forward to working with you and the Administration and again committed to this bipartisan approach to make sure that we can continue the great work of our community action agencies, so thank you, Mr. Secretary, again it's wonderful to see you. Thank you for your work and I yield back. Thank you, Mr. Chairman.

Chairman SCOTT. Thank you. Next is the gentleman from Kentucky, Mr. Comer.

Mr. COMER. Thank you, Mr. Chairman, Secretary Becerra. I was able to lead a group of our colleagues on the House Oversight Committee down to our southern border in April, this to New Mexico and Texas. We spoke to border patrol agents in DHS facilities housing unaccompanied children.

Since then, Vice President Harris is yet to see this crisis in person and is honestly blatantly avoiding the realities of the crisis situation we have at the southern border. Mr. Secretary, isn't it correct that under current law unaccompanied minor children who cross the border from countries other than Canada and Mexico, are turned over to the custody of HHS?

Secretary BECERRA. That's correct Congressman.

Mr. COMER. Given the sheer number of children who have been coming in recent months, isn't it true that HHS stood up a dozen emergency intake sites to be able to care for the influx of children who were arriving?

Secretary BECERRA. Congressman, we did what we were obligated by law to do, and that is to care for these kids, and so if we couldn't find a State license facility where you typically would send a child for such care, we did what we needed to do, establishing, standing up as you said, some of these sites to be able to provide those care and the basic services that we expect for any child.

Mr. COMER. And isn't it true as Politico was reporting that HHS reallocated 850 million dollars that Congress originally allocated to rebuild the Nation's strategic national stockpile of medical equipment?

Secretary BECERRA. Congressman we did use the dollars that are available to us within our budget to try to pay for these services. We could, you know we have a choice, either find the money to pay for these, or don't provide the services. By law we have to provide the services, and I think our moral conscious would tell us that we have to provide the services for these children as well.

Mr. COMER. I know it's a crisis situation. Given the surges we've seen do you believe it was prudent for President Biden to reverse many Trump policies that were deterring minors from making the

dangerous journey at the hands of smugglers into our country without any plans to replace those policies?

Secretary BECERRA. Congressman I won't weigh into the discussion of immigration policy other than to say the President made it very clear, whether it's your child, my child, or any other child is not going to face harm in this country.

We can't decide the fate of that child. That child may end up having to return to the home country. That's an immigration process, but what I can tell you at HHS our obligations to make sure that while they're here, even if only temporarily, we're going to make sure they're cared for.

Mr. COMER. I don't want any child in harm's way either but with all due respect Mr. Secretary, the Biden lack of border policy is inviting more and more unaccompanied migrants to make that dangerous journey, and I strongly encourage you to encourage the President, or the Vice President, if she's still in charge of border security, to come up with a plan and take this seriously so we can deter the record numbers of unaccompanied minors and illegals who will cross that border every day.

Mr. Chairman I'd ask that the political article I referenced be entered into the record.

Chairman SCOTT. Without objection.

Mr. COMER. Switching gears Mr. Secretary, I'm also concerned with the Administration's waiver of patent protections for successful COVID vaccines. I'm afraid that as our country begins recovering, we are learning more about the lingering effects of COVID on public health. These waivers would mean this outlook for the development of boosters and set a dangerous precedent for future vaccine developments.

Mr. Secretary, can you provide some insight into how we should prepare for future pandemics if we cannot ensure the Federal Government is not devaluing the R and D they worked so hard to recover?

Secretary BECERRA. All right, so thanks for the question. And as I mentioned in my opening statement, we are already in the works preparing for the next pandemic, or next healthcare crisis. We don't want to wait.

We can take the lessons learned from COVID to help protect the American people, but I do want to caution that what the President said with regard to the TRIPS treaty that we have that deals with pharmaceuticals and how those can be distributed across the world, he made a commitment to work with the WTO to see if there was a way to make those vaccines available to the rest of the world quicker.

He did not waive any authorities. Those are all part of any negotiation with regard to those treaties and the treatment of the patents and protections that those medications have.

Mr. COMER. Thank you. Mr. Chair I just want to close with this one concern. I'm concerned regarding the inequities and the distribution of the provider relief fund. In my congressional district of Kentucky, assisted living providers who care for over 2,000 elderly individuals across 37 communities.

The population that was most vulnerable to COVID were allocated less than 1 percent of the provider relief fund, that's about

3 billion dollars, and have only received about a third of that. The average age of a resident in assisted living is 85. These vulnerable individuals need assistance with daily activities such as eating, using the restroom, taking medication, dressing, et cetera.

Over 40 percent of assisted living.

Chairman SCOTT. The gentleman's time has expired.

Mr. COMER. Residents have Alzheimer's or some form of dementia due to PPE needs, workforce needs, and occupancy declines, assisted living, caregivers have suffered over 15 billion dollars in losses in 2020.

Chairman SCOTT. The gentleman's time has expired.

Mr. COMER. And 230 million in Kentucky alone. I just wanted to throw that in there Mr. Chairman. Thank you for Mr. Secretary for being here, and I yield back.

Chairman SCOTT. Thank you. The gentleman from California Mr. Takano.

Mr. TAKANO. Thank you, Mr. Chairman. Good to see you Mr. Secretary. Congratulations. I'm going to go right into it. Mr. Secretary, I want to give you a moment to maybe share with the American people, how the President's budget included in the American Families Plan calls for an investment of 250 billion dollars for childcare expansion. And 200 billion dollars to provide high quality universal pre-care over 10 years. How that would provide relief to parents and ensure that children are cared for in environments that support their learning and development.

Secretary BECERRA. Congressman great to see you and thank you for the question. I think it's pretty obvious after COVID what happened in America when we found parents unable to find quality safe childcare for their kids. It disrupts the work efforts. It disrupts the child's education.

I don't think any of us want to experience that again. We're still seeing the effects of COVID on families as they try to get back to normal. We have to start paying our caregivers decent salaries so that we can attract good people to care for our kids. It's kind of strange that we are willing to pay a scientist or a merchant a great deal of money, but the people who train these children to become that successful scientist or merchant, we're not willing to pay them good money.

And so, I think we've learned the investment that the President wants to make is so that every child has access to decent childcare. We want to make sure every three-and 4-year-old has access to pre-K. Those are the kinds of things that are good for America, not just for that family or that child.

So, we look forward to working with you to passing the American Families Plan.

Mr. TAKANO. I'll work with you. I commit to that sir. Secretary Professor Taryn Morrissey of American University has said that on average the early care and education settings attended by many young children, particularly low-income children, or children of color, provide quality at levels too low to adequately promote children's learning and development.

How would the Administration proposals ensure that low-income children of color are not left to low quality childcare options?

Secretary BECERRA. Well, as you know President Biden has made it a commitment. One of the principals of this Administration will be equity. And you cannot have equity if you're not giving kids access to good quality care regardless of where they live.

Your zip code should not determine the quality of your care, and this Administration is committed, and I can tell you that not just as Secretary, but as who I am as a person and what I have fought for all my life, that, at HHS, we're going to make sure that if someone is going to get funding for childcare, we're going to make sure that they're held accountable to make sure it's good quality care for that child and that family.

Mr. TAKANO. Thank you for that Mr. Secretary. Secretary, as you know, I Chair the Veteran Affairs Committee, and I'm happy to report that during the pandemic we had very low infection rates, and very low death rates due to the pandemic at our community living centers which are a long-term care facilities.

Similarly, in California Secretary Imbasciani at Cal Vets saw that we had veterans homes in California that have virtually no infections compared to other settings across the country. And as you know 40 percent of our COVID facilities are attributed to congregate living centers.

And I note that under the Trump administration there was a relaxation of regulation and oversight through CMS of the for-profit facilities across our country. Do you intend to revisit the regulatory environment and the oversight environment of these facilities? And you know, most importantly the Trump administration amazingly you know relieved these facilities of their climate to retain infection control expertise. Do you have a comment on that?

Secretary BECERRA. Congressman, I may no longer be the Attorney General for the State of California, but I take with me much of the work that I did to the oversight and accountability to make sure that those who receive taxpayer dollars to provide services to the American people fulfill their commitment, and I can guarantee you, and I mentioned it in my opening statement, that program integrity is going to be one of the hallmarks of the work that we do to make sure that no one is taking advantage of taxpayer dollars, and that people receive the care that they're entitled to.

Mr. TAKANO. Well, Mr. Secretary, I believe we need to really learn the lessons of the pandemic, and just how these facilities across the country long-term care facilities could see such devastating death rates and infection rates. I'll try and talk very quickly. I note that in the territories that there's a lack of portability for Medicaid benefits. Is that something that we can count on your help to address?

Secretary BECERRA. Congressman absolutely. I addressed that earlier, absolutely.

Mr. TAKANO. All right. I yield back Mr. Chairman, I kept within my five minutes.

Secretary BECERRA. Thank you. Exactly. The gentleman from Idaho Mr. Fulcher?

Mr. FULCHER. Thank you, Mr. Chairman. Mr. Secretary, thank you for spending some time with us today. I represent the great State of Idaho, and I would like to talk to you about enhanced short-term plans (or ESTPs), for a moment. Idaho's ESTPs have

been a critical option for people in my State who may be changing jobs, in temporary employment, or starting a new job and awaiting health insurance.

These plans are comprehensive covering the essential health benefits required under the Affordable Care Act. In many cases Idaho's ESTPs have higher actuarial values than those offered by the Affordable Care Act. Unlike the ACA plans, they can be offered anytime throughout the year and have up to a 3-year renewal.

Finally, our State insurance codes consumer protections apply to all of our ESTPs. These plans are needed for people who don't qualify for an ACAAC subsidy. As people get back to work, they will need that kind of flexibility and health insurance. The alternative for them is to wait for coverage having none if something happens.

Mr. Secretary, will you commit to working with our State officials to ensure there is a workable option with the ESTPs, given their success, and given the need to encourage people how to have formal access to health insurance as you view short-term health plans?

Secretary BECERRA. Congressman, thank you for the question. This one's important because we want everyone to be able to afford their health insurance coverage. We want everyone to have comprehensive plans. You all passed legislation on surprise billing because often times people thought they had certain levels of coverage and found out when the bill came that they didn't.

We don't want Americans to be duped. And so, what we want to make sure is that they get strong affordable coverage that they can afford, and I'm sorry that they know they can count on. And the ACA provides protections against junk plans that don't really provide real services that leave people in the lurch holding on to a very expensive bill.

And so, any plan that can provide quality care guaranteed at a good price. we'll be supportive of.

Mr. FULCHER. Including the enhanced short-term plans?

Secretary BECERRA. Well, if they provide those levels of coverage at a good price and don't shock people with bills that won't be covered by the insurance company, we are willing to look at that. So, what we don't want is for these junk plans to proliferate.

Mr. FULCHER. So, then you will consider ESTPs as an option for those people who can't qualify for the subsidy?

Secretary BECERRA. We certainly will take a look at any plan that offers high standards for all Americans at affordable prices.

Mr. FULCHER. We as families, certainly in my State. I'm sure this applies elsewhere. Many family Members, whether schoolteachers or other public servants face what we call the family glitch problem, where employees are covered for health insurance, but not their spouse or their family. And does HHS have a plan to address the cost of coverage for those families, and if they make too much to qualify for an ACA subsidy?

Secretary BECERRA. Congressman we are willing to work with you. As you know we're going to need Congress to come up with a solution for some of these issues because it's in statute, and so we are absolutely willing to work with you to make sure that everyone has access to that affordable coverage.

Mr. FULCHER. OK. All right Thank you, Mr. Secretary. I'm going to shift gears to a different top really quick before my time is up. Secretary on April 15 of 2021, HHS proposed a rule change to Title 10 of the Public Health Service Act that would revise the family program regulations and require all recipients and Title 10 funds to counsel and refer women for abortions.

Not only would this rule violate the conscious right of healthcare providers but will also undermine Title 10 which protects taxpayers from being forced to fund abortions. Mr. Secretary, what will your department do to ensure that it does not exceed its constitutional power by implementing broad and coercive mandates such as that?

Secretary BECERRA. Congressman, thank you for the question. This one's important because we want all our families to know they have access to good quality care, and Title 10 has been so important for families who need family planning services. We will, as I've always said, make sure that we give everyone, including women access to the kind of coverage they need. We will protect their rights for that, and we'll make sure that we follow the law as we do so.

We believe that in the program that we have on Title 10, not only are we expanding access to care for mostly women, but families all together, we're going to do it in a way that conforms with the law.

Mr. FULCHER. Mr. Secretary thank you for the answer. I'm just about out of time. But that rule change does violate the conscious right of our healthcare providers, and so, please consider that as you move forward. Mr. Chairman I yield back.

Chairman SCOTT. Thank you. The next one I see is the gentleman from New Jersey, are you still on the screen Mr. Norcross? The gentlelady from Washington Ms. Jayapal?

Ms. JAYAPAL. Thank you, Mr. Chairman and Secretary Becerra, it is so wonderful to see you here today, and to say that shortly after your visit to Seattle, we were so proud to become the first city, major city in the country to reach a 70 percent vaccination rate that's fully vaccinated.

We're actually I think at 78 percent for first-round vaccinations, so, we're proud to lead the country, Mr. Secretary, it's because of the Administration, because of the American Rescue Plan, and we thank you. You know, I think that we are still seeing so many of the catastrophic effects of the COVID-19 pandemic, and I wanted to ask you about three specific things.

One is about the global pandemic. In the American Rescue Plan, 6 billion dollars was allocated to Health and Human Services for COVID-19 vaccine development, manufacturing, distribution, and supply chains. Could you provide an account of how much of that money has been spent, and how much is left that we can immediately put toward really improving our domestic production investing 25 billion into production of vaccines that we can send to places around the world so we could combat this pandemic globally?

Secretary BECERRA. Congresswoman, first congratulations on the work that your city has done. It is phenomenal, and it was a great visit that we had, and I could see why you got to 70 percent so quickly because I could see how well everyone was working together as a team.

On the question of the dollars, and if I get these wrong, my team will make sure that we correct them, and so, let me just break down the 6 billion. 2 billion of the funding has been going to operations. Another 3 billion is being used for antivirals. Thanks as well to the American Rescue Plan.

The President is working on the 10 billion dollars that were approved for domestic manufacture capabilities for PPE and pharmaceuticals, and we're going to be investing in this budget that we present 21 and a half million or so, in new funding for the resilient supply chain and shortages program.

So, we're doing what we can to prepare. We're doing what we can to make sure that we recoup what we have to use, and we're going to try to be ready for anything coming at us in the future.

Ms. JAYAPAL. Thank you, Mr. Secretary. So, you're saying there's nothing left of the 16 billion, is that correct?

Secretary BECERRA. Well, I don't know; and a lot of it has been earmarked. We probably still have some there and we could try to give you the precise numbers when we followup with everything if you'd like.

Ms. JAYAPAL. Great. Well, you know I think we're trying to work very hard to make sure that we invest 25 billion into addressing and getting vaccines to countries around the world because as you know low-income countries have received just .4 percent of vaccines, and we're not going to defeat this crisis unless we defeat it globally.

In addition to the need for greater global vaccine access, COVID-19 has shown us why insuring healthcare for all is critical. Right now, there are critical improvements to Medicare that President Biden has committed to.

Can you speak to the importance of lowering the Medicare eligibility age to 60, so that we include 23 million additional Americans, including nearly 2 million uninsured individuals, and improving Medicare benefits to include dental, vision and hearing, and will you work with us Mr. Secretary to make that a reality for Americans?

Secretary BECERRA. And before I give the answer to that, can I just add that the 580 million vaccines that President Biden has committed to the world, to the co-vac program, but globally to make sure they're out there. Those surplus vaccines that we can make available will help tremendously in our commitment to be a partner in trying to help the world get vaccinated, and that's part of our ongoing work.

And we've been able to do that because we've been able to get so far along as you've mentioned with your city in vaccinating Americans. So those surplus vaccines will be made available to the world. In regard to the benefits of lowering the age of eligibility for Medicare, or expanding services like hearing, vision, dental to seniors on Medicare, let me tell you it's due. We need to move forward. The President is supportive. He'd like to support anything that you all do in Congress.

There is a number of ways to get there. But what we're hoping to do is to continue the work that has increased the number of Americans who have affordable care, whether it's through the ACA, or its through Medicare, we want to see more Americans get cov-

ered until every American has that right to say I have access to healthcare.

Ms. JAYAPAL. Fantastic. And I have just a few seconds left, but I do want to give you a chance to address the consequences of Donald Trump's zero humanity policy to separate children from their parents, which has a conspicuous silence from many of my Republican colleagues.

3,900 children were separated by this policy, and we cannot yet reconfirm re-unification for 2,100 families. Secretary Becerra, just tell us how your Administration has been tackling this terrible problem created by the former Administration.

Secretary BECERRA. Congressman, I know the time is expired so I will be very brief and simply say I have three daughters. Don't let anyone try to separate me from my daughters. I think every parent thinks the same way. We must think of that just with our own personal children, but with all the children that we have in this country.

And we're going to do everything we can at least under this Administration to keep families together, not to break them apart.

Ms. JAYAPAL. Thank you, Secretary. I wish we could hear more from you because you've done so much, but I'm respecting that my time has expired Mr. Chairman thank you.

Chairman SCOTT. Thank you. The gentleman from Indiana Mr. Banks.

Mr. BANKS. Thank you, Mr. Chairman. Mr. Secretary I'm deeply concerned. I can't hear, can you hear me now. OK. I don't know what I'm doing wrong. Mr. Chairman I'll have to pass.

Chairman SCOTT. We'll come back to you. The gentleman from Pennsylvania Mr. Keller.

Mr. KELLER. Thank you, Mr. Chairman, and I would like to thank the Secretary for being here today. Retroactive and direct, and indirect renumeration or DR fees are a huge problem for community pharmacies across north center and northeastern Pennsylvania.

These fees are applied by pharmacy benefit managers on community pharmacies after the point of sale, sometimes months afterwards. It's hard to think of another industry that deals with such unfair treatment. According to the Fiscal Year 2022 budget justification, DR fees increased by more than 91,500 percent between 2010 and 2019.

Earlier data showed that DR fees grew by 45,000 percent between 2010 and 2017, meaning this increase more than doubled between 2017 and 2019. According to the National Community Pharmacy Association the average community pharmacy pays more than 80,000 per year in DR fees. This is simply unsustainable and unacceptable.

Mr. Secretary, DR fees are clearly creating problems, driving pharmacies out of business, and increasing drug costs for those who rely on prescription drugs, particularly seniors. Do you support action to prevent pharmacy benefit managers from imposing such crippling retroactive fees on community pharmacies?

Secretary BECERRA. Congressman you've touched on something that is part of this dilemma that we have with pharmaceutical costs, the costs of prescription medication. And the reason why I

think so many of us, and I know you probably as well, want to get to a solution that reduces the cost.

I am willing to work with you to try to see what we can address in these areas, but I will tell you that I think some of the solutions are going to have to come from Congress because much of the dilemma that you're raising is a statutory problem that you face.

But we're willing to work with you, provide the technical assistance because what we cannot do is find that the person who loses at the end of the day because of those difficulties, bureaucratic or otherwise, are consumers who need those drugs.

Mr. KELLER. And a long time our senior citizens with their Medicare. In 2018, HHS and CMS included DIR reform language in a proposed rule, but ultimately it was not included in the final rule. Would you support reviving that proposed rule?

Secretary BECERRA. Congressman I commit to work with you and our team at CMS to review that again and see where we can go.

Mr. KELLER. Yes, but the rule we're talking about was HHS and CMS, so if this is rulemaking, and we can do something that is quicker in Congress, would you willing to take a look at that and do that?

Secretary BECERRA. Absolutely committed to taking a look at that, and we could stay in touch and your team could followup with our folks at CMS and here at HHS.

Mr. KELLER. We'll most definitely do that. The DIR Reform to Reduce Senior Drug Costs Act will require that price concessions be included in the negotiated price at the point of sale to a Medicare beneficiary. This would obviously require HHS involvement to be implemented.

How do you feel the implementation of ideas like this might be at the agency level?

Secretary BECERRA. So, there we will do what we do with all of these proposals where we have to do regulation. We'll take a thorough look, a deep dive into them. What we'll do is input out any proposed regulation out for comment by you, by stakeholders, by the public, get the feedback, and then if we think we have something that's been pretty well baked, then we'll put it out there and roll it out and hopefully it can take effect, but we'd have to first work with you and stakeholders in the community to make sure that this is an idea that actually has good legs.

Mr. KELLER. We need to make sure that we look at the cost of prescriptions drugs because the increases are negatively impacting not just the pharmacies that have to pay these DIR fees, but also the constituents with access to them.

Secretary BECERRA. Absolutely agree.

Mr. KELLER. As you see it how can Congress and the Department of Health and Human Services work together to find additional solutions to this issue?

Secretary BECERRA. We're ready to provide whatever technical assistance you might have if you all propose legislation to deal with this. We are prepared to work with you if there's some regs that you all think we should be proposing. We'll work with you as we get ready to promulgate them.

So, what we could do is put them on the ground as quickly as possible and let them go live.

Mr. KELLER. I appreciate the willingness to be able to work with the department on finding solutions to these problems that are affecting so many of all of our constituents, and really get at the root cause. We need to get at the root cause why these costs are happening and help our constituents with access because we want to make sure that our pharmacies succeed, so that our constituents can have the choice and the access to the necessary drugs, so I do appreciate this, you know, the prescription medicines are so important to many people's well-being. So, thank you and I yield back.

Secretary BECERRA. Thank you.

Chairman SCOTT. Thank you. The gentlelady from North Carolina, Ms. Adams.

Ms. ADAMS. Thank you, Mr. Chairman. Thank you, Ranking Member, Secretary Becerra, thank you for your time today, particularly given since you've testified thrice last week. You explained various priorities in your opening highlighting all America's workforce continuing to face challenging circumstances.

For instance, the pandemic has brought severe impacts on essential workers, particularly women of color in America. The COVID-19 vaccine workforce, vaccination workforce, has been expanded through the PREP Act, and efforts across North Carolina to donate freezers for the storage of vaccines.

Let me ask you although the CDC's budget was increased by 21 percent, the National Institute of Occupational Safety and Health was level funding for 2022, and NIOSH is the only agency in government with occupational health and safety research. And during a prior Workforce Protection Subcommittee, we learned that there was literally no workplace tracking of the COVID outbreaks during the pandemic.

So, what does this suggest about the priority that the Administration is placing on the worker's health and safety inside CDC?

Secretary BECERRA. Congresswoman, first great to see you again and looking forward to working with you closely on this and other issues, but I can tell you, if you want to help us with this budget, getting it the largest increase in funding in two decades, we will make sure that we're investing in all the research that has to happen.

NIOSH remember, does the research side of this. We don't do OSHA's side which is the actual enforcement side that's done through the Department of Labor, but I commit to you that we're not going to let any research lapse or go undone that helps us understand how we better protect our workforce because we saw what happens when we don't protect those essential workers, many of whom are people of color.

Ms. ADAMS. Absolutely. Expectant mothers who experience discrimination in medical settings, have limited awareness about other maternal healthcare providers included in their health plans provider network. So how can HHS increase patient access to appropriate in-network providers?

Secretary BECERRA. Congresswoman, thank you for asking this, and my wife thanks you as a high-risk OB-GYN thanks you for not just asking it, but for being a fighter on this issue. Listen it is incredible to believe that in this country the richest nation, the democracy in the world, we have some of the worst outcomes for

women when it comes to being pregnant. And the maternal mortality rate for some in our country, especially for women of color it's devastating.

And so, President Biden made a commitment, and we're going to have resources here that tackle this to provide women with better care to avoid that mortality that might occur, the bad morbidity results, and by the way we're challenging states to accept an increase in Medicaid funding so that we can keep a woman receiving postpartum care, not just for 60 days, but for a full year.

And what we hope is that the states will take us up on that job, while we're paying for most of it, so that women can continue to receive the care they need after delivery.

Ms. ADAMS. Well, increasing workforce diversity in the field of maternal health requires additional support for allies, health professionals which includes lactation consultants, nutritionists, dietitians, laboratory sciences, mental health counselors, and speech language pathologists.

So how will the Fiscal Year 2022 budget expand job opportunities for these critical healthcare providers who are underrepresented in the maternal health sector?

Secretary BECERRA. Congresswoman if you all help us with our budget and passing the American Families Plan, we will have an additional 3 billion dollars that we'll be able to make available to improve maternal health. We have a 200-million-dollar program called the Maternal Mortality Review Committee's program where we help those at the local level know where they have to put the resources to help women have good outcomes and stay healthy.

And so, there are a number of ideas that we're working on, but we're going to need your help to make sure this budget gets through.

Ms. ADAMS. Great, great, thank you so much. You have my support. Thank you for all the great work that you're doing. Mr. Chairman I yield back.

Chairman SCOTT. Thank you. It looks like Mr. Banks is available now, the gentleman from Indiana Mr. Banks.

Mr. BANKS. Yes Mr. Chairman we'll try this again.

Chairman SCOTT. Good, very well, very well.

Mr. BANKS. Mr. Secretary your budget proposal is the first budget proposal in 45 years that doesn't include the Hyde Amendment and Hyde Amendment protections preventing taxpayer funds to go toward paying for abortions. If that's true, if that is the case as it appears to be, that would make your and the Biden administration the most pro-abortion Administration in the history of this country.

So, what I want to know right now, and I wonder if you would commit to is if you will commit to never directing taxpayer funds to go toward funding partial birth abortion.

Secretary BECERRA. Congressman what I can try to make sure I do is guarantee to you that we're going to follow the law, and as I just finished saying to Congresswoman Adams, we want to make sure we're helping women be healthy and stay healthy if they're going through pregnancy.

Mr. BANKS. Mr. Secretary can we expect you to commit to not funneling money toward paying for partial birth abortions, it's a simple question.

Secretary BECERRA. We will not send money anywhere we're not allowed to by law Congressman. We will make sure that we enforce the law and provide the health protections and services that Americans are entitled to, including women.

Mr. BANKS. Mr. Secretary I'll ask you again, will you commit to not sending our taxpayer dollars to go toward funding partial birth abortion?

Secretary BECERRA. Congressman, you're asking a question and what I must say to you is that there are scores of low-income women in America who are not receiving the care that they need and are entitled to. We're going to make sure that we leave no one behind, but we're going to do that by following the law, and so if you're a woman in America we want to make sure you have access to reproductive services that you're entitled to under the law.

Mr. BANKS. Mr. Secretary, the HHS Office for Civil Rights contains a conscience and religious freedom division that enforces nearly two dozen Federal laws protecting conscience in healthcare and human services, including protections against coerced participation in abortion and assisted suicide. That division is currently being overseen by a political appointee named Laura Durso, with a long history of—left-wing activism. Here is a sampling of some of the outrageous things that Laura Durso has publicly said about the conscience and religious freedom division.

In a tweet she said the division, 'Sends shivers down my spine.' And that, 'Any policies that come from it will only enable discrimination and pain.' In an interview she called for a nation of the division, 'Insulting at best.' And falsely said that the division only represents, 'Christian beliefs,' and is 'Trying to impose them on the country, and that they don't care about the vulnerable, and shield people who object to transgender people even existing.'

In the same interview she enthusiastically agreed with the host who said that the division was, 'An office that makes people feel like crap, and is the most immoral thing that we can think of.'

Finally, in another tweet she said that the work of the division was like those who 'stood with rapists over survivors.' Mr. Secretary, do you disavow any of these outrageous statements and attacks on career professionals of the division made by Ms. Durso?

Secretary BECERRA. Congressman, you're presenting me something that I've never seen, and I can certainly take a look at that, but what I will tell you is that each and every person in the Department of Health and Human Services, especially in the Office of Civil Rights has an obligation to protect the constitutional civil rights of all Americans, and we're going to do that.

We're going to make sure.

Mr. BANKS. Mr. Secretary will you commit to removing a biased ideologue like Ms. Durso from any decisionmaking relating to the conscience and religious freedom division since she obviously has a bias against what the division does?

Secretary BECERRA. So, Congressman, I look forward to working with you to take a look at some of these issues. You're presenting me something I have not heard of and having been an Attorney General for the State of California, I don't proceed based on something that I'm not aware of.

We're going to make sure everyone in our department does the work that's required, and I guarantee you that the people that are right now at the Office of Civil Rights understand their obligations to protect the people's civil and constitutional rights, including their conscience rights, religious freedom rights, and I think that everybody in our division at civil rights, and within our department does exactly that.

And if there isn't someone who does that, we'll get to the bottom of it.

Mr. BANKS. Thank you. I yield back.

Chairman SCOTT. Thank you. Next is the gentleman from New York, Mr. Morelle.

Mr. MORELLE. Thank you very much Mr. Chairman for holding this important hearing, and Mr. Secretary thank you for your service and for being here this morning. Mr. Secretary I do want to come back to the question of surprise billing. I was one of a number of Members very active in congressional efforts to pass the surprise medical billing legislation.

And as the Administration proceeds with implementing the law, I believe it's paramount that public comment be under consideration during the rulemaking process. And I understand the first rule, as I understand OMB is looking at their own review of the No Surprise Act, as your department works on implementing.

I urge you first of all to remember congressional intent. I'm sure that's something you're going to do. I want to make sure that we have an independent dispute resolution process that captures the unique circumstance of each billing dispute, and not honing in on a single piece of information or use that as a default which the law did not foresee.

But in addition, there has been some concern that the rules pertaining to the law will proceed through an expedited rulemaking process as opposed to a standard rulemaking process which allows ample public comment. Can you give us some assurance that you will actually work on the standard rulemaking that includes public comment?

Secretary BECERRA. All right, so we're committed to transparency when we do these rules. That's something that I said during my confirmation hearings. I've said it during this testimony on our budget, that transparency is critical as we try to move through some of these rules, but we're going to work as quickly as we can because we understand how important the surprise billing law is, not just to you all, but to Americans, so we'll be there to work on it, and we're going to make sure at the end of the day regardless of where the regs come down, that a patient is no longer on the hook for that surprise bill.

Mr. MORELLE. Yes. So just to be clear does that mean that you intend to use a standard rulemaking with public comment?

Secretary BECERRA. I'll have to make sure I go back to CMS to find out exactly where they are, and I know we've already moved some of the proposal rules through the process here, and I'll get back to you on that.

Mr. MORELLE. OK. That would be great I'd appreciate it. I just wanted to shift for a moment to a question about long-term sustainability of Medicare. I grow increasingly concerned about the

number of people particularly my age who are part of the baby boomer generation aging into the Medicare program.

Early years when people enter Medicare, they tend to be lower in utilization, health relatively good. As they begin to age utilization goes up, costs go up. And it seems to be 10–15 years from now baby boomers will not only represent a significant number of people in the company on Medicare, probably the greatest number that we've ever had, that will also be at the point where utilization is higher.

At the same time if you pair that with some of the labor shortages, and some of the demographics, there will be fewer people in the workforce paying into the Medicare through their participation in the Medicare rates as it relates to being paid through wages.

So, I wonder if you could just share with me what HHS is looking at or thinking about relative to the long-term sustainability of Medicare?

Secretary BECERRA. Congressman, great question, and I'll look forward to working with you all because the long-term sustainability of Medicare will be dependent on Congress passing something with the support of the Administration. And there are a number of long-term solutions.

What I will tell you is this: No one wants to see us damage what Medicare has meant for tens of millions of seniors who paid into the system as you just mentioned. It has been a lifesaving program for so many Americans before 1965–67, when Lyndon Baines Johnson helped pass Medicare.

There were too many seniors who were living in poverty, so we're going to make sure that we work with you toward solvency. That will be something we can tackle. There are any number of great ideas, and what we can do is also make sure we expand coverage under Medicare for more Americans who are reaching their senior years.

Mr. MORELLE. Well, I do appreciate it, and I would love to work with your team on some innovative ideas around that. Quickly, and I know I'm running out of time, and I don't want to impose. The 340B Drug Pricing Program allows hospitals, including the 100 hospitals in my State of New York, that allows them to purchase outpatient pharmaceuticals from drug companies at a discounted rate.

And they use those to provide greater access to needed drugs and more comprehensive services. Last year I led a letter signed by the entire New York delegation, bipartisan based, asking for flexibility for these hospitals during the pandemic.

I don't know that that issue has been resolved, and I don't believe it's too late, and so can we have your commitment to work with HHS to leverage its authority to protect the 340B program, including using the 1135 waiver authority to temporarily waive the Medicare disproportionate share?

Secretary BECERRA. We look forward to working with you Congressman.

Mr. MORELLE. Terrific. Thank you so much. Mr. Chairman I yield back.

Chairman SCOTT. Thank you. The gentleman from Wisconsin, Mr. Grothman.

Mr. GROTHMAN. Thank you. Just a few questions. In your testimony you talked about how it would be a priority, or at least you wanted to do something to stop sexual abuse, gun violence, racial inequities, drug abuse. I know we recently hit a point in which 90,000 people in a 12-month period died of illegal drug overdose.

When I read about all these topics, and of course we've had hearings here for this when I was in the State legislature on all of these topics, whenever we deal with these topics, I think part of the issue in the background is value structure. There are absolutely wonderful children raised by families and wonderful people in all family structure.

Nevertheless, there's sometimes are correlations. Would you in addressing these issues, be willing to look at family structure, or see if there are correlations there that ought to be publicized.

Secretary BECERRA. Congressman, we have too many of our kids dying of these substance use disorders. I'm willing to look at anything with you and others that we think helps us get to a solution to keep our families alive.

Mr. GROTHMAN. If we gather information and we find out that some family structures are more beneficial than others, would you be willing to publicize that?

Secretary BECERRA. We're willing to look into anything Congressman that helps keep our families alive.

Mr. GROTHMAN. OK. Next question. I have a bill out there in which we're trying to legalize by assemblers as insulin substitutes. Obviously, I'm being fought by the drug companies that gets me to the hundreds of thousands of families who are right now having to pay for insulin. Depending upon the quality of their insurance some get off relatively cheaper, but some are paying you know \$800.00 or \$900.00 a month. Would you be willing to champion the legalization by assemblers in order to result in a cheaper substitute to insulin products?

Secretary BECERRA. Congressman, I think everyone agrees that the price of insulin is just outrageous the way it's gone up, and we have to do something.

Mr. GROTHMAN. No. The question for you is because I know some companies are making money on the current system, and I'm going to need a champion to get this thing through, would you be willing to meet with me, or other representatives of the bio's similar group, and if it can be shown it would probably reduce costs for these families, would you be willing to take on Congress and push a bill like that through?

Secretary BECERRA. I've got my team here. They've taken notes. So, we'll look forward to hearing from, or we'll be in touch with you to followup.

Mr. GROTHMAN. OK. Well, I hope you have the guts to stand up to the special interests. Next question I have for you, you know inflation is just out of control. We see it on so many different commodities right now, and you're proposing a 23.5 percent increase in discretionary spending for HHS.

Even apart from the pandemic, Congress has not exactly been frugal over the last 3 years, right? But you're proposing a massive increase one more time. Could you comment on that, and does it ever concern you when you propose these big increases? And your

department is one of the biggest of the bunch, that it can lead to inflation and permanently damage America economically?

Secretary BECERRA. Thanks Congressman, and a very important question, something that the President is also having to tackle. And that is what we hope we can do is make sure that we're making investments through this budget, not just spending dollars because they have to be wise allocations.

We are seeing now, the recovery from COVID because we made the right investments. We are beginning to see more Americans get health insurance coverage because we made the right investments in the Affordable Care Act.

And we're going to continue to try and do that, whether it's on childcare because we see how many families are in desperate need of good childcare, or whether it's trying to protect the life of a woman as she's getting ready to deliver a baby by providing better maternal healthcare.

These are all good in investments that will ultimately save us money versus just being an expenditure that goes without notice.

Mr. GROTHMAN. Well, I think there are a lot of lines in the budget when you go for 24 percent of good RBI investments, and I would argue that during the entire massive increase in the Federal Government, most people claim Federal Government is spending this really because investments in our approaching the 30 trillion-dollar deficit. Is there anywhere in that budget that you feel 23.5 percent was a tight budget? That's the lowest increase you can get away with?

Secretary BECERRA. Congressman, we're trying to get out of this hole created by COVID. It's not done free. And but I'm willing to work with you if you think as I mentioned in my opening testimony, we're going to be very aggressive when it comes to program integrity, making sure we root out any misspending, any fraud, and so look forward to working with you.

You can point out a program to me that you believe is not being well run or is making a good investment. I'm more than willing to look at it.

Mr. GROTHMAN. Thank you very much.

Chairman SCOTT. Thank you. The gentlelady from Pennsylvania Ms. Wild.

Ms. WILD. Thank you, Mr. Chairman, and Thank you, Mr. Secretary for being with us today. I want to personally thank you, in addition to all of the ways you've served this country, to thank you for your commitment to mental health matters which dates back to the very earliest days of your career I know.

And before I get to my question, I just want to take an opportunity to remind folks out there who are watching, that there are many resources available for people who are in distress, or contemplating suicide. The National Suicide Prevention Hotline is currently always available at 800-273-8255.

And I really look forward to the implementation of 9-8-8 as the new suicide prevention hotline in July 2022. I know it's been an indescribably difficult year for people in my community and across the country this past year. And our kids are hurting, people are hurting.

A new study just confirmed that suicide attempts among girls have increased dramatically with emergency rooms now reporting 39 percent more suicide attempts for girls aged 12 to 17 in the winter of 2021, compared to 2019. Your department is a very important piece of the suicide prevention safety net, but it's only one piece.

Some partners who we would expect to be helping are our large companies, including YouTube. You will see behind me this rather large poster of a YouTube that is a screenshot from YouTube that we took that represents believe it or not, in the beginning of a video on how to tie a noose.

And we've been in contact with YouTube. I've been pushing them for months to step up their suicide prevention work and finally remove instructional videos on how to tie a noose. I hope you can see it; it says how to tie a noose. These affects to the perfect hangman's noose. It's got 3.1 million views and then it goes on multiple pages of how to perfect a noose imagine that.

We need to meet and find people where they are, and all too often our young people are for better or worse, looking for answers on places like YouTube. Secretary Becerra, my question to you is are you willing to work with me to convene a meeting with YouTube and experts in suicide prevention to get this addressed?

Secretary BECERRA. Congressman, first thank you for the work that you're doing on this crucial subject because I mean it's tough to lose any life, but a young life worse. And so, I would look forward to working with you and your staff any ways that you think we can try to address this suicide issue with teens, and just with the mental health issues that we know are cropping up as a result of COVID-19, so please count us in any of the efforts you're looking to undertake to help address this.

We have resources. Thank you by the way for what you did with the American Rescue Plan. We're going to do what we can, and we look forward to working with you.

Ms. WILD. Thank you so much and believe me, we will be reaching out. We've made some progress with YouTube, but not nearly enough, and I think it's going to take the weight of your office to get us to where we need to be with them.

Now I want to just take a step back in my remaining time and ask you do you believe that your department has sufficient resources to prioritize suicide prevention? What's been promising? What needs scaling up? And how can we help here in Congress?

Secretary BECERRA. Well, that's a mouthful of a question Congressman because we actually have more resources now than we have had in quite some time because of the work you did on the American Rescue Plan. If you help us get that American Families Plan that the President has proposed through, we'll have more resources as well.

But as you know, we've been so far behind. Even on 9-8-8, the resources that we have that we're putting into it. This has to be a nationwide effort, and it's going to be tough to scale up to make sure that 9-8-8 is available to anyone who needs to call. And so, it's great that we have more resources.

Going back to the previous conversation I had with the Congressman about how we're investing our money, and can we do with

less? You know we don't have enough right now, and you know this, to deal with the mental health issues that we're confronting, the substance abuse disorder issues that we're confronting.

We need those dollars, and the budget reflects the President's commitment to invest to keep Americans safe and healthy.

Ms. WILD. Thank you so much Mr. Secretary. I look forward to working with you on this very important issue, and I do believe it should be a bipartisan priority, so thank you.

Chairman SCOTT. Thank you. Next Mr. Secretary our next questioner is a surgeon from North Carolina, Dr. Murphy.

Mr. MURPHY. Thank you, Mr. Chairman, and Thank you, Mr. Secretary for appearing before the Committee. I'm going to start a theme that others have spoken about. I'm a physician, we've done a great job of vaccinating. We're now meeting in the chambers without masks. This particular venue on how to conduct Committee business, and I know it's going on in other Committees too is simply ridiculous, and it's not doing the work of the people appropriately.

So, I am hopeful that we'll actually get back to seeing people in person and doing the work in the manner that we should do that's most effective. Mr. Secretary, the use of telehealth I will tell you, I worked on telehealth for quite a while when I was working in our state's general assembly, and unfortunately got blocked by a lot of insurance companies.

And one of the great things that the Trump administration did was release the regulations on telehealth. It makes a difference to practice. I actually still practice in a very rural part of eastern North Carolina, and telehealth has made a game changing difference of people being able to access healthcare.

I'd just like to ask for your support in making the telehealth accepted by benefit permanent, so I'd like you to comment just on that, that you'll continue what was a silver lining in this pandemic and allow the American people to be able to access telehealth.

Secretary BECERRA. Congressman thanks for the question. Crucial. We learned a lot from COVID. Telehealth has been indispensable. Look forward to working with you. We'll do what we can through regulations with the discretion we have, but we'll probably need your help to make sure we can fully implement moving forward, the new opportunities that telehealth is making available.

We have to make sure as well that we provide broadband to all communities so that no one is left out but look forward to working with you because Congress and the Administration can make a great deal of moving forward on telehealth.

Mr. MURPHY. Great, great. Also, Bobby noted that I'm a surgeon. I'm a urologist. I deal with diseases in the male and female genital urinary tract, so I've done a lot with fertility and those types of things.

And so, I still to be very honest with you, I have to scratch my head, and I'm losing more hair as we go about this mother/father thing. Can you give me an instance where I should call someone a birthing person who is not a mother? In other words, should I now call my mom my birthing person? What is this nonsense?

Give me an instance where this is appropriate.

Secretary BECERRA. Congressman, thanks for letting me respond. And you know I'm not going to make a mountain out of a mole hill. What we're talking about is making sure we use language that's inclusive, that is accurate, and if you wish to call your mom, mom as I call my mom, mom, go right to it.

But for some people they like to make sure that they are accurately represented when we refer to them. And we just want to be inclusive, that's all it is. People can make more of it, but there's nothing more. You can send your Mother's Day card to your mother as I send to my mother, nothing changes.

Mr. MURPHY. Yes, I just don't get it. I know a lot of genealogy. I work with X and Y chromosomes and all these other things. I just don't understand that. I mean what should I call my dad?

Secretary BECERRA. Well, let me put it to you this way. There was a time when my dad saw language that said, "No dogs or Mexicans allowed." And so, he couldn't walk into an establishment when he was a young man, even though he was a U.S. citizen.

Words have meaning and we try to be accurate, and we want to be sure just as we allow anyone to walk into an establishment, we want people to understand that when we talk about a program, it refers to everybody, and if you prefer to be referred to as a birthing individual, so be it. We're not harming anybody.

Mr. MURPHY. Yes, well, all right thank you. That baffles me. It just makes no sense to me. It's been 84 days since Vice President Kamala Harris was appointed as the border czar. 84 days and she's not visited the border. Do you brief her on what's going on at the border, or have you asked her to visit the border?

Secretary BECERRA. We are fortunate to have an opportunity to brief the Administration, the White House, the President, and the Vice President periodically. Certainly, on the affairs that deal with Health and Human Services. And we know that the President and the Vice President are very engaged on this.

The Vice President just came back from a trip to Central America and Mexico where she was trying to help us address these immigration challenges, and I know that they are on a day-to-day basis receiving briefings, not just from us, but from the Department of Homeland Security and others when it comes to these issues involving immigration.

Mr. MURPHY. All right. Let me just throw one other thing. We were just talking about overdoses and drugs as subjects that are very dear to my heart. I worked a lot on the opioid epidemic. Because of the crisis that the Biden and Harris Administration has created with the flood of drugs, illicit drugs are now coming into our border, how do you see us being able to push that backward, since we're going to see a massive increase in the number of overdoses?

Secretary BECERRA. Congressman, first it's not going to surprise you that I don't agree with either characterization, and two, I think this Administration is doing more to keep drugs out of the hands of individuals, and for those who already are drug addicted, to try to help them recover.

And so, I hope that we're able to with your support continue in that course.

Mr. MURPHY. Thank you, Mr. Chairman I'll yield back.

Chairman SCOTT. Thank you. The gentlelady from Georgia Mrs. McBath.

Mrs. MCBATH. Thank you, Mr. Chairman for convening this hearing today, and thank you so much Secretary Becerra for your continued service to our country, and just your commitment is just definitely without reason. We definitely know that you truly care about the health and welfare of Americans.

But during this pandemic you know with many families sheltering at home, you know we've seen an unfortunate rise in cases of domestic and family violence. It's now time more than ever I believe to really work on securing the funding for protecting these survivors and their children.

I've seen too many families in my own home State of Georgia which I represent. They're suffering at the hands of domestic and family violence. And I just know we've got to protect these families and families all across the Nation. That's why I'm proud to have reintroduced the bipartisan legislation that reauthorizes and expands the necessary funding of programs focused on helping survivors of domestic and family violence, FIPSA, and this legislation we know would provide survivors the resources that they need to rebuild again, and to keep their children safe, and mind you this was legislation that was even before I came to Congress in 2018.

But as you know the Committee recently held a hearing on FIPSA and is currently working on tweaking the reauthorizing of this legislation. And we're also providing, you know we've also provided 450 million in the emergency supplemental fund and in the American Rescue Plan to support the survivors of intimate partner violence, especially under COVID-19.

But Secretary Becerra, can you provide an update for us on the distribution of these American Rescue Plan Act funds to communities, and also are people getting the help that's been mandated by this legislation that we passed?

Secretary BECERRA. Congresswoman, thank you for the question. Can I just say thank you Congresswoman McBath for your commitment to this, and you're just tenacious dogged persistence on this because it is worse than people think. We just don't see it because it's taking place at home, right?

And so, thank you for protecting those family Members who are victims of some of the worst violence we can ever experience, and having it done by someone you thought you loved, or loves you. We are making a commitment to try to spend that money locally the way the locals believe it could best be spent, and so the more than 200 million dollars that we put into FIPSA in this budget would help locals make those decisions building on what we've learned since COVID.

At the same time, you're probably familiar with the program that we're calling for under CDC, the community-based violence intervention initiative. That's to help prevent these things from ever occurring. And so, working with champions like you and folks back home who understand this issue, what we hope is that we can make a dent in this and make a big difference in the lives of some of these family Members, and get them the help they need to prevent it from occurring.

The most important thing is to keep family units together as possible, one way or the other, protect Members in a family.

Mrs. MCBATH. Right. Well, thank you for that. You know as we're moving forward with this reauthorization, and as you said absolutely, I am doggedly pursuing this because I've been watching under COVID just the percentages and the statistics go up with women that have been abused by their domestic partners through the use of guns.

You know what are your top priorities for this legislation?

Secretary BECERRA. Well, we'd like to do our part on gun violence prevention. The research that we can do because this is a health crisis, it's not just a gun violence crisis, it's a health crisis. And if we can add the data that helps us understand how to address this, how to prevent it, that will take us a long ways.

We're going to continue to work with those who want to try to help those family units, whatever shape they take to protect those domestic partners as best we can, but we understand that there are a lot of professionals who have been doing this for a while in those communities, and we should try to work with them because they know how to do it best to tailor programs for that community.

What may work in California may not work in another State.

Mrs. MCBATH. You're absolutely right, and I'm just really glad about the, you know, reauthorization and appropriated you know additional funding it's really going to reach different demographics of individuals that were not included in this appropriated funding before such as our Native American populations, so I'm really looking forward to being able to really continue to champion.

And anything that you need from me, my staff, anything that you need from us please don't hesitate to call on us because we're really going to continue to doggedly pursue this for the sake of making sure that our families are safe and healthy thank you.

Secretary BECERRA. Georgia's got a great champion and be proud of yourself thank you.

Mrs. MCBATH. Thank you very much I yield back the balance of my time.

Chairman SCOTT. Thank you. The gentlelady from Iowa, Ms. Miller-Meeks.

Mrs. MILLER-MEEKS. Thank you, Chairman Scott, and Secretary Becerra. Before I begin my questions, I want to thank you for the guidance that HHS recently issued granting more flexibility for the provider relief funds. I wrote a letter to you with my colleague representative asking the Department to issue this type of guidance and this much needed flexibility will allow providers to fully use the provider relief funds as they continue to recover from the impact of the COVID-19 pandemic. So, thank you and the Department for the guidance update.

Also, Secretary Becerra, on May 6, also my colleague, Dr. Murphy who you recently heard from any myself, wrote to the CDC Director Walensky, asking questions about the troubling information that had come to light with respect to the role the teachers unions had played in altering the CDC's school reopening guidance.

A response to that letter was requested by May 20, but we have still not received a response a month later. Mr. Secretary, can you tell me what the Biden administration is worried about revealing,

and will you commit to us to get us a response to that letter within the next week?

Secretary BECERRA. Congresswoman we absolutely commit to get you a response as quickly as we can. We'll keep your team updated on where we are. A critical question all of us, whether it's our teachers or whether it's our children in school, and certainly the families who will see these kids come back home after being in school, we all want to make sure we're protected and don't see COVID flare up again.

So, we'll try to get back to you as quickly as we can. By the way thank you for your work on the provider relief fund because we listened to a lot of your all comments in making sure we came out with the guidance that would be helpful in regulations.

Mrs. MILLER-MEEKS. Thank you again for that and given the number of children that have committed suicide while schools are closed, I think it's extraordinarily important that we actually are listening to the science rather than the teacher's union, and that's particularly troubling in light of the public testimony Dr. Walensky gave subsequent to our letter.

She testified that teacher's union input one guidance was limited to "what happens if you have immunocompromised teachers?" However, the emails I've covered showed that the unions influence worked well beyond that issue, and so if you can explain you know if necessary and correct the inconsistencies between the testimony of your CDC Director and the CDC emails.

Secretary BECERRA. Congressman I can tell you that knowing Dr. Walensky that she and her team at CDC used the agency as critical, and they make sure that they use all the science they have before them to make the decisions for the CDC. That's one of the reasons why I think we're able to come out of COVID because CDC has based its actions on the facts and science before it to guide America in how we move forward.

Mrs. MILLER-MEEKS. And given how critical the CDC is, of the additional 1.6 billion budget increase for the CDC, can you commit that a significant portion of that will be directed directly to non-competitive, local public healthcare grants, so our local public health officials get the assistance they need after having worked 24/7 through a pandemic?

Secretary BECERRA. I commit to work with you. I don't want to commit anything in terms of CDC's allocations because I obviously would want to talk to Dr. Walensky about that and her team, but we can commit to you that we'll do it in a transparent way so that you and others can see exactly how we are allocating those resources.

Mrs. MILLER-MEEKS. Thank you. There are also troubling reports earlier this year that the HHS was placing unaccompanied alien children with sponsors in the U.S. before background checks were completed. Today are all sponsors of unaccompanied minors, unaccompanied children receiving background checks prior to placing a child?

Secretary BECERRA. Congresswoman, I want to guarantee you that under my watch, and certainly under President Biden's watch every child who is discharged to a custodian, a responsible sponsor, has had that background check done before we release that child.

Mrs. MILLER-MEEKS. Thank you. The AP reported in March that the Biden administration was waiving FBI fingerprint and background checks for staff and volunteers at temporary influx facilities who directly care for children. Today are all care givers at temporary influx facilities being fingerprinted and getting background checks prior to working with children?

Secretary BECERRA. Congresswoman, here I can assure you again. Anyone who works for the Department of Health and Human Services, and especially with regard to the care of the unaccompanied migrant children goes through all the appropriate and legally required checks before we allow them to work with us.

We have different categories of workers, obviously some who have direct care services, some of provide the oversight of the discharge process and the review of files, but we make sure that anyone at HHS, or who is employed by HHS has gone through the corporate checks before they can be employed.

Mrs. MILLER-MEEKS. So, you would agree that a lack of background checks on caregivers and a lack of fingerprinting increases the risk of physical and sexual abuse on children at the border, and having unaccompanied minors dropped off at the border does increase their risk of human and sexual trafficking.

Secretary BECERRA. We are not going to do anything that imperils the safety of a child, and I think at least in the few months that I've been secretary, I think we've proven that we are doing this in a way that not only protects the rights of these kids but respects the rights as well.

Mrs. MILLER-MEEKS. Well thank you so much for answering my questions, and I would also encourage you to visit the border and I yield back my time.

Chairman SCOTT. Thank you. We will have a 5-minute break after the next questioner, and then come right back to either Mr. Owens or Mr. Good, if Mr. Owens is not available. The gentlelady from Connecticut Ms. Hayes and then we'll take a break.

Mrs. HAYES. Thank you, Mr. Chair and Thank you, Mr. Secretary for being here today. Before I start my statement, I've heard a lot of concerns about the input of teachers unions and school reopening. We had a conversation with the leaders of both of the largest teacher unions in the country, and they are both committed to doing everything that they can to have full-time in-person reopening in September, so that is what they are looking for as well.

So just something to note here. Secretary, Mr. Secretary, yesterday I introduced a bill, H.R. 3904 Reducing COVID-19 Disparities by Investing in Public Health Act, which responds to the disparities that have emerged in COVID-19 hospitalizations and deaths by tackling the underlying chronic problems, disparities in public health and chronic disease prevention and treatment.

I want to first thank you for the over 261 million dollar increase to the National Institute of Minority Health and Health Disparities in the proposed budget. The COVID-19 pandemic has revealed that we need to do more to combat systemic inequities that have left communities of color more vulnerable in our healthcare system.

There are significant racial disparities in the race by which Americans suffer from chronic diseases like heart disease, diabetes, and asthma. African-American children are 12 percent more likely

to suffer from childhood asthma. African-Americans are 30 percent more likely to die of heart disease and twice as likely to have a stroke. Additionally, African-Americans made up 22 percent of COVID-19 deaths.

So, I was a little disappointed to see that this budget included just a negligible increase for the chronic disease prevention and health promotion fund at CDC. The American Heart Association and the American Lung Association recommended that this fund be increased threefold, so having seen the impacts of these chronic underlying conditions, and the need for increased funding, when I saw that the Office of Minority Health was flat funded in Fiscal Year 2022, I was to say the least, disappointed.

Can you talk a little bit about how important funding for these areas are, and what efforts your department will make to increase funding to combat chronic diseases and the corresponding disparities that accompany them?

Secretary BECERRA. Congresswoman, thank you for the question, and thank you for being a champion of eliminating those health disparities. One of the pillars, at least under my Administration at HHS will be equity. I've made that clear to all of those lieutenants within this agency, and it's a large agency as you know.

I am reflecting the commitment that President Biden has made to move forward on equity, and what I can tell you is in the investments we're making whether it's on minority health where we are investing a quarter of a billion dollars in the National Institute of Minority Health and Health Disparities, or whether it's the issue of maternal health that we were investing several millions dollars to try to address the disparities that we see in outcomes for women in maternal health.

That's all to make sure, excuse me, that's all to make sure that we address these disparities that have existed for far too long. And so, what I can tell you is that we're committed. You may not see it in the line item on the budget, but we are absolutely committed to making progress in addressing these disparities.

I wouldn't be in this position if that weren't the case.

Mrs. HAYES. Well, thank you. I appreciate that. And I just I'm glad to hear that because this isn't about feelings of a particular community, but data has shown us, and the disparities that were revealed during COVID has shown us that there are huge equity gaps that need to be addressed in our systems, in our processes, and our functions.

What can we in Congress to do help support your department in securing funding, or even in promoting these efforts? Did I lose you?

Chairman SCOTT. Mr. Secretary I think inadvertently muted.

Secretary BECERRA. Yes, I did, I did, but I was drinking water. Congresswoman what I would say is first the most important thing you can do is keep tenaciously testing the Secretary of Health and Human Services to make sure that we do address these disparities. I hope you will keep coming at me and saying, 'Secretary, show me what you've done,' and I guarantee you that if I'm worth my weight in salt, I will have done what you would like to see, and that is to address these things.

And the fibers in my being, my DNA, is all about making sure we address these disparities, so keep me in the task.

Mrs. HAYES. I can absolutely commit to doing that. Thank you, Mr. Secretary. With that Mr. Chair I yield back.

Chairman SCOTT. Thank you. And now we'll take a 5-minute break and as soon as the Secretary comes back, we'll reconvene with either Mr. Owens if he's available, or Mr. Good would be next if he's not available. A 5-minute break.

[Whereupon a brief recess was taken to reconvene this same day.]

Chairman SCOTT. Back to order. And the next person is Mr. Owens on screen I don't see him. My distinguished colleague from Virginia, Mr. Good.

Mr. GOOD. Good afternoon, sir. Thank you, Chairman, and Thank you, Secretary Becerra for being with us today. And I appreciate the opportunity to talk with you. Secretary I would like to discuss how your department is handling the thousands of unaccompanied migrant children who are illegally entering our country.

It's been disheartening to see President Biden reverse policies that would mitigate the crisis at the border, such as the MPP, or Migrant Protection Protocols commonly referred to as remain in Mexico, and that Vice President Harris has yet to visit the border as others have noted, even though the President has named her as our border tsar with responsibility of thousands of children falling under your jurisdiction.

I'm sure you're extremely disappointed in frustrated with the refusal of your superiors to control the situation at our southern border, as you struggle to deal with and try to clean up the mess they're making of our border and our immigration policies. Secretary Becerra do you think it would be helpful if the President were to visit the border to see first-hand the crisis he has exacerbated and continues to create there at the border.

Secretary BECERRA. Congressman, thank you for the question. It's crucial. This is an important one. I think the President and the Vice President are committed to making sure that we take on this challenge that immigration presents.

He did present early on a proposal to Congress to try to reform a broken immigration system. This is what happens when you have a broken immigration system right? For our purposes, we have to take care of quite a number of kids who have come across without any adult with them, and it's a tough issue.

But I guarantee you that the President's committed, along with the Vice President to tackle this as best we can, and hopefully Congress will take up immigration reform.

Mr. GOOD. But you don't think it would be helpful for him to actually visit and to send a message that he's engaged, or for him to even know what you're dealing with first-hand by going to the border, you don't think it would be helpful for the President to come?

Secretary BECERRA. Well, he and his team, and that includes me, have been very engaged.

Mr. GOOD. I just want to know that you don't think it would be helpful for him to come?

Secretary BECERRA. I think the President has to be on top of all of these issues.

Mr. GOOD. Let me move on please because I want to know if you think it would be helpful for him to be there himself. How about the border tsar? Do you think it would be helpful to you if she were to visit to get a better sense of what needs to be done?

Secretary BECERRA. Well, the Vice President has already shown her commitment to this issue. She just recently returned from a trip to Mexico, returned to America.

Mr. GOOD. I'm referring to the border, I think she's a little confused. We don't need her to go to Europe's borders, but to go to our border. Do you think it would be helpful for her to come to our border?

Secretary BECERRA. I think it's important to have the top two leaders of our Nation engaged, and they are both engaged with their team.

Mr. GOOD. I agree with that. How about yourself. Have you yet since you've become Secretary, or do you plan to visit the border?

Secretary BECERRA. Congressman, I've been to the border so many times over the course of my life, and in my career and I certainly have been there as Secretary of Health and Human Services.

Mr. GOOD. So, I'm sorry, when were you last at the border?

Secretary BECERRA. I was there about two or 3 weeks ago when I visited one of our sites there in the El Paso area.

Mr. GOOD. Well, and I'm sure that you would say that it's been helpful to see how much worse it has become during this Administration, to see it up firsthand. The world is watching and observing the utter chaos and the lawlessness that's become the disaster on our border, yet it doesn't seem to be sufficient urgency from this Administration to address the problem.

Do you have any sense of when, if ever, this Administration might gain operational control of our border?

Secretary BECERRA. Congressman, look we are not separating kids from their parents. We are not seeing people die in the hands of Federal Government officials. I will tell you that what the Biden administration has done is handled this in a lawful manner.

It is a challenge, but I respect that we have a President who's willing to treat people as human beings and is respecting of the law.

Mr. GOOD. Well, I think we are facilitating the separation of children from their parents the way that we are encouraging illegals to stream across the border, that we're allowing unaccompanied children to come across, and we're trying to help and facilitate that versus preventing it.

In previously Administration were to secure the border, it looks more impressive with each passing day as we see the crime and the drugs and the suffering of victims, including the children, that are streaming across the border.

It does seem to be that there's been disagreement within even this Administration though on how to handle it, and if I run short on time, I'm going to reference the article which Chairman, Mr. Chairman I'd like to submit for the record please, this article from Politico article from last month that was titled, "Becerra's cautious border play rankles the White House."

It seems as if you were in favor of the refugee camps of the 15,000 before the Administration reversed it to 62,000. Do you see

any operational reason, or any benefit to go to the 62,000 instead of 15,000?

Secretary BECERRA. First Congressman, that article is inaccurate. And second, I believe we're going to handle the influx of refugees as they come. The President is Committee to make sure that we do our part as a world partner to make sure that people who are seeking to escape persecution and death have a place that they can go, and America has always been a shiny light in that regard.

Mr. GOOD. Thank you, sir my time is expired, so Mr. Chairman I yield back. Thank you.

Chairman SCOTT. Okay, without objection the article will be submitted to the record.

Mr. GOOD. Thank you, sir.

Chairman SCOTT. Is Mr. DeSaulnier ready to respond, to ask questions? The gentleman from California, Mr. DeSaulnier.

Mr. DESAULNIER. Thank you, Mr. Chairman. Mr. Secretary it's such a pleasure to see you. Always proud to see a graduate of McClatchy High School. Usually, those graduates go to really good schools like the University of California Davis Berkeley, but you know, really glad to see you.

I have two questions. COVID has really accelerated the demonstration I think for all of us for behavioral health, particularly for young people. We had a terrific hearing at a Subcommittee on health with Ranking Member Allen. Really encouraging bipartisan acknowledgment that this is an important area from my perspective.

And I appreciate Ranking Member Allen's contribution, and all the Members contribution. We know that ACA and with parity that was really a good thing.

Chairman SCOTT. If the gentleman from California wants to suspend briefly, I think the recorded studio is having a problem with the livestream. If you can just suspend for a moment.

Mr. DESAULNIER. Probably a Stanford grad.

Chairman SCOTT. Yes. We're back live, the gentleman from California.

Mr. DESAULNIER. Well, let me finish that thought. So behavioral health, particular emphasis on kids. We've got I think in a lot of ways the good thing in this stigma is it's falling apart dramatically, so Americans are seeking out behavioral health services. But we don't have as many people going in to the professional, so we've got this supply and demand problem.

I wonder if you could tell me, and I'd love to work with you on this, is how do we address this? We've got this great policy in the ACA that allows for parity. We've gone some challenges around that that the Committee and Subcommittee are working on, but we need to get more infrastructure.

We need to get more providers. And of course, the expertise and the knowledge on neuroscience and how the brain works to stress is growing exponentially, and with a particular emphasis on kids. We know that there's a lot of emerging research in COVID on the impact on kids.

So how do we work together with you and your department to meet the needs for people, particularly young people, around behavioral health as we come out of COVID?

Secretary BECERRA. Congressman, thanks for the question and the sincere way in which you posed it. But at the end of the day, we got to put our money where our mouth is, and we've always talked about making mental health at parity with the way we treat physical health.

And we've never done that. And fortunately, you all did us a great service in the CARES Act, and of course in the American Rescue Plan, and actually provided real dollars to try to tackle this. We just put out about a month ago a three billion dollar let of money, half of it for mental health, half of it for substance use disorders. That's real money that hits the ground in these communities where you are, where I am.

We have to do more of that. This budget that the President presents provides over a billion and a half dollars for the community mental health services block grant to go even further. We hope that you'll help us with the American Family Plan to make these investments.

But at the end of the day as you and I know, it's whether we're willing to put our money where our mouth is to make this happen, and fortunately today more and more were willing to say that there's a family Member who needs mental health services.

Mr. DESAULNIER. Great. We'll look forward to working with you. The plaque that is gun violence in the United States, very difficult issues for the Congress, very partisan. I wonder if there's a possibility in the department, and I really feel strongly and have for a long time that this is a public health issue.

And if we look at it analytically, respect the second amendment, respect that we have differences of opinion, and my comments won't de-emphasize the importance of urgency as every day goes by.

But maybe a little longer view is now that we've got CDC with some funding at least for research, but couldn't we look at a longer view and hopefully address the urgency of this, but just gun safety. And surely, we can all agree that evidence-based research on gun safety with recommendations to Congress and the Administration to enact gun safety policies could be something we could all focus on an agree to.

I wonder if you could comment on that, how much discretion you might have to actually pursue that within the department.

Secretary BECERRA. Congressman, you, and I come from a State where treating gun violence as a healthcare problem, as a public health crisis is not new. And fortunately, President Biden has recognized that we have to do more. We are going to expand research. If you help us with our budget request, we will be able to expand our research to help other states beyond California.

But at the end of the day, we have to recognize that this is a crisis. It's a healthcare crisis, not just a gun violence crisis, and the quicker we do that the more lives, especially young lives that we'll save, so look forward to working with you on that.

Mr. DESAULNIER. And just because it's personal to me I always remind people that over 100 people who die of gun violence every day in the country, two-thirds of them are suicide, and that far outstrips the second causes of suicide in the United States. We know

the proximity of the guns accelerates the success of people committing suicide.

I really look forward to working with you Mr. Secretary on both subjects, and really important work that we have to do, and again I'm so proud of you.

Chairman SCOTT. The gentleman's time is expired.

Mr. DESAULNIER. I yield back thank you.

Chairman SCOTT. The gentleman from Utah, Mr. Owens.

Mr. OWENS. Secretary, we have had a series of hearings in recent months looking over the impact of COVID-19 on different student populations. Republicans have invited parents to those hearings to talk about the negative impact on school closures on their children and families.

Two of those parents have explicitly said that one of the lessons are nation should learn from this pandemic is that schools are essential services and should never, ever be closed for an extended period of time. Do you agree that we should resolve as a nation to never close our schools indefinitely as so many school districts have done this year?

Secretary BECERRA. Congressman, thank you for the question. Would I agree that we should never have to close our schools? We should always do what we can to prevent the need to keep a child from going to a school, and that's why we're trying to prepare for any pandemic in the future, and COVID is going to teach us a whole lot.

Mr. OWENS. OK. President Biden's 2022 budget requests enormous increases of early childhood care and educational programs, both new and existing programs. For early education that includes about 200 billion to impose a universal preschool program for all third, and fourth grade children. I'm sorry, three-and 4-year-old children, as well as an 11.9 billion dollars for Head Start program which has increased to 1.2 billion since 2021.

The proposed universal preschool and existing Head Start program are largely duplicative in early education programs. How do you see these two competing programs co-existing, and what studies have you done to understand how this proposal will impact the existing small businesses already serving these children?

Secretary BECERRA. Congressman first there is no conflict. They will work in concert to make sure that families have the resources they need to make sure that they not only have childcare services available, but it's quality childcare services.

We are so far behind in making that available. We are the greatest democracy, richest democracy in the world, but we seem to be the only industrialized nation that doesn't realize or figure out a way to actually make sure that parents can go to work and not fear what's going to happen to their kids during their work hours.

We can make these investments and make it work for everyone. And I guarantee you this is not a dollar wasted when you help a family provide quality childcare for their kids.

Mr. OWENS. Since the outbreak of the pandemic an astounding amount of Federal funding has been put into early care and educational system, including a 40 day and American Rescue Plan Act alone. This act excluded all Republican input, and reflects poor policymaking, especially with respect to accountability.

On April 14, the Committee sent a letter to you asking important information about the oversight of this unprecedented influx of new Federal childcare funds. Sadly, we have not received a response. With respect to the 50 billion in the ARP for childcare, how are you working to ensure the funds are spent responsibly, and to avoid a funding cliff for childcare providers and to support long-term solutions for family's childcare needs?

Secretary BECERRA. Congressman, let me invite you and your team if you'd like to work with us as we implement some of the programs under the American Rescue Plan. As I mentioned to you, and I said in my opening statement, transparency is going to be a big deal for us. We want to make sure that we demonstrate the program integrity so that we make the right use of these dollars that you've made available to us.

We thank you for making those dollars available to us so we could actually help families provide the childcare that they need for their kids. And when we do a program if you have any questions, we're going to make ourselves available, so please feel free anytime early, before we start implementing, or during its implementation to ask us any questions you have.

Mr. OWENS. Thank you, Secretary. I yield back.

Chairman SCOTT. Thank you. The gentleman from Michigan, Mr. Levin.

Mr. LEVIN. Thank you so much Mr. Chairman, and it's so great to see you, an honor to call you Secretary Becerra. Thanks for appearing before us today. I'm going to try to shoehorn in two questions, or two sets of questions, one about the ACA and one about care workers, so let's see if we can do it.

As you know there's a lawsuit brought by Republicans, California versus Texas, which threatens the future of the Affordable Care Act. In fact, I think you rallied states in defense of the ACA in your former role of California's Attorney General.

I applaud the Biden administration for reversing the position taken by the previous Administration which supported partisan Attorney's General who argued that the law should be struck down. But the threat of this lawsuit is still there, a decision by the Supreme Court could be handed down any day.

So, would you explain what this means for my constituents? Which parts of the ACA are at risk if this Republican lawsuit were to prevail, what kind of chaos could result of the republic Attorney's General succeed, and what would happen to the existing insurance market?

How many people do you think might be harmed as a result? Give us your sense?

Secretary BECERRA. Congressman, first great to see you, and please pass along my best regards to former Congressman Levin as well.

Mr. LEVIN. You know I will.

Secretary BECERRA. Absolutely, please give him a big hug for me.

Mr. LEVIN. He's so proud of you sir.

Secretary BECERRA. Oh, he's an important mentor in my life, and someone who really taught me some real values in how you can exercise those in Congress. We're going to find out real soon. It's in the hands of nine individuals, nine Americans.

And if they choose to find it constitutional as they have in the past, then we're going to be able to grow that number from 31 million Americans who have good health insurance coverage as a result of the Act to even more. If they somehow for some reason decide that it is not constitutional, well then you all have some really important work to do and so do we, to somehow protect all those Americans who don't have to worry about having a pre-existing condition.

And all of a sudden now they're going to suffer and face the consequences they had in the past where you could be discriminated against you getting insurance coverage simply because you have asthma, or you have some other type of pre-existing condition.

All those kids were under the age of 26 who have health coverage through their parents policy will all of a sudden find that if you're 18 to 26 you're out of luck, and those parents will no longer be able to provide them coverage.

Those seniors who have preventive healthcare services and help paying for their prescription medication, will find they're out of luck if the Affordable Care Act goes away. All of those things disappear if somehow a majority of those nine justices believe that the Affordable Care Act is unconstitutional.

But Congressman, having been the Attorney General who got to have his team argue that case before the Supreme Court, I can't tell you I'm totally confident, but I actually have a great deal of confidence that the Supreme Court, those justices will find a way to do the right thing for America, and protect the Constitution and its values by protecting the affordable care act. That's my hope, we'll see.

Mr. LEVIN. Thanks. I hope you're right for sure. And you know I'm a former union organizer. My first job in that space was helping nursing home workers organize with SCIU I think almost 40 years ago, but we won't dwell on the passage of time. Making sure the direct care workforce has a safe workplace, a living wage, and great benefits is a cause near and dear to my own heart, and I know it is to yours.

And I know from my—first-hand experience that this critical workforce is made up largely of women of color and immigrants who are paid on average about \$12.00 an hour. So, Mr. Secretary how will HHS partner with the Department of Labor and us to invest in the direct care workforce, and how will you do it in a way that improves worker recruitment, retention, development and make sure that they're paid well and protected in their workplaces?

Secretary BECERRA. Congressman, critical because it's hard to believe that we don't want to pay people who care for our dearest loved ones in the right way, and that's why the President's budget places true value in supporting those caregivers. We're requesting 73 million dollars in increase for a total of 280 billion dollars, to provide support for the National Family Caregivers and Native American Caregivers support programs that are out there, helping caregivers.

We want to continue to see those Americans who take on the tough task of caring for our family Members receive the wages they deserve, and we are looking forward to working with you to pass the American Families Plan that gives an opportunity to invest fur-

ther in caregiving for whether it's our grandmother, or our child making sure that we do it the right way, paying real wages.

Mr. LEVIN. Thank you so much sir. We're here to work with you and Mr. Chairman I yield back.

Chairman SCOTT. Thank you. The gentlelady from Michigan Ms. McClain?

Mrs. MCCLAIN. Great thank you very much Mr. Secretary. I want to thank you for being here today. I just have a few questions. First would you agree that obviously the health and safety of our citizens remains the utmost priority?

Secretary BECERRA. Absolutely.

Mrs. MCCLAIN. OK. And I've listened to the testimony. You stand behind the Fiscal Year 2022 budget request of 131 billion for HHS, even though it's a 23 percent increase, correct?

Secretary BECERRA. That budget we have put forward and having gone through all the elements of it and hope that you'll support it.

Mrs. MCCLAIN. OK. And do you commit to ensuring a transparent and responsible use of taxpayer dollars?

Secretary BECERRA. Of course.

Mrs. MCCLAIN. Thank you. So, I'm glad that you agree with me on the basics. And I believe that there is a crisis. You testified that you agreed with me there's a crisis, a pandemic crisis. Do you feel that we're coming out of the COVID pandemic crisis?

Secretary BECERRA. The President, his efforts to get so many millions of Americans vaccinated is an ambitious goal to get 70 percent of adults with at least one shot in arm by July 4. All of those efforts is investments in the American Rescue Plan and support of Congress to pass it. All of those efforts have led us to the point, well, you're now beginning to see some states open up, and so we're not out of the woods, but we are certainly in a far better place than we were a year ago.

Mrs. MCCLAIN. Do you believe we have a crisis at the border?

Secretary BECERRA. We are certainly facing the challenges that come from having a broken immigration system, and I have to deal with those in one aspect when it comes to those unaccompanied migrant children. But without a doubt for decades having an immigration system that's broken, creates these kinds of challenges.

Mrs. MCCLAIN. So that's a yes, we do have a crisis at the border? I'm confused with the answer, sorry.

Secretary BECERRA. Well, we have a broken immigration system that is creating all of these challenges that we must face. It's not just this Administration. Previous Administrations. I remember when I was a Member of Congress.

Mrs. MCCLAIN. I agree as we sit here today, I think we have a crisis on the border. We have a broken immigration system as well. So, I'm just, are we in agreement, or do you think we don't have an issue with the border?

Secretary BECERRA. Well, I'm glad you agree that we have a broken immigration system. It definitely creates these challenges that while we're taking them on, it makes it tough, and I hope that you all will take on the President's proposal for immigration reform.

Mrs. MCCLAIN. I don't know why it's a struggle to answer the question about a crisis at the border, but I'll take it as a not an-

swer, I guess. Where my confusion comes in is you've diverted 2 billion dollars of funding to deal with the crisis, non-crisis, pick whatever word you want.

You know 850 million from the stockpile money, as well as \$850 million of COVID testing money, so can you see my confusion is if we don't have a crisis at the border why are you diverting funds from COVID and from our stockpile that would help us deal with the COVID crisis we have now, or a future pandemic?

So, I'm very confused if we have a non-border crisis why are we diverting 2 billion dollars.

Secretary BECERRA. Congresswoman, thank you for the question, and I've tried to explain this in the past. We have an obligation under the law to provide care for these unaccompanied minor children regardless of what their ultimate outcome will be if they have to return back to their home country or not.

While they're here temporarily it's our obligation to make sure they are safe and healthy.

Mrs. MCCLAIN. And that obligation comes at a cost.

Secretary BECERRA. Absolutely.

Mrs. MCCLAIN. Because for every action there's a cost, right?

Secretary BECERRA. Well, there's certainly a financial cost, no doubt. But we're going to do it right because we should not pick corners simply because the child may not be someone we know or have had in this country for a long time.

Mrs. MCCLAIN. But it's coming at a cost to our non-crisis at the border, so if we don't have a crisis at the border why would we need to divert two billion dollars to take care of that non-crisis?

Secretary BECERRA. So, Congresswoman we are handling the challenge that the unaccompanied children present. At the same time, we're making sure that we're making use of those dollars to pay for those services in the ways that you all in Congress have provided to us.

So, all the moneys that we've used, we used transparently, that's why you're able to cite certain figures.

Mrs. MCCLAIN. OK. So, we are going to continue. Do you see more money being diverted to this issue in the future?

Secretary BECERRA. Congresswoman until you all fix this broken immigration system, we're going to continue to face challenges like this, and I have under law the obligation to make sure to care for these kids. Until you all deal with the crisis, the critical aspects of immigration the way that they should be dealt with, this broken immigration system is going to continue creating these challenges.

Mrs. MCCLAIN. Right. And we can start by limiting the number that come in, but with that I'm out of time. Thank you, sir, for your time. I appreciate it and I yield back.

Secretary BECERRA. Thank you.

Chairman SCOTT. Thank you. The gentlelady from Michigan.

Ms. STEVENS. Thank you, Mr. Chair, can you hear me all right?

Chairman SCOTT. We can.

Ms. STEVENS. OK great. The other gentlelady from Michigan representing from Troy down over to Canton and Thank you, Mr. Secretary, for your testimony today which was very well-written and put together and your answers to today's questions have been tremendous.

I've been seeing that there's a lot of emphasis on immigration and we've got a large Committee here today, but it's interesting because our jurisdiction and Ed and Labor's is pretty specific for why you are here.

And the last time I checked there's certainly a lot that we should be discussing within our jurisdiction, and that's exactly what I wanted to talk to you about Mr. Secretary, which is you know our older Americans who have been so hard hit by this pandemic.

While the need has been growing for years, the pandemic has caused an unprecedented increase in demand from older Americans for meals and other critical older American Needs Act services that help them stay safe and well in their homes. You know I frequently participate in the Meals on Wheels program that operates in Waterford, Michigan.

But we see ourselves defeating this virus and making lots of progress in the pandemic. The needs for programs like these are likely to remain, so just wanted to hear from you Mr. Secretary about your plans to continue to serve older adults who now rely on OAA services as Federal COVID stimulus program began to wind down, thank you.

Secretary BECERRA. Congresswoman, thank you for the question, critical. You may be aware that in May, early May the Administration for community living within the Healthy Human Services Department released about a billion and a half dollars in funding to states and territories, and that was money that we thank you for because it came from the American Rescue Plan, and that was for our older American Act programs.

Those dollars are going to help fund vaccine outreach and coordination to help address social isolation to too many of our seniors are experiencing to provide family caregiver support, and to offer nutrition support for our seniors.

Ms. STEVENS. Great. And Secretary Becerra, we know that the pandemic has also had a severe impact on the mental health of young Americans that's come up in today's hearing. And according to the American Academy of Pediatrics over 40,000 children have lost a parent to COVID 19.

Has HHS begun to collect data on children and teens affected by COVID-19 related loss, and how those efforts are going to inform the department's mental health awareness and treatment programs? And is there any way that Congress might be able to be of an assistance to you in those efforts?

Secretary BECERRA. Excellent question, and I hope that you and some of your colleagues would followup because we are collecting a great amount of data, and it will be very useful, not just for our programming of resources, but for you all making policy that will take us in an even better direction.

So please be in touch with my team because that data can help drive good decisions on where we go next.

Ms. STEVENS. Yes. And it certainly begins almost as empirical right, so one of the things obviously not related to your jurisdiction that we're starting to see in Michigan is a major demand for guidance counselors in our schools.

I've heard some reports that guidance counselors used to see in some of our schools on average, 17 to 20 students, and now that's

upwards of 100. And so, this isn't within your jurisdiction, but just thinking about that support network that goes into our school system.

And so with that I'm going to cede back my time to the next question Mr. Chair partly because our Secretary has just been doing such a phenomenal job, and it's obviously no question why he is in this role, and you know was able to answer things that might have been better for you know the Homeland Security Subcommittee, but obviously you know we are going to keep pushing on what we need to do to continue to keep all Americans healthy in a strong HHS Department.

So, with that, thank you, Mr. Chair, thank you, Mr. Secretary, and I yield back.

Chairman SCOTT. Thank you. The gentlelady from Tennessee, Ms. Harshbarger?

Ms. HARSHBARGER. Thank you, Chairman and Ranking Member Foxx, and welcome Secretary Becerra. We appreciate your time to discuss the 2022 budget for HHS. As a pharmacist, I look forward to opportunities to work with you and your department in areas where we should hopefully have bipartisan agreement, improving our healthcare delivery system and addressing problems and I really thank Representative Keller for mentioning the PBM issues with the DIR fees.

And because of that, because of being a pharmacist I have introduced legislation, it's H.R. 1829, the PBM accountability study that would address why some of the drug pricing is so exorbitant. And everybody on this Committee has independent pharmacies in their district who's struggling with this, and I'm glad the Administration's budget also proposes to focus on things like substance abuse and mental health disorders.

That's going to be big in my district, because I do have a couple of questions for you sir. First one does deal with drug pricing. When the Part D program, the Medicare Part D program was created in the bipartisan Medicare prescription during the modernization act of 2003, the law included an important provision known as the non-interference clause, and that inhibits the HHS Secretary No. 1, from interfering in private cross-negotiations under the part D program.

And No. 2, establishing single national formulary for the Part D program. And because of that it's my understanding that this was put in the law expressly to keep the government from interfering in the American health system in determining which medications are covered, which are not covered as is commonly the case in many foreign countries that are single payer systems.

And honestly, the evidence has been very clear that this approach establishing a competitive marked based system in Part D has been successful in balancing cost containment with robust beneficiary access. But nevertheless sir, the political talk is all about the need for negotiation, Medicare Part D, and in particular it talks about government.

The talk is government negotiation. And some have proposed eliminating the non-interference provision of the law. And my question Secretary Becerra is you know that's very confusing, and can

you clarify for me whether or not there is negotiation happening today in Medicare Part D? And if so, who's doing this negotiation?

Secretary BECERRA. Congresswoman, thank you for the question, and I know something that we'll have an opportunity to discuss further. By the way can I just say thank you to you and if you'll convey the thank you to one of your colleagues in the pharmacist world for all the work that they have done to make vaccines available locally to the community, especially those independent pharmacists who really are the ones that know their community.

It's been indispensable to have them step up to the plate, and can you please convey on behalf of HHS our thanks for what they've done?

Mrs. HARSHBARGER. Absolutely sir. They are an integral part of the healthcare system, and we need more authority and things like that. Start with us first.

Secretary BECERRA. At a time when we're losing that personal contact with all those service providers it is sure nice to have some of those pharmacists who we have known for decades right, to be, and we trust. And so, it's been great, so please convey our thanks to them.

Mrs. HARSHBARGER. I will do that.

Secretary BECERRA. On the question?

Mrs. HARSHBARGER. Yes, go ahead. No, I want you to answer the question.

Secretary BECERRA. Yes, yes. We're working, and as you know this has been an issue that not just this Administration, but previously Administrations have tried to tackle. And in fact, we're now in court on a number of these matters. But what I will tell you is this, President Biden has made a commitment to reduce the prices of prescription drugs.

We're looking for the best way to do that. We know that there are a number of proposals that are out there, different ways that other countries have found to do it. What I could commit to you is this: We will do everything we can within our current power, but we're hoping you all, working with you we can get more power to actually bring down the prices of prescription drugs.

Mrs. HARSHBARGER. That's the goal, and that's where my expertise lies. I want to change topics and ask you one other thing. I understand from your previous recent hearing appearances in the House Energy and Commerce Committee and the Senate Finance Committee you have been asked on a number of different occasions to affirm that you'll stay the commitment to uphold all laws, including the enforcement of the partial birth abortion act.

And your response to Representative Gus Bilirakis was, "There is no law that deals specifically with the term partial birth abortion." Do you still maintain this position that there's no Federal law that deals specifically with that term? And that's just a simple yes or no sir.

Secretary BECERRA. Congresswoman I wish life were just a simple yes or no. What I can say to you is what I tried to say to the Congressman and to others who have asked this question. We're going to make sure we uphold the law we follow the law as we protect women's rights to healthcare.

Mrs. HARSHBARGER. It's simple. If you can read this, and if you can't read it, I'll read it for you. It's 18 U.S. Code 1531 Partial Birth Abortions Prohibited. And you know there's a couple things I want to enter into the record. It was a PolitiFact article Chairman, it is "Becerra's wrong that no law addresses partial birth abortion," so if I could enter that, that would be fantastic. OK.

Chairman SCOTT. The gentlelady's time has expired. She has asked unanimous consent without objection the document will be entered.

Mrs. HARSHBARGER. Thank you.

Chairman SCOTT. The gentlelady's time is expired.

Chairman SCOTT. The gentlelady from Minnesota Ms. Omar.

Ms. OMAR. Thank you, Chairman. I know my colleagues on the other side of the aisle have a reawakened interest in deficit. I agree with them that taxpayer dollars must be well-spent, but part of running a government is making sure that revenue comes in so that we can pay for all of the good work your department is doing Mr. Secretary.

The Republican party pushed through tax cuts in 2017 that were nothing more than massive trillion-dollar corporate giveaways, serving essentially only to help the rich get richer. One of the things that they promised would happen was that companies would reinvest their tax windfalls in research and development.

And how did that work out? According to campaign for sustainable prescription drug pricing between 2017 and 2018 pharmaceutical companies more than doubled shareholder dividends while investing only 6 percent more in research and development which brings me to my question.

President Biden support negotiating with drug companies. Critics of policies such as H.R. 3 claim that this would prevent companies from competing. Mr. Secretary, do you believe pharmaceutical industries, stock buybacks and dividend constitute innovation, and will those help develop any new drugs?

Secretary BECERRA. Congresswoman, thank you for the question. I think the President has been very clear that we wanted to have a vibrant domestic source of medicine, but we also want to make sure that we're getting a fair price for those medicines for the people whether it's under Medicare or Medicaid, or any other program. And so, the President has made a commitment and I'm going to try to follow through on that to make sure that as we try to lower the prices of those drugs, we look at every type of proposal, including H.R. 3 to get us there.

Ms. OMAR. Thank you, Mr. Secretary. I would also like to ask you about the future of our healthcare workers. Throughout the COVID-19 pandemic contact tracing and translators with experience in hospitality, community engagement and other fields have used their transferrable skills to streamline access to COVID-19 testing, vaccinations and treatment for communities heavily impacted by COVID-19.

What plans does HHS have to ensure that contract tracers without prior public health experience can find employment and fully transition into the healthcare field?

Secretary BECERRA. Congresswoman, you're probably aware that this Administration, by the way with your help in passing the

American Rescue Plan, is going to be dedicating a number of funds and resources to try to help us with the healthcare workforce. We understand COVID-19 taught us that we were not prepared for primetime when it came to dealing with something like this pandemic.

All those gaps in coverage, all those places in America that get missed, it's a lot of it because we don't have the workforce that we need. We also have to make sure we're paying that workforce properly so that people will want to go into those fields. So, we believe with some of the resources that you've made available through the American Rescue Plan that we can actually improve the condition of our public health system by improving the conditions of our workforce.

Ms. OMAR. Thank you. Recently I had the opportunity to visit an influx care facility in Texas. One thing we heard consistently from operators and the HHS staff working there, was that the importance of uniting and accompanying minors with these sponsors in the U.S. as quickly as possible.

They outlined to us what some of the barriers were in unification, including many core specific issues like delayed and processing of background checks and the inability for fingerprinting to take place during the quarantine and COVID closures. Can you share with us what steps HHS is taking to unit children with their sponsors as quickly and safely as possible, while still taking COVID precautions into consideration?

Secretary BECERRA. First, thank you for your visit to the city and for the oversight that you and others are performing. We're doing everything we can to try to make sure we find a responsible custodian. And I want to emphasize responsible because we're not going to let a child go until we feel confident that that child will be cared for because we've seen other instances where that hasn't been the case.

We continue to increase the number of personnel that we have that can help us do that intake process to be able to discharge that child, but it's a difficult process, and as you've mentioned COVID has made it more difficult. Let's put it this way, we can no longer rely on those licensed care facilities that typically would take these children and provide them the full set of services and then do the discharge the way we used to because those facilities have had to pare down the number of kids they accept.

And so, these emergency intake sites that you visited are the ones that are doing some of this work. It is tough, but we're going to do it right.

Ms. OMAR. I appreciate you. I yield back my time Chairman.

Chairman SCOTT. Thank you. The gentlelady from Illinois, Ms. Miller?

Mrs. MILLER. Yes, Thank you, Mr. Chairman, Ranking Member Foxx, and Mr. Secretary. The Trump administration was the most pro-life Administration in this Nation's history, working hard to defend unborn human lives. I'm sad to say that the Biden administration is shaping up to be the most pro-abortion Administration in history.

It's truly sad to see our Nation which was founded on the idea of natural rights that belong to all humans, dehumanize, and at-

tack the most vulnerable among us, the unborn. Secretary Becerra, under your leadership of the Department of Health and Human Services, the Department has decided to disband the Human Fetal Tissue Ethics Advisory Board created by the Trump administration to evaluate grant research conducted by the FDA and the NIH and ensure that the U.S. Government was not funding or participating in unethical research.

Fetal tissue may sound like an abstract term, but there's nothing abstract when researchers are ordering skulls, bones, hearts, eyes, and livers from the bodies of unborn babies who are too vulnerable to defend themselves.

Human beings have inherent dignity and should never be used as a means to an end. Using fetal tissue from babies killed in elective abortions to further research priorities is using human lives as a means, rather than treating them with the dignity that all human beings deserve.

So, my question is why did you decide to disband the Human Fetal Tissue Research Ethics Advisory Board? Shouldn't we do all we can to ensure that taxpayer funded research is done in an ethical manner? And then will you commit to investing in the creation of ethical alternatives to the use of aborted fetal cells in research, drug, and vaccine development?

Secretary BECERRA. Congresswoman, thank you for the very important question. I want to make sure we're very clear on something. The work that we do at HHS and that NIH and the research, is done completely according to the law. There are well-established and rigorous regulatory frameworks for the use of fetal tissue in research. Any research funded by the NIH using fetal tissue goes through all of the appropriate guidelines and oversight.

There is no doubt that we have had some scientific breakthroughs and life-saving treatments that have become available to Americans as a result of the work that's been done according to the law. And the legal and ethical oversight that has been in place by decades by the way, not just recently, but for decades, and has been supported by democratic and Republican Administrations has allowed us to move forward because at the end of the day this is a President, and this is an Administration that is pro-care and making sure that we offer our families the care that they deserve.

Mrs. MILLER. So, do you commit to rigorously enforcing a prohibition against the sale of aborted fetal baby parts for profit?

Secretary BECERRA. I can absolutely commit that we will make sure we follow the rigorous regulatory framework for the use of fetal tissue research.

Mrs. MILLER. To enforce the prohibition against the sale of aborted fetal baby parts, skulls, bones, hearts, eyes, and livers from the bodies of unborn babies?

Secretary BECERRA. Congresswoman I think I'm being as fair as I can be. We're going to make sure that we not only abide by the law but enforce the law when it comes to fetal tissue research.

Mrs. MILLER. It's also come to my attention that your department will be resuming intramural research using aborted fetal tissue. President Trump suspended the use of fetal tissue from elective abortions for NIH conducted research to protect the sanctity of human life. Can you justify this decision to the Committee please?

Secretary BECERRA. The previous Administration did a lot of things that we're not going to do. What I will tell you is that what we will do is make sure that as we move forward, whether it's on research or any other items that are under the HHS agenda, we will do them according to the law and in a transparent accountable fashion.

Mrs. MILLER. Thank you. We want transparency with accountability. And another question in light of vaccines in children, an FDA advisory panel recently met to discuss the use of COVID-19 vaccines in children as young as 6 months old. The meeting took place on the same day Moderna asked FDA to expand the emergency use of the COVID-19 vaccine to children as young as 12.

Pfizer's vaccine has already been authorized for children.

Chairman SCOTT. The gentlelady's time is expired. If you could very quickly State your question so that he could give a brief answer.

Mrs. MILLER. OK sure. Do you believe we should be treating children differently than adults when it comes to vaccinating children with a product that has not been fully approved? And do you believe that schools should require authorized COVID-19 vaccinations for their children before attending classes this fall?

Secretary BECERRA. Congresswoman we can followup because I know the time is expired. I'll simply say this. We always looked at children differently than we do adults, and let the science drive where we go, and CDC has made that, and NIH and FDA have all made that very clear it that before we move on vaccines, we do it with the science behind us.

Chairman SCOTT. The time has expired. Thank you.

Mrs. MILLER. Thank you and I yield back.

Chairman SCOTT. Thank you. The gentlelady from New Mexico, we're running short on time, but usually we will tolerate it, so I apologize. Ms. Leger Fernández from New Mexico.

Ms. LEGER FERNÁNDEZ. Thank you, Chairman Scott, and Thank you, Secretary Becerra, boy what a difference 6 months makes. Because of President Biden's leadership, Congress's passage of the American Rescue Plan, and in particular your department's work, there's a sense of optimism. I feel it. I think everybody feels it as vaccinated people are gathering in public again.

They're visiting our small businesses, and we're all looking forward to a more prosperous future. So, you're opening statement correctly noted that the pandemic hit the most vulnerable the hardest. I want to focus on a few of those most vulnerable that we might not talk about enough.

And as I talk about it, I'm really going to also focus on the need for facilities. So, one is our woefully underfunded Indian house service facilities, two with the survivors of domestic violence, and three, those suffering from substance abuse who need in-patient treatment.

So, as we are opening up, we know that our domestic violence shelters are overcrowded. They've had to turn away women and children because they don't have the rooms and beds, they need given COVID's distancing requirement. I really do appreciate your answers to my friend, Representative McBath on providing services for the prevention of family violence.

And as I've visited the shelters in my district, they truly appreciated the American Rescue Plan's funding, but they kept going to the fact that they need help to build and keep facilities operating. They need access to affordable housing for victims as they leave shelters.

So, Secretary, could you briefly discuss what measures are included in the IG's budget and proposals to address the facility needs, the facility and housing needs?

Secretary BECERRA. Congressman, great to have you onboard and I look forward to working with you. You have big shoes to fill, but I suspect you're more than ready for it, so I look forward to working with you. I will simply say this. President Biden made it very clear where his values are when it comes to Indian country.

He has made a historic investment in the Indian Health Service agency that we operate here at HHS. And we're going to make sure that we are on the ground working. And I probably met with tribes from throughout the country already more than I think people would have expected. You know the work we have to do because for far too long HIS was underfunded, and we're going to try to do everything we can.

If you help us pass this budget to try to really get on the ground and provide some of the infrastructure and the services that are needed back home. You will also notice that this budget calls for a 2-year cycle for appropriations so that back home in Indian country folks have a better sense of the type of funding they can expect to come out of the Congress and the Federal Government because it is difficult to budget and plan your healthcare needs for your communities if you can only rely on 1-year funding.

So, we're trying to do the things that tribes throughout the country have said to us they'd like to see us do.

Ms. LEGER FERNÁNDEZ. I truly appreciate it because you know it's amazing. I think the public doesn't know that we really only fund 36 percent of what's spent per capital nationally. For healthcare, only 36 percent for tribal care, and I think there's a 39-billion-dollar shortfall. I think we have a little disagreement on the shortfall between what some of the advocates are looking at, and what IHS is looking at.

The other place where we have a really big need for bed is with regards to substance abuse. As I travel, I just read you know New Mexico has been very hard hit with substance abuse, mental health issues that lead to that. And you've talked a bit about the operational funding, but what I hear over and over again, and this is in Indian country, this is in rural New Mexico, this is rural America.

It's affecting Latinos. It's affecting Native Americans. It's affecting all Americans, is we don't have the beds that are often needed for in-patient, which means sometimes people are dying in jails because they get picked up. They're dying alone, and they need in-patient treatment often times, so tell me what IHS is proposing regarding that aspect.

Secretary BECERRA. As you know more than 2 billion dollars that the President calls for in his budget will try to address a number of those concerns, but it's going to be difficult to make up for years of underfunding in one budget, and I would look forward to work-

ing with you, and this is what I said to tribes as I've visited these last several months that I've been Secretary.

We look forward to working with folks on the best ideas in how we move forward both in terms of facilities and in services, because we know in both cases there is a dire need to be ready and go and making it better.

Ms. LEGER FERNÁNDEZ. Well, thank you so much Secretary Becerra. I will followup with you also with regarding the issues around the beds that are needed in domestic violence shelters as well, and my time is up, and I yield back. Thank you, Chairman Scott.

Chairman SCOTT. Thank you. The gentlelady from Indiana, Ms. Spartz.

Mrs. SPARTZ. Thank you, Mr. Chairman and Mr. Secretary for testifying in front of us. As a Member of the Judiciary Committee, I visited the border several times, and I was surprised to learn of the change in the policies that your agency did from the Trump policy related to the unaccompanied minors, so to release unaccompanied minors to potential sponsors, Trump administration required all sponsors and adult household Members to undergo background checks.

I was told that you changed your policy which I will look at the press release from your agency on May 5th, and you confirmed that you did change your policy. So, my questions for you, by cutting corners, and eliminating this proper background check, why would you change this policy, and don't you put life of these kids at risk?

Secretary BECERRA. Congresswoman, thank you for the question, and a critical question because we want to make sure kids are safe. What we did was we took into account where there was a parent, not just an adult, but the actual parent of the child that while we did do a check, and we do a thorough analysis to make sure that this is the parent of the child, we feel far more confident if this is the actual parent of the child that we can try to make sure that the discharge occurs as quickly as possible.

Mrs. SPARTZ. I get it but your policy does not say that you don't do it just for parents. It just says for any sponsor, maybe not a parent, you don't have to do check household Members, regardless of who they are. Isn't it by creating this policy you potentially don't know where the kids go? How are you even tracking the child welfare?

Now you have created a situation where this life can be at risk, regardless, and then you don't even know where the parents, what kind of household they live, so you now aren't checking anyone in that household. Isn't it potentially cutting corners and putting their life in danger? Or do you believe that is not?

Secretary BECERRA. Congresswoman, I urge you to reread the guidance that we put out and the instructions, because I think you have misread it, but I'm more than willing to sit down with you to go through and explain it later on with my team. We do not put any child in danger.

We make sure that we place them in the hands of a responsible custodian.

Mrs. SPARTZ. But is it correct that you are not requiring to do the adult household Members of sponsored background check un-

less there is a reason to, but as a policy it was a change of policy? Do you agree with that? Because that's what it says in your press release.

Secretary BECERRA. Congresswoman, we don't release any child into the hands of any person, including their parent until we can confirm that they are not only the parent or a responsible adult, but that we have the confidence that the children will be safely cared for. So, no child, regardless of who the custodian might be, parent, adult family Member, or not.

Mrs. SPARTZ. But you don't check background checks. You don't do background checks.

Secretary BECERRA. Yes, we do, do background checks.

Mrs. SPARTZ. You're actually doing and required to do background checks on all household Members of that sponsor?

Secretary BECERRA. Congresswoman, as I said, I urge you to read our policy.

Mrs. SPARTZ. I just read it, so maybe you communicated, or that's what I was told by people on the ground in the shelters. That's what your press release says, so maybe you need to communicate that policy better, but we'll try to clarify that and full office view, and I yield the balance of my time to Congresswoman Foxx.

Ms. FOXX. Thank you, gentlewoman, for yielding. Secretary Becerra you recently testified before the Senate Finance Committee that you'd be open to revisiting the ACA definition of affordability for employer-sponsored coverage. Currently employers must offer plans that cost 9.83 percent or less of the employee's household income.

But you talk about revisiting this definition, do you mean lowering the affordability threshold which will either move more employees onto the ACA strain, or increase costs for employers? According to 2020 coverage data from the Treasury Department, the cost per family to taxpayers on the ACA marketplace is \$5,722.00, while the cost per family for employer-sponsored insurance is \$3,974.00.

How would this proposed change to the definition of affordability be affordable to taxpayers?

Secretary BECERRA. Congresswoman, I'm more than willing to followup with you and your team if you'd like to explore this. What we're going to do is if we're going to make any changes, it's to make sure that the care, the healthcare coverage is more affordable. We're not about to make any changes that would cost an American more money to access the quality of healthcare that would be available through the ACA.

Ms. FOXX. Well, when taxpayers subsidize healthcare for those who are on the ACA, that is costing taxpayers money. And by the way in your recent testimony every time before the Committee you've been in-person, with that Mr. Chairman I yield back.

Chairman SCOTT. Thank you. The gentleman from New York Mr. Jones.

Mr. JONES. Thank you, Mr. Chairman. A few minutes ago, the Secretary was lectured on the importance and the sanctity of human life by a Member who just yesterday voted against awarding the congressional Gold Medal to our brave police officers who

risked their lives, and in some instances even died to save us in that violent insurrection on January 6.

And I think it's important to call out the hypocrisy of that. Secretary Becerra today I would like to ask you a few questions regarding Head Start. As you know Head Start programs across the country provide vital early education to children from low-income households ensuring that they are well-prepared to enter primary school.

These facilities work to develop social skills and emotional well-being in young children as well as offer them nutritious meals, health screenings and mental health supports. As we build back better from the COVID-19 pandemic, we must recognize that the public health crisis has presented unique challenges for low-income communities, the same communities served by Head Start programs, and many families lost sources of income and daily childcare services.

Despite most Head Start facilities closing their doors in order to protect public health, many still work tirelessly, to provide resources and support to children and families facing new challenges as a result of the pandemic. So, Mr. Secretary, we know that the Head Start Act has not been reauthorized since 2007, and in that time, Head Start programs in many parts of the country have found the disconnect between the income eligibility thresholds of 100 percent, and even 130 percent of the Federal poverty line to be inconsistent with how expensive it actually is to live in this country, and what it actually means to be in poverty.

This is especially true in high-cost areas like the one I represent in New York, and of course the one that you represented when you are a Member of Congress. What actions will you take to ensure that Head Start is available for young children in need, but who currently might not be eligible due to outdated eligibility requirements?

Secretary BECERRA. Congressman, I could not agree with you more in the way you've articulated this. We have too many families who are modest income, working really hard, but are losing their opportunity to qualify for Head Start, and even for families that do qualify we just don't have the resources to help the way we should.

And so, the investment that this Administration has made of over a billion dollars in Head Start will take us a little farther in making sure families have that opportunity. You and I would probably agree how tremendously important it is to give that child a chance to start on the right track as they get ready for kindergarten, and Head Start is crucial.

But what we can't do is let hard-working low-income families miss out simply because the rates have you know become unbalanced so that they don't qualify, even though they really don't have the resources to pay for something like that on their own.

Mr. JONES. Thank you. I want to keep our focus on Head Start. You know that in Fiscal Year 2020 Congress deliberately allocated resources for Head Start programs to address the concerning rise of childhood trauma throughout our Nation, gun and domestic violence, prescription drug abuse, disaster related displacement, loss of a parent and other traumatic events can leave a child further behind emotionally, physically, and educationally.

With those critical funds Head Start programs pursue trauma-informed care training and increased access to mental health counselors. They have also developed unique strategies to support Head Start families. But nevertheless, these Head Start programs are already reporting a significant uptick in pandemic related trauma with children and families, and while there is a desire for the Administration to expand Head Start and move forward, many programs are still grappling with COVID-19.

Would you support increased and specified funding in Fiscal Year 2022 to help Head Start programs and address the mental health and childhood trauma issues for existing families?

Secretary BECERRA. Congressman I would love to be able to say that that's what we will do. I will work with you to make sure we have the funding for that. The only hesitation I have is that I don't want to lock out sources of funding for other valuable vital services within Head Start, but you are absolutely right. If we don't tackle this, we're letting the child become really a time bomb as they grow older, so we absolutely have to do something to provide that mental health service.

Mr. JONES. Thank you. And finally, can you speak to the role that Head Start will play moving forward as you seek to expand early learning opportunities through your proposals?

Secretary BECERRA. If I had my way Congressman, we would make sure every child, your child, my child, who cares whose child it is, have a chance to have that start. And we want them to be ready to learn, and you've got to give them that chance at a Head Start.

Mr. JONES. Thank you, Mr. Secretary. I yield back Mr. Chairman.

Chairman SCOTT. Thank you. The gentleman from Wisconsin, Mr. Fitzgerald.

Mr. FITZGERALD. Thank you, Mr. Chair, and Thank you, Mr. Secretary for being here. I probably have a unique perspective as one of the Members of the Committee today having worked in Wisconsin legislature during the pandemic, and as you probably are aware, the Deputy Secretary Andrea Palm was part of the Evers Administration.

You know there's a patchwork of local ordinances, both at the municipal level and at the county level. Many of them are antiquated, as well as State statute. And when the pandemic hit, I quickly identified I think many of my colleagues identified that there were significant issues that hadn't been addressed. And it became kind of a push and pull, often times amongst the different levels of government as to what was an adequate response, or a response that would make sense.

And I disagreed with Governor Evers in Wisconsin as the Senate Majority Leader, and I also disagreed with Secretary Palm on their approach in that how long they held kind of things close to the vest on what their approach would be. Let me ask you a couple questions.

If there's a resurgence in COVID, or a variant, what's the Administration's position on lockdowns and mask mandates? I know that candidate Biden, President Biden now, had absolutely said

that he would support some type of national mandates on those fronts. Where are you guys at on that right now?

Secretary BECERRA. Congressman, thanks first for the question, and your question while maybe hypothetical, could appropriately happen. And so, what I would say to you is that what the President has always said is that we're going to have science guide our best practices, and we're going to try to make sure that we are right there with our State and local partners, never abandoning those partners.

And what we're going to do is work with them because the ultimate decision is up to the states and local government leaders how to proceed. The Federal Government does not mandate to a local community how to do things, but we do have the jurisdiction. The President has been great in asking the states if it involved transportation and goes beyond states to those kinds of things where he does have authority.

We're going to do everything we can to protect America. We're going to do everything we can to beat back the COVID. We're going to do everything we can to give people what they need as quickly and as early.

Mr. FITZGERALD. Would you go as far as to say that you would call for a mandate on that?

Secretary BECERRA. Well as you've heard the President say before those decisions are really State decisions. They're not for the Federal Government, and so right now we've been working pretty closely with the Governors and our State partners to make sure that you provide them with every type of support that we can, so as they move forward for their states, they do this in a safe a manner as possible to promote their health and the return to normality for all these people.

Mr. FITZGERALD. Let me ask you a further question on vaccinations then. It seems that with certain segments, age groups, we've kind of hit the wall on vaccinations. There's just a number of people that are saying I'm not going to take the vaccination. I'm not going to force any of my children to take the shot. What is your approach on that, and what are you going to do about that?

Secretary BECERRA. We continue to reach out. We think that there are still millions of Americans who want to have a vaccination, who are willing to come forward. We want to find them. We're going to go to them. We're not going to wait for them to come to us, so we want to make it available.

You no longer have to wait in line. You don't have to worry about your age, as long as you're 12 and over, and we're going to do everything we can to work with trusted partners in the community to reach those folks. We are continuing our efforts. We just established for example a youth forum to help us reach out to young Americans who haven't yet been vaccinated.

And so, we're going to continue to do all the work, whether it's establishing a tollfree number, a website, a way to get information on where the closest vaccination site is to you, and of course mobile clinics and all the rest.

Mr. FITZGERALD. No mandates though? No mandates on vaccination?

Secretary BECERRA. As I said before, we leave that to the states to decide how they go about doing that. We're going to be their good partner and not abandon it.

Mr. FITZGERALD. Let me just ask one more question on the COVID topic.

Chairman SCOTT. The gentleman's time has expired. Ask a quick question, and a quick answer.

Mr. FITZGERALD. Yes. Well, hospitals and healthcare workers, I mean huge issues still exist, and I'm wondering what the Administration is doing to shore up hospitals and the shortage of healthcare workers.

Secretary BECERRA. We're going to do everything Congressman we can to make sure that we have the PPE and all the supplies that we need. Healthcare workers should be the last people who could run out of those kinds of supplies. We're working with hospitals. We've got to provide a relief fund. Congressman, we can give you a more detailed response, but we're going to be there every way we can.

Mr. FITZGERALD. I yield back. Thank you.

Chairman SCOTT. Thank you.

Ms. FOXX. Mr. Chairman there's interference when the Secretary is speaking.

Chairman SCOTT. I think that was on Mr. Fitzgerald's part. Well, let's see how it goes with the gentlelady from North Carolina Ms. Manning.

Ms. FOXX. OK.

Ms. MANNING. Thank you, Mr. Chairman, and Thank you, Mr. Secretary for being with us today. I want to talk about the kind of health insurance plans that the Trump administration took steps to increase. They increased enrollment in junk health plans, consumer protections, under the Affordable Care Act, and these include in products like short-term limited duration insurance policies which do not cover essential health benefits.

They charge higher premiums for people based on illness, and they discriminate against people with pre-existing conditions. Could you talk to me about what steps the Biden administration plans to take to reduce the harmful impact of these kinds of plans on consumers?

Secretary BECERRA. Congresswoman, thank you for the question. And we intend to enforce the Affordable Care Act. The Affordable Care Act was all about providing consumers with real coverage and at an affordable price, not duping people into thinking they've got health insurance, and the day they use it find they've got this massive bill they can't afford.

We are interested in making sure that if an insurer wants a plan out there that it is not junk. And so, we're going to work really hard with the powers that we have, and any you decide to give us, to make sure that no insurer goes out there and sells a faulty product that's nothing but junk to the American people when it comes to healthcare.

Ms. MANNING. Thank you, Mr. Secretary. And like many Americans, I am deeply concerned about rising prescription drug costs. This became an issue with my family. I have personal experience with a daughter who was diagnosed with a chronic illness, and I

was stunned by the cost of the medications that she needed to live a normal life.

So, what is the Biden administration going to do to help us bring down the cost, the really outrageous costs, of so many kinds of prescription drugs?

Secretary BECERRA. And Congresswoman, here's where I hope you all will decide to help us with some changes in statutory law, and that is the President said, "You let me negotiate drug prices I will do it." To the degree that we have the power to do that, we'll try to do it. As you know some of those issues are tied up in court.

He has said we're going to look at every way that has been devised, including in other countries, to figure out how we can lower the cost of prices of drugs. The President is very focused on this. Prescription drug prices are just too high, and there's no reason for it, and we're going to do everything we can. We hope we can work with you so that we have even more authority to bring down the cost of those drugs.

Ms. MANNING. Thank you, Mr. Secretary. The people in my district need the relief, and the people all over the country need the relief, so we look forward to working with you on this issue. I'd like to turn to a different issue, and that's the impact that COVID has had on women with postpartum depression and other mental health issues.

Certainly, the isolation forced on people by the pandemic has exacerbated these kinds of issues. Can you talk to us a little bit about the funding in the budget to address maternal mental health issues?

Secretary BECERRA. Congresswoman, thank you. This one is really important because in a country as sophisticated and as talented and as wealthy as America, we should not have women who are actually dying postpartum. And so, one of the things that we have done is not only invested some additional funds in providing maternal health services to women, but we've now put out a program that so far, a couple of states are looking at.

Michigan has signed on to a program that actually provides a woman with postpartum care beyond 60 days, which is what currently is provided under Medicaid. We're willing to help that State extend postpartum care for that woman for up to a full year and we will be great partners in helping finance that. And we hope that there will be states who take that up.

Ms. MANNING. Thank you so much. This is a huge issue. There are many of us here who look forward to working with you on addressing maternal health issues, so thank you for that, for all your dedication. Mr. Chairman, I yield back.

Chairman SCOTT. Thank you. Thank you. Your colleague from North Carolina Mr. Cawthorn.

Mr. CAWTHORN. Excellent Mr. Chairman thank you very much. Dr. Foxx thank you for your leadership. Secretary Becerra, congratulations on being appointed as Secretary. What we have seen out of the Department of Health, and Human Services I believe is nothing short of rank hypocrisy.

I'm confused when the health of the American people and their best interest has become a political tool. Quite frankly, I find it disgusting. And now sir as head of the Health and Human Services,

I assume you are aware that CDC policy it states that children two or over must wear a mask in public, correct?

Secretary BECERRA. Congressman, the guidance we provide is based on science, and its guidance to the states, and they can decide how to implement it.

Mr. CAWTHORN. Correct. But your guidance is that children two and older must wear a mask?

Secretary BECERRA. We want everyone to be safe Congressman, affirmative.

Mr. CAWTHORN. So, children two and older must wear a mask. Now I also know that science has indicated that young people, especially our young children, are less likely to have serious symptoms from COVID 19, is that what your findings have told you?

Secretary BECERRA. Less serious doesn't mean they don't become serious. We want to make sure every American is protected if that's possible, and we leave that to the states to decide exactly how.

Mr. CAWTHORN. Of course, but according to you the science that has been released by CDC, children that are very young are less likely to have serious symptoms, much less likely than older people and people with diabetes. Now Secretary Becerra, you are aware that the youngest age recommended for a vaccine currently is 12 years old. Is that also, correct?

Secretary BECERRA. Right now, the CDC guidance says 12 years and older.

Mr. CAWTHORN. Understood. So now let me get this straight, and please forgive me if I'm reiterating some things. But the CDC recommends that a child two or older has to wear a mask in public, yet they also advocate for children not to get a vaccine until 12 years old, is that what you understand?

Secretary BECERRA. CDC is trying to make sure we protect all of our loved ones.

Mr. CAWTHORN. I understand we're trying to protect everyone sir, but you understand that you have to wear a mask at 2 years old until you're fully vaccinated, but you can't get vaccinated until you're 12 years old, correct?

Secretary BECERRA. Do you understand the science behind saying a mask helps protect a child, and the science behind saying when a child can get vaccinated? You're mixing apples and oranges, I think.

Mr. CAWTHORN. Well, I disagree with you their Secretary, but so putting us all together essentially, a 2-year-old is not recommended for the vaccine, but the only way that you can take a mask off in public is to be vaccinated. So essentially CDC's policy is to keep masks on children for up to 10 years, what is your defense for that?

Secretary BECERRA. First, I think you have described it improperly. What I will again repeat is that we are trying to make sure that no one, including a child, contracts COVID because it can be dangerous for everyone including a child. The safer we all are means the sooner we can return back to normal.

Mr. CAWTHORN. I understand sir, but the current CDC guidelines which have no sunset period are saying that they have to have a mask on after 2 years old. They can't get a vaccine until they're 12.

And now I don't expect you to get into the weeds of our psychology, although you are the Secretary of Health and Human Services, but are you aware that studies have shown that masks on children impact social integration? It disadvantages our young children from developing the necessary skills to discern emotions.

You know it creates a depression, even delayed speech. Now I assume you're aware of these studies?

Secretary BECERRA. Congressman, again I hope you'll recognize as you've said, CDC is offering guidance. It is not mandating. It is offering guidance based on the science.

Mr. CAWTHORN. Now I never said you were mandating, but you're offering guidance with a significant amount of blue tape.

Secretary BECERRA. But you did say that kids have to wear, and what we do is provide guidance. If the child is wearing a mask it's probably because the parents have made the decision to have that child wear a mask, not the CDC.

Mr. CAWTHORN. And I believe it has been well-founded that almost every single blue State in this country follows the guidance that the CDC is putting out.

Secretary BECERRA. I hope every State would follow the guidance.

Mr. CAWTHORN. I assume Mr. Secretary I have limited time. What kind of emotional damage do you think keeping these children masked will do to our next generation?

Secretary BECERRA. We're going to try to make sure that no child goes through any emotional trauma. Losing your parent could be as traumatic as anything I can think of, and if you're not safe from COVID, there's a good chance that you might lose a loved one, so we want to make sure everyone is as safe as possible.

Mr. CAWTHORN. Well, Mr. Secretary I too want everyone to be protected, but Mr. Secretary I've got to say sir I'm disgusted. Studies clearly indicate that the primary time for social and emotional development among our children begins and ends precisely in the same timeframe you would muzzle America's youth.

Now I know you say it's just a recommendation, but many, many, many people are following it. You know that young children are unlikely to be severely impacted by COVID, but you don't care. You know that COVID is statistically a medical afterthought for children between ages 2 and 12, 2 to 12, but you don't care.

I know it's not a mandate, but CDC's guidelines with strict access to vaccinations for individuals under 12 currently, but you just don't care. You know that study after study have shown that mask wearing at a young age can impact social, emotional and a range of capabilities, but sir you simply don't care.

And if you want me to send you those studies, I'm more than happy to have my staff have those sent to you. And Secretary Becerra, let me tell you what you do care about sir, from my evaluation you care about power. You care about muzzling America's future, our children, and forcing them to wear a mask from ages 2 to 10, 10 years before they can breathe the air of freedom in this Nation.

Sir I will remind you that we are not descended from fearful men. I believe we can beat this virus. I believe that our young chil-

dren are absolutely very close to being immune, and sir with that I yield back.

Chairman SCOTT. Thank you. The gentleman from Indiana, Mr. Mrvan.

Mr. MRVAN. Thank you, Mr. Chairman. Secretary Becerra, the Child Abuse Prevention and Treatment Act supports the community-based services for primary Federal program to provide funding for child abuse and neglect. It also requires that every State has a system in place to identify and provide an initial response to child abuse and neglect.

Earlier this year my colleagues and I, including Ms. Stevens, and Ms. Stefanik of this Committee, wrote a bipartisan letter to the Appropriations Committee that requested a meaningful funding increase for CAPTA. I'm glad that the President's budget called for 235 million for CAPTA programs, an increase of 49 million above last year's enacted level.

We know that CAPTA has been underfunded for many years, and not enough families have access to prevention services. Why do you think, and why is it important now is the time for greater investment in CAPTA?

Secretary BECERRA. Congressman, thank you for the question. I think you'll agree that for far too long we have underfunded these services and I think we're interested in trying to move forward as quickly as we can, do a better job. I hope that you all, and many of your colleagues are interested in helping us move forward because I mean the consequences of not acting are severe, and so I thank you for the work that you're doing on this, and I hope that you'll find that my team is ready to work with you to not only increase the funding, but really implement it in a way that works for each local community wherever they may be.

Mr. MRVAN. Thank you, Mr. Secretary. In my district I attended an open house for Ashley's House, a transitional residency offering background services for survivors of human trafficking. It is operated by Dr. Calioni Gopel, a psychiatrist specializing in sexual trauma of, and victims of human trafficking who shared with me the challenges and grant opportunities for residency services.

My question is will you consider opportunities for residence services, providers for survivors of human trafficking, and can you share HHS's approach toward human trafficking?

Secretary BECERRA. Thank you, Congressman. I look forward to working with you on that because we know that human trafficking occurs here in the United States more often than people want to believe and having the responsibility to care for these unaccompanied migrant children who are coming across the border so often times we see in the past where at least reported to be used for trafficking purposes, whether labor or sex, that's a very important issue.

So definitely we look forward to working with anyone, you, or others, who are interested in trying to deal with this issue and making sure that we're extending more services to those who might be trafficked.

Mr. MRVAN. Thank you, Mr. Secretary. With that Mr. Chairman I yield back my time.

Chairman SCOTT. Thank you. I understand the gentlelady from California, Ms. Steel.

Mrs. STEEL. Thank you very much.

Chairman SCOTT. You're recognized for five minutes, thank you.

Mrs. STEEL. Thank you. Thank you, Chairman Scott, and Ranking Member Dr. Foxx, and thank you for joining us today, Secretary Becerra. I have heard directly from many families in southern California that a first-rate State officials who advocate to keep our schools shut down. These actions put students' futures, and in many instances, their lives in danger.

Many families feel officials failed to provide federally mandated accommodations. The Director of School Mental Health for Los Angeles Unified District recently stated he was worried about those that fell through the cracks due to students being kept from school.

As of March 2021, 80 percent of students in Florida were attending schools in person, full or part-time without turning schools into super spreaders. At the same time almost 6 million California children were unable to attend their classes because nearly all California public schools remained closed.

According to Gallup nearly 3 in 10 parents say their child is experiencing harm to their emotional or mental health because of social distancing and closures. So, my question is you mentioned during your confirmation hearing that the ultimate decision on school reopening is a local one, yet State officials forced schools to stay closed longer.

I have heard from parents and have seen many heartbreaking stories about children who suffered mental health damage because they were not allowed back in the classroom. Do you agree that the dangers of keeping these children out of the class this year far outweigh the risk of bringing them back?

Secretary BECERRA. Congresswoman, thank you for the question. Well, first I should mention how President Biden has made it very clear he'd like to see children back in school. I think we all would like to see them back in school, and we want to make sure that we're doing the reopening of our country as safely as possible.

We've saw, you know we've had to go back just a few months to see how bad things can be, and how many Americans, more than 600,000 American lives we've lost. And so, when it comes to the reopening of school, we have offered guidance to our local school district partners so they can make the best decisions possible, as safely as possible, but there's no doubt that we're hoping, and the President made it very clear we'd like to see kids back in school and do so safely.

And when it comes to opening every part of our country, not just our schools, we're working with our State and local partners to make sure it's done with the science driving our decisions.

Mrs. STEEL. Thank you very much. I yield back.

Chairman SCOTT. Thank you. The gentleman from New York Mr. Bowman.

Mr. BOWMAN. Thank you, Mr. Chairman and Thank you, Mr. Secretary for being here today, and thank you for your lifetime of care and service to our country. I have great respect for all that you've done and all that you're going to do. Prior to coming to Congress, I worked in public education. I worked as a teacher, a school

counselor, and a middle school principal for 10 years. Actually, I had the privilege of opening up my own community public middle school in Northeast Bronx.

And you know as I've spent a career serving my students, I learned throughout that time that it's really important for social services and healthcare to be connected to the work that we try to do in schools, both for children and families. They're not just spaces for academic support, obviously they are, but children come with so many social and emotional needs that the interagency collaboration between schools and social services need to be sort of centered as we go forward.

Can you just comment on that and also speak about what collaboration looks like on the Federal level between HHS and the Department of Education?

Secretary BECERRA. Absolutely Congressman, and can I just say thank you for your service. I know that some of those years were probably very tough, but at the end of the day it can't be more enriched than watching children become leaders of this country for tomorrow, so thank you for what you've done, your service here today, but perhaps even more so, your service educating America.

And you're absolutely right. Schools are more than just educational institutions, they are hubs of a community, and we should make use of them. In some communities, especially in intercity communities sometimes it's the only green space that people have. And so, we should know that we should be using that school as an asset, not just to teach our kids, but to bring the community together, to have gatherings of neighbors, to provide health resources to children and families.

Our schools are precious, and you know this because you were there for so many years, and we should make true investments in our schools, not just in providing instruction to our children.

Mr. BOWMAN. Are you familiar with the community school model, the model there you know there are several different models? One is the full-service community school where you know a family can come, a parent can come drop their child off at school, and then go to the nurse, go to the doctor themselves within that school facility, even receive dental supports in some cases, and also additional mental health supports for parent and child.

Are you familiar with it? Have you seen it work, and how can you do more of that and provide a pathway at the Federal level to make sure that happens?

Secretary BECERRA. Having served 24 years in Congress and represented a modest income district with a lot of working families who have to in some cases, have two jobs, and therefore need support for their kids who I myself grew up as a latch key child. We understand what it takes, and this concept is not new, it's just having the resources.

You can't put it all on the school district, but in some places the cities are actually working with the school districts, so they're combining city resources for recreational services and so forth with the district, and in many cases, you've got non-profits who are coming in.

But quite honestly, it's the parents, it's the community that step forward to make that possible and I mean why would you not want

to have one stop shop at a school where you can provide all these services principally for families who really don't have that much.

Mr. BOWMAN. Another thing I wanted to ask about was the early childhood stage of a child's life which is so important right, when we think about the first 1,000 days of a child's life, and I know we talked a little bit today about Head Start, and pre-Head Start programs.

So, I wanted to highlight, I don't know if you're familiar with the term "ACES, Adverse Childhood Experiences." I'm sure you probably are. And ACES when they become compounded lead to toxic stress, chronic trauma and long-term negative health and education outcomes.

What's your vision for you know doing more in early childhood space to ensure we combat ACES, so that children are ready to enter kindergarten, you know, hitting the ground running because they grew up in a more nurturing space starting the first 1,000 days of life.

Secretary BECERRA. Congressman, Frederick Douglas once said, "It is easier to build a strong child, than to prepare a broken man." And ACES, and what we learned from that is if you reach a child even though they've suffered through a trauma, you can actually repair that child and let them grow up and be healthy, but if you wait too long you're going to have a broken man or woman to deal with, and it is far more expensive, and so better to invest early in a child than to wait to try to repair them when they're men and women.

Secretary BECERRA. Thank you so much and I yield back. I look forward to work with you, you're such a breath of fresh air, thank you so much.

Mr. BOWMAN. Thank you.

Chairman SCOTT. Thank you. The gentlelady from Louisiana Ms. Letlow.

Ms. LETLOW. Secretary Becerra, I appreciate you coming to our Committee today to discuss Administration's Department of Health and Human Services policies and priorities. I was encouraged to hear during your testimony that the Department will look to continue focusing on rural communities.

Much of the Fifth District of Louisiana is rural. My constituents and I see daily the unique challenges that rural America faces in healthcare. Many of which have been exasperated by the COVID-19 pandemic. Our rural hospitals and providers in the Fifth District are an extremely important lifeline that provides hearing services of critical importance to our rural communities.

During the COVID-19 pandemic many were in danger of physical disaster, but thanks to the Provider Relief Fund, most were able to survive the pandemic and have been able to continue providing a central care to their communities today. I hope that this department will do everything in its power to ensure our rural hospitals and providers have the necessary tools and resources to continue serving their communities.

I was also pleased that you mentioned the importance of training for health professionals. There is a considerable shortage of health professionals in the workforce today, and as we look toward the future specifically, I would like to bring up our nurses. During the

pandemic, the demand for nurses has skyrocketed, and in Louisiana we have seen this demand create staffing shortages.

The Louisiana State Board of Nursing estimated that the nursing shortage in our State would nearly quadruple from 2019 to 2025. Nurses are an integral part of our healthcare system, and we need to ensure that we have a healthy and vibrant nursing workforce. The care and comfort nurses provide the patients, and their families is reassuring, and it helps many individuals get through some of their most difficult times.

I hope that we can work to address the nursing shortage that is increasing not only in my State of Louisiana, but across the Nation. We are headed toward a true crisis if we cannot address the shortage of staffing for health professionals.

According to the American Association of College and Nursing, U.S. nursing schools turned away over 80,000 qualified applicants in 2019. This includes around 1,400 just in my State of Louisiana. Secretary Becerra, what do you believe needs to be done to address the critical issues of nursing education and curbing staff shortages now and into the future?

Secretary BECERRA. Congresswoman, wow great questions because you're thinking ahead, and especially for nurses, we all talk about doctors and my wife is a doctor. But she talks about nurses more than she talks about doctors because she understands that there's nothing a doctor can do very well without the nurse.

And I hope that you work really hard on this, and you know you have a partner here because we need to increase the attraction to nursing by our young people who are talented and want to serve, and I hope that what we can do is make sure that these young people are willing to go anywhere, including rural America because that's where it's toughest to recruit some of these folks.

And so, we could come up with programs that will give that incentive to that young person to go into a nursing program, and we could provide a program to give incentive to providers to have a better policy when it comes to how they recruit those future nurses of America.

We're making an investment in rural America, close to half a billion dollars to try to reach out to those healthcare providers in rural America. We have a fund of close to 8 or 10 billion dollars to try to help rural America go through this pandemic with a provider relief fund, and so we look forward to working with you, hopefully you'll agree that we do this transparently to get moneys out to every community but including our rural communities.

Ms. LETLOW. Thank you, Secretary. I have one followup question. As a mother of two beautiful children, I believe in the sanctity of life. I'm deeply concerned the department's budget did not include the Hyde Amendment, this long-standing policy to prevent taxpayer dollars from funding abortions must be retained.

I am further concerned about the department's decision to resend the previous Administration's protect life goal, and now allow abortion providers to receive Title 10 funding. The majority of Americans do not want their tax dollars funding abortion procedures.

Secretary Becerra, as a former Member of Congress who has voted on bills that included the Hyde Amendment, can you explain

to the Committee why the Administration has decided to abandon this 40-year old precedent?

Secretary BECERRA. Congressman, thank you for the question. And I do very much look forward to working with you even on these tougher issues. I respect that sometimes we have very deep seeded beliefs and values in the way we look at some of these issues even though we may look at them differently.

What I can tell you is we're going to make sure that we provide access to good healthcare to all people, we're going to respect the law, and ultimately, it's Congress's decision what will be included when it comes to the issues of the Hyde Amendment.

Ms. LETLOW. Thank you, Mr. Secretary. I yield back my remaining time.

Chairman SCOTT. Thank you. The gentleman from Wisconsin Mr. Pocan.

Mr. POCAN. Thank you very much Mr. Chairman, and Mr. Secretary it's great to see you again as always. You recently added to your staff someone from my staff, and she had been there all eight and a half years, plus earlier she's amazing, so take care of her all right. She's very, very talented.

Secretary BECERRA. She's listening to you Congressman, so be careful.

Mr. POCAN. OK. Well, I just want to let you know we miss her, but you have a great add to your office. Let me ask you a question about ACA ensured denial of claims. There was a report recently from Kaiser Family Foundation that said one out of every six in-network claims in 2019 was denied under the ACA, and it was a 17 percent denial rate, but that rate is higher than the 14 percent rate in 2018, double the 8 percent denial of claims experienced by Medicare advantage plans.

You know obviously, besides certainly those high rates, those plans have ranged from 1 percent to over 50 percent depending on the insurer. I'm just wondering a little bit about that because I know that you know CMS does not currently require [healthcare.gov](https://www.healthcare.gov) insurers to report all the transparency data required by the Affordable Care Act. Additionally, data reported by issuers are not audited by CMS, and the Federal Government has not made the data publicly available in a format that's easily useable.

Should I be concerned? What are we doing around this? I just want to make sure that you know again we've got healthcare coverage as extensive as possible for everyone.

Secretary BECERRA. Congressman, first great to see you and thank you for letting us steal some of your talent. I will say this. I want you to stay on top of these things. I want you to be a bulldog on this stuff, and I want you to keep us accountable as well because I intend to do that also.

We're going to do the auditing, we're going to do the accountability to make sure that if you're going to get money from the Federal Government to administer a plan, if you're doing it right, you're not shortchanging Americans who deserve to have a policy covered.

Mr. POCAN. Great, and I appreciate hearing that and I assumed nothing less to be perfectly honest, but I did want to raise the issue because you know I think as much as I so strongly support the

ACA, we want to make it really live up to its promise that when you all created it before I got to Congress.

An issue I had mentioned one other time briefly to you about Kratom is that I know we haven't put a new head of the FDA in yet. But you know we have had some issues, this is a drug, a natural substance I should say, not a drug, that has helped many people get off of the addictions like heroin, and it's been something where the FDA has previously had a pretty Neanderthalic response to helping people get off of things like heroin, or people with chronic pain conditions, and not have addiction properties.

We found out recently there was a 2018 HHS letter that rescinded a recommendation to the DEA, or to the FDA by the U.S. Drug Enforcement Agency to classify some of the Kratom alkaloids are schedule one substances which would have made it even harder for people to get help or for us to do the research we wanted to.

This letter was kind of kept from the public view for a couple of years, and only through a request we found it. I guess my question is given some of the past mishandling we've had, and the lack of transparency, it would be great if you could work with the FDA to issue a comprehensive public report about it, and you know especially without the FDA head.

Yet they recently took an action on a company seizing their product. Again, this is a legal product that's helping a lot of people. I'd like to try to make sure of that, and any efforts you could do to help us would be much appreciated.

Secretary BECERRA. Congressman, it appears what I can tell you is that the Acting Commissioner Woodcock, she is working hard on all of these subjects. I know that we are looking at the subject that you mentioned with regard to Kratom. We can try to keep you abreast as best as possible.

But what I could tell you I think what Doctor Woodcock would tell you is FDA operates based on the science, and the scientific independence that FDA has enjoyed for a long time is something we're going to respect. We will work with Dr. Woodcock and the FDA here at HHS, as part of HHS, but we respect the fact that the FDA has had this independence to make scientific decisions, so that way folks don't have to fear that politics entered into those final decisions that they're making.

But something you mentioned, we're going to probably have about 90,000 people who died over the past 12 months from opioids, and so we absolutely have to do something, I look forward to working with you on it.

Mr. POCAN. Yes, and NYDA, when they were up for a hearing recently, they also said the research is very promising. So, I just wanted to make sure that we don't have the wrong actions happening at a time that we're really getting some good research right now to help us. Thank you very much. It was great to see you again Mr. Secretary. Thank you, Mr. Chairman, I yield back.

Chairman SCOTT. Thank you. I don't see any other Republicans, Dr. Foxx do you want to be recognized now?

Ms. FOXX. Yes sir.

Chairman SCOTT. We have a couple of other Democrats that will be seeking recognition. Ranking Member is recognized for her questions for five minutes.

Ms. FOXX. Thank you, Mr. Chairman and I think my question comes very, very timely after what the Secretary just said, and thank you, Mr. Secretary for being here. Your emphasis on scientific decisions. Excuse me, when President Biden was elected, he pledged to “follow the science,” and you have done that many times today and said you’re going to enforce the law.

I’m very concerned though by the erupt departures from the CDC shortly after President Biden’s inauguration of Dr. Nancy Messonnier and Anne Schuchat, two knowledgeable, well-respected and experience professionals. News reports say they were pressured for their positions which disagreed with your Administration.

So please tell me why these two scientific, well-known, experienced professionals left the Biden administration? Were their departures related to policy and scientific disagreements, with incoming Biden political appointees?

Secretary BECERRA. Congresswoman, you’ve asked something really important because I’m not aware of those reports, and I know the two individuals, both of them immensely talented, dedicated career employees who’ve done tremendous things, and I have nothing but great things to say about their service to our government and to the public.

What they’ve done to help us through COVID, and all the rest is just astounding, but I know of nothing of the sort in terms of their decisions being based on what you described. But I can guarantee you that I believe in the independence of the FDA to make decisions based on science.

I visited FDA and the entire time. I mentioned that today.

Ms. FOXX. OK. This is with the CDC, so you might want to talk to your CDC Director about that.

Secretary BECERRA. I’m sorry. I apologize. I mean CDC.

Ms. FOXX. Yes, yes.

Secretary BECERRA. They are being applied; I apologize forgive me.

Ms. FOXX. OK. Well, Mr. Secretary the Biden administration did not start from scratch with COVID-19 vaccine development procurement and distribution efforts. Operation Warp Speed is one of the greatest technical and logistical accomplishments in U.S. history.

As a result of President Trump’s leadership and unwavering support for OWS, incredible American scientists and private sector innovators partnering with the Federal Government, produced, and delivered hundreds of millions of effective and safe vaccines. The Biden administration inherited a well-oiled machine.

In fact, by January 2021, OWS had already purchased 400 million doses of vaccine, and delivery around the country was underway. What are you doing to ensure that the tools and the structure created by Operation Warp Speed are not lost in the lessons learned from this historic endeavor are applied to programs managed by your department in the future?

Secretary BECERRA. Congresswoman, I think what we’ve seen accomplished under the leadership of Mr. Perna has been tremendously important, and I hope that what we continue to see is the building from all those lessons that we’ve learned moving forward because what we can’t do is face the situation where we lose

600,000 lives in this country again, and I think that everyone working together, it makes no difference what your political background is, your partisan affiliation.

If you want to do good work, we want you to serve and we're looking forward to having people continuing to work on behalf of the American people. And my apologies again for having slipped up on CDC/FDA, we've just been talking about FDA, I meant CDC throughout that, although again both agencies I think we recognized base their actions on science to my knowledge.

Ms. FOXX. Well, we hope, but we keep hearing that said over and over again, but what we see happening is not necessarily consistent with what you say. I'd also like to point out that in recent comments that have been made where you talked about women with postpartum depression. Women dying postpartum, a woman with postpartum care.

You know I'm glad you dropped the silly use of the word people from that. You know when we see the first man have a baby, we'll know we've had a scientific breakthrough, or maybe the Lord at work changing his grand scheme for the way we should be operating. With that Mr. Chairman I yield back.

Chairman SCOTT. Thank you. Our next questioner will come from the Chair of the Budget Committee since we're talking about the budget, the gentleman from Kentucky, Mr. Yarmuth.

Mr. YARMUTH. Thank you, Mr. Chairman, and hello Mr. Secretary. It's great to see you. And I'm so pleased that so many of my colleagues are, that you're sitting where you're sitting. You know we've spoken a lot about immigration today, and I just had to make the comment that after spending virtually every day with you for 7 months back in 2013 as part of the gang of eight in the house.

I can't think of anyone I would trust more with the welfare lives of your children at the border than I would you because you've shown during that whole time, and through your actual career, how much you do care about the people regardless of where they're from. And I deeply respect that.

And some of the comments that question your motivation and your caring from Mr. Cawthorn, just were way above the bay, and you're owed an apology for that. But I do want to reference what Mr. Cawthorn talked about because it seems to me that we don't really know everything about COVID-19 right now.

That when you say following the science, sometimes the science is incomplete, and sometimes the science is unknown. And so just wouldn't you say that it's true that we still have no idea as to what long-term affects might burden young people who contract the disease even though they may not have a difficult time with it when they get it, is that not the case?

Secretary BECERRA. That's absolutely correct.

Mr. YARMUTH. And as a matter of fact, there's some evidence that young people do have long-term consequences from having contracted the disease. We've got a lot more observation to do before we conclude that it would be safe for a three-or 4-year-old to contract the disease, and that we should probably do everything we can to keep those kids from contracting the disease.

Secretary BECERRA. Precisely.

Mr. YARMUTH. The one thing I wanted to ask you about, there are so many things in the American Families Plan, the American Jobs Plan, I think that are crucial, and I applaud the President and the Administration for including them.

I think the 2-years of early childhood education probably next to doing something about climate change are the one thing that we can do to guarantee a vibrant future for our country and our society because those kids need every bit of foundation that they can get.

And the whole issue of childcare and elder care and free community college, those things are things that you know I think an advanced society should make available to its citizens. The one thing I'm concerned about is capacity. And but I know we talk about for instance adding long-term care as a Medicare benefit. It would be great to do that, you know, if we could find the money to do that, but just making it available, giving them the benefit doesn't guarantee they have access because there's not capacity.

So, my question is, and I know that these things have to be worked out still, is the Administration making plans? For instance, in childcare, to make sure that 225 or 250 billion dollars for childcare that some of that goes to capacity building, so that we aren't just giving people an empty promise when we say will you have this benefit now.

Secretary BECERRA. Congressman, absolutely. We'd like to make sure that the progress can't be retracted or dismantled, and so we need to make sure that we're creating that architecture that lets us always know that we're going to be able to deal with childcare the right way.

Mr. YARMUTH. Great. And that's why it's probably very appropriate to call it infrastructure.

Secretary BECERRA. Absolutely. As I said as Frederick Douglas said more than 160 years ago it's easier to build strong children than to repair broken men. Building kids, and building the future of America, and that's infrastructure.

Mr. YARMUTH. Absolutely. Well, I look forward to working with you to get the Americans Family Plan, the American Jobs Plan passed, and on other matters as well. Thank you for being with us and I yield back.

Chairman SCOTT. Thank you. I don't see any Members who have not been recognized. If not, I recognize myself for questions. Thank you, Mr. Secretary for being with us. I have a couple of quick questions, and a couple that probably deserve a longer answer. First, you are preparing for the next pandemic. Will part of that preparation include Buying America, so that we have an industrial based making masks and things like that?

We've heard from a lot of domestic mask manufacturers that said they can't compete with masks being subsidized from other countries. Can we count on you to consider the industrial base and purchasing in America to the extent feasible?

Secretary BECERRA. Absolutely and thank you to you and your colleagues who voted for the American Rescue Plan because you made moneys available for us to make those investments in domestic manufacturing.

Chairman SCOTT. Thank you. I talked to an ophthalmologist earlier this week who said that he was volunteering to help do vaccinations and man the phones for questions. Are the Medical Corps of Retired Physicians part of that preparation?

Secretary BECERRA. Absolutely. And we just started up a youth corps as well to help get youth vaccinated. We're now turning to their peers.

Chairman SCOTT. Good. We have we mentioned CAPTA, the Child Abuse Prevention and Treatment Act. The House with bipartisan support of this Committee and the full House passed stronger CAPTA, much more money and prevention and other improvements.

As you're aware that's over at the Senate, any help you could provide would be helpful. The other question is on the prescriptive drug negotiation, it will save the Federal Government a lot of money. One of the criticisms of the bill is that corporations who with making less money might do less research.

Isn't it true that a lot of the savings will be put to the Federal Government, will be spent on research?

Secretary BECERRA. That's absolutely correct. In fact, we're going to be providing them even more incentives to do more production because of the research possibilities.

Chairman SCOTT. Thank you. You were in Congress when the Religious Freedom Restoration Act passed, and it has been I believe abused in many ways, including allowing discrimination in Federal contracts which I don't think was ever anticipated. There are some groups that have been granted waivers, and are discriminating not only on employment, but also in services.

Would you give a second look at contracts that allow a Federal contractor with Federal money to say we don't hire Catholics, and we're not going to provide services to those of the Jewish faith?

Secretary BECERRA. Congressman, we're against any form of discrimination. We want to protect people's rights, including religious freedom rights, but we also want to make sure folks aren't discriminating, so we will take a close look. If there's anything that you know in particular, please let us know. But we're going to do everything we can to make sure we enforce the law.

Chairman SCOTT. Thank you. The American Rescue Plan improved the affordability and eliminated the cliff on subsidies for those getting healthcare through the marketplace. Can you briefly describe why it was important to eliminate the cliff and to improve the subsidies?

Secretary BECERRA. Congressman, that's one's a no brainer in so many ways. You have families in the middle of American who are working hard, they've got protection under the Affordable Care Act, all of a sudden if they're fortunate to get a slight increase in their salary as a raise, all of a sudden that triggers their loss of all their subsidies, and from 1 day to the next they've got coverage that they can afford.

All of a sudden it becomes really difficult. No one should have to go through that kind of experience where they fall off the cliff. Thank you for what you did in the American Rescue Plan to save millions of American families. And today we've got not only families who can afford to continue their care, but we've got a lot of in-

dividuals who are signing up under the Affordable Care Act and getting plans for less than \$10.00 a month in premiums.

More than 31 million Americans today have coverage, healthcare coverage, good quality healthcare coverage because of the Affordable Care Act.

Chairman SCOTT. And that cliff can be very expensive because you can be paying 9 and 1/2 percent of your income, \$9,500.00 if you go a couple of dollars further and lose your subsidies, you may be looking at a sticker price of \$15,000.00. And we got rid of that cliff so that people don't have to suffer that shock.

On the No Surprises Act, one of the provisions in there was a requirement that the Health and Human Services work with the Department of Labor, and we provided funding. Can we count on you to work with the Department of Labor to make sure that the funding is equitably distributed so that both agencies can get their work done?

Secretary BECERRA. We're meeting regularly with the DOL team, and I can commit that to you.

Chairman SCOTT. Thank you. And my time has expired, so I will remind the Committee that pursuant to Committee practice materials for submission to the hearing record must be submitted to the Committee Clerk in 14 days following the last day of the hearing, so that's close of business June 23, preferably in Microsoft Word.

Only a Member of the Committee or an invited witness may submit materials for inclusion into the record, and materials must address the subject of the hearing. Please submit materials to the Clerk electronically by emailing submissions to edandlabor.hearings@mail.house.gov.

Again Mr. Secretary, I want to thank you for participating today. The Committee may have some additional questions as you know, we'll submit them for a response in writing. The hearing record will be held open for 14 days in order to receive those responses.

I remind my colleagues that pursuant to Committee practice, witnesses questions for the hearing must be submitted by the Majority Committee Staff, or the Committee Clerk within 7 days, and questions submitted must address the subject matter of the hearing.

I now recognize the distinguished Ranking Member for any closing statement that she may have.

Ms. FOXX. Thank you, Mr. Chairman, and Thank you, Mr. Secretary for being here today. Committee Republicans remember well how vicious Committee Democrats were to the previous Administration secretary. I'll make the same commitment to you that I made to Secretary Walsh last week.

We'll keep our disagreements professional, and we will continue to treat you and other Administration officials with the respect your office deserves, no matter how unwise we believe your actions appear to us.

I'm disappointed though, that Democrats no longer demand the Cabinet Secretary clear their calendars. Chairman Scott was uncompromising with Secretary DeVos on this very point, but I noticed that dictate is non-existent for Secretary Becerra.

A pandemic response in June 2021 is much different from the crisis we were combatting in June 2020. The American people are

following the science and returning to their normal lives. And it's past time for Democrats here in the people's house to get back to business in person.

Our families are grappling with many challenges, some of their obstacles cannot be solved through public policy and should be addressed with a renewed sense of social solidarity. But some of their troubles are the result of irresponsible action from the Department of Health and Human Services.

Forced isolation is intensifying a mental health crisis. Crowded, unsafe conditions for unaccompanied alien children at HHS facilities put these children's health in jeopardy, and a rushed vetting process leaves them vulnerable to human trafficking.

Healthcare and consumer good prices are soaring. The Medicare trust fund is on the brink of insolvency. China is too closely intertwined with our biopharmaceutical manufacturing and research initiatives. The Democrats don't seem to care.

President Biden's bloated budget proposal is as insulting as it is morally bankrupt. It seeks to strip Americans of their employer provided health insurance, impose a socialist healthcare system, coerce Americans to fund abortions, and mortgage our children's future.

I reject the Democrats radical and unpopular agenda, and I know very well that the American people do also. Mr. Chairman I yield back.

Chairman SCOTT. Thank you. And I'll now recognize myself for a closing statement, and I want to remind the Ranking Member that during the previous Administration the Secretary of Health and Human Services appeared before this Committee just once, and we appreciate Secretary Becerra as making himself available for four and a half hours today.

Every Member was able to ask five minutes' worth of questions, some regrettably went a little over, but we know this is not the last time that we're going to see the Secretary, so I appreciate his being with us today. And I want to thank you for discussing the department's budget request, and your vision for transforming our public health system.

Today we reflected on the critical progress we've made under this Administration to confront COVID-19, and to recover from the pandemic. However, this hearing has made clear that our work is far from over, particularly as people across the country continue to lose their lives to the virus.

We know that stronger investments in public health lead to healthier communities, and to that end, I'm pleased that we discussed how the department's budget request, the American Jobs Plan, and the American Families Plan will finally defeat COVID-19 and help people care for themselves and their loved ones as we build back a better economy.

So, thank you very much Secretary Becerra. I look forward to continuing our work together as we end this pandemic and ensure that people across the country will have access to quality healthcare. And if there's no further business to come before the Committee without object the Committee stands adjourned. And thank you, Mr. Secretary for being with us today.

Secretary BECERRA. Thank you.

[Additional submission by Hon. James Comer, a Representative in Congress from the State of Kentucky follows:]

6/16/2021

Biden admin reroutes billions in emergency stockpile, Covid funds to border crunch - POLITICO

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HEALTH CARE

Biden admin reroutes billions in emergency stockpile, Covid funds to border crunch

The reshuffling illustrates the extraordinary financial toll that sheltering more than 20,000 unaccompanied children has taken on the department so far this year.



Health and Human Services Secretary Xavier Becerra speaks at the Long Beach Convention Center, Thursday, May 13, 2021, in Long Beach, Calif. | Mark J. Terrill/AP Photo

By ADAM CANCRYN
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<https://www.politico.com/news/2021/05/15/hts-covid-stockpile-money-border-migrants-488427>

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6/16/2021

Biden admin reroutes billions in emergency stockpile, Covid funds to border crunch - POLITICO

Updated: 05/14/2021 05:48 PM EDT



The Department of Health and Human Services has diverted more than \$2 billion meant for other health initiatives toward covering the cost of caring for unaccompanied immigrant children, as the Biden administration grapples with a record influx of migrants on the southern border.

The redirected funds include \$850 million that Congress originally allocated to rebuild the nation's Strategic National Stockpile, the emergency medical reserve strained by the Covid-19 response. Another \$850 million is being taken from a pot intended to help expand coronavirus testing, according to three people with knowledge of the matter.

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The reshuffling, which HHS detailed to congressional appropriators in notices over the last two months, illustrates the extraordinary financial toll that sheltering more than 20,000 unaccompanied children has taken on the department so far this year, as it scrambled to open emergency housing and add staff and services across the country.

It also could open the administration up to further scrutiny over a border strategy that has dogged President Joe Biden for months, as administration officials struggle to stem the flow of tens of thousands of unaccompanied children into the U.S.

6/16/2021

Biden admin reroutes billions in emergency stockpile, Covid funds to border crunch - POLITICO

On its own, the \$2.13 billion in diverted money exceeds the government's annual budget for the unaccompanied children program in each of the last two fiscal years. It is also far above the roughly half-billion dollars that the Trump administration shifted in 2018 toward sheltering a migrant child population that had swelled as a result of its strict immigration policies, including separating children from adults at the border.

In addition to transferring money from the Strategic National Stockpile and Covid-19 testing, HHS also has pulled roughly \$436 million from a range of existing health initiatives across the department.

"They've been in a situation of needing to very rapidly expand capacity, and emergency capacity is much more expensive," said Mark Greenberg, a senior fellow at the Migration Policy Institute who led HHS' Administration for Children and Families from 2013 to 2015. "You can't just say there's going to be a waiting list or we're going to shut off intake. There's literally not a choice."

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HHS spokesperson Mark Weber told POLITICO that the department has worked closely with the Office of Management and Budget to find ways to keep its unaccompanied minor operation funded in the face of rising costs.

"All options are on the table," he said, adding that HHS has traditionally sought to pull funding from parts of the department where the money is not

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immediately needed. "This program has relied, year after year, on the transfer of funds."

Health Secretary Xavier Becerra has the ability to shift money among programs within the sprawling department so long as he notifies Congress, an authority that his predecessors have often resorted to during past influxes of migrant children.

But these transfers come as HHS has publicly sought to pump new funds into the Strategic National Stockpile and Covid-19 testing efforts by emphasizing the critical role that both play in the pandemic response and future preparedness efforts.

"The fight against Covid-19 is not yet over," Becerra testified to a House panel on Wednesday in defense of a budget request that would allocate \$905 million for the stockpile. "Even as HHS works to beat this pandemic, we are also preparing for the next public health crisis."

Becerra later stressed the need to "make sure we've got the resources" to replenish the Strategic National Stockpile, which came under scrutiny early in the pandemic after officials discovered it lacked anywhere near the amount of protective equipment and medical supplies needed to respond to the crisis.

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"We've learned that this is going to be a critical component of being able to

<https://www.politico.com/news/2021/05/15/hhs-covid-stockpile-money-border-migrants-488427>

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 respond adequately and quickly to any future health care crisis, he told Rep.
 Debbie Dingell (D-Mich.).

In another exchange, Rep. Markwayne Mullin (R-Okla.) repeatedly pressed Becerra over whether HHS would benefit from Congress investing more in other parts of its operation, rather than funding a further expansion of Covid testing. Mullin specifically cited the record numbers of migrant children arriving at the border.

But Becerra batted that suggestion away, telling him that “we have to continue an aggressive testing strategy.”

“We have to continue to make investments to prevent the spread of Covid and its variants,” he said.

Beyond taking funding from the stockpile and Covid testing, Weber could not immediately say what other areas within HHS have been affected. After publication of this article, HHS insisted that additional public health funding Congress allocated as part of a Covid aid bill passed in February could be steered toward the stockpile and supplementing its pandemic response.

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Still, funneling money away from existing HHS programs could raise fears of undermining other critical health initiatives and irritate the public health groups and lawmakers who advocate for the funding every year.

The Trump administration faced withering criticism in 2018 for transferring hundreds of millions of dollars meant for biomedical research, HIV/AIDS services and other purposes to cover the expenses tied to an unaccompanied child population that would peak close to 14,000 that year.

That scrutiny was driven in part by bipartisan disapproval over then-President Donald Trump's "zero tolerance" policy that separated children from their parents, which left HHS with responsibility for carrying out a costly reunification effort.

The Biden administration, by contrast, has moved to unwind several of the Trump era's most restrictive immigration policies. Yet as it confronts the need to care for an even greater number of migrant children, health groups have bristled at the prospect it could take away from public health priorities even as the U.S. combats a pandemic.

"It is concerning any time funds need to be diverted from their originally intended purpose because of limited resources," said Erin Morton, executive director of the Coalition for Health Funding. "We have consistently asked our public health system to do more with less and we have underfunded essential programs that today are critical to addressing the multitude of challenges facing the country."

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The transfers could also stretch funding for other programs within HHS' Administration for Children and Families, which oversees various social services including child care and support for newly arrived refugees.

Biden cited concerns about the strain on the HHS refugee office involved with both aiding refugees and caring for unaccompanied children in his initial refusal to raise the refugee admissions cap from historic lows — a decision he later reversed in the face of swift blowback.

“Obviously this will have a significant impact on the ability of ORR to serve refugees and asylees,” Bob Carey, who ran the Office of Refugee Resettlement from 2015 to 2017, said of the potential need to shift more funding toward sheltering migrant children.

Still, Carey and others defended the transfers as unfortunate yet necessary, and a consequence of the urgent need to get rising numbers of unaccompanied children out of jail-like facilities at the border.

After effectively sealing the southern border last year, the Trump administration never expanded its shelter capacity to the level that HHS has pegged as critical to its preparedness, Greenberg said, leaving the department shorthanded when Biden resumed allowing migrant children into the country.

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The pandemic further handicapped HHS, halving its number of available beds due to the need to follow Covid-19 precautions. That forced a scramble to build out a dozen emergency shelters that have historically, on average, cost more than double the amount per day to house each child than it does in licensed facilities.

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More than half the migrant children in HHS custody are now housed in emergency shelters, Weber confirmed. And implementing pandemic measures like testing and quarantine areas in shelters has cost HHS at least \$850 million in additional expenses alone.

HHS in recent months has additionally agreed to hundreds of millions of dollars in no-bid contracts with an array of emergency response and logistics companies to build out services and staff at the emergency shelters.

"If they had started this year with 16,000 beds instead of 8,000, they could have managed in February and had time to determine how in an orderly way to expand capacity for the very large numbers in March," Greenberg said. "Fundamentally, it's this mix of: numbers were greater than expected, capacity was less than needed and there was tremendous pressure to alleviate crowding at [the border]."

Those dynamics are expected to hold for at least the next couple months, as hundreds of new unaccompanied minors arrive at the border daily and are

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transferred into the health department's care.

And with no indication so far that the Biden administration will seek new emergency border aid from Congress, that means HHS' expenses are only likely to balloon further, forcing additional costly transfers within the department.

"It's going to be expensive," Carey said. "I can't think of a situation that's more complex than this."

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The Recast

How race and identity are shaping politics, policy and power.

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9/10

[Additional submission by Hon. Bob Good, a Representative in Congress from the State of Virginia follows:]

POLITICO



HEALTH CARE

Becerra's cautious border play rankles White House

HHS chief brings a more cautious approach to immigration policy during what some see as an all-hands-on-deck moment.



For all his decades of work on immigration issues, current HHS Secretary Xavier Becerra has appeared eager to avoid getting bogged down on it now. | AP Photo/Jacquelyn Martin

By **ADAM CANCRYN**
05/10/2021 04:30 AM EDT



Xavier Becerra, the liberal-leaning HHS secretary, has spent decades urging congressional leaders to support immigration. But he's sounding a different note as Health Secretary, saying he's not sure he's capable of caring for upwards of 21,000 migrant children.

Becerra has argued for maintaining the historically low Trump-era cap on refugee admissions to the U.S., according to two people with knowledge of the matter, for fear of stretching the already-thin resources of his department's refugee office.

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His insistence on a more cautious approach to immigration policy has, moreover, contributed to his shaky standing with some quarters of a fast-paced White House where senior aides have spent weeks pressing the Health department to speed its intake of thousands of children at the southern border, and bristled at what friends and skeptics alike described as Becerra's at times deliberate manner.

“He cares about raising the caps — but let’s take one challenge at a time,” one person close to Becerra said of his mindset. “Emotionally, he’s there. But he’s always a pragmatist.”

President Joe Biden in April initially agreed to keep the refugee limit in place, siding with Becerra and overruling top officials including Secretary of State Antony Blinken. But the blowback from immigration advocates and Democrats on Capitol Hill was immediate and intense, and Biden has since reversed course.

Becerra in the meantime has been privately frustrated by the White House’s rush to ease a series of immigration guardrails well before he was confirmed to lead the Department of Health and Human Services, allies said, including a key decision to allow unaccompanied immigrant children to remain in the country.

The moves contributed to the already-growing buildup at the southern border, and have since saddled Becerra with managing the fallout from a record influx of asylum seekers.

HHS is one of several departments working to manage the flow of migrants, including the Department of Homeland Security and FEMA. Homeland Security sets the administration's border policies, meaning the Health department can do little more than deal with the ripple effects of those decisions.

That responsibility for caring for unaccompanied children has landed chiefly on HHS' Office of Refugee Resettlement, which also handles foreigners seeking refugee status, though the two operations are not intertwined.

The Health department is now spending tens of millions of dollars per week to shelter a rising population of unaccompanied kids, as it races to secure new emergency sites and lock down a range of support services for children spending a month on average in federal care. In April, HHS told congressional lawmakers it will transfer or reprogram \$1.3 billion toward the effort, which would be drawn from emergency supplemental funding and other parts of the department, according to a person familiar with the situation.

There are signs the administration is making strides: As few as 600 migrant children a day are sitting in jail-like border patrol facilities, administration officials said — a dramatic drop from the roughly 5,500 held at the end of March and a consequence of HHS' buildout of its capacity to quickly process and house children.

The department has added a dozen emergency shelters and pulled more than 1,000 volunteers from across the government to staff sites and act as case managers. And it has cut the time it takes to discharge kids to guardians around the country by setting up virtual interviews and streamlining the vetting process, nearly doubling the number of children released in April, compared with March.

"Under [Becerra's] leadership, HHS has made significant progress in bringing new facilities online and reducing the number of children in [Customs and Border Protection] facilities," White House Domestic Policy chief Susan Rice said in a statement.

An HHS spokesperson touted an exhaustive effort made to overcome Trump-era policies that left the department with limited ability at the outset to handle such a rapid rise in unaccompanied children.

“On the heels of inheriting significant challenges, from severe capacity limitations tied to the pandemic to destructive 2018 policy choices thwarting case management work, we’ve worked around the clock across the administration to make significant strides,” the spokesperson said.

But the intensive operation has pulled energy from other policy priorities and dented morale within the department, adding to the challenges HHS leaders face as they try to staff up and coordinate their largely remote workforce. There is also no clear end in sight — officials said Thursday they’ve continued to see “large flows” of refugees at the border.

For Becerra, a relative latecomer as one of Biden’s last Cabinet officials to be confirmed, it represents an early and steep management test. And it comes after years in Congress and state government as a [vocal immigrant-rights advocate](#) who pressed both Democratic and Republican administrations to take more aggressive efforts to overhaul the immigration system and “open the doors of opportunity” for those coming to the U.S. Becerra frequently invokes the experiences of his immigrant Mexican parents and once chided fellow Latinos for “running from their heritage” in advocating for tough immigration restrictions.

As a freshman congressman from Los Angeles, Becerra put himself on the map [by going toe-to-toe](#) with a senior Democrat over his attempt to slash benefits for immigrants. He later became a thorn in the side of the Clinton White House, the person close to Becerra said, by repeatedly urging top officials to appoint more Latinos.

And after years spent rising through the House Democratic ranks, Becerra famously battled the Obama administration over an attempt to secure health benefits for undocumented immigrants in the Affordable Care Act — deriding then-President Barack Obama’s opposition as “more than disturbing.”

In early 2016, Becerra challenged GOP presidential candidates Ted Cruz and Marco Rubio over their hardline immigration rhetoric, accusing them of being reluctant to “say who they are.”

“It feels like they’re running from their heritage in my book,” he said. “I’m just pointing out the real hypocrisy in immigration and to have two candidates who seem to run from who they are and make it difficult to get things done.”



IMMIGRATION

Border fiasco spurs a blame game inside Biden world

BY ADAM CANCRYN, ANITA KUMAR AND SABRINA RODRIGUEZ

That aggressive style would foreshadow his tenure as California attorney general, where he became a chief antagonist of the Trump administration, taking legal action against nearly every one of its major immigration policies.

“It’s a personal issue for him,” said Arturo Vargas, executive director of the National Association of Latino Elected and Appointed Officials and a friend of Becerra’s. “As he has seen the plight of today’s immigrants, I know that he sees in these immigrants his parents’ experiences.”

Yet since joining the administration, Becerra has taken a more measured approach to managing the swelling ranks of unaccompanied children arriving at the border — urging patience as his department sought to bring under a control an emergency further complicated by Covid-19 restrictions and a Trump-era hollowing out of the refugee office.

That process has irked some in the White House, people familiar with the dynamics said, [who believed initially](#) Becerra was indecisive and too slow to seize the reins in the midst of an all-hands-on-deck moment. The sentiment has lingered even as HHS has ramped up its response.

Others chalked up his rough start to the sheer difficulty of getting up to speed on a complex situation, while also juggling dozens of other pressing responsibilities and getting familiar with the rhythms of the federal government

GOVERNMENT.

"He was a step behind as he started and had to deal with what was already done," a Becerra ally said, referring to the earlier decision to let unaccompanied children stay in the country. "There's just a lot on the plate right now."

For all his decades of work on immigration issues, Becerra has appeared eager to avoid getting bogged down on it now. A month-and-a-half into his tenure, he has yet to visit an HHS shelter, though a spokesperson said he plans to in the "coming days." He has instead spent the past couple of weeks publicly attending to Biden's core health agenda — chiefly promoting the administration's Covid-19 vaccination campaign and selling the benefits of the president's sweeping American Families Plan.

Still, he has privately played an increasingly hands-on role in staying on top of the growing number of kids in his care — going as far in some cases as personally working the phones in search of potential new shelter facilities, and pressing old Capitol Hill colleagues for on-the-ground readouts about the administration's progress.

"He's learned now, he's responsible," said the person close to Becerra. "All he can do is deal with what shows up at his doorstep."

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[Additional submission by Hon. Diana Harshbarger, a Representative in Congress from the State of Tennessee follows:]

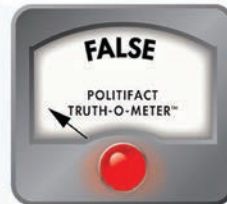
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[Xavier Becerra](#) stated on May 12, 2021 in testimony before a House subcommittee:

"There is no law that deals specifically with the term 'partial-birth abortion.'"



By [Louis Jacobson](#)

May 19, 2021

Xavier Becerra is wrong that no law addresses partial-birth abortion

IF YOUR TIME IS SHORT

- Congress passed the Partial-Birth Abortion Ban Act in 2003, and the Supreme Court upheld it in 2007.
- Becerra was a member of Congress and voted against the law when it came up in the House.
- The term "partial birth abortion" is more of a politically derived label than an official medical term.

[See the sources for this fact-check](#)

Congressional Republicans recently quizzed Xavier Becerra, the secretary of health and human services, on abortion policy.

At a May 12 [hearing](#), Rep. Gus Bilirakis, R-Fla., asked Becerra about some of his testimony during his confirmation hearing earlier this year, when the nominee said that his job would be to "make sure that I'm following the law."

Bilirakis asked Becerra whether he agreed that "partial-birth abortion is illegal." The term generally refers to late-term procedures formally known as "dilation and extraction" or "dilation and evacuation," which opponents of abortion have long considered especially objectionable.

Here's their exchange:

Becerra: "We will continue to make sure we follow the law. Again, with due respect, there is no medical term like partial-birth abortion, so I'd probably have to ask you what you mean by that to describe what is allowed by the law. But (the Supreme Court case on abortion) Roe vs. Wade is clear, settled precedent: A woman has a right to make decisions about their reproductive health, and we will make sure that we enforce the law and protect those rights."

Bilirakis: "And do you agree with this particular law?"

Becerra: "Which law are we talking about, sir?"

Bilirakis: "The law concerning partial-birth abortion."

Becerra: "Again, as I said, there is no law that deals specifically with the term partial-birth abortion. We have clear precedent in the law on the rights women have to reproductive health care."

One of the things Becerra said [caught the attention of anti-abortion advocates](#) — that "there is no law that deals specifically with the term 'partial-birth abortion.'"

A reader asked us to look into it, and when we did, we found that Becerra was wrong: The Partial-Birth Abortion Ban Act was enacted in 2003. Becerra should have known that: As a member of the House then, he voted against it.

The 2003 law

The 2003 law is not obscure; it was the subject of long and heated debate before it was passed by the Republican-controlled House and Senate and signed by President George W. Bush. Its aim was to limit late-term abortions by banning the specific procedures used for them.

The [law](#) says a physician is involved in a "partial birth abortion" if he or she "deliberately and intentionally vaginally delivers a living fetus until, in the case of a head-first presentation, the

entire fetal head is outside the body of the mother, or, in the case of breech presentation, any part of the fetal trunk past the navel is outside the body of the mother, for the purpose of performing an overt act that the person knows will kill the partially delivered living fetus."

According to the law, a physician who knowingly performs a partial birth abortion is subject to up to two years in prison and a fine. The one exception is if the procedure is necessary "to save the life of a mother whose life is endangered by a physical disorder, physical illness, or physical injury." (The mother is not subject to prosecution under the law.)

The House passed the legislation on June 4, 2003. Becerra, then representing a district in California, voted against the measure, as did 132 other Democrats out of the 205 then serving in the chamber. The law was upheld by the Supreme Court in 2007.

Several scholars who have studied abortion law agreed that Becerra's statement is wrong.

"In a nutshell, there is a law that deals with the term partial-birth abortion," said Mary Ziegler, a Florida State University law professor and the author of several books on abortion, including "Abortion in America: A Legal History, Roe v. Wade to the Present."

Given the clear language of the law, the "statement is clearly false," said Teresa S. Collett, a law professor at the University of St. Thomas.

Disagreement over the term "partial birth abortion"

It's important to note that there is a long-running dispute between abortion-rights supporters and anti-abortion advocates over whether the term "partial birth abortion" is the appropriate one to use for abortions of this type.

The term has usually been favored by opponents of abortion, perhaps because it suggests that a child has been "born," which would make the abortion procedure more akin to murder.

On the other side, abortion-rights advocates have tended to use the phrase "late-term abortion," which is less polarizing.

Because the 2003 law was passed under unified Republican control, and because anti-abortion lawmakers are disproportionately Republican, the term "partial-birth abortion" was used in the law.

In other words, experts said that "partial birth abortion" is really more of a political label than a medical one.

"I would say that Becerra was engaged in legalistic quibbling to avoid answering the question," said Dwight Duncan, a University of Massachusetts law professor.

When we reached out to Becerra's office, they offered a statement centered on the argument that dilation and extraction is the term recognized in the medical literature and by practitioners, not "partial birth abortion."

"Roe v. Wade is the law of the land and HHS will continue to follow the law and ensure the American people have access to health care — including reproductive care," the statement said. "During the hearing, Secretary Becerra clarified that partial birth abortion is not a medically recognized term. As the secretary said multiple times, HHS respects and will enforce the law."

Our ruling

Becerra said, "There is no law that deals specifically with the term 'partial-birth abortion.'"

While the term "partial birth abortion" is more of a politically derived label than an official medical term, the legal reality is that Congress passed the Partial-Birth Abortion Ban Act in 2003, and the Supreme Court upheld it in 2007. Becerra himself voted against the law when it came up in the House.

We rate the statement False.

[Questions submitted for the record follow:]

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The Honorable Xavier Becerra
 Secretary
 U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Washington, D.C. 20201

Dear Secretary Becerra,

I would like to thank you for testifying at the Committee on Education and Labor hearing entitled "*Examining the Policies and Priorities of the U.S. Department of Health and Human Services*", held on Wednesday, June 16, 2021.

Please find enclosed additional questions submitted by Committee Members following the hearing. Please provide a written response no later than Thursday, July 1, 2021, for inclusion in the official hearing record. Your responses should be emailed to Rasheedah Hasan (Rasheedah.Hasan@mail.house.gov), Mariah Mowbray (Mariah.Mowbray@mail.house.gov), and Yonatan Moskowitz (Yonatan.Moskowitz@mail.house.gov), of the Committee staff. They can be contacted via email should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

Sincerely,

ROBERT C. "BOBBY" SCOTT
 Chairman

Enclosure

Committee on Education and Labor Hearing
“Examining the Policies and Priorities of the U.S. Department of Health and Human Services”
 Wednesday, June 16, 2021
 9:00 a.m. (Eastern Time)

Chairman Robert C. “Bobby” Scott (D – VA)

1. More than 150 million workers and their families are covered by private sector employee benefit plans, which are under the regulatory and oversight jurisdiction of the Department of Labor (DOL). With respect to health coverage, DOL has expertise in both fully-insured and self-insured plans that are subject to the requirements of the *Employee Retirement Income Security Act* (ERISA). At the end of the last Congress, the bipartisan *No Surprises Act* was signed into law, which bans surprise billing and improves transparency in the health system. The law provides DOL with a joint role on implementation of its reforms as they relate to health coverage.
 - a. How is HHS working with DOL to ensure its expertise with respect to job-based plans is reflected in all implementing regulations?
 - b. With respect to the supplemental appropriation of \$500 million provided to the Departments of Health and Human Services, Labor, and the Treasury under the *Consolidated Appropriations Act, 2021*, how are implementation funds being allocated between the three Departments?
 - c. What steps has HHS taken to ensure the allocation of funding reflects DOL’s leading role in protecting the benefits of individuals covered by job-based health plans?

Representative Gregorio Kilili Camacho Sablan (D – MP)

1. Secretary Becerra, can you explain how addressing these disparities in Medicaid funding for the territories will expand access to care and services, contributing to better health care outcomes?
2. Secretary Becerra, what does your department plan to do to address the disparities in federal health care delivery in the territories?
3. Secretary Becerra, the territories are excluded from the low-income subsidies for the Medicare prescription drug benefit. Hospitals in the territories are also excluded from the Disproportionate Share Hospital (DSH) program under Medicaid and Medicare, despite the significant amount of uncompensated care provided. Do you believe that the territories deserve to be included in these federal health safety net programs?
4. Secretary Becerra, starting in FY 2021, HHS is required to set aside \$75 million for the territories from the total amount appropriated (\$3.55 billion) to the Child Care Entitlement to States (CCES). ARPA specifies that the \$75 million is to be “allotted among the territories in proportion to their respective needs.” What data or formula did HHS use to determine the respective needs of each territory?

5. Secretary Becerra, the Marianas will be receiving Child Care Entitlement to States (CCES) funds for the first time. I understand that CCES funds are to be spent according to the rules in the Child Care and Development Block Grant Act. Are there any other special rules or reporting requirements for these new CCES funds that my constituents in the Marianas should be aware of?
6. Secretary Becerra, the FY 2022 President's budget requests \$250 billion over 10 years for a new "Child Care for American Families" proposal. The [budget indicates](#) that "States would be expected to participate by providing matching dollars to increase over the ten-year window." Would territories also be expected to provide matching dollars?
7. Secretary Becerra, until the ARPA, the Marianas has never been eligible for TANF. As specified in the ARPA, 7.5 percent of the TANF Pandemic Emergency Assistance Fund were set aside for tribal TANF programs and five US territories, to be distributed in a manner deemed appropriate by the HHS Secretary. Could you elaborate on what factors you considered when allocating the TANF Pandemic Emergency Assistance Fund funding to the Marianas?

Representative Suzanne Bonamici (D – OR)

1. During the hearing, we discussed the importance of the Community Services Block Grant (CSBG) program. Community Action Agencies (CAAs) play a key role in addressing complex issues of poverty in their communities, but administrative friction can lead to delays in getting funding to local CAAs, which reduces the effectiveness of their operations.
2. Secretary Becerra, we look forward to working with you to better understand and address any barriers to the timely distribution of funding to CAAs. Please respond to the following questions:
 - a. Has the Office of Community Services identified known issues regarding CSBG allocation to the states or the timeliness of state allocations to the local CAAs?
 - b. Will HHS conduct a review of administrative or regulatory changes that you, as Secretary, have the authority to make to reduce these delays?
 - c. Can you also review and make recommendations to Congress on possible legislative solutions, if needed, to remove barriers preventing local CAAs from getting their funds in a timely fashion?
 - d. Will HHS provide further guidance to states on the need to provide timely distribution of funds to CAAs in the event of emergencies or funding abnormalities like continuing resolutions?
3. The pandemic exacerbated the tremendous challenges in our nation's child care system. Unfortunately, child care "deserts" were common in communities across the country before the pandemic – urban, rural, and suburban communities alike - with nearly 50 percent of families living in an area with severe shortages. As recently as 2019, all 36

counties in Oregon were care deserts for infants and toddlers. Recent federal child care investments included in the American Rescue Plan have helped child care providers reopen their doors as we recover, but stable, long-term funding is needed to guarantee all families access to quality child care options in their communities and provide the child care workforce with living wages commensurate to their credentials.

- a. Mr. Secretary, what are some of the most important takeaways from the challenges of the last year and how can they be applied to make long-term systematic improvements to our nation's early learning and child care system?
4. Young children learn in a variety of positive, high-quality settings, including child care centers, Head Start programs, faith-based settings, in-home or family child care, and pre-K or preschool classrooms within school districts. Many low-income workers do not work during traditional hours and may need overnight care. All parents need access to affordable early learning choices.
 - a. Mr. Secretary, what steps should Congress take to maintain and strengthen mixed-delivery settings in which the care and education of a child from their earliest months to age five occurs? How will the Administration commit to making sure care is available to meet the needs of all workers, especially low-income women without traditional schedules?
5. Child care is essential economic infrastructure. Many child care facilities are long overdue for an investment that recognizes their contribution to our economy. I joined Assistant Speaker Clark and Congressman Bowman in introducing the Child Care Infrastructure Act, which would make critical investments in child care facilities. I am pleased that President Biden's American Jobs Plan proposed \$25 billion to improve child care facilities and expand the supply of child care.
 - a. Mr. Secretary, how will the Administration assess facility renovation needs nationally and target care capacity expansions in underserved areas that face high demands and costs?

Representative Joaquin Castro (D – TX)

1. Secretary Becerra, when the Affordable Care Act was drafted, Congress drafted it so all lawfully present people in the United States would be eligible for health insurance. Yet under current regulations, DACA recipients are explicitly excluded and unable to enroll in the ACA marketplaces. I sent a letter to your Department back in January asking the Department to provide DACA recipients with the eligibility for ACA coverage, yet we have still not received an answer. *Will you commit to expanding eligibility for DACA recipients as soon as possible? And, when can my colleagues and I, who sent the request letter, expect an answer?*

2. Secretary Becerra, despite the significant financial incentives in the American Rescue Plan to expand Medicaid, my state and 11 others still refuse to do so, leaving 2.2 million people nationwide with 766,000 living in TX w/out any pathway to coverage. Nationally 60% are people of color and in TX it's 74%. *Given that closing the coverage gap is one of the most effective ways we have to decrease racial disparities, I would like to know whether you will support efforts for a federal solution.*

Representative Adriano Espaillat (D – NY)

Mr. Secretary, earlier this year, my colleague and member of this Committee, Rep. Joaquin Castro (TX-20) led a letter to HHS that I joined on the care and intake protocols of unaccompanied children (UCs) in care and custody of the Office of Refugee Resettlement (ORR) care.

1. **QUESTION:** With ORRs notice of June 4, 2021, Mr. Secretary can you please give us an update on the vaccination of UCs and HHS, in collaboration with interagency and state partner, are working to deliver and administer the COVID-19 vaccine to UCs?
2. **QUESTION:** Are there specific protocols in place to ensure that all unaccompanied minors receive both doses of the COVID-19 vaccine on time?
3. **QUESTION:** Is there a vaccine rollout schedule or plan for adhering to the recommended schedule should the COVID-19 vaccine require two doses subject to the Emergency Use Authorizations issued by the U.S. Food & Drug Administration?

Ranking Member Virginia Foxx (R – NC)

1. Secretary Becerra, you recently testified before the Senate Finance Committee that you would be open to revisiting the ACA definition of "affordability" for employer-sponsored coverage. Currently, employers must offer plans that cost 9.83% or less of the employee's household income. When you talk about revisiting this definition, do you mean lowering the affordability threshold which will either move more employees onto the ACA exchanges or increase costs for employers? According to 2020 coverage data from the Treasury Department, the cost per family to taxpayers on the ACA marketplace is \$5,722, while the cost per family for employer-sponsored insurance is \$3,974. How would this proposed change to the definition of "affordability" be affordable to taxpayers?
2. Mr. Secretary, a recent employer survey showed that 90 percent of large employers believe the cost of providing health benefits to employees will become unsustainable in the next five to 10 years. How will employers around the country respond if your Department makes it more difficult for them to provide health benefits to their employees, such as by changing the definition of affordability for employer-sponsored plans which you just discussed? Aren't you concerned that many employers will simply stop offering health plans, thus eliminating valued coverage which benefits over 151 million Americans?

3. Secretary Becerra, the CDC released school reopening guidance in February that was widely panned for its deviation from the known science. First, it linked school reopening to levels of community spread when CDC research had shown that the two were not linked. Second, it recommended six feet of social distancing when the science suggested that three feet was sufficient when other mitigation efforts are in place. The CDC responded to the criticism regarding social distancing about a month after the initial guidance was released to bring its recommendations into line with the science.
 - a. On the social distancing revisions, why did the initial guidance insist on six feet of distancing? Did the teachers unions insist on six feet of distancing initially?
 - b. On the levels of community spread, that guidance has not been updated. Thankfully, levels of community spread have plummeted, and we hope to avoid surges in the fall and next winter. But, should community spread become an issue again, will the CDC revise its guidance to bring that piece of it in line with the science?
4. Secretary Becerra, the Medicare Trust Fund is expected to become insolvent as soon as 2024. How can you justify calls for Medicare for All or lowering the Medicare eligibility age before ensuring the program is on solid financial footing for the seniors who rely on it? Shouldn't we figure out how to pay for current Medicare participants before proposing to move Americans who are already insured through employer-sponsored coverage to Medicare?
5. The use of telehealth has increased dramatically during the COVID-19 pandemic. For many people with mental health and substance use disorders, the rapid expansion of telehealth has allowed them to receive treatment in a safe, convenient, and effective manner. However, many people lack the insurance coverage for these important services. Will you support making the telehealth-excepted benefit permanent?
6. Mr. Secretary, there is a reason my Republican colleagues at the Energy and Commerce and Ways and Means Committees have been so interested in ensuring your commitment—which we still do not have—to rejecting drug pricing policies that import Quality Adjusted Life Years, a metric used by foreign countries to limit access and forcibly set prices, into the U.S. I share the concerns raised by groups such as the Consortium for Citizens with Disabilities (CCD) and the nonpartisan federal agency, the National Council on Disability (NCD), that H.R. 3 would adversely impact the lives of Americans with disabilities by importing the QALY scheme into the U.S. Do you agree with groups like the CCD and NCD that importing QALYs into the U.S. via legislation like H.R. 3 would discriminate against Americans with disabilities? Will you commit to this Committee that your administration will reject proposals which would discriminate against Americans with disabilities?
7. Mr. Secretary, as Americans emerge from the pandemic and the related economic downturn to seek new job opportunities, it is critical they have access to a wide range of different health coverage options that work best for a variety of individuals and families.

One option should include short-term limited-duration insurance, or STLDI, plans. STLDI plans help more than 3 million Americans bridge coverage gaps with affordable insurance. You recently told Senator Tammy Baldwin to “stay tuned” when asked if the Department will act to limit the use of these plans. Is now the right time to eliminate important options for health insurance coverage for millions of Americans?

8. Mr. Secretary, when President Biden was elected, he pledged to “follow the science.” I am incredibly concerned by the abrupt departures from the CDC shortly after President Biden’s inauguration of Doctors Nancy Messonnier and Anne Schuchat, two knowledgeable, well-respected and experienced professionals. Why did these two experts leave the Biden administration? Were their departures related to policy and scientific disagreements with incoming Biden political appointees?
9. Mr. Secretary, recent reports have alleged that the past year’s increase in unemployment benefits have created an unprecedented level of fraudulent claims. According to ID.me, a service that tries to prevent identity theft and fraud, as much as 50 percent of all unemployment monies intended for out-of-work individuals might have been stolen. With regard to potential fraud in the Affordable Care Act marketplace, given the increase in tax subsidies put in place by the American Rescue Plan Act, and a special enrollment period which extends through August 15, 2021, I am concerned that the health care exchange may be susceptible to increased levels of fraud. What is the Department doing to protect against fraudulent eligibility claims in the Affordable Care Act marketplace?
10. Mr. Secretary, Politifact recently rated the following statement made by Senator Tom Cotton as true: “Becerra supports Bernie’s government takeover of your health care, eliminating your employer-provided coverage.” In 2017, you said that you would “absolutely” support Senator Sanders’ Medicare for All bill. Do you agree with Politifact’s rating? Will employees be able to keep their health plan if Medicare for All is enacted?
11. Employer-sponsored coverage has been the backbone of our nation’s health system for nearly eight decades. Businesses of all sizes contribute vast resources to employees and their families through the employer-sponsored system and have a vested interest in health care quality, value, and system viability. Approximately 151 million Americans are covered under an employment-based health plan. How will the Biden administration ensure that private, market-based, employer-sponsored health plans continue to remain a viable option for hardworking Americans and their families for decades to come?
12. Secretary Becerra, according to survey data from the Agency for Healthcare and Research Quality (AHRQ) Medical Expenditure Panel Survey (MEPS), in the year 2000 nearly 50 percent of small businesses with fewer than 50 employees offered health insurance coverage. When the Affordable Care Act was enacted in 2010, that percentage had dropped to around 40 percent. According to the most recent survey from 2019, the small business offer rate now stands at around 30 percent. Why does the administration’s budget solely focus on expanding subsidization of individual market insurance rather than helping small businesses offer health insurance to their employees?

13. Secretary Becerra, in 2019, the Department of Health and Human Services built upon the bipartisan policies included in the 21st Century Cures Act passed by Congress in 2015 by expanding access to Health Reimbursement Arrangements (HRA) through the creation of the Individual Coverage Health Reimbursement Arrangement (ICRHA). ICHRA have been an important tool, primarily for small businesses, to allow for a cost-effective and flexible approach to expand health insurance access for employees. A recent survey by a leading HRA administrator demonstrated that 89 percent of their clients offering an HRA did not previously offer health care benefits to their employees. Does the administration support the continued growth of HRAs and do you have plans to interfere with this important policy?
14. Mr. Secretary, Obamacare is a broken law and there are many loopholes and ways that insurers and others in the health care industry can increase subsidies they receive from the programs. For instance, insurers can "silver load" plans by raising the premiums they charge for silver plans in order to receive higher subsidies from the federal government. They then use these dollars to subsidize the premiums for other plans. Do you believe that silver loading is a problem? How will increasing subsidies on the exchanges affect the practice of silver loading?
15. Secretary Becerra, we can all agree that action must be taken to help lower prescription drug costs. However, government price-setting is not the answer. I am concerned that legislation offered by Democrats such as H.R. 3, which creates the option for employers to accept the government-set rate for a prescription drug, would create tremendous legal risks for employers. This increased risk would essentially remove the employer's choice and ability to negotiate drug prices under its own plan. What would be the consequences for an employer who chose not to accept the government-set rate for a drug under H.R. 3? How easily could they run afoul of their fiduciary requirements?
16. Mr. Secretary, as you know, the Hyde Amendment prohibits the use of federal funds to pay for coverage of abortions. How will HHS enforce the abortion-coverage surcharge, required by section 1303 of Obamacare, that prohibits the use of certain federal funds to pay for coverage of abortions in exchange plans with otherwise zero-cost premiums?
17. Secretary Becerra, on April 15, 2021, HHS proposed a rule change to Title X of the Public Health Service Act that would revise the family-planning program regulations and require all recipients of Title X funds to counsel and refer women for abortions. Not only would this rule violate the conscience right of health care providers, but it would also undermine Title X which protects taxpayers from being forced to fund abortions. What will your Department do to ensure that it does not exceed its constitutional power by implementing broad and coercive mandates like this?
18. Secretary Becerra, the FDA's temporary Emergency Use Authorization for the COVID-19 vaccines includes a provision that individuals must be informed "of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and

of their benefits and risks.” What is your Department’s interpretation of the statute that allows for Emergency Use Authorizations? Does the Department believe that this statute allows states, public officials, employers, schools, and companies to be able to mandate a person be vaccinated?

19. Mr. Secretary, on March 29 of this year, CDC Director Rochelle Walensky pleaded with the public to take precautions against COVID-19, including mask wearing, saying that she had the feeling of “impending doom.” Six weeks later, on May 13, the CDC updated their guidance to say that vaccinated Americans no longer need to wear masks indoors under most circumstances. What changed between March 29 and May 13 to justify this abrupt change? What impact does an abrupt change like that have on our businesses that are trying in earnest to follow the guidance?
20. Mr. Secretary, an FDA advisory panel recently met to discuss the use of COVID-19 vaccines in children as young as six months old. This meeting took place on the same day Moderna asked the FDA to expand the emergency use of its COVID-19 vaccine to children as young as 12. Pfizer’s vaccine has already been authorized for children as young as 12, and we’ve found that children’s immune systems have reacted much differently to COVID-19 and its vaccines than adult immune systems. Some advisors on FDA’s panel expressed concern about authorizing the use of these vaccines in children because kids are at such low risk of the virus. Also, according to the CDC, there have been increased reports of myocarditis in people under 30 who received the Pfizer or Moderna vaccines. Do you believe we should be treating children differently than adults when it comes to vaccinating children with a product that has not been fully approved? Do you believe that schools should require authorized COVID-19 vaccinations for their students before attending class in the fall?
21. Mr. Secretary, I agree it is a good thing to have a vaccine authorized for children. However, given the unknowns for how children’s immune systems react to these vaccines, I think it is wise to give parents the choice on whether or not to vaccinate their child. With the authorization of Pfizer’s vaccine for children as young as 12, a debate has begun about mandatory vaccinations of elementary and secondary school students for the fall. Would such mandates be premature? Should states and school districts wait until the vaccinations are fully approved by the FDA?
22. Mr. Secretary, the CDC recently suggested that HHS “partner with Federally Qualified Health Centers, pharmacies, public health, and adolescent provider networks to hold targeted programs to ensure equity and coverage, particularly as students return to school.” Does HHS plan to promote vaccinating children at school? And, if so, will the Department also require parental medical consent for vaccination?
23. Mr. Secretary, some reporting has indicated that you have directly engaged in your agency’s effort to take care of unaccompanied minors. Several members of this Committee sent a letter to you asking about the treatment of children at the border, specifically, asking about what is being done to protect these children from

traffickers. HHS has long standing guidance on how these children should be treated at the border. My question for you is this:

- a. Are you familiar with this guidance?
 - b. Since you were confirmed, have you received a briefing on this guidance and the process used to take care of these kids?
 - c. Have you received any indication either through staff or observation yourself about where the process is working, where it is not, and why?
 - d. Mr. Secretary, while you have been engaged in this issue, I'm curious if since your confirmation you have visited any of the facilities housing these children? What were your thoughts? Have you talked with any of the staff charged with taking care of these children at the local level? What did you hear from them?
 - e. There was a recent Bloomberg article that claimed your administration was doing internet searches to try to determine the identity of the people in the United States to whom they are sending unaccompanied minors. Is this enough to protect these children against human trafficking? What methods does HHS use to ensure that the children's sponsors are who they claim to be?
24. Secretary Becerra, there has been a lot said and written about the mental health damage done to students this year by keeping schools closed. Obviously, the damage we have inflicted on our kids has been significant. Given what we now know about the relatively minor impact of COVID-19 on children, the safety of children and staff in schools relative to the community, and the mental health damage done to kids this school year, do you agree that the risks of keeping kids out of school this year far outweighed the risks of bringing them back? And, before you answer that please also let us know if you have directed your staff to take a look at the prolonged school closure impact on youth suicide, suicide ideation, and self-harm? If not, why? As this country begins to recover it is critical that we understand the impact of all of the policy decisions that were made by federal, state, and local officials to address the virus. And, as we all know whether we will admit it or not, the continued closure of our schools will go down as one of the worst decisions. It was understandable in March 2020 when everyone was trying to figure out what was happening, but as March turned to May and we knew more about the low risk for kids and better mitigation factors things should have changed. Officials advocating for continued shutdown put kids' futures and in some instances their lives in danger because they wouldn't trust the actual knowledge – the science – about the risk. Will you commit to reviewing the impact of these closures in a unbiased, non-partisan manner, free from teacher union influence so in the event of the next time we don't hurt our kids again?
25. The Child Care and Development Block Grant (CCDBG) is the primary federal program to support working families afford and access child care. A hallmark of the CCDBG is a voucher-like system that ensures parents have choice in who cares for their young children. Secretary Becerra, how are you working to protect and even

expand the choices for parents who seek child care outside of the home? How will the additional funds provided by COVID-relief bills be targeted for such purposes?

26. In 1980, just four states offered early education programs, compared to 44 states and the District of Columbia that operate early education programs today. The Government Accountability Office (GAO) found that states identified over 86 early childhood education or child care programs that rely on multiple funding sources, and the majority of these programs received federal funds. Despite this involvement from the states, you have proposed new programs. How will you ensure these new programs are not duplicative of what states offer?

In their haste to seize momentary power and spend egregious amounts of taxpayers' money on new early childhood programs, Democrats have failed to address the weaknesses of existing programs. For example, GAO has highlighted that Head Start programs have a disappointing history of documented fraud and a concerning lack of progress on the part of HHS toward program reform. How are you working to oversee and improve Head Start and other programs long under HHS's purview?

27. Mr. Secretary, last year Congress enacted a bipartisan reauthorization of the Older Americans Act (OAA) just as our country was plunged into a pandemic. Fortunately, we were able to provide valuable reforms to this law to support our nation's seniors in a time where they were more isolated than perhaps any other segment of the population. Can you provide an update for the Committee on the implementation of this reauthorization?

Mr. Secretary, as I am sure you know, Congress also included substantial supplemental funding for OAA programs in the past year and a half, particularly for nutrition programs like Meals on Wheels. What is the status of this additional funding currently?

28. Mr. Secretary, my colleague Congressman Courtney brought up the costs of drugs, specifically insulin. I have concerns about the price of insulin as well and your Department's recent actions to reverse a Trump administration rule to cap the price of insulin and EpiPens. This rule would have allowed low-income patients to purchase these pharmaceuticals from a health center at the same price at which the health center acquired the medication through the 340B Program. Your administration cited "undue administrative costs" as the primary reason for overturning the rule. Why did your administration determine that undue administrative costs would outweigh the benefits of increased access and decreased cost for insulin and EpiPens to low-income patients?

Representative James Comer (R – KY)

1. Secretary Becerra, I am concerned regarding inequities in the distribution of the Provider Relief Fund. In Kentucky's 1st Congressional District, assisted living providers, who care for 2,134 elderly individuals across 37 communities, the population most vulnerable

to COVID, were allocated less than 1% of the Provider Relief Fund (about \$3 billion dollars) and have only received about a third of that. The average age of a resident in assisted living is 85. These vulnerable individuals need assistance with daily activities such as eating, using the restroom, taking medications and dressing. Over 40% of assisted living residents have Alzheimer's or some form of dementia. Due to PPE needs, workforce needs and occupancy declines, assisted living caregivers have suffered over \$15 billion in losses in 2020, and -\$238 million in Kentucky alone. Now, over half of assisted living facilities nation-wide are operating at a loss, and 56% say they will not be able to sustain operations for another year. How do you envision implementing an equitable distribution to these assisted living providers who need immediate assistance?

Representative Burgess Owens (R – UT)

1. Secretary Becerra, President Biden's FY 2022 Budget requests enormous increases in early childhood care and education programs for both new and existing programs. For early education, this includes \$200 billion to impose a universal preschool program for all three- and four-year-old children, as well as \$11.9 billion for Head Start programs (an increase of \$1.2 billion over FY21 enacted level). The proposed universal preschool and the existing Head Start program are largely duplicative early education programs, and of many child care programs as well. How do you see these two competing programs coexisting and what studies have you done to understand how this proposal will impact the existing small businesses already serving these kids?
2. Secretary Becerra, since the outbreak of the pandemic an astounding amount of federal funding has been heaved upon the early care and education system, including about \$40 billion in the *American Rescue Plan Act* (ARP) alone. The ARP excluded any Republican input and reflects poor policymaking, especially with respect to accountability. On April 14, the Committee sent a letter to you asking critical questions about the oversight of this unprecedented influx of new federal child care funds. Sadly, we have not received a response. With respect to the \$50 billion in the ARP for child care, how are you working to ensure the funds are spent responsibly to avoid a funding cliff for child care providers and to support long-term solutions for families' child care needs?
3. In my home state of Utah, a broad coalition is committed to helping Utahans achieve better health outcomes by addressing the social determinants of health. These determinants include, but are certainly not limited to, getting a good education. Can you please talk about the Department's plans for addressing social determinants of health?

Representative Mariannette Miller-Meeks (R – IA)

1. Secretary Becerra, on May 6, the two Republican doctors on the committee, Dr. Murphy and myself, wrote to CDC director Walensky asking questions about the troubling information that had come to light with respect to the role the teachers unions played in altering the CDC's school reopening guidance. A response to that letter was due on May 20, but we have still not received that response a month later. Mr. Secretary, why have

we not gotten a response? What is the Biden administration worried about revealing?
Will you commit to getting us a response to that letter?

2. This is particularly troubling in light of the public testimony Dr. Walensky gave subsequent to our letter. She testified that teachers unions' input on the guidance was limited to "what happens if you have immunocompromised teachers." However, the emails uncovered showed that the unions' influence went well beyond that issue. Can you please explain and, if necessary, correct the inconsistencies between the testimony of your CDC director and the CDC emails?

[Responses by Secretary Becerra follow:]

Committee on Education and Labor Hearing
“Examining the Policies and Priorities of the U.S. Department of Health and Human Services”
 Wednesday, June 16, 2021
 900 a.m. (Eastern Time)

Responses are accurate as of the date of the Hearing.

Chairman Robert C. “Bobby” Scott (D – VA)

1. More than 150 million workers and their families are covered by private sector employee benefit plans, which are under the regulatory and oversight jurisdiction of the Department of Labor (DOL). With respect to health coverage, DOL has expertise in both fully-insured and self-insured plans that are subject to the requirements of the *Employee Retirement Income Security Act* (ERISA). At the end of the last Congress, the bipartisan *No Surprises Act* was signed into law, which bans surprise billing and improves transparency in the health system. The law provides DOL with a joint role on implementation of its reforms as they relate to health coverage.
 - a. How is HHS working with DOL to ensure its expertise with respect to job-based plans is reflected in all implementing regulations?
 - b. With respect to the supplemental appropriation of \$500 million provided to the Departments of Health and Human Services, Labor, and the Treasury under the *Consolidated Appropriations Act, 2021*, how are implementation funds being allocated between the three Departments?
 - c. What steps has HHS taken to ensure the allocation of funding reflects DOL’s leading role in protecting the benefits of individuals covered by job-based health plans?

Answer: HHS is working collaboratively with the Department of Labor (DOL) in the development of rules given its role and expertise with employment-based insurance. We are also working closely with DOL, the Department of the Treasury, and Office of Personnel Management to ensure that the No Surprises Act is implemented in a timely and effective manner. In addition, six HHS employees, as specified in statute, took part in the State All Payer Claims Databases Advisory Committee (SAPCDAC) which was charged with advising the Secretary of Labor on developing a standardized reporting format for group health plans to voluntarily report to state all payer claims data bases.

With respect to the appropriation in section 118 of the No Surprises Act which made available funds to the Departments of HHS, Labor, and the Treasury, HHS is working collaboratively with the other two Departments and with the Office of Management and Budget to ensure that each Department is receiving sufficient funding to carry out the provisions of the CAA, 2021. As we continue with implementation, the Departments will continue to update you and your staff on this critically important law.

Representative Gregorio Kilili Camacho Sablan (D – MP)

1. Secretary Becerra, can you explain how addressing these disparities in Medicaid funding for the territories will expand access to care and services, contributing to better health care outcomes?
2. Secretary Becerra, what does your department plan to do to address the disparities in federal health care delivery in the territories?
3. Secretary Becerra, the territories are excluded from the low-income subsidies for the Medicare prescription drug benefit. Hospitals in the territories are also excluded from the Disproportionate Share Hospital (DSH) program under Medicaid and Medicare, despite the significant amount of uncompensated care provided. Do you believe that the territories deserve to be included in these federal health safety net programs?

Answer to 1-3: President Biden's FY 2022 Budget highlights the President's support for eliminating Medicaid funding caps for U.S. Territories while aligning their Medicaid matching rates those of the states. We are happy to work with you and your colleagues to ensure that Medicaid beneficiaries in the territories maintain access to quality health care, and that the U.S. Territories have the necessary resources to keep their Medicaid programs strong.

4. Secretary Becerra, starting in FY 2021, HHS is required to set aside \$75 million for the territories from the total amount appropriated (\$3.55 billion) to the Child Care Entitlement to States (CCES). ARPA specifies that the \$75 million is to be "allotted among the territories in proportion to their respective needs." What data or formula did HHS use to determine the respective needs of each territory?

Answer: The new Child Care and Development Fund (CCDF) Mandatory funds for territories are allotted based on the number of children under age five living in territories and per capita income in the territories. This is similar to the formula used to allot the CCDF Discretionary funds among the territories, except that Puerto Rico is included as a territory for the Mandatory funds formula, but as a state in the Discretionary funds formula (in accordance with statutory requirements).

5. Secretary Becerra, the Marianas will be receiving Child Care Entitlement to States (CCES) funds for the first time. I understand that CCES funds are to be spent according to the rules in the Child Care and Development Block Grant Act. Are there any other special rules or reporting requirements for these new CCES funds that my constituents in the Marianas should be aware of?

Answer: Child Care and Development Fund (CCDF) Mandatory funds can be used in the same way to fund a territory's CCDF program as CCDF Discretionary funds with only a few differences. First, CCDF Mandatory funds have a shorter obligation and liquidation period than the CCDF Discretionary funds: funds for territories must be obligated in the first federal fiscal year and liquidated in the second federal fiscal year. Second, Congress authorized HHS to

redistribute unobligated CCDF Mandatory funds among the territories. This means that any territory's unobligated balance at the end of a federal fiscal year can be deobligated from that territory, and then redistributed in the next fiscal year to all territories who request those redistributed funds. Potentially, funds could be deobligated from a territory in one federal fiscal year and then redistributed to the same territory in the following federal fiscal year. Third, CCDF Mandatory funds are reported separately than the CCDF Discretionary funds on the ACF-696 Financial Reporting Form. Finally, the spending requirement that at least 70 percent of funds must be used for direct child care services is calculated prior to subtracting the other spending requirements; the 70 percent for CCDF Discretionary funds are calculated after subtracting the other spending requirements.

6. Secretary Becerra, the FY 2022 President's budget requests \$250 billion over 10 years for a new "Child Care for American Families" proposal. The [budget indicates](#) that "States would be expected to participate by providing matching dollars to increase over the ten-year window." Would territories also be expected to provide matching dollars?

Answer: Territories would be eligible for Child Care for American Families funding under the President's plan. However, Congress will ultimately determine what is in the legislation and HHS will continue working with Congress on this issue.

7. Secretary Becerra, until the ARPA, the Marianas has never been eligible for TANF. As specified in the ARPA, 7.5 percent of the TANF Pandemic Emergency Assistance Fund were set aside for tribal TANF programs and five US territories, to be distributed in a manner deemed appropriate by the HHS Secretary. Could you elaborate on what factors you considered when allocating the TANF Pandemic Emergency Assistance Fund funding to the Marianas?

Answer: For the 7.5 percent set aside for tribal TANF programs and five US territories, the allotments are based on the existing share of total funds distributed to tribal TANF programs and the five territories. Because the Northern Mariana Islands (and American Samoa) do not participate in the TANF program, an amount for these territories was imputed using the average block grant per child for Guam, Puerto Rico, and the U.S. Virgin Islands and multiplying that amount by the latest figures for the number of children in the Northern Mariana Islands (and American Samoa).

Representative Suzanne Bonamici (D – OR)

1. During the hearing, we discussed the importance of the Community Services Block Grant (CSBG) program. Community Action Agencies (CAAs) play a key role in addressing complex issues of poverty in their communities, but administrative friction can lead to delays in getting funding to local CAAs, which reduces the effectiveness of their operations.
2. Secretary Becerra, we look forward to working with you to better understand and address any barriers to the timely distribution of funding to CAAs. Please respond to the following questions:

- a. Has the Office of Community Services identified known issues regarding CSBG allocation to the states or the timeliness of state allocations to the local CAAs?

Answer: States have different procedures and methodologies for issuing awards to local eligible entities, generally known as CAAs. The Office of Community Services (OCS) requires states to report if they made the awards available to local CAAs within 30 days of receipt of awards in the Health and Human Services (HHS) Payment Management System or provided uninterrupted access to Community Services Block Grant (CSBG) awards to the local CAAs. In the CSBG Annual Report for Fiscal Year (FY) 2019 report, 83 percent of states reported that funds were made available within 30 days of receipt of the award from HHS. The remaining 17 percent confirmed that procedures were in place to assure that eligible entities' access to available funds was consistent and uninterrupted.

- b. Will HHS conduct a review of administrative or regulatory changes that you, as Secretary, have the authority to make to reduce these delays?

Answer: The Community Services Block Grant (CSBG) Act does not mandate CSBG state lead agencies (including Washington D.C. and Puerto Rico) to disburse CSBG funding within a specified timeframe. As such, the Office of Community Services (OCS) does not have statutory authority to require CSBG state lead agencies to issue CSBG sub-awards to eligible entities within a specific timeframe. Currently, there are no regulatory or administrative requirements about state issuance of awards or payment procedures for CSBG. The current HHS Block Grant Rule requires states to treat CSBG funds the same as they treat their own funds. OCS requires state grantees to document plans and timelines for timely distribution of resources in the State CSBG Plans, which are available for public comment. OCS reviews these plans and follows up on any concerns raised regarding delays in funding distributions to CAAs.

- c. Can you also review and make recommendations to Congress on possible legislative solutions, if needed, to remove barriers preventing local CAAs from getting their funds in a timely fashion?

Answer: Yes, the Office of Community Services (OCS) has been and will continue to be responsive to requests from Congress for technical assistance. OCS is currently providing technical assistance on the CSBG reauthorization bill (HR 1695).

- d. Will HHS provide further guidance to states on the need to provide timely distribution of funds to CAAs in the event of emergencies or funding abnormalities like continuing resolutions?

Answer: The Office of Community Services (OCS) will continue to issue guidance regarding the timely distribution of supplemental funds to Community Action Agencies (CAAs) during emergencies and funding abnormalities like continuing resolutions. And, in cases of emergencies, OCS will encourage states to expedite the release of funds where possible and appropriate, while also taking necessary actions to reduce the short-term administrative burden for CAAs to assure that the attention of local eligible entities is focused on addressing immediate

and urgent community service needs.

In FY 2021, OCS implemented quarterly calls with each state. These quarterly calls serve as an additional avenue for OCS to provide further guidance on the timely distribution of funds to CAAs.

3. The pandemic exacerbated the tremendous challenges in our nation's child care system. Unfortunately, child care "deserts" were common in communities across the country before the pandemic – urban, rural, and suburban communities alike - with nearly 50 percent of families living in an area with severe shortages. As recently as 2019, all 36 counties in Oregon were care deserts for infants and toddlers. Recent federal child care investments included in the American Rescue Plan have helped child care providers reopen their doors as we recover, but stable, long-term funding is needed to guarantee all families access to quality child care options in their communities and provide the child care workforce with living wages commensurate to their credentials.

- a. Mr. Secretary, what are some of the most important takeaways from the challenges of the last year and how can they be applied to make long-term systematic improvements to our nation's early learning and child care system?

Answer: Child care is essential for our communities to thrive, but the system's current structure means many families cannot access or afford high-quality care, and the workforce is underpaid for skilled and valuable work. While the pandemic drew widespread attention to the precariousness of the child care market, the imbalance between the cost for providing care and the price that parents pay for care existed before the pandemic. Child care workers continue to be among the lowest paid professionals in comparison to other teaching jobs and occupations. Without public investment, the child care market's only option is to push the high cost of child care staffing to families and underpay their staff, an untenable option since child care costs are already a heavy burden for families and an underpaid workforce contributes to systemic inequities and undermines the quality of care.

The Biden-Harris Administration has prioritized funding a child care labor force that is compensated for the skilled and important work they do. The American Family Plan and the FY President's 2022 Budget authorization for the Child Care for American Families program, which would include a \$15-per-hour minimum wage and ensure compensation parity with kindergarten teachers with similar qualifications. In addition, our Administration for Children and Families (ACF) strongly encouraged state lead agencies to use the additional American Rescue Plan Act funds to raise the wages of child care staff as a central part of stabilizing the sector, through guidance released through the ACF website and numerous webinars with CCDF administrators, child care providers, and other stakeholders.

In addition to raising the compensation of the child care workforce, AFP and the Budget Proposal establish child care as a priority in the Biden-Harris Administration. The current child care block grant program is underfunded, forcing states to make trade-offs that result in only about 15 percent of federally eligible children being served, low payment rates that limit families' options and do not cover the cost of delivering quality care, an undercompensated child care workforce with high turnover, and co-payments and additional charges that are a financial

burden to families. In addition to ensuring that the child care workforce is appropriately compensated, the American Families Plan will ensure that low- and middle-income families have access to affordable, high quality care. This new approach is needed to address the deficiencies of the current system and make child care more accessible, affordable, and higher quality—for the benefit of working families and their children, employers and businesses, and the struggling child care sector.

4. Young children learn in a variety of positive, high-quality settings, including child care centers, Head Start programs, faith-based settings, in-home or family child care, and pre-K or preschool classrooms within school districts. Many low-income workers do not work during traditional hours and may need overnight care. All parents need access to affordable early learning choices.
 - a. Mr. Secretary, what steps should Congress take to maintain and strengthen mixed-delivery settings in which the care and education of a child from their earliest months to age five occurs? How will the Administration commit to making sure care is available to meet the needs of all workers, especially low-income women without traditional schedules?

Answer: The Administration is committed to maintaining and strengthening a mixed delivery system in a variety of child care settings to meet the varying needs of families, including those working non-traditional hours. Child care investments made by the American Rescue Plan (ARP) Act will galvanize these efforts. We recently issued [guidance for the nearly \\$24 billion in ARP Child Care Stabilization Funds](#) that will address the financial burdens faced by child care providers during and after the COVID-19 public health emergency and the instability of the child care market as a whole. In our guidance, we strongly encourage state, territory, and tribal lead agencies to include center-based and family child care providers and programs that serve school-age children in their stabilization grant programs. The guidance also strongly recommends that lead agencies take steps to ensure that family child care programs, small child care centers, and non-profit entities that provide child care have equitable access to child care stabilization funds. We also indicated that lead agencies may choose to target additional funds for providers serving children during non-traditional hours. Similarly, in our [guidance for the nearly \\$15 billion in ARP Child Care and Development Fund \(CCDF\) Supplemental Funds](#), we encouraged lead agencies to use supplemental funds in ways that will increase the child care options for parents who work non-traditional hours and/or have varying work schedules—such as by expanding the use of contracts with child care providers that meet this need, implementing payment structures that reflect the true cost of care, and providing financial incentives.

Likewise, the American Rescue Plan and the President's Budget include proposals for universal preschool for 3- and 4-year-olds and a new child care program for 0- to 5-year old children from low- and middle-income families. When combined with existing early care and education programs, these programs are meant to complement each other while providing families the range of options that meet their needs. We know that while preschool builds a strong foundation for children's social, cognitive, and academic development, the hours in the school day do not always meet the daily child care needs for parents. Child care and after school programs can help fill the gaps, especially for parent with non-traditional work hours.

5. Child care is essential economic infrastructure. Many child care facilities are long overdue for an investment that recognizes their contribution to our economy. I joined Assistant Speaker Clark and Congressman Bowman in introducing the Child Care Infrastructure Act, which would make critical investments in child care facilities. I am pleased that President Biden's American Jobs Plan proposed \$25 billion to improve child care facilities and expand the supply of child care.
 - a. Mr. Secretary, how will the Administration assess facility renovation needs nationally and target care capacity expansions in underserved areas that face high demands and costs?

Answer: The Biden-Harris Administration is committed to critical investments in child care facilities. Both the American Jobs Plan and the FY 2022 President's Budget Proposal include a \$25 billion dollar investment in child care infrastructure over the next five years. The Administration is committed to consulting with local experts and stakeholders to identify needs and gaps in the child care sector and to target resources to communities with the greatest needs. For example, the HHS Administration for Children and Families' Office of Planning Research and Evaluation (OPRE) is using a portion of the Child Care and Development Fund (CCDF) research funds to conduct a feasibility study to determine how states can best conduct a needs assessment of child care facility needs. Such assessments will help identify the need for improvements to meet state and local regulations regarding health and safety, including environmental health, and features that will support quality environments and practices in programs serving young children in care. The feasibility study, which is underway, is starting with analyses of existing efforts to assess the quality and scope of available data on the state of child care and early education facilities. Specifically, the study is looking at states that have already conducted needs assessments of facilities to better understand how they approached it. The study is also examining existing data sources that may be available to determine the extent to which facilities meet state requirements, and inform the level of effort that will be necessary for states to conduct needs assessments. The researchers are also exploring alternative methodologies that could estimate a "cost by type of provider" to help states plan those needs assessments.

Representative Joaquin Castro (D – TX)

1. Secretary Becerra, when the Affordable Care Act was drafted, Congress drafted it so all lawfully present people in the United States would be eligible for health insurance. Yet under current regulations, DACA recipients are explicitly excluded and unable to enroll in the ACA marketplaces. I sent a letter to your Department back in January asking the Department to provide DACA recipients with the eligibility for ACA coverage, yet we have still not received an answer. *Will you commit to expanding eligibility for DACA recipients as soon as possible? And, when can my colleagues and I, who sent the request letter, expect an answer?*

Answer: Protecting and providing coverage for DACA recipients is a critical priority and one that the Administration takes very seriously, as demonstrated by President Biden's Memorandum, "Preserving and Fortifying Deferred Action for Childhood Arrivals (DACA)." As the President and the U.S. Department of Homeland Security act on the President's priorities,

HHS will be working to consider next steps related to coverage of this population.

2. Secretary Becerra, despite the significant financial incentives in the American Rescue Plan to expand Medicaid, my state and 11 others still refuse to do so, leaving 2.2 million people nationwide with 766,000 living in TX w/out any pathway to coverage. Nationally 60% are people of color and in TX it's 74%. *Given that closing the coverage gap is one of the most effective ways we have to decrease racial disparities, I would like to know whether you will support efforts for a federal solution.*

Answer: Through the recently enacted American Rescue Plan Act (ARP), Congress provided an 8-quarter, 5 percentage point increase to the federal medical assistance percentage (FMAP) to any state or territory that newly covers the adult expansion group, beginning on or after March 11, 2021. Currently, 13 states and 2 U.S. Territories have not fully expanded their Medicaid programs, and may be eligible for this financial incentive under the American Rescue Plan Act. It is our hope that states will take advantage of this funding opportunity to expand affordable health care coverage to low-income adults.

Representative Adriano Espaillat (D – NY)

Mr. Secretary, earlier this year, my colleague and member of this Committee, Rep. Joaquin Castro (TX-20) led a letter to HHS that I joined on the care and intake protocols of unaccompanied children (UCs) in care and custody of the Office of Refugee Resettlement (ORR) care.

1. **QUESTION:** With ORR's notice of June 4, 2021, Mr. Secretary can you please give us an update on the vaccination of UCs and HHS, in collaboration with interagency and state partner, are working to deliver and administer the COVID-19 vaccine to UCs?

Answer: As of June 16, 2021, a cumulative total of 3,970 children received the first dose of the Pfizer-BioTech COVID-19 vaccine. Vaccination clinics were held at all emergency intake sites (EIS) and influx care facilities (ICF). ORR continues to work with EIS, ICF, and licensed ORR care providers to build COVID-19 vaccination into the routine medical evaluation for eligible children.

2. **QUESTION:** Are there specific protocols in place to ensure that all unaccompanied minors receive both doses of the COVID-19 vaccine on time?

Answer: The second Pfizer-BioTech dose should be administered three weeks after the first dose. This means many unaccompanied children will no longer be in ORR care when it comes time for their second dose. Upon release, ORR provides unaccompanied children and their sponsors with language-appropriate information and documentation necessary to secure a second dose of the vaccine outside of ORR care. Additionally, ORR has incorporated vaccine follow-up into the post-discharge safety and well-being calls to further ensure that children are able to receive their second dose of the vaccine.

Under ORR guidelines, children who are still in ORR care should receive their second dose at the

appropriate interval.

3. **QUESTION:** Is there a vaccine rollout schedule or plan for adhering to the recommended schedule should the COVID-19 vaccine require two doses subject to the Emergency Use Authorizations issued by the U.S. Food & Drug Administration?

Answer: *ORR Field Guidance #17: COVID-19 Vaccination of Unaccompanied Children (UC) in ORR Care* was distributed to programs on June 4, 2021, and ORR has subsequently provided several program trainings on the guidance. The document includes guidance on administration of the second Pfizer-BioTech COVID-19 vaccine dose at the appropriate interval.

Ranking Member Virginia Foxx (R – NC)

1. Secretary Becerra, you recently testified before the Senate Finance Committee that you would be open to revisiting the ACA definition of “affordability” for employer-sponsored coverage. Currently, employers must offer plans that cost 9.83% or less of the employee’s household income. When you talk about revisiting this definition, do you mean lowering the affordability threshold which will either move more employees onto the ACA exchanges or increase costs for employers? According to 2020 coverage data from the Treasury Department, the cost per family to taxpayers on the ACA marketplace is \$5,722, while the cost per family for employer-sponsored insurance is \$3,974. How would this proposed change to the definition of “affordability” be affordable to taxpayers?
2. Mr. Secretary, a recent employer survey showed that 90 percent of large employers believe the cost of providing health benefits to employees will become unsustainable in the next five to 10 years. How will employers around the country respond if your Department makes it more difficult for them to provide health benefits to their employees, such as by changing the definition of affordability for employer-sponsored plans which you just discussed? Aren’t you concerned that many employers will simply stop offering health plans, thus eliminating valued coverage which benefits over 151 million Americans?

Answers to 1 & 2: Ensuring that all Americans have access to affordable, quality health care is a top priority for this Administration, and we will continue working to increase the number of Americans who have access to affordable health coverage. I look forward to working with Congress to ensure all Americans can access affordable, quality health care.

3. Secretary Becerra, the CDC released school reopening guidance in February that was widely panned for its deviation from the known science. First, it linked school reopening to levels of community spread when CDC research had shown that the two were not linked. Second, it recommended six feet of social distancing when the science suggested that three feet was sufficient when other mitigation efforts are in place. The CDC responded to the criticism regarding social distancing about a month after the initial guidance was released to bring its recommendations into line with the science.

- a. On the social distancing revisions, why did the initial guidance insist on six feet of distancing? Did the teachers unions insist on six feet of distancing initially?

Answer: The recommendation for six feet of physical distancing is based on scientific studies of other contagious diseases such as bacterial meningitis and SARS-COV-1 in a hospital setting. As a matter of practice, CDC engages with stakeholders who use our guidance and shares draft guidance with them before it is finalized to hear about the concerns and questions from the people who implement it – like educators, school leaders, and other school officials. CDC shared the draft school guidance with more than 50 different organizations and engaged with many of these stakeholders, including teachers, superintendents, and parents, to address what could be done to improve it. CDC scientists use unbiased, science-based data and information when deciding what content will be included in our guidance documents.

- b. On the levels of community spread, that guidance has not been updated. Thankfully, levels of community spread have plummeted, and we hope to avoid surges in the fall and next winter. But, should community spread become an issue again, will the CDC revise its guidance to bring that piece of it in line with the science?

Answer: [CDC's Operational Strategy for K-12 Schools](#) recommends that school administrators work with local public health officials to assess the level of community transmission to understand the burden of disease in the community. CDC recommends the use of two measures of community burden to determine the level of risk of transmission: total number of new cases per 100,000 persons in the past 7 days, and percentage of nucleic acid amplification tests (NAATs), including RT-PCR tests, that are positive during the last 7 days. The two measures of community burden should be used to assess the incidence and spread of SARS-CoV-2 in the surrounding community (for example, county) and not in the schools themselves. The transmission level for any given location will change over time and should be reassessed weekly for situational awareness and to continuously inform planning and decision-making. CDC will, if necessary, revise our guidance to align with emerging science and our on-going monitoring of community transmission trends.

4. Secretary Becerra, the Medicare Trust Fund is expected to become insolvent as soon as 2024. How can you justify calls for Medicare for All or lowering the Medicare eligibility age before ensuring the program is on solid financial footing for the seniors who rely on it? Shouldn't we figure out how to pay for current Medicare participants before proposing to move Americans who are already insured through employer-sponsored coverage to Medicare?

Answer: Medicare solvency is an important, longstanding issue. I look forward to working with Congress, and in concert with the Centers for Medicare & Medicaid Services, on a bipartisan basis to address this. It is essential that we protect and strengthen this program for Americans who have spent their lives paying into it. That's why the President's FY 2022 Budget includes the President's American Families Plan Medicare tax reforms that would increase revenues to Medicare and extend the solvency of the Trust Fund by roughly 11 years.

5. The use of telehealth has increased dramatically during the COVID-19 pandemic. For many people with mental health and substance use disorders, the rapid expansion of telehealth has allowed them to receive treatment in a safe, convenient, and effective manner. However, many people lack the insurance coverage for these important services. Will you support making the telehealth-excepted benefit permanent?

Answer: Telehealth is an important tool to address health equity and improve access to health care. Health care should be accessible, no matter where you live.

HHS continues to examine the telehealth flexibilities developed for the current public health emergency and determine how we can build on this work to improve health equity and improve access to health care. I look forward to working with Congress to determine which flexibilities can be continued administratively and what may need to be done through legislation.

6. Mr. Secretary, there is a reason my Republican colleagues at the Energy and Commerce and Ways and Means Committees have been so interested in ensuring your commitment—which we still do not have—to rejecting drug pricing policies that import Quality Adjusted Life Years, a metric used by foreign countries to limit access and forcibly set prices, into the U.S. I share the concerns raised by groups such as the Consortium for Citizens with Disabilities (CCD) and the nonpartisan federal agency, the National Council on Disability (NCD), that H.R. 3 would adversely impact the lives of Americans with disabilities by importing the QALY scheme into the U.S. Do you agree with groups like the CCD and NCD that importing QALYs into the U.S. via legislation like H.R. 3 would discriminate against Americans with disabilities? Will you commit to this Committee that your administration will reject proposals which would discriminate against Americans with disabilities?

Answer: Ensuring that all Americans have access to affordable, quality health care is a top priority for this Administration, and we will continue working to increase the number of Americans who have affordable care, including those with disabilities. Like President Biden, I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans. I am committed to reducing drug prices and ensuring beneficiaries have access to the effective and affordable drugs that they need.

7. Mr. Secretary, as Americans emerge from the pandemic and the related economic downturn to seek new job opportunities, it is critical they have access to a wide range of different health coverage options that work best for a variety of individuals and families. One option should include short-term limited-duration insurance, or STLDI, plans. STLDI plans help more than 3 million Americans bridge coverage gaps with affordable insurance. You recently told Senator Tammy Baldwin to “stay tuned” when asked if the Department will act to limit the use of these plans. Is now the right time to eliminate important options for health insurance coverage for millions of Americans?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden-Harris Administration’s top priorities. Patients and their families deserve the security

of knowing that the insurance they buy will be there for them when they need it, and we need to make sure consumers are protected and understand the health insurance they are buying.

8. Mr. Secretary, when President Biden was elected, he pledged to “follow the science.” I am incredibly concerned by the abrupt departures from the CDC shortly after President Biden’s inauguration of Doctors Nancy Messonnier and Anne Schuchat, two knowledgeable, well-respected and experienced professionals. Why did these two experts leave the Biden administration? Were their departures related to policy and scientific disagreements with incoming Biden political appointees?

Answer: Dr. Anne Schuchat and Dr. Nancy Messonnier are two dedicated public servants who served CDC and their country for over 50 years combined. Their departures were personal decisions and we wish them both the best on all their future endeavors.

9. Mr. Secretary, recent reports have alleged that the past year’s increase in unemployment benefits have created an unprecedented level of fraudulent claims. According to ID.me, a service that tries to prevent identity theft and fraud, as much as 50 percent of all unemployment monies intended for out-of-work individuals might have been stolen. With regard to potential fraud in the Affordable Care Act marketplace, given the increase in tax subsidies put in place by the American Rescue Plan Act, and a special enrollment period which extends through August 15, 2021, I am concerned that the health care exchange may be susceptible to increased levels of fraud. What is the Department doing to protect against fraudulent eligibility claims in the Affordable Care Act marketplace?

Answer: Given the magnitude of HHS’s work—and the taxpayer dollars used to fund it—it is critical that we ensure our funds are used appropriately. The budget invests in meaningful oversight and accountability, including efforts to combat fraud, waste, and abuse in Medicare, Medicaid, and private insurance. For example, the budget increases oversight of Marketplaces in response to the Special Enrollment Period and other efforts to boost Marketplace enrollment, and the Office of Inspector General’s capacity to investigate fraud cases.

10. Mr. Secretary, Politifact recently rated the following statement made by Senator Tom Cotton as true: “Becerra supports Bernie’s government takeover of your health care, eliminating your employer-provided coverage.” In 2017, you said that you would “absolutely” support Senator Sanders’ Medicare for All bill. Do you agree with Politifact’s rating? Will employees be able to keep their health plan if Medicare for All is enacted?

11. Employer-sponsored coverage has been the backbone of our nation’s health system for nearly eight decades. Businesses of all sizes contribute vast resources to employees and their families through the employer-sponsored system and have a vested interest in healthcare quality, value, and system viability. Approximately 151 million Americans are covered under an employment-based health plan. How will the Biden administration ensure that private, market-based, employer-sponsored health plans continue to remain a viable option for hardworking Americans and their families for decades to come?

12. Secretary Becerra, according to survey data from the Agency for Healthcare and

Research Quality (AHRQ) Medical Expenditure Panel Survey (MEPS), in the year 2000 nearly 50 percent of small businesses with fewer than 50 employees offered health insurance coverage. When the Affordable Care Act was enacted in 2010, that percentage had dropped to around 40 percent. According to the most recent survey from 2019, the small business offer rate now stands at around 30 percent. Why does the administration's budget solely focus on expanding subsidization of individual market insurance rather than helping small businesses offer health insurance to their employees?

Answers to 10, 11, & 12: The Biden-Harris Administration is committed to building upon the successes of the Affordable Care Act and the American Rescue Plan Act of 2021 to provide Americans with access to affordable coverage options. The ACA was built on a system of private coverage, including employer-sponsored coverage, and I am committed to identifying opportunities that ensure all Americans can access the care that they need.

13. Secretary Becerra, in 2019, the Department of Health and Human Services built upon the bipartisan policies included in the 21st Century Cures Act passed by Congress in 2015 by expanding access to Health Reimbursement Arrangements (HRA) through the creation of the Individual Coverage Health Reimbursement Arrangement (ICRHA). ICHRAAs have been an important tool, primarily for small businesses, to allow for a cost-effective and flexible approach to expand health insurance access for employees. A recent survey by a leading HRA administrator demonstrated that 89 percent of their clients offering an HRA did not previously offer health care benefits to their employees. Does the administration support the continued growth of HRAs and do you have plans to interfere with this important policy?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden Administration's top priorities. I am committed to examining rules and other policies to ensure all Americans can access the care that they need.

14. Mr. Secretary, Obamacare is a broken law and there are many loopholes and ways that insurers and others in the health care industry can increase subsidies they receive from the programs. For instance, insurers can "silver load" plans by raising the premiums they charge for silver plans in order to receive higher subsidies from the federal government. They then use these dollars to subsidize the premiums for other plans. Do you believe that silver loading is a problem? How will increasing subsidies on the exchanges affect the practice of silver loading?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden Administration's top priorities. I am committed to identifying opportunities that ensure all Americans can access the care that they need and the financial assistance they are eligible for under the law.

15. Secretary Becerra, we can all agree that action must be taken to help lower prescription drug costs. However, government price-setting is not the answer. I am concerned that legislation offered by Democrats such as H.R. 3, which creates the option for employers to accept the government-set rate for a prescription drug, would create tremendous legal risks for employers. This increased risk would essentially remove the employer's choice

and ability to negotiate drug prices under its own plan. What would be the consequences for an employer who chose not to accept the government-set rate for a drug under H.R. 3? How easily could they run afoul of their fiduciary requirements?

Answer: Like President Biden, I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans who depend on them. We are open to any ideas that could help us move toward this goal and we welcome input from stakeholders across the industry. I look forward to working with you to make sure Americans have access to the drugs they need, including by providing technical assistance on legislation and gathering feedback as we work to implement the laws passed by Congress.

16. Mr. Secretary, as you know, the Hyde Amendment prohibits the use of federal funds to pay for coverage of abortions. How will HHS enforce the abortion-coverage surcharge, required by section 1303 of Obamacare, that prohibits the use of certain federal funds to pay for coverage of abortions in exchange plans with otherwise zero-cost premiums?

Answer: The Hyde Amendment disproportionately impacts the growing number of low-income, women of color who rely on Medicaid, and is a barrier to expanding access to health care. That is why the President's first budget calls for Congress to remove the restriction from government spending bills.

The Department of Health & Human Services (HHS) implements the laws that Congress passes. Implementation of any changes in coverage related to the President's Budget would depend on the final language Congress passes. After passage of any legislation, agency staff and counsel review the language to determine the agency's authority and options for implementation action, such as initiating notice and comment rulemaking or issuing guidance documents.

17. Secretary Becerra, on April 15, 2021, HHS proposed a rule change to Title X of the Public Health Service Act that would revise the family-planning program regulations and require all recipients of Title X funds to counsel and refer women for abortions. Not only would this rule violate the conscience right of health care providers, but it would also undermine Title X which protects taxpayers from being forced to fund abortions. What will your Department do to ensure that it does not exceed its constitutional power by implementing broad and coercive mandates like this?

Answer: The Title X program's statute, section 1008 of the Public Health Service Act specifically states that "None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning." The Department has long implemented this provision and required regular oversight and monitoring of its grantees on federal law requirements.

18. Secretary Becerra, the FDA's temporary Emergency Use Authorization for the COVID-19 vaccines includes a provision that individuals must be informed "of the option to accept or refuse administration of the product, of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks." What is your Department's interpretation of the statute that

allows for Emergency Use Authorizations? Does the Department believe that this statute allows states, public officials, employers, schools, and companies to be able to mandate a person be vaccinated?

Answer: We recommend all eligible Americans to get vaccinated to protect against COVID-19. The federal government is making vaccines available at no cost, their administration as convenient as possible, and ensuring availability at pharmacies, doctors' offices, work sites, and mobile clinics.

19. Mr. Secretary, on March 29 of this year, CDC Director Rochelle Walensky pleaded with the public to take precautions against COVID-19, including mask wearing, saying that she had the feeling of "impending doom." Six weeks later, on May 13, the CDC updated their guidance to say that vaccinated Americans no longer need to wear masks indoors under most circumstances. What changed between March 29 and May 13 to justify this abrupt change? What impact does an abrupt change like that have on businesses that are trying in earnest to follow the guidance?

Answer: CDC's aim is to share the best available science to the public as quickly as possible. CDC also continually updates guidance, resources, and tools as we learn more about COVID-19 and will continue to do so as the science and conditions evolve. CDC guidance is based on the available science, and in the weeks leading up to May 13, cases had continued falling dramatically and vaccination rates had increased substantially.

20. Mr. Secretary, an FDA advisory panel recently met to discuss the use of COVID-19 vaccines in children as young as six months old. This meeting took place on the same day Moderna asked the FDA to expand the emergency use of its COVID-19 vaccine to children as young as 12. Pfizer's vaccine has already been authorized for children as young as 12, and we've found that children's immune systems have reacted much differently to COVID-19 and its vaccines than adult immune systems. Some advisors on FDA's panel expressed concern about authorizing the use of these vaccines in children because kids are at such low risk of the virus. Also, according to the CDC, there have been increased reports of myocarditis in people under 30 who received the Pfizer or Moderna vaccines. Do you believe we should be treating children differently than adults when it comes to vaccinating children with a product that has not been fully approved? Do you believe that schools should require authorized COVID-19 vaccinations for their students before attending class in the fall?

Answer: Given the risk of COVID-19 illness and possibility of severe complications, getting vaccinated continues to be the best way to protect against COVID-19. Following a thorough evaluation of available data on myocarditis and pericarditis, the Advisory Committee on Immunization Practices reinforced the importance of COVID-19 vaccination for everyone 12 years and older.

21. Mr. Secretary, I agree it is a good thing to have a vaccine authorized for children. However, given the unknowns for how children's immune systems react to these vaccines, I think it is wise to give parents the choice on whether or not to vaccinate their child. With the authorization of Pfizer's vaccine for children as young as 12, a

debate has begun about mandatory vaccinations of elementary and secondary school students for the fall. Would such mandates be premature? Should states and school districts wait until the vaccinations are fully approved by the FDA?

Answer: CDC recommends that everyone 12 years and older should get a COVID-19 vaccination to help protect against COVID-19. Widespread vaccination is a critical tool to help stop the pandemic.

22. Mr. Secretary, the CDC recently suggested that HHS “partner with Federally Qualified Health Centers, pharmacies, public health, and adolescent provider networks to hold targeted programs to ensure equity and coverage, particularly as students return to school.” Does HHS plan to promote vaccinating children at school? And, if so, will the Department also require parental medical consent for vaccination?

Answer: CDC recommends everyone 12 years and older should get a COVID-19 vaccination to help protect against COVID-19. Widespread vaccination is a critical tool to help stop the pandemic. Our goal is to make COVID-19 vaccines available to all who are eligible and maximize opportunities to be fully vaccinated. CDC, jurisdictions, and partners are working together to ensure vaccine equity and coverage through a variety of programs.

Requirements for medical consent are legislated and/or regulated by each state or jurisdiction.

Vaccination providers are required to follow the vaccination laws in their state or jurisdiction. Providers may follow additional requirements for parental permission within their own organizations.

23. Mr. Secretary, some reporting has indicated that you have directly engaged in your agency’s effort to take care of unaccompanied minors. Several members of this Committee sent a letter to you asking about the treatment of children at the border, specifically, asking about what is being done to protect these children from traffickers. HHS has long standing guidance on how these children should be treated at the border. My question for you is this:

- a. Are you familiar with this guidance?
- b. Since you were confirmed, have you received a briefing on this guidance and the process used to take care of these kids?
- c. Have you received any indication either through staff or observation yourself about where the process is working, where it is not, and why?

Answer to a - c: I am committed to the safety and well-being of unaccompanied children in HHS care. I am regularly briefed by my team on the UC mission and have personally visited a number of UC shelters around the country. The Office of Refugee Resettlement has thorough policies and processes to identify children who may have been victims of trafficking or may be

at-risk of trafficking. You can find those policies in the ORR UC Policy Guide- <https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-3#3.3.3>. ORR also works closely with ACF's Office of Trafficking in Persons (OTIP) to protect children from trafficking and provide needed services to any victims of trafficking.

- d. Mr. Secretary, while you have been engaged in this issue, I'm curious if since your confirmation you have visited any of the facilities housing these children? What were your thoughts? Have you talked with any of the staff charged with taking care of these children at the local level? What did you hear from them?

Answer: Yes, I have visited a number of ORR UC shelters, including shelters in ORR's state licensed network as well as temporary sites. During these visits I talk with staff and children as appropriate. HHS has a legal and moral obligation to provide safe and appropriate care for all children referred to us by DHS while we work to unite them with a safe and vetted sponsor. I am committed to carrying out this obligation.

- e. There was a recent Bloomberg article that claimed your administration was doing internet searches to try to determine the identity of the people in the United States to whom they are sending unaccompanied minors. Is this enough to protect these children against human trafficking? What methods does HHS use to ensure that the children's sponsors are who they claim to be?

Answer: ORR evaluates potential sponsors' ability to provide for the child's physical and mental well-being, as required by law. ORR also protects children from smugglers, traffickers, or others who might seek to victimize or otherwise engage the child in criminal, harmful or exploitative activity.

Consistent with ORR's mission and in compliance with requirements found at 8 U.S.C. §1232(c)(3)(A) to perform an independent finding that a potential sponsor has not engaged in any activity that would indicate a potential risk to the child, ORR requires background checks of all potential sponsors, as well as their adult household members in certain circumstances. ORR performs a public records check and sex offender registry check on parents/legal guardians ("Category 1" sponsors) and "Category 2A" sponsors (grandparents, adult siblings, and aunts/uncles/first cousins who were previously a primary caregivers). ORR policy requires a fingerprint checks on Category 1 and 2A sponsors where:

- The public records check reveals possibility disqualifying sponsor criteria;
- Where there is a documented risk to the safety of the child;
- The child is especially vulnerable and/or the case is being referred for a home study.

Further, a child abuse and neglect check is needed in cases where the child meets the requirements for a home study, and cases where a special concern is identified.

"Category 2B" sponsors (aunts, uncles, and first cousins without a prior caregiving relationship) and other sponsors ("Category 3") require a public records check, sex offender registry check, and a fingerprint background check in almost all cases. Further a child abuse and neglect check

is required for home study cases, and cases where a special concern is identified. In general, ORR's policies regarding sponsor assessments can be found in the ORR UC Policy Guide, available at <https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-2>.

24. Secretary Becerra, there has been a lot said and written about the mental health damage done to students this year by keeping schools closed. Obviously, the damage we have inflicted on our kids has been significant. Given what we now know about the relatively minor impact of COVID-19 on children, the safety of children and staff in schools relative to the community, and the mental health damage done to kids this school year, do you agree that the risks of keeping kids out of school this year far outweighed the risks of bringing them back? And, before you answer that please also let us know if you have directed your staff to take a look at the prolonged school closure impact on youth suicide, suicide ideation, and self-harm? If not, why? As this country begins to recover it is critical that we understand the impact of all of the policy decisions that were made by federal, state, and local officials to address the virus. And, as we all know whether we will admit it or not, the continued closure of our schools will go down as one of the worst decisions. It was understandable in March 2020 when everyone was trying to figure out what was happening, but as March turned to May and we knew more about the low risk for kids and better mitigation factors things should have changed. Officials advocating for continued shutdown put kids' futures and in some instances their lives in danger because they wouldn't trust the actual knowledge – the science – about the risk. Will you commit to reviewing the impact of these closures in a unbiased, non-partisan manner, free from teacher union influence so in the event of the next time we don't hurt our kids again?

Answer: HHS shares your concerns regarding the impact of COVID-19 on our children. SAMHSA staff has been working throughout the pandemic to understand how children's development (including social emotional development and learning) has been impacted by school closures, as well as other consequences of COVID-19, such as loss of social connections, death of family members, and in some cases homelessness and food insecurity brought about by job losses. We are monitoring the impacts on children's cognitive, affective and behavioral health, and we are working with our grantees to ensure that, in communities across the country, children's mental health needs are being addressed. We are working especially hard with child and family-serving providers (including school personnel) to ensure that they are prepared to help children cope with the mental and emotional impacts of COVID when they return to school; to increase the availability of, and access to, mental health supports; and to raise awareness about the importance of children's mental health and wellbeing.

25. The Child Care and Development Block Grant (CCDBG) is the primary federal program to support working families afford and access child care. A hallmark of the CCDBG is a voucher-like system that ensures parents have choice in who cares for their young children. Secretary Becerra, how are you working to protect and even expand the choices for parents who seek child care outside of the home? How will the additional funds provided by COVID-relief bills be targeted for such purposes?

Answer: The Administration is committed to strengthening choices for parents in the subsidy program, through improving access to high-quality care in a variety of child care settings to meet the varying needs of families. Child care investments made by the American Rescue Plan (ARP) Act will assist with these efforts. We recently issued guidance for the nearly \$24 billion in ARP Child Care Stabilization Funds that will address the financial burdens faced by child care providers during and after the COVID-19 public health emergency and the instability of the child care market as a whole. In our guidance, we highly recommend that state, territory, and tribal lead agencies include center-based and family childcare providers and programs that serve school-age children in their stabilization grant programs. The guidance also strongly recommends that lead agencies take steps to ensure that family child care programs, small child care centers, and non-profit entities that provide child care have equitable access to child care stabilization funds. We also encouraged lead agencies to provide pathways for license-exempt providers that are not currently CCDF-eligible to become CCDF-eligible so that stabilization funds reach more providers—which at the same time increases options for parents in the subsidy program. Similarly, in our guidance for the nearly \$15 billion in ARP Child Care and Development Fund (CCDF) Supplemental Funds, we encouraged lead agencies to use supplemental funds in ways that will increase the child care options for parents receiving child care subsidies. This includes increasing provider payment rates to ensure that eligible families have equal access to the child care services that are comparable to those received by non-subsidized families as required by the CCDBG Act. The guidance also recommends using the funds for a variety of strategies to expand options for underserved populations such as infants and toddlers, families with non-traditional work hours, rural communities, dual language learners, and children with disabilities.

26. In 1980, just four states offered early education programs, compared to 44 states and the District of Columbia that operate early education programs today. The Government Accountability Office (GAO) found that states identified over 86 early childhood education or child care programs that rely on multiple funding sources, and the majority of these programs received federal funds. Despite this involvement from the states, you have proposed new programs. How will you ensure these new programs are not duplicative of what states offer?

Answer: States' reliance on multiple programs to fund early care and education programs reflects state flexibility rather than duplicative efforts as well as an under-resourced patchwork approach to helping families with young children afford high-quality early learning and care settings that support children's development, meet the needs of working parents, and appropriately compensate the early learning workforce for the essential and skilled work that they do. President Biden's proposals aim to ensure that all families with young children have access to programs and services that help children and families thrive.

Both the American Families Plan and the President's FY 2022 Budget propose new programs to ensure that children's early years best prepare them for positive, life-long educational and economic outcomes. First, a new child care program would expand child care subsidies to children from low- and middle-income families ages 0 to 5. The program also would establish a pay ladder to appropriately compensate a skilled child care workforce. This child care program is not intended to overlap with the existing child care system. Rather, states that adopt the new

child care program for 0- to 5-year-olds would be able to amend the existing child care system to serve school aged children. Second, AFP and the Budget proposal would provide universal preschool for all 3- and 4-year-olds. Preschool has been shown to build a foundation for children's social, cognitive, and academic development, but rarely meets the daily child care needed to cover parent's workforce engagement. The child care program will complement the universal preschool program by providing wrap-around care for these children to meet parents' work schedules.

Together, these programs address the deficiencies of the current child care block grant, which is underfunded, forcing states to make trade-offs that result in only about 15 percent of federally eligible children being served, low payment rates that limit families' options and do not cover the cost of delivering high-quality care, an undercompensated child care workforce with high turnover, and co-payments and additional charges that are a financial burden to families. This new approach will benefit working families and their children, employers and businesses, and the struggling child care sector.

In their haste to seize momentary power and spend egregious amounts of taxpayers' money on new early childhood programs, Democrats have failed to address the weaknesses of existing programs. For example, GAO has highlighted that Head Start programs have a disappointing history of documented fraud and a concerning lack of progress on the part of HHS toward program reform. How are you working to oversee and improve Head Start and other programs long under HHS's purview?

Answer: The Office of Head Start (OHS) takes the fraud risks the Government Accountability Office (GAO) has highlighted seriously. However, it is important to note, GAO reported the methods they used to highlight fraud at certain Head Start centers do not yield results that are generalizable to Head Start more widely.

OHS is committed to improving program integrity without compromising families' access to services and has taken steps to implement risk-mitigation strategies, when possible. For instance:

- OHS, in conjunction with HHS and the Administration for Children and Families (ACF), has adopted aspects of the GAO's fraud risk framework, applying it principally to areas of financial management, and will continue to work with HHS and ACF to review and understand agency-wide fraud risk strategies to assess whether we should implement additional actions to mitigate fraud risk. ACF is scheduled to complete the initial Fraud Risk Assessment for OHS by the end of 2021.
- OHS is working with its regional offices, grants management specialists, and other subject matter experts to define risk indicators that make OHS vulnerable in an effort to increase its capacity to assess the likelihood of risk materializing and the likely impact or consequence if it does.
- OHS added attendance records to the enrollment data review to ensure grantees serve the number of children for which they are funded. Attendance records can serve as an additional mechanism to verify the accuracy of grantee-reported enrollment.
- OHS increased unannounced monitoring reviews of grantees and added experts and strategists to develop additional risk management strategies to our ongoing monitoring system.
- OHS will release policy guidance on vacant slots due to absenteeism, as well as a toolkit of resources on how to better track services pregnant enrollees receive in the community,

as soon as it is practical to do so. In light of COVID-19 and the complications safety measures and remote delivery add to absenteeism, we do not believe releasing this guidance during the pandemic is wise and have redirected our focus to safely returning children and families to in-person services and to developing policies for virtual services.

- OHS continues to employ different measures and protocols to mitigate risk, including significant professional development and technical assistance for grantees. In addition to periodic tip sheets and program instructions on eligibility, recruitment, selection, enrollment, and attendance (ERSEA) performance standards, OHS launched its Head Start Forward campaign to support Head Start grantees in reaching more eligible children and families and in getting back to fully in-person comprehensive services, as local health conditions allow.

27. Mr. Secretary, last year Congress enacted a bipartisan reauthorization of the Older Americans Act (OAA) just as our country was plunged into a pandemic. Fortunately, we were able to provide valuable reforms to this law to support our nation's seniors in a time where they were more isolated than perhaps any other segment of the population. Can you provide an update for the Committee on the implementation of this reauthorization?

Answer: ACL has been in the process of implementing key aspects of the 2020 OAA reauthorization [the Supporting Older Americans Act of 2020 ("Act")] since enactment.

With respect to modernizing programs under the Administration on Aging (Title I of the Act) ACL has implemented many sections through the sharing of information, including updates in funding opportunity announcements and emphasizing compliance with new requirements. Some of the many ways ACL has implemented Title I are:

- Ensuring inclusion of malnutrition as part of the overall nutrition program (Section 106);
- Increasing focus on social isolation (Section 115);
- Awarding the Jewish Federations of North America a new grant to expand Person-Center Trauma Informed services for older adults with a history of trauma and their family caregivers. In addition to Holocaust survivors, target populations for this grant also included older veterans and first responders; older adults who are refugees and victims of war, crime, domestic violence, and natural disasters; older adults who have experienced racial, economic, and gender discrimination; and family caregivers of all these groups (Section 120);
- Funding the National Resource Center for Women and Retirement (Section 121); and
- Ensuring that a registered dietician works on nutrition programs (Section 125).

As it relates to Improving Grants for State and Community Programs on Aging, ACL has provided technical assistance and communicates regularly with the aging network. ACL also anticipates releasing new State Plan Guidance to address key aspects of the 2020 OAA reauthorization and how states and area agencies on aging (AAAs) should incorporate the changes into their future state plans.

ACL also appreciates the reauthorizations included in Titles III, VI, and VII of the Act and is working with the aging network on these key programs as well. Finally, ACL is coordinating implementation of the Title V reauthorization with the Department of Labor.

Mr. Secretary, as I am sure you know, Congress also included substantial supplemental funding for OAA programs in the past year and a half, particularly for nutrition programs like Meals on Wheels. What is the status of this additional funding currently?

Answer: ACL has obligated all the funding it received from the supplemental funding legislation except for two programs. For these two programs, the status is as follows:

- On May 25, ACL posted the [funding opportunity announcement for the National Technical Assistance Center on Kinship and Grandfamilies](#). The ARP authorized this new TA center and appropriated \$10 million. ACL anticipates awarding the grant for the TA center by September 30.
- On May 28, ACL published a Federal Register notice "[Availability of Program Application Instructions for Adult Protective Services Funding](#)" which provides details related to the \$86 million in ARP funding available to states to enhance and improve adult protective services provided by states and local units of government. ACL anticipates it will be able to award the grants in early August.

28. Mr. Secretary, my colleague Congressman Courtney brought up the costs of drugs, specifically insulin. I have concerns about the price of insulin as well and your Department's recent actions to reverse a Trump administration rule to cap the price of insulin and EpiPens. This rule would have allowed low-income patients to purchase these pharmaceuticals from a health center at the same price at which the health center acquired the medication through the 340B Program. Your administration cited "undue administrative costs" as the primary reason for overturning the rule. Why did your administration determine that undue administrative costs would outweigh the benefits of increased access and decreased cost for insulin and EpiPens to low-income patients?

Answer: HHS shares your interest in ensuring that patients have access to affordable medications. HRSA-funded health centers provide high quality, culturally competent, comprehensive primary care to 1 in 11 people in the United States, regardless of patients' ability to pay.

HHS has reconsidered the administrative burdens associated with the rule in light of the significantly increased, long-term reliance on health centers in responding to the COVID-19 pandemic, particularly related to health centers' role in addressing health equity and vaccine delivery for traditionally underserved and disproportionately affected populations. As Executive Order 13937 remains in effect, other means will be used to implement the Executive Order.

Representative James Comer (R – KY)

1. Secretary Becerra, I am concerned regarding inequities in the distribution of the Provider

Relief Fund. In Kentucky's 1st Congressional District, assisted living providers, who care for 2,134 elderly individuals across 37 communities, the population most vulnerable to COVID, were allocated less than 1% of the Provider Relief Fund (about \$3 billion dollars) and have only received about a third of that. The average age of a resident in assisted living is 85. These vulnerable individuals need assistance with daily activities such as eating, using the restroom, taking medications and dressing. Over 40% of assisted living residents have Alzheimer's or some form of dementia. Due to PPE needs, workforce needs and occupancy declines, assisted living caregivers have suffered over \$15 billion in losses in 2020, and -\$238 million in Kentucky alone. Now, over half of assisted living facilities nation-wide are operating at a loss, and 56% say they will not be able to sustain operations for another year. How do you envision implementing an equitable distribution to these assisted living providers who need immediate assistance?

Answer: As you know, to respond to the urgent needs of the nation's health care providers in the wake of COVID-19, Congress established the Provider Relief Fund (PRF) – an investment to stabilize the U.S. health care system facing unprecedented financial losses. In addition, Congress also appropriated an additional \$8.5 billion for providers and suppliers of rural Medicare, Medicaid, and Children's Health Insurance Program (CHIP) services. HHS appreciates the support of Congress, state and local governments, health care providers, and countless others in this unprecedented coalition to defeat this virus.

HHS is committed to distributing PRF payments as quickly and equitably as possible while utilizing effective safeguards to protect taxpayer dollars. In order to distribute PRF funding as rapidly as possible at the beginning of the pandemic, HHS began by making automatic payments to providers who billed Medicare on a fee-for service basis. In June 2020, HHS began making payments to Medicaid and CHIP providers, dentists, and assisted living facilities as well. In October 2020, HHS opened Phase 3 of the PRF to all eligible providers based on actual lost revenues and incurred expenses attributable to coronavirus, as well as to behavioral health providers who had not been eligible previously.

With a number of facilities being particularly susceptible to lost revenues or increased health care expenses as a result of the pandemic, HHS has obligated approximately \$13 billion in PRF payments to long-term care facilities and senior housing, including assisted living facilities, custodial care facilities, nursing homes, and skilled nursing facilities. These payments cover lost revenues and increased costs to maintain safe environments for residents and staff.

To promote transparency in the PRF program, HHS plans to release detailed information about the methodology utilized to calculate Phase 3 payments. All PRF Phase 3 reconsiderations are subject to the availability of funds.

HHS appreciates the care being given to communities across the nation and recognizes that, in doing so, some providers still have difficulties meeting their financial responsibilities. As HHS continues to distribute funds, your feedback informs our ability to administer the PRF in a manner that bolsters the health care system and helps providers experiencing COVID-related financial hardships during this crisis.

Representative Burgess Owens (R – UT)

1. Secretary Becerra, President Biden's FY 2022 Budget requests enormous increases in early childhood care and education programs for both new and existing programs. For early education, this includes \$200 billion to impose a universal preschool program for all three- and four-year-old children, as well as \$11.9 billion for Head Start programs (an increase of \$1.2 billion over FY21 enacted level). The proposed universal preschool and the existing Head Start program are largely duplicative early education programs, and of many child care programs as well. How do you see these two competing programs coexisting and what studies have you done to understand how this proposal will impact the existing small businesses already serving these kids?

Answer: The requested new universal preschool program is not duplicative of Head Start but rather complementary. Head Start currently serves approximately 665,000 preschoolers and would expand to serve 690,000 preschoolers under the FY22 President's Budget proposal. The new universal preschool program would significantly increase access to high-quality early education services for three- and four-year-olds across the country. The proposal for a universal preschool program includes a commitment to deliver preschool services through a mixed delivery system of early care and education providers including licensed child care providers, licensed family child care providers, Head Start programs, and public schools. A mixed-delivery system provides families with choices for where their children will receive valuable high-quality early childhood experiences. Examples of such systems already exist in several states and cities/localities and Head Start is often an integral part of those systems to ensure comprehensive early care and education services are available to families most in need. These mixed-delivery examples can serve as best practice models for integrating preschool, Head Start, and child care to offer children and their families with options that will meet their individual needs.

A cornerstone of the Head Start program is that it is responsive to the needs of the community and prioritizes the recruitment of families most in need of services. Head Start programs determine which populations to prioritize, which may include the recruitment of teen parents, children with incarcerated parents, children in foster care, children experiencing homelessness, children with disabilities, families living in deep poverty, and many other factors associated with high need. The President's proposal for universal preschool and Head Start expansion would serve an estimated 5 million children when fully implemented.

Head Start provides comprehensive services to pregnant women and children from birth to age 5 who are in low-income families most in need of services, while the universal preschool program would significantly increase access to early care and education opportunities to other 3- and 4-year-olds. Having Head Start and a new universal preschool program work together is critical to building universal preschool across the country that supports the ability of families to enroll their child in a program that best meets their needs.

2. Secretary Becerra, since the outbreak of the pandemic an astounding amount of federal funding has been heaved upon the early care and education system, including about \$40 billion in the *American Rescue Plan Act* (ARP) alone. The ARP excluded any Republican input and reflects poor policymaking, especially with respect to accountability. On April 14, the Committee sent a letter to you asking critical questions about the oversight of this

unprecedented influx of new federal child care funds. Sadly, we have not received a response. With respect to the \$50 billion in the ARP for child care, how are you working to ensure the funds are spent responsibly to avoid a funding cliff for child care providers and to support long-term solutions for families' child care needs?

Answer: We appreciate your interest in the oversight of the ARP investments, and recently sent a response to your letter. The Administration is committed to ensuring that ARP funds are spent in a timely, transparent, and effective manner to address needs of families and child care providers during and after the pandemic. We are committed to providing [guidance](#) and [technical assistance](#) to states, territories, and tribes to promote reaching this goal. We will also monitor states' use of funds through a variety of mechanisms, including the CCDF State Plans, expenditure reports, drawdown data from financial management systems, administrative data reports, the Quality Progress Reports, monitoring, improper payment reviews, and audits. Long-term solutions for families' child care needs requires long-term investments, which is why President Biden has proposed an essential path forward on early care and education programs. The Administration looks forward to working with Congress to pass these long-term solutions into law.

3. In my home state of Utah, a broad coalition is committed to helping Utahans achieve better health outcomes by addressing the social determinants of health. These determinants include, but are certainly not limited to, getting a good education. Can you please talk about the Department's plans for addressing social determinants of health?

Answer: Addressing social determinants of health (SDOH) is a priority across HHS. On March 17, 2021, CDC announced a plan to invest \$2.25 billion over two years to address COVID-19-related health disparities and advance health equity among populations that are at high-risk and underserved, including racial and ethnic minority groups and people living in rural areas. This *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved Communities, Including Racial and Ethnic Minority Populations and Rural Communities* offers grants to public health departments to improve testing and contact tracing capabilities; develop innovative mitigation and prevention resources and services; improve data collection and reporting; build, leverage, and expand infrastructure support; and mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19. This funding represents CDC's largest investment to date to support communities affected by COVID-19-related health disparities.

In addition, CDC is leveraging its capabilities to actively advance health equity. Achieving health equity requires working across government to modernize public health and its infrastructure in a way that takes stock of SDOH, such as inadequate housing, lack of access to healthy water, and racial discrimination, as well as the resulting trauma that adversity may have on emotional and physical well-being.

Finally, CDC's FY 2022 budget request includes \$153.0 million, an increase of \$150.0 million above the FY 2021, for investments in SDOH to improve health equity. With this funding, CDC will expand activities to address SDOH in all States and Territories.

Representative Mariannette Miller-Meeks (R – IA)

1. Secretary Becerra, on May 6, the two Republican doctors on the committee, Dr. Murphy and myself, wrote to CDC director Walensky asking questions about the troubling information that had come to light with respect to the role the teachers unions played in altering the CDC's school reopening guidance. A response to that letter was due on May 20, but we have still not received that response a month later. Mr. Secretary, why have we not gotten a response? What is the Biden administration worried about revealing? Will you commit to getting us a response to that letter?

Answer: CDC is finalizing a response to your letter.

2. This is particularly troubling in light of the public testimony Dr. Walensky gave subsequent to our letter. She testified that teachers unions' input on the guidance was limited to "what happens if you have immunocompromised teachers." However, the emails uncovered showed that the unions' influence went well beyond that issue. Can you please explain and, if necessary, correct the inconsistencies between the testimony of your CDC director and the CDC emails?

Answer: CDC engages with stakeholders who use our guidance and shares draft guidance with them before it is finalized so that we can confirm it addresses their needs and questions. CDC shared the draft school guidance with more than 50 different organizations and engaged with many of these stakeholders, including teachers, superintendents, and parents, to address what could be done to improve it. CDC scientists use unbiased, science-based information when deciding what content will be included in our guidance documents.

CDC continually updates guidance, resources, and tools for schools, parents, teachers, and other staff to inform local decision-making as we learn more about COVID-19 and will continue to do so as the science and conditions evolve.

[Whereupon, the Committee adjourned at 1:27 p.m.]

