

**NOMINATION OF XAVIER BECERRA
TO SERVE AS SECRETARY OF
HEALTH AND HUMAN SERVICES**

HEARING
OF THE
**COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS**
UNITED STATES SENATE
ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

ON

EXAMINING THE NOMINATION OF XAVIER BECERRA, OF CALIFORNIA,
TO BE SECRETARY OF HEALTH AND HUMAN SERVICES

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FEBRUARY 23, 2021
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**NOMINATION OF XAVIER BECERRA
TO SERVE AS SECRETARY OF
HEALTH AND HUMAN SERVICES**

Tuesday, February 23, 2021

U.S. SENATE,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The Committee met, pursuant to notice, at 10:03 a.m., in room SD-430, Dirksen Senate Office Building, Hon. Patty Murray, Chair of the Committee, presiding.

Present: Senators Murray [presiding], Sanders, Casey, Baldwin, Murphy, Kaine, Hassan, Smith, Rosen, Hickenlooper, Burr, Collins, Cassidy, Murkowski, Braun, Marshall, Romney, Tuberville, and Moran.

OPENING STATEMENT OF SENATOR MURRAY

The CHAIR. The Senate Health, Education, Labor, and Pensions Committee will please come to order.

Today we are holding a hearing on the nomination of Attorney General Becerra to be Secretary of Health and Human Services. Senator Burr and I will each have an opening statement, and then I will recognize Senators Feinstein and Padilla to introduce Attorney General Becerra. After Attorney General Becerra gives his testimony, Senators will have five minutes each for a round of questions, and I am happy to stay for a second round if any Senator has any remaining questions.

Before we begin, I want to walk through the COVID-19 safety protocols that are in effect. We will follow the advice of the attending physician and the Sergeant at Arms in conducting this hearing. We are all grateful to everyone who has worked so hard to get this set up and to help everyone stay safe and healthy.

Committee Members are seated at least six feet apart, and some Senators, including myself, are participating by video conference. While we are unable to have the hearing open to the public for in-person attendance, live video is available on our Committee website at *help.senate.gov*.

Thank you, Attorney General Becerra, for joining us. While we have never been able to meet in person since your nomination, I have appreciated our conversations so far about how to tackle the challenges our Nation is facing, starting with this pandemic, and our past experiences working together when you were in Congress to help families stay safe and healthy. I look forward to hearing

more from you today and working with you again, both virtually and hopefully in person soon.

If there's one thing that's clear as this pandemic continues to rage, it's that we have a lot of work to do and no time to waste. After four years of President Trump relentlessly attacking families' health care and a year of him refusing to lead the fight against this pandemic, our country is in crisis. The uninsured rate, drug prices and health care costs have gone up. Confidence in our public health agencies has plummeted. Already painful health inequities have grown deeper and more damaging for communities of color, and the Trump administration let the COVID-19 pandemic absolutely spiral out of control as testing, contact tracing, and vaccinations fell behind. Hospitals were overcrowded, health care workers were pushed to the brink, and hundreds of thousands of people lost their lives. They didn't just send things off the rails, they left us in the deep ditch.

While the days of President Trump's head-in-the-sand approach to crisis management are thankfully over, this pandemic is not. We need to work with the Biden administration to quickly take additional steps on COVID relief and move swiftly to make sure they have their full team in place, including strong leaders at the Department of Health and Human Services, who will work with us to end this pandemic and rebuild a stronger, fairer country.

Given the urgency of this crisis, I'm hopeful that after today's hearing and the Finance Committee hearing tomorrow, the Senate will move quickly to confirm Attorney General Becerra. Attorney General Becerra has the experience and the principles needed for this important role. He certainly knows how to work with Congress after serving as a Member of the House of Representatives for 24 years.

He didn't spend his time in Congress trying to repeal laws that protect patients with preexisting conditions and help families get health care. He did work to pass laws that expanded coverage, like the Children's Health Insurance Program and the Affordable Care Act.

As California's Attorney General, he has proven himself as an executive leader by seeing one of the Nation's largest justice departments through one of the most challenging periods in recent history. As Attorney General he has fought for patients, not for pharmaceutical companies, and even won a \$70 million settlement against drug companies for blocking cheaper generics. He has fought to defend families' health care in court, and as Secretary he will work with Congress to make sure every patient can get quality, affordable health care.

While the Trump administration ignored crises that impact public health, like this pandemic and climate change and systemic racism, Attorney General Becerra has taken them on. He has held companies accountable for flouting COVID-19 safety rules and putting workers at risk. He established a new office at his department focused on environmental justice, including how pollution and public health hazards disproportionately hurt communities of color. And he has worked throughout his career to advocate on behalf of communities of color across health, immigration, education, and more.

Overall, his record tells a story that is clear, compelling, and persuasive. He has fought against pharmaceutical companies, opioid manufacturers, tobacco companies, and polluters, and for more affordable, quality health care for every patient, including women, communities of color, the LGBTQI community, people with disabilities, and migrant children.

With a record like that, I have no doubt that as the Secretary he will put special interests on notice, put patients and public health first, and put science, data, and experts back in the driver's seat. And he would also bring an important perspective to this role as a first-generation college student and the first Latino Secretary of Health and Human Services.

I look forward to working with him and the Biden administration to not only address the immediate challenges of this pandemic, getting testing and contact tracing scaled up, and continuing to increase our vaccinations, but also to make progress on so many other fronts, like making sure health care in this country is truly a right, not a privilege; reversing the attacks on women's health from the previous administration; helping every family get quality, affordable child care; reunifying migrant children with the parents they were separated from by the Trump administration; rooting out systemic racism in health care that has inflicted a deadly toll on communities of color during this pandemic; and building a strong public health system to tackle future pandemics, the maternal mortality crisis, the mental health crisis, the opioid epidemic, and so many other challenges.

There is much work to be done, and with this pandemic the clock is already ticking, and the reality is we are already way, way behind. We all want this pandemic to end, which means we should all want the Biden-Harris administration to succeed, and we should be getting qualified nominees like Attorney General Becerra on the job as quickly as possible.

I hope to see strong support on both sides of the aisle for your nomination, Attorney General Becerra, and I look forward to working with you.

Finally, I would like unanimous consent to enter into the record 54 letters of support for Attorney General Becerra's nomination as Secretary of Health and Human Services signed by individuals and groups representing patients, health care providers, hospitals, public health experts, advocates, and researchers.

So ordered.

[The information referred to can be found on page 49]

The CHAIR. Now I would like to recognize Ranking Member Burr for his opening remarks.

OPENING STATEMENT OF SENATOR BURR

Senator BURR. Thank you, Madam Chair. Thank you for scheduling this hearing today and the consideration of the nomination of Xavier Becerra to be Secretary of Health and Human Services. I welcome my colleagues on both sides of the General.

As I said at our first hearing, Senator Murray and I have worked together on a range of health care issues, including FDA user fee agreements, critical public health reauthorizations, and efforts to fortify our Nation's public health preparedness framework.

I look forward to our continued collaboration to help America's patients and families, and believe that the key to our success in addressing the most pressing health challenges facing our country will be the strong leadership from this Committee, working together in a bipartisan fashion with this new administration.

General Becerra, welcome. I appreciate the opportunity yesterday to sit down with you and talk. Our relationship goes back a number of years in the House.

I want to take a moment to recall the HELP Committee hearing for former HHS Secretary Silvia Burwell. Ms. Burwell came before the Committee as an Obama administration nominee, not as a nominee of my own political party. At the end of my 5 minutes of questions, I informed my colleagues that I would be supporting Ms. Burwell, and urged them to do the same. I provided a key reason for this support, her portfolio of expertise in addressing the unique challenges faced by HHS. She held a deep knowledge of the issues at hand and had unquestionable experience in the management and execution of complex health care issues facing our country. The need for extensive health care experience at the helm of HHS has never been more important than today.

I hear regularly from families in North Carolina about the problems caused by Federal overreach into their health care choices. A decade after the passage of the Affordable Care Act, people in my state are still burdened by its policies and struggling to make ends meet as a result.

Not only have you supported the major expansion of the Affordable Care Act, but you have also been an advocate for more government interference between Americans and their doctors. During your time in Congress, you supported Medicare for All proposals, which would end private insurance and remove the private sector from health care coverage, denying the American people the innovation and actually affordable health care coverage models it offers. As exemplified by the COVID-19 pandemic, with the extraordinary development of vaccines and treatments, the input of the private sector is vital to solving the most pressing health care issues facing our country and cannot be ignored or in any way undervalued.

Over the last year, the pandemic caused by the novel coronavirus has brought the public health agencies under the jurisdiction of this Committee to the forefront of the American debate. January 31 marked 1 year since Secretary Azar declared a public health emergency with only a couple of COVID cases in the United States. The framework this Committee developed under the Pandemic and All-Hazards Preparedness Act, which we all call PAHPA, and its continued bipartisan reauthorizations laid out a roadmap for our response and allowed for early prioritization of the development of countermeasures to identify, mitigate, treat, and prevent an emerging disease like COVID-19.

This important law created BARDA, the Biomedical Advanced Research and Development Authority, to help bring countermeasures rapidly through a risky phase of drug development. We recently received a disturbing report about the Obama administration's mismanagement of this critical agency from the Office of the Special Counsel, and we will be examining that very closely to ensure that such blatant failures don't happen again under this ad-

ministration. BARDA's capabilities, with assistance from other Federal partners, have allowed us to reach yet another critical juncture in our COVID-19 response, a life-saving vaccine. This effort is making history and breaking scientific ground, bringing a vaccine to Americans and the world in a matter of months. American innovation and ingenuity are rescuing us from the devastation of a global pandemic.

General Becerra, your actions as the Attorney General for California and during your tenure in Congress reveal somewhat of a disregard for the value of this ingenuity, calling for policies that would undo decades of investment in, and support of, American biomedical research. The incentive to innovate has been, and always will be, the linchpin in our ability to bring hope to American patients. Countermeasures for COVID-19, platform technologies to treat a multitude of rare diseases, and breakthroughs to delay the devastating effects of Alzheimer's and dementia will all come before this administration.

An HHS Secretary nominee that has demanded manufacturers hand over protections for their innovations and discouraged the development of treatments for life-threatening diseases should be cause for concern for all Members of the Committee and the Senate. As a Congressman, you advocated for the use of the march-in right authority for drugs with priority review designation at the FDA and signed a letter urging HHS to use this authority to address increasing drug prices. But, in fact, the Bayh-Dole Act, which was passed in 1980, is very prescriptive on the criteria for exercising march-in rights, and former Senators Bayh and Dole themselves said that they did not intend government to set prices and intentionally omitted referencing pricing in the law. Francis Collins, the Director of the NIH serving now three presidents and someone who is widely respected on both sides of the aisle, has rejected this approach, and as usual we would all be wise to listen to Francis. As a lawyer and a former legislator, you know better than to try to distort the law beyond reason for a preferred policy objective.

In the midst of a pandemic, the HHS Secretary should not be someone who advocates for this deliberate misuse of the law or discourages the development of treatments for life-threatening diseases. The utilization of march-in rights in these circumstances, as you have historically advocated, can have a chilling effect on countermeasure development and the next generation of treatments and cures for the American people.

As I look at the current status of the pandemic, I believe we must identify those areas of success in our framework, those that need work, and the challenges we did not anticipate in our earlier efforts. It's important for all of us to agree that there were successes and there were failures in the past year so that we can both learn. Accelerating the administration of COVID vaccines and broadly applying what we have learned during this pandemic are complex health care challenges, but they are only the first set of tasks the next leader of HHS will face. Following the immediate response, the Department will play a role in modernizing our public health preparedness programs, memorializing the efficiencies gained in our regulatory agencies, and in building the architecture of a health care delivery system for the future.

These tasks will require sound policy experience. By the time Secretary Azar arrived, he had an extensive career in the biopharmaceutical sector and previously served in a leadership role at HHS. Secretary Price was a physician. Secretary Burwell tackled difficult health issues during her tenure at the White House Budget Office, and Secretary Sebelius served as the Kansas Commissioner of Insurance. This is the level of expertise that the American people deserve and that the continued response to the pandemic demands.

Let me just inflect here. Members of Congress are granted security clearances because they become Members of Congress. It's automatic. Members of Congress do not become subject-matter experts just because they're Members of Congress, just because they sit on a committee that has health responsibilities. I've said often that I think you can count on both hands and both feet the number of Members of Congress that can actually understand the health care system in America. I may be wrong, but I think I'm right. So, it doesn't automatically give you expertise because we serve on this Committee.

I am concerned at this time in Congress, and as the Attorney General sits before us, I'll say what I've said to him privately: I'm not sold yet. I'm not sure that you have the necessary experience or skills to do this job at this moment. I'm not sure that you have the appropriate respect for the private sector and innovation and intellectual property needed to bring more exciting treatments and cures to save lives in this country.

General, you have an opportunity today and tomorrow in public hearings to prove that expertise is there. I told you I would remain open for this hearing and tomorrow's Finance hearing, which I think I may be the only one sitting in both of them. You'll be tired of seeing me by then, I can assure you of that. But I do come with an open mind, and now the job is up to you.

Thank you, Madam Chair.

The CHAIR. Thank you so much, Senator Burr.

We will now turn it over to Senator Feinstein to introduce Attorney General Becerra.

STATEMENT OF SENATOR FEINSTEIN

Senator FEINSTEIN. Madam Chair Murray—

Senator BURR. Make sure that microphone button is on.

Senator FEINSTEIN. Hello.

Senator BURR. You got it.

Senator FEINSTEIN. Madam Chair Murray, Ranking Member Burr, Members of the Committee and colleagues, I'm very proud to have known Xavier Becerra for years as both a friend and a colleague. He spent decades serving California. He is currently the state's attorney general and previously served 12 terms as a Congressman from Los Angeles.

Mr. Becerra was the first in his family to receive a four-year college degree—congratulations—earning his bachelor of arts in economics from my alma mater, Stanford University, and later his J.D. from Stanford Law School.

As a member of the House of Representatives, he was a strong advocate for the health care of his constituents, and he fought to make affordable care affordable.

As California's attorney general, he's been a staunch defender of the Affordable Care Act, leading 20 states and the District of Columbia in defense of the Affordable Care Act before the Supreme Court.

As part of his focus on protecting the health of Americans, Mr. Becerra worked with Nebraska Attorney General Doug Peterson, a Republican, to lead a bipartisan coalition of 43 attorneys general to reduce youth exposure to tobacco products like e-cigarettes, which continue to pose significant health risks to children.

He has also worked on a bipartisan basis with multi-state coalitions of attorneys general on other health priorities that align with the work of this Committee, which include increasing access to COVID-19 treatments, as well as addressing the opioid epidemic and the considerable harm it has done to families.

As our state's attorney general, Xavier Becerra leads the Nation's second largest department of justice and has major experience leading large and diverse organizations. We believe this positions him to successfully lead the Department of Health and Human Services, which is the Nation's largest Federal agency by budget.

As secretary, he'll lead the Nation's top health agency charged with enhancing the health and well-being of all Americans. He comes well equipped to do an excellent job, and personally I am very proud of him.

It is with great pleasure that I am here both to endorse and to support his candidacy.

Thank you, Madam Chair.

The CHAIR. Thank you, Senator Feinstein. Great to have you with us today.

Now we'll turn to Senator Padilla for his introduction.

STATEMENT OF SENATOR PADILLA

Senator PADILLA. Thank you, Madam Chair Murray, Ranking Member Burr, for inviting me to address the HELP Committee today to also introduce my friend, California Attorney General Xavier Becerra. It's indeed an honor to introduce a fellow Californian for this important post.

Our Nation is going through one of the toughest times we have faced in recent memory. The COVID-19 pandemic has taken an incredible toll on our lives and on communities across the United States.

As we all know, COVID-19 deaths in the United States just surpassed half-a-million people. The devastation has disproportionately impacted working-class communities and communities of color, very similar to the very neighborhoods that Attorney General Becerra and I grew up in. These communities are hurting and dying at alarming rates, and they desperately need someone who knows these communities to their core.

The Los Angeles Times just published an article on Saturday showing the disparity in vaccination rates across Los Angeles County, just for example, where wealthy neighborhoods like Bev-

erly Hills are being vaccinated at five times the rate of minority communities such as South Los Angeles.

That's why I am honored to introduce Attorney General Becerra today as the nominee for Secretary of the Department of Health and Human Services.

If confirmed, Attorney General Becerra will be the first Latino Secretary of Health and Human Services, an honor I know he will not take lightly because it won't just be an honor, he views it as a tremendous responsibility.

Throughout his upbringing and time as a public servant, Xavier Becerra has shown his passion for people and his commitment to improving the lives of those he serves.

As you've heard, his parents immigrated from Mexico, just like my parents did, with a dream of building a better life for themselves and their family.

As Senator Feinstein mentioned, Attorney General Becerra was the first in his family to graduate from college, earning both his undergraduate and law degree at Stanford University.

While at Stanford, he also met his wife, Dr. Carolina Reyes, a widely respected obstetrician who helps care for women with high-risk pregnancies in underserved communities.

Attorney General Becerra's first job out of law school was working with individuals with mental health disorders, a health issue that is too often overlooked, especially in communities of color.

He also worked for a time at the California Department of Justice before serving in the California State Assembly.

He was elected to Congress in 1992, where he quickly gained and maintained a reputation for being a strong supporter of reproductive health, protections for seniors, mental health parity, and the Children's Health Insurance Program, which we refer to as CHIP.

Yes, Xavier was also instrumental in drafting and passing the Affordable Care Act, which has helped provide access to quality health care for millions of Americans who were previously uninsured.

But his work has not stopped there.

As Attorney General of California, he made it his mission to tackle structural inequalities within our health care system. Attorney General Becerra was the leading force behind the lawsuit to protect the Affordable Care Act and to maintain protections for people with pre-existing conditions and for those suffering from a mental illness.

Over the past year, Attorney General Becerra fought to protect frontline health care workers from further exposure to COVID-19, and he stood up for homeowners struggling with their mortgage payments.

I know public service is not just a job for Xavier. This is a commitment to honor the sacrifices of his parents, and an opportunity to bring greater equity, greater opportunity, and greater hope for all Americans.

Xavier is a proven leader who is uniquely qualified to take on the challenges of this moment, with a vision of equity and compassion.

I urge the Committee to support his nomination. Thank you.

The CHAIR. Thank you very much, Senator Padilla. I'm glad to have both of you here today.

Now, Attorney General Becerra, welcome. Thank you so much for being here today. We are looking forward to hearing from you, and you can now begin your testimony.

**STATEMENT OF THE HONORABLE XAVIER BECERRA,
SACRAMENTO, CA**

Mr. BECERRA. Thank you, Madam Chair, Ranking Member Burr, and Members of the Committee, for this opportunity to speak to you.

To Senator Feinstein and Senator Padilla, a special thanks for your kind introduction.

I also wish to thank my family: my North Star, Dr. Carolina Reyes, who is here with me, and our daughters Natalia, Olivia, and Clarisa, and Clarisa's husband Ivan. Everything I do, including this, is a family affair.

I am here because my parents, Manuel and Maria Teresa, who had only their health and hope when they settled in Sacramento, taught me to earn the American Dream. A construction worker with a sixth-grade education and a clerical worker who arrived in her teens from Guadalajara, Jalisco, Mexico, they never saw the inside of a college classroom, but they sent all their kids to one, or to the military.

We lost my dad last year on New Year's Day. When the end came, my dad knew we were there with him, at his side, in our home.

Sadly, hundreds of thousands of Americans haven't had that closure this past year. That, Senators, is why I'm here today.

The COVID pandemic has killed 500,000 Americans, many of them alone, without their families.

Millions more have lost their jobs and health care. That is not the America my parents would believe possible.

To meet this moment, we need strong Federal leadership. That's what President Biden is demonstrating. If I'm fortunate to be confirmed, I look forward to joining the President in this critical mission.

I understand the enormous challenges before us and our solemn responsibility to faithfully steward this agency that touches almost every aspect of our lives. I'm humbled by the task, and I'm ready for it.

The mission of HHS, to enhance the health and well-being of all Americans, is core to who I am.

When I was a child, my mom had a health scare. She was rushed to the hospital after hemorrhaging at home. The image is seared in my memory.

We were lucky: my mom is now 87 years young.

Better put, we were blessed. My dad, the laborer, had insurance through his union, Laborers' Local 185. We didn't have much, but we didn't have to face the threat of unpaid medical bills or even bankruptcy.

Over two decades in Congress, I worked to ensure every family had the assurance of care that mine had. I helped expand the Children's Health Insurance Program. I helped write and pass the Affordable Care Act. From the Ways and Means Committee, I fought to strengthen and modernize Medicare and how we finance it.

As Attorney General, I created a health care rights and access unit. We cracked down on Medicare and Medicaid fraud. I worked to hold opioid manufacturers accountable for the addiction crisis. I've taken on hospitals and drug-makers who unfairly jack up prices on patients. I have protected patients' privacy.

If confirmed, I'll work with you to continue this type of work and to address HHS' biggest challenges.

That, of course, starts with COVID. The President has ambitious goals, 100 million vaccine shots in arms in his first 100 days, increasing access to testing, sequencing the virus so we're prepared for the variants, and reopening schools and businesses. HHS has a central role in meeting all of these goals safely and equitably.

As Attorney General, I saw the importance of this on the frontlines. I worked with my colleagues in other states, both Republicans and Democrats, to make COVID treatments more readily available. I am ready to work with you, with our state and local partners and across government to get this right.

Next, we must ensure people have access to quality, affordable health care. If confirmed, I will work with you to strengthen our Medicare and Medicaid lifelines, reduce the cost of health care and prescription drugs, and ensure we are accountable, spending resources wisely and effectively.

I won't forget the other "H" in HHS, human services. I want to work with you supporting our vulnerable children, those in foster care, strengthening Head Start, and expanding access to child care.

Finally, we must restore faith in our public health institutions. That starts with putting science and facts first and showing respect for our career workforce.

No one understands your states and your communities better than you. We may not always agree, but if I'm fortunate enough to be confirmed, I will always listen to you. I will keep an open mind. I will look for common cause. And I will work with you to improve the health and dignity of the American people.

I want to thank you for this opportunity to share my vision.

[The prepared statement of Mr. Becerra follows:]

PREPARED STATEMENT OF XAVIER BECERRA

Thank you, Madam Chair, Ranking Member Burr, Members of the Committee. I'm grateful for the opportunity to speak with you.

A sincere "thank you" to Senators Feinstein and Padilla for their kind introduction.

I also want to thank my family—my wife, Dr. Carolina Reyes, who is here with me, and my daughters Clarisa—along with her husband Ivan, Olivia and Natalia—for their constant love and support.

I am here because my parents Manuel and Maria Teresa—who had only their health and hope when they settled in Sacramento—were tireless believers in earning the American Dream. A construction worker with a sixth-grade education and a clerical worker who arrived in her teens from Guadalajara, Jalisco, Mexico. They never saw the inside of a college classroom, but they sent all their kids to one, or to the military.

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If confirmed, I'll work with you to continue this type of work, and to address HHS' biggest challenges:

First, COVID. The President has ambitious goals—100 million vaccine shots in arms in his first 100 days, increasing access to testing, sequencing the virus so we're prepared for the variants, and reopening schools and businesses. HHS has a central role in meeting these goals—safely and equitably.

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I won't forget the other "H" in HHS: human services. I want to work with you supporting our vulnerable kids, those in foster care, strengthening Head Start, and expanding access to child care.

Third, we must restore faith in our public health institutions. That starts with putting science and facts first and showing respect for our career workforce.

No one understands your states and communities better than you. We may not always agree, but if I'm fortunate enough to be confirmed, I will always listen to you and keep an open mind . . . find common cause . . . and work with you to improve the health and dignity of the American people.

Thank you for the opportunity to share my vision.

The CHAIR. Thank you very much, Attorney General Becerra.

We will now begin a round of five-minute questions, and I ask all of our colleagues to please keep track of the clock and stay within the five minutes. We have a lot of Senators today, two votes. I'm happy to stay if any of you have additional questions, but I'm going to try to keep us all within the five minutes on the first round.

Since this pandemic began a year ago, more than 28 million people in our country have been diagnosed now with COVID-19, and more than 500,000 have died. It's a tragedy made worse by a failure in leadership.

The Trump administration's denial of the severity of this emergency and its constant attempts at political interference devastated public health and eroded public confidence. The Trump administra-

tion refused to stand up an adequate testing strategy. They demanded FDA authorize unproven COVID-19 therapeutics. They left states and tribes to compete against each other for limited supplies. They failed to provide sufficient guidance to our schools and workplaces, and elevated conspiracy theories and muzzled scientists. They rejected science and misled the public throughout the response, exacerbating existing racial and ethnic health inequities.

Even with the vaccines, we saw delays in orderly vaccine deliveries and false information about available supply; lack of communication between Federal, state, tribal, and local officials; and now the Nation faces major challenges with vaccine confidence, the inevitable outcome of political interference and false information.

We need a strong Federal response driven by evidence, with a comprehensive national plan. So my question to you, Attorney General Becerra, is if you are confirmed as Secretary, will you empower HHS' scientists and experts to be leaders in the Nation's COVID response?

Mr. BECERRA. Madam Chair, thank you for the question and the work that you've done in all of these efforts to move us forward. I completely agree with what you said. Science must come first. We must ensure that people trust what we say. We have to earn their respect and their trust. We want them to participate in the vaccination program. We want them to continue to mask and socially distance and to wash their hands.

Absolutely, I look forward to working with you to make sure that we gain that trust with the American people and we do it in a transparent way so that, at the end of the day, people know that when we took action, it was because science demanded it.

The CHAIR. Good, I appreciate that. And as you know, I pushed the Trump administration hard for a detailed vaccine plan for six months, and I'm really glad the Biden administration is taking that challenge seriously now. So we need to work together to make widespread vaccination a reality.

I wanted to ask you what can we do to make sure there's widespread trust and confidence in COVID-19 vaccines?

Mr. BECERRA. Well, Senator, as I mentioned, what's probably most important is that people believe that what we are asking them to do is the best course of treatment and action for their health. We have a ways to go to regain the trust of the American people, but if we let the experts, as we said, the scientists lead, I believe soon people will see the results. And if they see the results, we know they care about their families and their loved ones. No one wants to see the number of 500,000 grow and the number who have died.

If we're transparent, if we show accountability, if we do this in a way that earns their respect, we will make progress and we will make it swiftly. I thank President Biden for his ambitious goal of 100 million shots, vaccine shots, in 100 days, moving forward to try to reopen the majority of our K-8 schools safely. All of those goals are critical goals, and I look forward to working with you, if I'm fortunate to be confirmed, to make it a reality.

The CHAIR. Good. And in addition to knowing they can trust their government to respond effectively to a crisis, people should also be able to trust they have the health care available to them

when they need it. You have been a leader in the fight to bring affordable, quality health care to everyone, and over the last four years, as we know, the Trump administration didn't just attempt to repeal the ACA through Congress, jeopardizing coverage and protections for people with pre-existing conditions, it also sabotaged the law through executive action, issuing rules that made health care harder to get, more expensive, patients and families paying for more costs out of their pocket and stuck with junk insurance plans.

We have a lot of work to do to reverse the damage and get people the care they need. So will you work with us to help ensure everyone has access to quality, affordable health care?

Mr. BECERRA. Madam Chair, I can guarantee you that is part of my core in what I have done. My father used to tell me the stories of when he was a young man, how he could not walk into establishments because of the signs that said "No Dogs, Negroes, or Mexicans Allowed." My father was a U.S. citizen, and those stories are in my mind. That is one of the reasons why I have always fought to make sure that we are inclusive, whether it's inclusive based on race or ethnicity or geography. Rural Americans are entitled to know that we are counting them as well.

I look forward to working to make sure that we close all gaps and reach every corner of our country to make sure everyone is safe from COVID.

The CHAIR. Thank you very much.

My time has expired. I will turn it over to Senator Burr.

Senator BURR. Thank you, Madam Chair.

I'm going to save my questions to the end of the hearing, so I'm going to yield my time to Senator Collins.

Senator COLLINS. Thank you, Senator Burr.

Welcome, Attorney General Becerra. I want to talk to you about our Nation's schools. About half of K-12 students are still not spending any time in classrooms, with resulting losses in academic achievement, literacy, social and emotional development, not to mention the stress on their parents. Experts tell us that these extended absences are causing large learning problems, especially for lower-income students.

In a recent op-ed in the Washington Post, two public health experts were critical of the new CDC School Reopening Guidelines. They suggested that while you need six feet for adults, that it is safe if you have masks and other procedures for students to only be kept three feet apart.

It's not just these public health experts. The American Academy of Pediatrics has similarly said that schools should weigh the benefits of strict adherence to the six-foot spacing rule, with the potential downside if remote learning is the only alternative.

My question to you is this: Won't maintaining this six-foot recommendation despite these very credible alternative views by health care experts prevent many schools from resuming full-time, in-person learning this year, and possibly even into next year? And keep in mind, some of these students have not been in school since last March.

Mr. BECERRA. Senator, you pose the question that's on the minds of parents throughout this country every day. The preeminent concern must be the safety of our families. No one wants to risk the

life of their child, and certainly no one wants to have a child become the reason an adult becomes ill from COVID.

I will tell you what I believe is the best approach, and that is to let science guide us and let the experts determine when it is safe. Remembering that schools and education are a local issue and where the Federal Government has a partnership, we provide the guidance. We should not be the ones making the final decision on how and when a school will reopen because those are local decisions, but we must work with them and provide the guidance, the support, the resources to make sure that those schools do reopen as soon as possible and as safely as possible.

I can commit to you that I will work with you and leaders in Congress, but especially local leaders in our school districts, to make sure that we have provided the partnership they need to know when it's safe to reopen their schools for their kids.

Senator COLLINS. Well, I would suggest that when the American Academy of Pediatrics is suggesting the harm, these other public health experts, that we need to broaden who we're listening to.

Let me, in my remaining time, switch to another issue. As chairman of the Senate Aging Committee, past chairman, I held the first congressional hearing on the impact of COVID on seniors living in nursing homes and other congregate care settings, and I've heard from numerous health care providers about the difficulty and expense of paying for additional staff and COVID-related facility improvements, PPE, et cetera.

In my state, more than a dozen nursing homes have closed in the past six years, and many more are struggling to keep open.

I was astonished that in a \$1.9 trillion COVID package, the Administration did not include any money for a provider relief fund which would help these nursing homes. Do you support providing additional assistance to long-term care facilities, our rural hospitals, community health centers, and other providers?

Mr. BECERRA. Senator, thank you for the question, and I know how hard you've worked on these matters. I will tell you that, absolutely. I can tell you that if I was fortunate to be confirmed, that it would be a top priority to make sure that we are providing the resources necessary. We've seen how so many of these assisted living facilities, nursing homes and other facilities that care for aged and disabled Americans haven't had the resources. They're short on workers, and we've seen the crisis of COVID hit them hardest. So we have to provide the help.

I believe it's important, and I believe President Biden will be there to provide the support, whether it's through the provider relief fund or simply by making sure that we are providing resources that are already allocated to make sure that we're working closely with those facilities that have been hit the hardest.

Senator COLLINS. Thank you. There's an excellent proposal in the package that 10 Republicans have presented to the White House that I hope you'll take a close look at.

Thank you, Senator Burr and Senator Murray.

Mr. BECERRA. Thank you, Senator.

The CHAIR. Thank you so much.

We will turn to Senator Sanders.

Senator SANDERS. Thank you, Madam Chair.

Mr. Attorney General, welcome. Let me start off by stating what you already know, that the United States is the only major country on earth not to guarantee health care to all people. Today, some 90 million Americans are either uninsured or underinsured, and despite that, we are spending twice as much per capita on health care as do the people of any other nation. And on top of that, we pay by far the highest prices in the world for prescription drugs, resulting in one out of four Americans not being able to afford the medicine that they need.

My first question is what are you going to do, if confirmed, to move this country forward to provide health care to all people, and also substantially lower the cost of prescription drugs?

Mr. BECERRA. Senator, thank you very much for the question and for your tireless commitment to making sure all people in this country have health care.

I believe President Biden made it very clear. If we work hard to build on the Affordable Care Act, and if we continue to make improvements, we will get to that point where we will finally, as the leading nation in the world, be able to say that we truly do cover all of our people. No one should have to experience what I saw as a child when my mom was whisked away to the hospital, not knowing if they'll be able to afford the care. I believe that we are moving in that direction, and President Biden is committed. He has said, without mistake, that we are going to build on the Affordable Care Act, and that is what I hope to do.

In that regard, Senator, I have to mention that I think there is unanimity, bipartisan support, for tackling the high cost of prescription medication. And I can assure you that will be one of my priorities, is to deal with it swiftly. I have tried to tackle it as the Attorney General. I tried to work on that when I was in the House, and I look forward to working with you and Members of this body in the future.

Senator SANDERS. Could you give us any more specificity as to how we lower the cost of prescription drugs? Because the truth is, Members of Congress have been talking about this issue for decades, and yet the pharmaceutical industry is enormously powerful. They make huge amounts of campaign contributions, spend billions over years on lobbying. They continue to be in a position where they can charge Americans any price they want. In the case of insulin, for example, we pay ten times more than our neighbors in Canada do because we have no regulations over them.

Can you give us a little bit more specificity as to how we take on the drug companies and lower prescription drug costs?

Mr. BECERRA. I think, Senator, we can all agree that the price that we're paying for some of these prescription drugs is far higher than it should be. All you have to do is travel to another country, whether Canada or another country in the world, to find that we're paying way more than the people in some of these countries are paying.

I took on a number of the pharmaceutical companies, these drug makers, by trying to go behind the curtain on how they reach their pricing, and we were able to prove that there is collusion at times going on. There's a process called "pay for delay" where companies will essentially collude with each other to not have a second com-

pany put a generic product on the market to compete with the brand-name product, and therefore keeping the price of that brand-name pharmaceutical product high.

We were able to succeed in going behind that curtain and trying to undercut that type of anti-trust activity. We can also make sure that—

Senator SANDERS. Let me just stop you. Mr. Attorney General, in the midst of a dysfunctional health care system, our primary health care system is awful in the sense that many, many millions of people, even those with insurance, can't find a medical home, can't find a doctor when they need to.

Are you supportive of a significant growth in community, federally qualified community health centers around this country so that we can make sure that every American, regardless of income, has access to decent quality health care?

Mr. BECERRA. Senator, absolutely. That is one of the ways that we were able to reduce by almost one-half the uninsured rate in my former congressional district after the implementation of the Affordable Care Act, because our community health centers were there to be supportive of people who didn't have access to hospitals and doctors previously.

Senator SANDERS. In a similar vein, we have a crisis in that we do not have enough providers, doctors, nurses, others in underserved areas, whether they're urban or rural. Are you supportive of expanding the National Health Service Corps?

Mr. BECERRA. Absolutely, as well. And here I want to thank the work that you and the Members of Congress have done to increase the number of graduate medical education slots by about a thousand that will be available throughout the country so we can place these future doctors in places where they're needed most, in some of our rural communities, in some of our inner-city communities, making sure that we're meeting the needs of people moving forward.

Senator SANDERS. We recently learned some shocking information, that life expectancy in the United States as a result of COVID has gone down for the African American community. It is unbelievable in terms of what we're talking about, an average of 2.7 years of decline. What can we do to make sure that we improve access, health care access to minority communities in this country?

Mr. BECERRA. Senator, as you know, I've worked a long time on these issues, oftentimes with you and others who believe that we should not have the gaps in our health care system, that we miss far too many communities too often. What I can tell you is that if we collect better data that helps us understand where the shortages are, who we're missing, we'll also be able to then provide better treatment.

The first thing is we need to make a better effort at collecting the data that we need. I do want to thank the scientists and experts who made sure that when we're doing the studies in search of a vaccine, the studies did include some of these oftentimes forgotten communities in their trials.

We also have to make sure that we are reaching out, and sometimes the best way to reach out to some of these communities is

use the local civic and religious leaders that are trusted in the community so we can make sure we're not missing anyone.

The CHAIR. Attorney General, we're—

Senator SANDERS. Madam Chair, thank you very much.

Mr. BECERRA. I look forward to working with all of you on numerous ways to try to make sure that we deal with health disparities.

The CHAIR. Thank you so much.

Senator Cassidy.

Senator CASSIDY. Hey, Attorney General, nice to see you, and thank you for that visit we had on the phone.

I echo what Senator Burr said, which is that I'm concerned that—I mean, you're a very highly trained attorney with great, impeccable credentials. I'm a physician. What would you as an attorney think if I, the physician, were nominated to be the United States Attorney General as opposed to Merrick Garland? You would say the guy's not qualified. Maybe HHS Secretary, and maybe not, but certainly not Attorney General. So you can imagine the kinds of concerns I have regarding your nomination. With that said, as Senator Burr said, I have an open mind and just want to go through it.

I'm just going to talk about some of the things that we've talked about on this Health Committee and see what your thoughts are, and to give us a sense of comfort about the training that you bring.

A huge issue has been the 340B program. We've had at least one, maybe two or three hearings on this since I've been a Senator, and it's big stakeholders, all of them claiming that they're totally righteous, and the truth being somewhere in between.

In that, two key questions. Do we need a statutory definition for "contract pharmacy" and a statutory definition for "patient"? If yes, what would those definitions be? And, by the way, you may not have thought about this, and I get that. I'm not going to ask you the entire breadth of HHS, but just some different sorts of questions, and I will be at Finance tomorrow just to kind of let us know the degree to which you're prepared for this job.

Mr. BECERRA. Senator, thank you for the question, and thank you for the opportunity previously to sit with you and discuss some of these matters.

The 340B is an indispensable program for some of our most underserved communities. I know you know this, but for the public that may not understand what the 340B program is, it works with our safety net providers to make sure that some of these forgotten communities have access to some of the essential medications that they need for a reasonable price.

What we must do is make sure that the law is followed. Your question asked if we should have a statutory definition for "contract pharmacy" or for "patient." I think the first thing we have to do is enforce the laws that we have in place.

Senator CASSIDY. Let me say, though, that the law currently does not have such statutory definitions. So if you think it important that they have them, if so, how would you define it?

Mr. BECERRA. Senator, I'm more than willing to work with you and Members in Congress, if I'm fortunate to be confirmed, to see

if we have to move in that direction. But we've had the 340B program for a while—

Senator CASSIDY. That is a process. I guess I'm asking more than a process question. I'm asking either a philosophical or a, yes, I'm familiar enough with the program to have an opinion on it question.

Mr. BECERRA. Senator, what I'm hoping to say in response to your question is that we've had the program in place. It was only recently that we had an issue arise from the drug makers saying that they wanted to change the way it operates. We had the previous administration issue an advisory opinion that said that the program should move forward as is, so I—

Senator CASSIDY. I have limited time, so I'm going to move on because, actually, when I was in the House with you, probably 8 to 10 years ago, industry was raising the issue of 340B as an issue. So it's just to say that.

Let me ask you again. Senator Sanders asked about diabetes, a very expensive condition. Some stakeholders suggest that we counter insulin price increases by requiring health plans to pass 100 percent of all rebates on to patients. What would be your thoughts regarding that?

Mr. BECERRA. Senator, I do believe—and thank you for the question—that we must continue to see the cost of prescription drug medication go down, especially some of these life-saving treatments where people don't have a choice. I do believe the rebate program must be enforced. I also do believe that we have seen instances where there have been providers, folks who have not followed the law. I will tell you that you can't play a game with indispensable drugs.

Senator CASSIDY. But specifically, the 100 percent of rebates being required to be passed back to the patient.

Mr. BECERRA. What I will say to you, Senator, is I will look into that, and I'm more than willing to work with you. Right now we have a proposal that I believe was rushed out that would in many ways take sides in this debate, and I would simply say that we have to protect the Part D program for our seniors and do it the right way. And so I'm more than willing to look at this program if I'm fortunate to be confirmed and work with you on it.

Senator CASSIDY. Thank you, Attorney General Becerra.

I yield.

The CHAIR. Thank you, Senator Cassidy.

Senator Casey.

Senator CASEY. Madam Chair, thank you very much for your leadership of this Committee and this hearing.

I want to welcome Attorney General Becerra and thank him for his willingness to continue public service, not only to the people of his home state up to this point in time but to the people of our Nation.

Mr. Attorney General, your story is a great American story, the story of your own success and that of your family, your parents, and we're grateful for that commitment to public service.

Secondly, I think you're well prepared to lead this critical agency during a time of crisis, the worst public health crisis in a century; and, of course, a jobs and economic crisis.

If you would excuse the long predicate to my question, I want to get a few things on the record dealing with an important piece of legislation that both Chair Murray and Ranking Member Burr worked with me to pass, the Pandemic All-Hazards Preparedness Act. In the last reauthorization, we extended a national advisory committee on children and disasters. That was a good step forward. We also created two new national advisory committees, one on seniors and disasters, and a second national advisory committee on individuals with disabilities and disasters.

The National Advisory Committee on Children and Disasters provided valuable recommendations to the Federal Government since it was first established in 2013 to respond to different types of emergencies that can impact children. In 2019 we passed the most recent reauthorization of Pandemic All-Hazards Preparedness. We included two additional advisory committees for those populations that are frequently left out of disaster planning, both seniors and people with disabilities.

It's been a source of real frustration of mine that the last administration took no action, no action at all, to stand up these two national advisory committees, one on seniors and disasters, and the other individuals with disabilities and disasters.

Additionally, despite having the infrastructure in place, the Advisory Committee on Children and Disasters, the first, the original advisory committee, has also not been reestablished despite a call for applications last year.

In a pandemic where both seniors and people with disabilities have been disproportionately and adversely impacted, both have been overlooked, and at the same time children's daily lives and their education has been disrupted. We've got to take action to make sure these advisory committees are up and running.

My question is really simple. As Secretary, upon confirmation, will you ensure that the Department is fulfilling its obligation under the law to establish and maintain these three advisory committees?

Mr. BECERRA. Senator Casey, thank you for the question and all the work you did on PAHPA, along with some of your colleagues. You had me at hello on this one. Absolutely, on these advisory committees, we need to move forward.

My first job as an attorney was representing Americans who needed disability services. I established a disability rights bureau at the California Department of Justice. We have a very aggressive and active children's justice bureau in the California Department of Justice which was established by now Vice President Harris.

I will tell you that on this, I look forward to the partnership, if I'm fortunate to be confirmed.

Senator CASEY. Thanks very much. My second and final question, in the interest of time, is throughout your career you've been interested in the question of social determinants of health and how the lack of life-enhancing resources, whether it's food or housing or education or health care, are considered to be among the root causes of the health disparities we've heard so much about.

When you were in the House we worked together on this, and I know you've worked with other Members as well. We've seen how COVID-19 poses a greater risk to people with pre-existing condi-

tions, as well as especially to Black Americans and others who live in communities of color, and this has shown us we still have a lot of work to do on these issues.

Can you speak about your interest in social determinants of health and how your work over the years will instruct your efforts to address the health, racial, and ethnic disparities that confront our Nation?

Mr. BECERRA. Senator, first, it was a pleasure to work with you on the IMPACT Act and dealing with the social determinants of health and trying to address disparities. We've gone a long way from those early days. We know we need the data. We know we have work to do to fill those gaps. And I'm just thrilled to see that so many Members on both sides of the aisle, both chambers, are working toward addressing health disparities, and I look forward to continuing the partnership I had with you previously and with the Members on this Committee.

Senator CASEY. Thanks very much.

Thank you, Chair Murray.

The CHAIR. Thank you very much, Senator Casey.

Senator Murkowski just arrived. Are you ready to go?

Senator BURR. Senator Murray recognized Senator Murkowski next.

Senator MURKOWSKI. Thank you. I couldn't hear her, so I wasn't sure where we were.

The CHAIR. Okay, I'm on. Can you hear me now?

Senator BURR. Yes. We're recognizing Senator Murkowski next.

The CHAIR. Yes, that's what I said. Sorry, I think I was on mute.

Senator MURKOWSKI. Thank you.

Welcome to the Committee. I appreciated our discussion some days ago and the opportunity to drill down just a little bit further. You come to this nomination with the background and experience that you've had over in the other body. You are one who comes from a pretty urban area. We've had an opportunity to speak about some of the specifics that are Alaska specific, but more broadly to rural itself. And as a Member of this Committee, as health matters are brought to bear, I always will ask a question, many questions, about rural health care, along with Senator Collins here, and so I'll start with that generally.

You represented a population, a dense, urban congressional district. So as HHS Secretary, how will you champion policies to provide what we both acknowledge is sorely needed with regards to health care in both urban and rural parts of the country? And specifically, how do you make sure that we have adequate representation when it comes to the priorities of HHS when it comes to accessing rural health care? Because our challenge is access to the care. When you don't have access to the care, it's costly and just very generally challenging.

Mr. BECERRA. Senator, first, thank you for that opportunity to chat with you previously. I enjoyed your laser focus on these issues, and I think it's appropriate.

The challenges that the folks in your state face are unique to rural communities. Other states face it. But I think, as you explained so well, even for Alaska sometimes it's unique even among rural communities. And I will tell you that what we must do is

make sure that we are prepared to meet those unique needs, whether it's the workforce—oftentimes we forget about that—the transportation obstacles that folks in the State of Alaska will face, dealing with broadband, just making sure there's access. Telehealth I know has become very important. We discussed that, as well.

Let me tell you that the most important thing I can do is try to assure you that as much as the needs in rural America are unique, I always would tell folks when I was a member of the House that while I represented one of the most densely populated areas of the country, we had some of the greatest disparities. We didn't have to travel 1,500 miles to find the disparities. We could just travel 15 miles from East Los Angeles to Beverly Hills to see the disparities that existed.

But again, rural communities do face a different challenge. Fifteen miles is very different from having to travel 1,500 miles in one state. So I will say to you that what I should do more than anything else, if I'm fortunate to be confirmed, is take you up on that invitation to go to Alaska to see firsthand the challenges that the people in Alaska face.

Senator MURKOWSKI. Well, I would encourage that, and I would encourage that visit early.

One of the areas where we have, I think, been innovative with regards to distribution of the COVID-19 vaccines that are out there is how, through the IHS, we've really been utilizing the experience of a distribution system that has been set up and, just again, an ability to make things happen, not because we're following somebody else's guidelines but because we know the need is there.

You're going to be making some pretty key decisions with regards to funding allocations for provider relief, for testing, for vaccine distribution, and what I've been hearing from folks back home is when we get the vaccine, we are really good at pushing it out. In fact, we're number one in the country right now in terms of percentage of Alaskans that have been vaccinated. But I would ask for your support to make sure that when these funding allocation decisions are made, that funding for rural areas is going to be prioritized as well.

Mr. BECERRA. Senator, I know that you and Senator Manchin are working on legislation to do just that, and as I said to you in our conversation, I commit to you I'll be at that table talking with you and those who understand the unique needs of rural America. The last thing I need is to be one who doesn't address these disparities in an aggressive manner. As I said, I am fortunate that my mother is now 87 years of age. Most people in my neighborhood at that time did not have health insurance and probably would not have survived such a difficult time as seeing your mom whisked away to the hospital.

Absolutely, I'm committed to working with you to make sure that we do, whether it's through resources or through the workforce, provide the types of services that are needed in rural America.

Senator MURKOWSKI. One thing about COVID-19 is we have really shone a spotlight on where these health disparities are.

Mr. BECERRA. Yes.

Senator MURKOWSKI. Focusing on those in rural areas I think is key.

Thank you, Madam Chair.

The CHAIR. Thank you, Senator Murkowski. I think we all agree on that. Thank you.

Senator Baldwin.

Senator BALDWIN. Thank you, Chair Murray.

Again, General Becerra, welcome to the HELP Committee. It's always good to see a familiar face from our days working together in the House on the Affordable Care Act.

As Chair Murray indicated in her opening statement, the previous administration never put a priority emphasis on public health. They did not work to protect those with pre-existing health conditions. In the midst of the COVID-19 pandemic, the previous administration actually drilled down on their efforts, many different efforts, to sabotage our health care system, actively seeking to overturn the Affordable Care Act in court.

As you know, this particular court case threatens to take away coverage to millions of Americans, people like a constituent of mine, Kirsten from Green Bay, Wisconsin. At 11 days old, she was diagnosed with a serious heart defect, and she was airlifted to Children's Hospital in Milwaukee, Wisconsin to undergo closed heart surgery.

Kirsten is now 24 years old, and because of the Affordable Care Act and the nearly 20 operations that she has undergone, she has had coverage. And she wrote to me, "All of these procedures are the reason I'm alive today. Health care should be a right for all Americans and not a privilege for the few." I couldn't agree more.

I think I wanted to start with two overarching questions before digging down into some more specifics. As HHS Secretary, we have basically—to provide greater access, we have to not only repair the damage but also to build back better with our health care system. So I'm asking what are the key ways in which you could strengthen our health care system after the damage that's been done in the previous administration? What would you go after first? And then how would you work to build back better in ensuring that even more people have access to affordable, quality health care coverage?

Mr. BECERRA. Senator, thank you for the question, and it's great to see you again. I hope if all goes well and I'm fortunate to be confirmed, I will once again get to work with you, as I did for so many years when we were both in the House and then you went to the Senate.

Let me tell you that I can just take the words of our President himself, because he too has said health care should be a right and not a privilege. That's a great place to start, if you have the most powerful person in the world saying that.

Secondly, he has, as you mentioned, said that we must build on what we've had with the Affordable Care Act to make it stronger, to provide better quality care at more affordable prices.

Two things I can tell you right off. One is something that the Administration has already moved on, and that is to have an open enrollment period, a special open enrollment period for Americans who have lost their insurance and who have never had it. Right

now during COVID, this is the worst time to not be insured. So the open enrollment period will give a lot of Americans, millions of Americans, a chance to get covered again.

Secondly, as you know, because I know this is important to you and Members in the Congress, we've got to deal with this cliff that so many Americans face. When they're in middle class status, if they happen to get a little too high in their income—and high doesn't mean high, just middle class—and you get a pay bump after last year, all of a sudden you find that you fall off this cliff when it comes to the tax credits that are made available to you through the Affordable Care Act to help you afford your insurance plan under the market exchanges in the Affordable Care Act.

We've got to do something to address that cliff that too many families are facing to make the Affordable Care Act a reality for more families. There are any number of things that I know you've worked on that we can look at, but I want to just mention just those two principal ones, and if you'd like I can go further.

Senator BALDWIN. Thank you for that.

I wanted to get into a very specific area of the COVID-19 pandemic, and that's increasing—we know at the start of the pandemic, increasing our ability to test was essential to our ability to track down and slow the spread of the virus. The same is true for finding and tracking variants that we find now emerging. We can't afford to make the same mistakes we did at the early stages where testing was virtually unavailable.

I've introduced a bill to assist the CDC with resources and to support its needs to dramatically scale up sequencing of coronavirus mutations. As HHS Secretary, how would you ensure that all of our Federal health agencies are working together to do their part and take on the next phase of this pandemic in tracking the emergence of these mutations?

Mr. BECERRA. I know that the time is short to respond, so I'll just say very quickly, one, we need to coordinate much better, whether it's within the Department of Labor when it comes to people who have insurance through their employer and what happens if they happen to lose their job, whether it's working with the Department of Education when it comes to the issue of how we reopen our schools, we need to just coordinate much better.

I will tell you this, we have to be transparent. We have to use data to drive our decisions. We have to let the American public understand how we do that. And if we do it right, people will have faith that what we're proposing will work. I look forward to working with you and your colleagues to make sure that we have a partnership with the American people because they believe we know what will work.

Senator BALDWIN. Thank you.

The CHAIR. Thank you, Senator Baldwin.

Senator Braun.

Senator BRAUN. Thank you, Madam Chair.

I enjoyed our lengthy conversation when we visited the first time. I think it went well over a half-an-hour. I've got three questions; I want to tell you that up front.

But for many of us, your record has been very extreme on abortion issues. Other pro-life groups have put a lot of information out

there that basically you've been against pro-life on the record. Also some issues with religious liberty manifesting itself in where you actually took to court Little Sisters of the Poor.

I'm not going to go into the details of that, I think it says enough, but I do want to ask you this question. If you get through the proceedings intact and you are the HHS Secretary, you're going to be representing everyone, and this is a very succinct question to the point. Will you commit to not using taxpayer money to fund abortions and abortion providers?

Mr. BECERRA. Senator, if I can start by first saying thank you very much for the lengthy conversation we had, I definitely appreciate it. And while we probably will not agree on all the issues, I can say to you that we will definitely follow the law when it comes to the use of Federal resources. So there I can make that commitment, that we will follow the law.

Senator BRAUN. Not really the particular answer I was looking for, but I'll take that because I want to move on to the next question.

Operation Warp Speed, I'll never forget in the early discussions we had with the FDA, CDC, there was squabbling within the bureaucracies about how we were going to get this effort made that we all knew even at that time, with the peculiarity of the disease, it was going to be the real light at the end of the tunnel. Being an entrepreneur, knowing how the business world works, knowing that pharma has been so stodgy with its record in terms of coming to the forefront with new cures and so forth, mostly impeded by some of the regulatory impediments, will you acknowledge that was probably the most important variable in this whole tough journey with COVID-19, that we broke the paradigm of how things normally work by galvanizing pharma to come up with vaccines that took basically one-fourth to one-fifth the time predicted before?

Mr. BECERRA. Senator, let me agree with you that had it not been that we essentially knocked some heads and said everybody's got to come to the table, and it's got to be the private sector working with our government and our local leaders, we probably wouldn't have had that success. What we've learned from COVID, what FDA has learned, I hope FDA has learned, and if I'm fortunate to be confirmed I'll make sure they've learned, that we can do things with a fast pace and still ensure safety.

I think the gist of what you're asking is something that I agree with, and that is that we should take the lessons that we got from COVID so we can do this faster and smarter and safer the next time.

Senator BRAUN. Would it be a stretch for you to say that you can give that credit to the Trump administration?

Mr. BECERRA. Certainly they worked on it very hard, and it was a whole-of-government, along with a private-sector response, and there are a lot of people to thank. But without the work that the previous administration did, we would certainly not be here.

Senator BRAUN. Good. Now let's get to the part where we spent most of our discussion on. I, as the most vocal Senate Republican, have said since I've been here that the health care system is broken. Anything that costs twice as much as what it does elsewhere, delivering results, and I know we have some things that are stellar

but generally not good. We had a robust discussion about whether you want to throw more government into a broken system, and here I think there would be government support if you're embracing the thing most popular next to term limits—next to term limits, which means it's up there around 90 percent—health care transparency across the board.

Before you answer, I notice that you're supported by the American Hospital Association, American Medical Association, 55 to 60 percent the cost of our broken health care system; the Association of Health Insurance Plans. The only one missing is PhARMA, and I think I know why. Tell me that you would be there to push health care transparency to fix the system before you throw more government at it.

Mr. BECERRA. Senator, here I want to thank you for the work that you've done on this issue and, quite honestly, that Congress has done to try to move us forward. The American people are entitled to know what they're buying, and especially if it's a life-or-death situation.

What I can say to you is we will do robust enforcement to make sure that price transparency is there for all Americans, because for far too long people have never had an idea of what they're going to pay if they walk into a hospital.

Senator BRAUN. Thank you.

Mr. BECERRA. Thank you.

The CHAIR. Thank you, Senator Braun.

Senator Murphy.

Senator MURPHY. Thank you very much, Madam Chair.

Let me concede Senator Burr's point that just because you sit on a committee of jurisdiction in Congress does not make any of us subject-matter experts on the areas in which we hold hearings. But sitting before us is a health care expert. I have worked with him very closely in the House on the development of the ACA. I've watched his work as Attorney General. This is someone who is in the weeds of health care policy, health care coverage, and I think we're very lucky to have him lined up to be the next Secretary.

I wanted to, frankly, build off of Senator Braun's comments, because I think the health care industry delights when we spend all of our time here talking about who pays instead of how much we're paying. I mean, we talk about health care in this country as if it is primarily a question of coverage, whereas the real problem here is a problem of price.

You've done a lot of work in this area. I think a lot about the Sutter Health case in which you went after a huge health care provider that had essentially cornered the market so as to drive up the cost of deliveries in the Sacramento area so that nobody in the country was paying more than families were to deliver a baby there.

From your experience working in this area of trying to assure competition both in the provider space and the insurer space so as to drive down prices, what do you envision the Federal Government is able to do to try to make the marketplace? And I think transparency is a piece of this, but some of this is also just anti-competitive practices amongst providers and insurers. What can the Fed-

eral Government do here to try to have a functional marketplace in which prices are going down rather than being set?

Mr. BECERRA. Senator, first, I appreciate the question, and it's great to see you again, and I hope to have a chance to work with you, as well, in the future.

I actually think Senator Braun hits on something very important, transparency. If consumers knew what they were paying, they would really push to make sure prices go down, not just that they know the price but that the price goes down. That's why our effort was supported up and down the State of California when we went after the largest health care provider in northern California, because people just had an instinctive feeling that the prices they were paying were way too high.

What we have to do is be able to go behind the curtain. You have to be able to see how they're operating, how they're cutting some of these deals, and that is important. You all can help in Congress to give us the tools to enforce, and I would hope that I could work with you in the future to make that happen should I have the good fortune to be confirmed.

I would also tell you this, that we want to always spur innovation, and we need the pharmaceutical industry in America to always feel like we've got their back to innovate. COVID is a perfect example of how we can come up with a vaccine. But we have to make sure that we're getting our dollars' worth, and I think this is where you all can give us more tools to make sure that we're getting our money's worth from all the different stakeholders in the industry.

Senator MURPHY. I think transparency is a great place to start. I think there are limits to the gains you can get with respect to transparency alone, because the most expensive interventions that people have with the health care system are often at the moment when they are least able to shop around. So I think the work that you've done to try to really go after these monopolies or these quasi-monopolies, that I think is really important, and I look forward to working with you on that.

My second question is around another issue that I know is very important to you, and that's mental health parity. We have a great bipartisan coalition on this issue because we've already got a law on the books that says insurers have to cover mental health just like they cover physical health, but we know that's not really how it works out there. Anybody who has a child with a mental health diagnosis can tell you they've got to go through hoops and red tape and bureaucracy that nobody has to go through when they are trying to get a cancer treatment or reimbursement for an orthopedic procedure.

Tell us a little bit about your commitment to this issue, how you think that HHS can really push forward, because we don't necessarily have to spend a lot more money here, we can just make sure insurance companies are actually providing the benefit that they have promised to people, and we'll get a whole bunch more mental health coverage paid for.

Mr. BECERRA. Senator, you said it right. I could take you back more than 30 years when I started working on this issue representing folks who had mental disabilities. We have, as you said,

laws in place; we've just got to enforce them. We have to do the oversight, and there I would look forward to working with you to do that oversight to make sure that the stakeholders in our health system are applying the law correctly.

We have to make sure that we don't let people fall through those cracks. We have to coordinate with the Department of Labor, because the Department of Labor has a lot to do with how these programs are implemented to get us to parity when it comes to mental health services.

We can do a lot, and I know many of you are trying to work on this. I look forward to working with you on this because it is the hidden secret out there that everybody knows about the need to do more, but too often what's left in the crevice is reaching parity when it comes to mental health services.

Senator MURPHY. Great.

Thank you, Madam Chair.

The CHAIR. Thank you very much.

Senator Romney.

Senator ROMNEY. Thank you, Madam Chair.

Mr. Becerra, good to see you again. I appreciated our meeting; it was very informative.

Just a couple of comments based on the conversation that's been going on with Senator Murphy and Senator Braun. In the State of Massachusetts, where I served for a number of years, we did put in place an extensive transparency program. It gives very good data on the cost of various procedures in different hospitals, for instance, as well as their success rate in those procedures.

But interestingly, the consumer has very little interest in that data because for them, the price is zero. In our system, individuals do not have an incentive to shop around for bypass surgery, for instance, even if they have time to prepare for it, because it's free. Once you go past your deductible, and many people have gone through their deductible during the year, it's paid for 100 percent by their insurer or the Federal Government, and so it's free. So they don't care whether it costs \$10,000 or \$100,000 to have bypass surgery.

I'd suggest that it's important in your role to look at how we create a true marketplace, as Senator Murphy was indicating, which means that the consumer has interest in what something costs and therefore is anxious to shop around, particularly for elective surgeries and other high-cost treatments. Health savings accounts does that. In other countries they have co-insurance as a way of increasing a marketplace. So I'd just offer that as a thought.

There's a division in our country with regards to the issue of abortion, of course, as you know, and mainstream Republicans and Democrats disagree. But most people agree that partial birth abortion is awful. You voted against a ban on partial birth abortion. Why?

Mr. BECERRA. Senator, here I understand that people have different deeply held beliefs on this issue, and I respect that. I have worked, as I mentioned, for decades trying to protect the health of men and women, young and old. And as Attorney General my job has been to follow the law and make sure others are following the law. And I'm also sitting in front of a high-risk Ob/Gyn who for

several decades had the work of protecting the health of women and a future baby.

I will tell you that when I come to these issues I understand that we may not always agree on where to go, but I think we can find some common ground on these issues because everyone wants to make sure that if you have an opportunity, you're going to live a healthy life. I will tell you that I hope to be able to work with you and others to reach that common ground on so many different issues.

Senator ROMNEY. I think we can reach common ground on many issues, but on partial birth abortion it sounds like we're not going to reach common ground there.

Let me turn to Medicare. You want to expand Medicare, as the President does. Our current Medicare program is on track to go bankrupt. The Trust Act is going completely insolvent. How are we going to expand something that's already on the track to go bankrupt? What's the answer? And this is obviously of grave concern not just with respect to Medicare, but Medicare is the biggest one. It's the largest portion of our Federal spending that's growing much faster than the economy and which has the potential to sink our economic standing.

Mr. BECERRA. I believe all of us will agree that our Medicare beneficiaries, seniors who paid into the system for so many years, should not be the ones who suffer when it comes to—

Senator ROMNEY. Totally agree. No one on either side of the aisle thinks that people who have retired or who are near retirement ought to see any change in the program that would affect the quality of care they receive or the benefits, no question.

Mr. BECERRA. I appreciate you saying that. So really that means we're on track to—we have consensus that we have to find a solution, and here's where I'll tell you one of the things that President Biden has proposed is to allow Americans to essentially buy into what is considered Medicare at an earlier age. But rather than use the current Medicare system, which, as you mentioned, involves a trust fund, he would try to bring some revenue in from the general fund so that we're not impacting the trust fund.

There are ways to do this—

Senator ROMNEY. Well, we do spend a lot of money from the general fund now.

Mr. BECERRA. We do. Yes, we do. But as we said, the priority should be to make sure Americans have good quality health care.

Senator ROMNEY. I think we've pointed out that we have a problem here, which is if it's already running a huge red-ink program, expanding it is not going to make things easier. We're going to have to find some way to make this work, and I don't know that the Administration has determined what that might be.

My last brief question is this, which is that California has a lot going for it—the sun, the high-tech sector, great universities—but it's also known for high taxes and high regulation. Businesses have been leaving California. My state is a great beneficiary of that. Republicans say watch out, if the Democrats get in charge, they'll make the whole country like California.

Is that true? Is California working, or is California making a mess of things?

Mr. BECERRA. First let me tell you, thank you for applauding many of the things that California does. But California has recognized that we're one of 50 states. I will say this: We may be one of 50 states, but we're the fifth economic power in the world. We create more jobs—

Senator ROMNEY. Well, you're big.

Mr. BECERRA. Yes, we are. But there are a whole bunch of big countries that can't do what California does. What we've been successful at is graduating more people from college than anyone else, having the number-one industry in high-tech, at the same time we're No. 1 in agriculture, we're No. 1 in manufacturing, if you believe that, just as we're No. 1 in entertainment and tourism. We have been able to bring innovators to the state.

But you're right, we have to face a lot of challenges as well, and I think California recognizes that. We are fortunate to be part of this great country we call America, and so I thank you for giving me a chance to boast about my state.

The CHAIR. Thank you, Senator Romney.

We will turn to Senator Kaine.

Senator KAINE. Thank you, Madam Chair.

Thank you, Attorney General Becerra. Congratulations on your nomination.

There's been some discussion around the table about your experience, and I just was reflecting that as Lieutenant Governor, Governor, Senator, I've worked with six HHS secretaries. Five have been attorneys or business people, and they've had multi-year tenures. One was a physician, and his tenure was measured in a matter of a few months. That's not to say that a physician couldn't be a great HHS secretary, but we've had plenty of good business folks and lawyers who have been strong HHS secretaries of both parties.

Here's what I like about your experience, and not only your time in Congress working on the pivotal laws that will inform much of the work that you do, but I like that you are coming from a state government. I was, frankly, at the beginning of the Biden administration, a little nervous when I saw the COVID panel put together. It didn't have a lot of people with state-level implementation expertise. The fact that you are coming as the Attorney General of California with state-level experience, that you have a nominee to be your assistant secretary for health, Dr. Rachel Levine, who is the chief health official for the Commonwealth of Pennsylvania and the President of the National Association of State and Territorial Health Officials, I think that will put in the top two health spots in HHS a strong state focus.

We can do all kinds of great things here. If they're not able to be implemented at the state level, what good are they? So I appreciate that aspect of your experience.

Let me move to my questions, so many things I want to ask you about.

I'm very, very concerned about the mental health needs of our health care workers. What they've experienced before COVID, but certainly since March, on an unprecedented scale, having them manage end-of-life discussions with patients, holding iPads in front of their faces so they can talk with their family because their fam-

ily can't come into the hospital, this is going to have a significant consequence in our health care profession for a very long time.

We also have health care workers who still, still today, are worried about seeking mental health counseling because of stigma, because of concern about licensing or credentialing or that they could, through some regulatory move at the state level, face career-ending or—jeopardizing consequences.

You're married to a physician. Tell me the ways you would prioritize the mental health of our doctors, nurses, and health care professionals should you be confirmed as HHS Secretary.

Mr. BECERRA. Senator—by the way, first, thank you for the work you've done on this issue for so long. And you're right, at the state level, when you're in government at the state level, that's where the rubber hits the road. What you all do in Congress, what I used to do when I was a member of the House, is come up with the ideas, and we pass it into law, but it's the state elected leadership that has to make it work. And I have done everything I can to make sure that California, through the leadership of our Governor and our state leaders, is putting into effect the safety protocols and all the regimes necessary to make sure that we move forward.

On the mental health of our workers, public health workers especially, we have to make sure we provide them with the resources. Two, they should know that they are essential and they will be priority one when it comes to vaccines. Three, we have to make sure that they are rewarded. They should not have to worry about whether they have enough money coming home to feed the family. We also have to make sure that we don't give stigma to getting mental health services. I faced this a lot in law enforcement with peace officers who are afraid oftentimes to get mental health services because they're afraid that will go on their record and it will deprive them of opportunities to continue forward.

We have to make providing mental health services something that's part of life. Just like you get an annual check-up, mental health should be part of that, as well. And that goes back to a previous conversation about making sure that we treat mental health the same way we treat physical health. If we provide the resources to provide parity to mental health, then we'll prove to people that we're serious about addressing mental health concerns.

Senator KAINE. Thank you, Mr. Attorney General. Today, Senator Bennet and I are reintroducing a bill we have called Medicare-X, which is a vigorous public option bill that's similar to what President Biden campaigned on. I'm not going to ask about that because we're just introducing it, but I hope to have the opportunity to work with you.

One last question, and this is back to the state issue, coordinating with Governors and state officials. The acting HHS Secretary recently indicated that it's likely that the public health emergency related to COVID might be extended throughout 2021. Talk a little bit about how you would work with Governors and others as the Administration is making that decision so that they can have ample planning time for the ending of the emergency period.

Mr. BECERRA. Certainly, Senator. First, science and data have to drive our decisions. If there's going to be a declaration of an emer-

gency, a health emergency, or a continuation of it, it has to be based on real data, something that gives us that information.

Secondly, we have to be in partnership with the folks who have to implement it. As I said before, we can say what we've got to do, but it's the folks who have to do it who have to make it work, and so we have to do that in partnership. That means bringing the information to them early so they're part of those data-driven solutions—

Senator KAINE. I'm over my time, and I want to be respectful of my colleagues, but thank you very much.

Madam Chair, I yield back.

Mr. BECERRA. Thank you.

The CHAIR. Thank you so much, Senator Kaine.

I understand that Senator Marshall has not returned; correct?

Senator BURR. That's correct, Madam Chair.

The CHAIR. Okay. So I'll turn it to Senator Hassan.

Senator HASSAN. Well, thank you, Madam Chair and Ranking Member Burr.

Welcome, Attorney General Becerra. Thank you for being here today, for your interest in service, and thank you to your family too, because this is a family commitment, so we deeply appreciate your service.

Mr. BECERRA. Thank you.

Senator HASSAN. I want to start with talking to you about the opioid epidemic. As you know, it has devastated communities all across my state. Since 2017, I've worked with colleagues to secure billions of dollars in state opioid response grants, including more than \$86 billion for New Hampshire. This funding has enabled states to expand access to life-saving treatment and services for those struggling with substance misuse, and we're finally beginning to see results, with death rates decreasing.

But I am deeply concerned that hard-won progress is in jeopardy because the hardest-hit states, including New Hampshire, are at serious risk of a dramatic cut in state opioid response grant levels under the program's current funding formula.

Mr. Becerra, if confirmed, will you commit to working with me and the Substance Abuse and Mental Health Services Administration, SAMHSA, to ensure that states do not experience a dramatic cut in state opioid response grant funding, a cut that could jeopardize our efforts to turn the tide on the opioid epidemic?

Mr. BECERRA. Senator, absolutely, you have that commitment.

Senator HASSAN. Well, thank you.

I want to turn now to another issue connected to substance misuse. As you know, one major hurdle that keeps people who have substance use disorder from accessing the support and treatment that they need is the existence of the so-called X waiver, the requirement that doctors who want to prescribe medication-assisted treatment receive a waiver or essentially permission in order to prescribe buprenorphine. This waiver limits the number of medical professionals who are able to prescribe this treatment even though it's considered the gold standard in medication-assisted treatment. The waiver requirement does not improve patient safety, but it does limit access to care. About 40 percent of counties across the

United States lack a waived practitioner who is able to provide this treatment.

Senator Murkowski and I plan to reintroduce our bipartisan MAT Act, which would eliminate the burdensome waiver requirement. We also sent a letter to President Biden inviting him to work with our bipartisan group of Senators and representatives on this issue, and we are encouraged that he has expressed support for this change.

Do you agree with President Biden about the need to eliminate this waiver, and will you commit to working with our bipartisan group on this much needed reform?

Mr. BECERRA. First, thank you for the work that you and Senator Murkowski have done on this issue. As you said, President Biden is supportive of moving forward. We have a pause, as you know, on a number of these rules that are in place, but I think there's a commitment on the part of this administration to make sure we're providing that treatment that is indispensable for so many families.

Senator HASSAN. Yes, it is one of the sad and disturbing ironies of this crisis that doctors don't need special permission to prescribe opioids but they do need special permission to prescribe the medication that would help people combat the disorder and get better.

Mr. BECERRA. If I could just add, Senator, I think here the President's goal is to get it right.

Senator HASSAN. Right.

Mr. BECERRA. We don't want to end up in court and delay it even further.

Senator HASSAN. Right, I understand that.

Let me turn to another issue. As you know, Senator Cassidy and I spent several years working with former HELP Committee Chairman Alexander and current Chair Murray on bipartisan legislation to end the practice of surprise medical billing. It was a great example of the type of bipartisan work that can be accomplished in the Congress when we work together to find commonsense solutions.

Now that the surprise medical billing legislation has been signed into law, the responsibility to implement these protections will fall to the Department of Health and Human Services. So if confirmed, you're going to be responsible for implementing these policies quickly and in a manner that protects consumers and reflects congressional intent.

If confirmed, will you commit to working with us on a bipartisan basis to ensure that one year from now the rules issued by HHS include strong protections for consumers that reflect the priorities and intent of our legislation?

Mr. BECERRA. Senator, we've got until the beginning of 2022 to get this done. I know this one is important to you and so many. Thank you for the work you did to succeed. I hope we are truly a partner with you on this, and I know that we've got to get this arbitration provision right, along with the consumer protection.

Senator HASSAN. Well, thank you for that. I appreciate that commitment and look forward to working with you.

Just one last thing. We're all grateful to the scientists and public health experts who worked so quickly to develop the Moderna and Pfizer vaccines. I believe in their effectiveness. But we also know

that we are seeing the emergence of new COVID-19 variants and that we're going to need to continue research and surveillance efforts so that we can continue to develop effective treatments and vaccines.

What steps do you believe we have to take to be prepared to respond to the emergence of these new variants and protect our vulnerable populations?

Mr. BECERRA. Senator, sequencing is so critical. We have to have the scientists tell us what the next iteration of that virus may look like. We have to stay ahead of the game because we're now with this vaccine getting a grip on COVID. But if a variant takes off, we don't want to go back to square one. So we need to be doing the sequencing. We need to provide the scientists with what they need. We have to also rely on data. But we have a tremendous job to do to make sure we stay ahead of the variants.

Senator HASSAN. Thank you very much.

Thank you, Madam Chair.

The CHAIR. Senator Hassan, thank you so much.

I believe we have Senator Rosen available. Senator Burr, did you want to go next, or—

Senator BURR. Senator Rosen is fine, Senator Murray.

The CHAIR. Okay. I'm going to go over and vote and return. So on our side I believe we have Senator Rosen and Senator Smith. I will let them go. Do you want to go in-between them or after them?

Senator BURR. No, we'll keep the order. If another Republican comes in the meantime, we'll swap them in. But I'll go vote, as well as you.

The CHAIR. Okay. If we can do that, then, we'll go to Senator Rosen, Senator Smith. If a Republican comes in, we'll put him or her between you, and Senator Burr and I will return.

Senator ROSEN. Okay. Thank you, Madam Chair and Ranking Member.

Here we are. Thank you, Mr. Becerra, for being here with us today. Thank you for your commitment to serving our Nation. I really appreciate the great and productive conversation that we had at the meeting last week. I look forward to learning more about your plans to combat the pandemic, to quickly distribute the vaccines, address our Nation's provider shortage which we know is really important, and increase our access to quality, affordable health care. I do urge this Committee to facilitate a swift confirmation for Mr. Becerra so he can get immediately to work.

Vaccines are on everybody's minds, right? Of course, the pandemic has hit Nevada particularly hard, especially with so much of our economy relying on the travel and tourism industry. The best way to revive Nevada's economy and save lives is to increase the number of vaccines. We have to continue to build on the good work that President Biden has already done and work together to make sure that no one is left behind and that the response is equitable.

Mr. Becerra, we see more vaccines coming into our states over the last few weeks, but it's really critical that the allocation formula is updated with the most recent population data so rapidly growing states like Nevada get their fair share. Will you commit

to be sure that all the data is as up to date as possible as we begin to distribute—continue to distribute vaccines across the country?

Mr. BECERRA. Senator, thank you for the question; and, by the way, just for the yeoman's work that you and others have done in the State of Nevada, which is probably one of the hardest-hit states.

Absolutely, I commit. We will work with you to make sure that the data is accurate. We want to make sure, as I said before, that we are sending the product, the vaccines, all that is needed, where it is needed most, and so we definitely look forward to working with you to make sure Nevada gets its fair share.

Senator ROSEN. Thank you. Another issue, of course, we always have this problem in Nevada and many places across the country, but the pandemic has really shone a spotlight on that, our provider shortage issue in every county. Every county in Nevada has a shortage of health care providers. The pandemic has accelerated the urgency for us to address these issues and all the challenges that surround it. Our state ranks last for per capita number of general surgeons, 48th for primary care, and 45th for physicians overall.

Some Nevadans in our rural areas travel about 300 miles just to find a specialist to provide the care they need. We're working hard to increase our number of doctors. The University of Nevada Las Vegas School of Medicine are graduating their non-rural class this year, so that's great for our state, but we have to do more. We have to increase our graduate medical education slots. These are critical to addressing our provider shortages, the slots that were included in the last recovery package, but of course we have to do more.

Will you commit to working with us to ensure that Nevada institutions and other states with similar issues as ours receive their fair share of the new graduate medical education slots? And what else do you think you can do to help us increase our provider shortages across the medical spectrum of doctors, nurses, and the like?

Mr. BECERRA. Senator, thank you for the question. First I have to say thank you to you and your colleagues for including the 1,000 slots, the GME slots for graduate medical education so that we could actually see those future doctors in places like Nevada and throughout the country, so thank you for that.

As you know, President Biden has made the commitment. He wants to put 100,000 new public health workers out there to help states like Nevada make sure that you're reaching all your communities and protecting them with vaccines and all the different types of things we have to do to protect them from COVID, and we just have to be there, generally speaking, for the long term. My wife has mentioned to me how it looks like there's an increasing number of Americans who are applying to medical school. Maybe it's because they've seen just the yeoman effort performed by so many medical professionals and they see that as a truly worthy profession to be in. Whatever it is, we should take it and we should reward those who go into the health professions.

I look forward to working with you and your colleagues to make sure that becomes a reality so we can service the needs of all our people.

Senator ROSEN. Thank you very much. And just in the quick time I have left, I just want to know what you think we should do in communities of color. Some of our minority communities, COVID has hit them the very hardest. How do we ensure greater protections for them? What are you planning to do in that regard?

Mr. BECERRA. Senator, thank you for the question. I look forward to working with you on this. Let's just use data to drive decisions so that they're done transparently. Let's make sure that we make every effort to reach everyone. Some communities, whether rural or inner-city urban, we'll need mobile clinics so we make sure they get the COVID vaccination. We can do things, but we have to work with those communities, use their civic and religious leaders that they respect to help us reach populations that too often have gone absent.

Senator ROSEN. Thank you so much. I think my time has expired. I look forward to working with you and this administration. Thank you.

Mr. BECERRA. Thank you.

Senator SMITH. Attorney General Becerra, this is Senator Smith calling in. I think since everybody is now in the midst of voting, I'll just jump in here and have a chance to ask my questions.

It's great to see you again. I want to congratulate you on your nomination. I so enjoyed the chance to talk with you a couple of weeks ago I guess it was, and I could hear in your comments your commitment to public service and your deep belief in the power that we have to do good for people in this role, which I really appreciate.

We are nearly a year into this economic crisis and public health crisis caused by COVID, and we're not going to get out of the economic crisis before dealing with the public health crisis, and we know that this is going to require significant leadership and a national strategy. This has been what many of my colleagues have been talking about today as we ask you questions about this.

I want to just say at the outset that you clearly have the experience and the record of accomplishment to lead the Department of Health and Human Services. This is a large and complicated, massive agency with significant responsibilities. I just want to point out or remind everybody that as California Attorney General, you run one of the largest state departments of justice in the country, and that you've also spent over 30 years of your career in public service fighting to help patients and families get the care that they need. Your record of standing up to price gouging by large hospital chains, taking on the big opioid manufacturers, defending the health care for millions of Americans is a record of accomplishment that I think qualifies you so well for this position. So, thank you.

Mr. BECERRA. Thank you very much for that, and I look forward, if I'm fortunate to be confirmed, to work with you on some of these issues, and I hope you'll invite me to your great state. I have so many good friends, including your attorney general, who I would love to see, and there are many things to do.

Senator SMITH. Yes, that's right. You and Attorney General Ellison have joined forces on many issues, especially and including holding these big pharmaceutical companies accountable for price gouging. So I'm grateful for your work.

I want to take my time that I have left talking to you a little bit about another area of great importance to me and to so many families and businesses in my state, which is the issue of child care. Even before the pandemic, families were really struggling to find affordable, high-quality child care. This is an issue across the country and across my state, in rural areas as well as in metropolitan areas.

I have spoken to parents in Minnesota who are confronted with driving 50 miles to take their children to the child care center, to the child care provider that they can find, and this challenge has become even worse with COVID because so many child care providers have literally gone out of business or had to close their doors because of the challenges that they faced.

This is why I have worked so closely and hard with Senator Murray and also Senator Warren to call on Congress to provide \$50 billion of relief to stabilize the child care system, because child care is essentially infrastructure for our families. I know that you have a real interest in this and that you understand the importance of elevating human services as part of health and human services in your role.

Could you please talk to us a little bit about your priorities when it comes to child care, high-quality affordable child care, how you see this challenge, and what you'd like to see us do to make sure that child care is available for families so that we can keep women in the workforce and we make sure our kids are getting the very best start?

Mr. BECERRA. Senator, thank you for the question. You were breaking up a bit, but I do believe you were asking how we would meet this challenge of providing child care to American families. What I can tell you is, first, I hope you have great success with your colleagues in trying to move your legislation forward. We need to stabilize this field because child care providers have been some of the hardest hit in America because of COVID. The services they provide, especially when they're done well and safely, are indispensable to the rest of America that needs to get back to work.

I hope to work with you, if I'm fortunate to be confirmed, to try to move on this because I think now America—maybe 30 or 40 years ago we hadn't settled on this, but now America realizes how important our child care workers are to our livelihood, to our economy, and I hope that you have success as you move forward, and I look forward to using the tools at HHS, if I'm fortunate to be confirmed, to help you get there.

Senator SMITH. Well, thank you. I look forward to working with you on that. This is a crucially important issue, so thank you very much.

Mr. BECERRA. Thank you.

Senator SMITH. Madam Chair, I'll give back my time.

The CHAIR. Okay. Thank you so much, Senator Smith.

We will turn to Senator Tuberville.

Senator TUBERVILLE. Thank you, Madam Chair.

Good morning.

Mr. BECERRA. Senator, good to see you again.

Senator TUBERVILLE. A couple of questions real quick.

Mr. BECERRA. Yes, sir.

Senator TUBERVILLE. I'm concerned about President Biden's freeze, as we talked about some of those regulations that President Trump had put in. As HHS Secretary, how are we going to get the price of insulin down? We've got to get it down. People can't afford it.

Mr. BECERRA. Very quickly on the issue of the freeze, I think pretty much every administration when they come in, they want to take a look at the landscape and see where things are so as they come in they can move forward. So there is a pause in many of the rules that were being proposed and moved forward, but I guarantee you that as quickly as the President and his team can, we will get back to moving forward on some of these administrative actions.

In terms of insulin, first, Senator, thank you for the—actually, I thought it was a great conversation. I hope I didn't take up too much of your time. You were gracious with your time.

On insulin, patients have to come first. We have to make sure that they're not going to get caught in this mess about how much it costs. But there's no reason why the price of insulin should jump by essentially 100 percent overnight, and we have to deal with that. We want to make sure the drug manufacturers are properly compensated, but at the same time these are life-saving medications that people need, and we have to make them available. So I look forward to working with you and your colleagues to make sure we can do that.

Senator TUBERVILLE. One other thing I'm concerned about with drugs. I talk to rural pharmacies, especially in the State of Alabama. They're like hospitals. They're like doctors' offices, because they're the only connection they have to health care in some of these areas. We're losing some of them because of PBMs. They're getting priced out. I saw the good work you've done with several attorney generals across the country. Please explain your plan with PBMs and cutting out a little bit of that middleman where our pharmacies can make some money.

Mr. BECERRA. Yes. The Pharmaceutical Benefit Managers have a role, right? But, as we discussed—

Senator TUBERVILLE. I haven't figured it out yet, but—

Mr. BECERRA. Well, the role can't be to just be middlemen and to gouge the price and take too big a cut, but they do play an indispensable part in the way we run through the process of dispensing medications. And so what we have to do is keep them on their toes; and, as you mentioned, on a bipartisan basis. A number of us, state AGs, took on the PBMs, because at the end of the day they're supposed to serve the purpose of getting a good price for Medicare for the drugs that our seniors need. So we didn't come up with a solution just as state AGs. Much of this has to be done at the Federal level, and I look forward to working with you on that because they serve a purpose, but it's got to be the purpose of getting good priced medication to our seniors.

Senator TUBERVILLE. It seems like they're working more for the bigger pharmacies, and the hospitals and the smaller pharmacies are paying these rebates, and they're paying all their profits. We just can't lose them in these rural areas across the country. If we do, we're going to be in serious trouble because we're losing—in

Alabama, for instance, we've lost 14 hospitals in 10 years, rural hospitals, and the only thing they have left is a pharmacy.

When you're confirmed, I'd love for you to pay close attention to them, make sure these people make a little money, make a little money so they can stay open.

Mr. BECERRA. I'm looking forward to working with you, if I'm fortunate to get confirmed, because, as you said, the little guy, especially since they service some of the small communities, should not be the ones that lose because the big guys are trampling all over them. So I look forward to working with you.

Senator TUBERVILLE. Thank you. Thank you very much.

Thank you, Madam Chair.

Mr. BECERRA. Thank you, Senator.

The CHAIR. Thank you.

Senator Marshall, I believe that Senator Marshall—or Senator Moran is not back; is that correct? I believe that is true.

Sorry, Attorney General Becerra. We have Members and folks who are coming and going. I know that Senator Burr is going to return in a minute.

Is Senator Marshall available?

Senator MARSHALL. Yes.

The CHAIR. Great. I will turn it to Senator Marshall.

Senator MARSHALL. Okay, Madam Chair. Thank you so much.

Welcome to the hearing here, Mr. Becerra. We're glad to have you.

I want to first, if I could, just submit for the record the vaccine distribution plans from every state in the Union. I think that we had most of these back in October. Maybe there was some confusion about those, and we've got all 50 of them here, if that's Okay with you, Madam Chair.

The CHAIR. Yes.

[The information referred to can be found on page 144.]

Senator MARSHALL. Let's talk, first of all, about maybe pharmacy prices. Over the past three to four years, pharmacy prices have pretty well stabilized in this country, between no growth in price to maybe 2 percent. And my question is what stabilized the price, and what role do you feel that Pharmacy Benefit Managers have to do with the price of pharmacies at the counter?

Mr. BECERRA. Senator, thank you very much for the chance to answer the question. Senator Tuberville just touched on that issue.

As I mentioned, PBMs play a role. They have an important role to make sure that we get these prescription medications to the source, to the consumer, to the senior on Medicare, and so we have to make sure that everyone is doing their part. Right now, we see that there's a growing fight developing between the manufacturers of these medications and PBMs and the providers, and what we have to do is make sure that, at the end of the day, our seniors aren't the ones that pay the price. They're the ones that need the drugs. We have to make sure they get them at a good cost.

I can't tell you I can give you the solution in the time that you have, in the five minutes, but I certainly am willing to work with you because that is before us right now.

Senator MARSHALL. How many Pharmacy Benefit Managers are there, and how much of the market do they control?

Mr. BECERRA. That's a great question. I can try to get back to you on that one.

Senator MARSHALL. Well, I think there's four of them, and they control over 80 percent of the market.

You know, one of my concerns as I look over at HHS and the office here, I've been there once or three times, and I look around, there's lots of lawyers, lots of bureaucrats, but how many nurses and pharmacists and doctors and those type of people are actually working here in Washington, DC. at HHS? What percentage of your staff of—what is it, 80,000 people?

Mr. BECERRA. Well, first, you're gracious to call them my staff. I have not yet been confirmed. I hope that's a signal that maybe I will be confirmed. A great number of them are health care professionals. Certainly the people that are at the top levels of some of our important agencies—CDC, NIH, FDA—have health care and medical backgrounds. And we're going to make sure that the team—and I know this from speaking to the President—that the team in place at HHS will have the expertise that we need to do all the work, because HHS isn't just about delivering on services in health care, it's about being good stewards of the purse because, as someone said earlier, HHS has the largest budget of any Federal agency, including Department of Defense.

Senator MARSHALL. All right. Let's talk about value-based health care for a second. Some of the legislation that we worked on is legislation called the regulatory sprint to coordinated care, and what that had to do with was stop anti-kickback for doctors that are participating in value-based care, and another one of our signature legislations we worked on is prior authorization issues. I'm a practicing doctor myself. It's pretty cumbersome to have a person who has never practiced medicine tell me I can't do a surgery that I think is necessary.

Just in general, how do you feel about value-based health care and what its impact could be on, frankly, the cost and the quality of health care?

Mr. BECERRA. First, if I could just comment and say this is where the practical work that you have done informs the work that Congress must do, because you can talk about these things not just from your own thoughts but because of your practice.

What I will tell you is that when it comes to making sure that we are administering these programs, we have to make—forgive me. Can you pose the question again? Because I was going to go off on a different tangent.

Senator MARSHALL. Yes. What do you think of value-based health care, and in particular allowing physicians to participate in value health care arrangements?

Mr. BECERRA. If we have time I'll go to the point I was going to make, but I know your time is expiring. We have been moving—I remember during the entire Affordable Care Act debate, it was all about making sure we were talking about value versus volume. Instead of having people just coming through your door and not really tracking them, it's are we extracting value out of the service that you as a doctor or a hospital provided, so that we follow that patient all the way through.

If we truly do this the right way, we will reduce the number of visits, we'll reduce the number of incidents, and we'll provide quality care instead of quantity of care.

Senator MARSHALL. Great. And when I talk about value-based health care, I think about patient outcomes, I think about the patient experience divided by the cost of that, and I look forward to a second round of questions. That went by pretty fast.

Mr. BECERRA. Yes, it did.

Senator MARSHALL. Thank you.

Mr. BECERRA. Thank you, Senator.

The CHAIR. Thank you very much.

We will go to Senator Moran.

Senator MORAN. Chair Murray, thank you very much.

Attorney General, nice to see you. Thank you. I'll try to get through, I think, three topics as quickly as I can. Let me start with 340B drug pricing.

Mr. Attorney General, you led a multi-state letter to HHS to address the discounts and the drug manufacturers' discounts to covered entities in the program. Our Kansas attorney general joined you in that letter. But I continue to hear that 340B has been a significant issue for as long as I've been in the Senate, maybe as long as I've been in the Congress. But we continue to hear of dire circumstances with our health care providers, our hospitals, particularly our community health centers.

The Community Health Center of Northeast Kansas is expecting to lose \$300,000 of revenue this year alone due to the 340B issue they're facing. LaBette Health has lost almost \$700,000 in revenue.

If confirmed as the Secretary, how do you intend to protect the integrity of the 340B program and to make sure that it works for the provider, but as well for their patients?

Mr. BECERRA. Senator, thank you for the question. Here I will tell you that the previous administration issued some guidance. They issued an advisory opinion, and we'll try to build on the work that's been done in the past. But what we must do is we cannot sacrifice patients. They should not be the ones that suffer as a consequence of the fight that's going on here. I will guarantee to you that, if I am fortunate to be confirmed, I look forward to sitting down and working with you and others who are interested in addressing this issue, because 340B has become an indispensable program for some of these providers who are really helping some of our neediest populations.

Senator MORAN. As you may know, the rural hospitals are on the cusp. COVID has not been helpful. But they're always hanging on by a thread.

Mr. BECERRA. That's right.

Senator MORAN. The 340B program is perhaps one of the most important. If it disappears in providing resources to hospitals and their patients, we're going to lose another series of hospitals in Kansas, and I assume California and across the country.

Mr. BECERRA. Agreed.

Senator MORAN. Let me ask you, Attorney General, I want to talk about the Nation's health care infrastructure in the world of transplants. This country has the world's leading transplant surgeons and hospitals, but thousands of people die every year be-

cause of the scarcity of donated organs. Currently there are 100,000 Americans waiting on a kidney transplant.

Do you agree that HHS should be working to increase the number of kidney transplants nationwide?

Mr. BECERRA. We have to do much more because, you're right, there are too many people who are going with unmet need and dying.

Senator MORAN. If you're the Secretary at HHS, will you act against policies that are expected to reduce the number of kidney transplants nationwide?

Mr. BECERRA. I certainly will try to work with you on some of these issues. It would be difficult to make a commitment right now before I have a chance to step into the shoes.

Senator MORAN. Well, let me tell you that Secretary Alex Azar told me, he told us that he was powerless to prevent changes in policies from taking effect. I hope at HHS, as the Secretary, you would have the capabilities of dealing with the agencies within your department who deal with this issue. Would that be your desire?

Mr. BECERRA. Well, those sub-agencies will know that will be my desire.

Senator MORAN. The HHS contractor responsible for organ transplants, the United Network for Organ Sharing, is currently under a bipartisan investigation by our Finance Committee but is still set to implement a policy in mid-March that affects kidney transplants. So I've set the stage for you in asking my questions. This policy was opposed by a large majority of transplant professionals, and the government's data predicts it will result in fewer transplants and more patients dying.

I need your commitment that you will work with me and others in similar circumstances to see that the transplant program is improved, not harmed, and that organs that are donated in a region are able to stay within that proximity to be donated to those who need them within that region.

Mr. BECERRA. Senator, you have my commitment to work with you on that.

Senator MORAN. Thank you very much.

Let me finally highlight the importance of telehealth. We've seen this for as long as I've been in Congress. We've been working to increase broadband services across the country. We've seen in the COVID-19 response the inability to do so in the area of education and health care. There were a number of provisions in the CARES Act and other legislation that waives certain requirements for telehealth, including reimbursement at rates as if you were in the office of the provider as compared to on telehealth.

Mr. BECERRA. Yes.

Senator MORAN. Those, I hope, will garner your support, and I think what we've learned is they're not just necessary during COVID, they are necessary into the future after the days of COVID are behind us. And again, I would ask you if you agree with that sentiment and will work to see that the provisions that we've made to enhance the availability of telehealth continue.

Mr. BECERRA. Senator, wholeheartedly I believe that we're going to be doing an expansion of telehealth. COVID has taught us so

much. It's also the issue of broadband, making sure communities have access to broadband. But if we don't learn from COVID how telehealth can help save lives, then we're in trouble. So I think we're going to advance, and I look forward to working with you on it.

Senator MORAN. Attorney General, thank you for your answers.

Mr. BECERRA. Thank you.

The CHAIR. Thank you very much.

Senator Burr has not yet returned. We're waiting for Senator Hickenlooper. I'm going to go ahead with my second round of questions, and hopefully Senator Burr will return. I believe Senator Marshall wanted a second round, and he'll be able to do that.

Attorney General Becerra, this pandemic has really caused significantly more hardship for communities of color, worsening underlying health inequities resulting from really a long history of structural racism, discrimination and bias, and I am deeply frustrated by how the Trump administration ignored those inequities in its pandemic response and in many cases made them worse.

I issued a report on the impact of the pandemic on communities of color last year that included several recommendations about the need to address health inequities in this country, and we've got to make progress in addressing those recommendations. We need to offer support to Black, Latino, Tribal communities and other communities of color to make sure that those who are suffering the most from this pandemic are at the forefront of our response. We need to address discrimination within our health care system by investing in health care providers who will serve those communities and combat implicit bias in health care delivery. And we have to work to make sure that all people, including families of color and people who are paid low incomes, have access to high quality, affordable care. And we need to make some new financial investment in the health of communities of color.

We've got to do better, not just on COVID but on a lot of our health care issues that are particularly harmful for communities of color, issues you know well: maternal mortality; ensuring that people of color, pregnant and lactating women, people with disabilities and other underserved populations are included in research and clinical trials. Our work to combat health inequities must be woven into the fabric of everything we do to advance public health and create a fairer health care system.

Attorney General Becerra, you have expressed that health care equity will be a priority for you, and I actually have been very heartened to see the President appoint leading experts to his COVID-19 Health Equity Task Force. Can you comment on how you will incorporate health equity across your work as Secretary?

Mr. BECERRA. Senator, you said it so well. What I can add is that we will have a team at HHS that lives and breathes the desire to have health equity. We will have people who have experience in that field, and we will move to make sure that we have the resources put in place.

Something as simple as making sure, as I think I mentioned before, that our surveys are—when NIH is doing a study, or CDC is doing work, that we are including these populations that have often been left behind so that when we get results, we get results

that are good for everyone, especially those communities that have been left out in the past.

We have to make sure we reach out to these communities because they're just starving to hear from us. They want to know that they count. And if we turn to their respected leaders, religious and civic leaders that are in their communities, we'll be able to have that access to them, to be able to approach them and get things done the right way.

But it does start here in making sure that our policies reflect our words, and it sure does help, as you said, to have the leader of this country, the President of the United States, say he's committed to it and demonstrate it by one of the first things he did is empaneling this COVID Task Force on Equity.

The CHAIR. Great. I look forward to working with you on that.

I do want to take a moment to highlight HHS' role in child care and early childhood education. We know that even before this pandemic our Nation was facing a child care crisis. Parents across the country were paying more than they could afford for child care, and they were really struggling to find available child care in their communities. And early childhood educators were earning poverty-level wages despite doing critical work each day to support our children, our families, and our economy.

Now the coronavirus pandemic has further destabilized our child care sector, and child care providers are now at risk of permanent closure, while parents are, of course, continuing to struggle to meet their child care needs. This is, unfortunately, still a responsibility that disproportionately falls on women, and it is one of the reasons that we are seeing so many women leave the workforce today. So we need a strong child care system to advance our Nation's economic recovery so parents can get the child care they need to return to work.

Attorney General Becerra, you have advocated during the pandemic for additional investments in the child care sector. You've been a supporter of early childhood education since your time in Congress. So I wanted to just ask you to comment on that, on what action you see that we will need to take for affordable child care for our working families.

Mr. BECERRA. Senator, I think the COVID pandemic has made clear to so many Americans how indispensable child care workers are and how they are worth their weight in gold. And I hope that what we see as a result of COVID is a true recognition of the value of child care workers, of our teachers, and reward them properly so that we can make sure that we have the professionals we need taking care of the future leaders, perhaps a future president, a future senator of America, and it is in their hands that we put our most precious possessions and the future of our country.

The CHAIR. Well, thank you very much.

I know that Senator Burr has returned. We're waiting for Senator Hickenlooper to jump online. Is Senator Hickenlooper available yet? If not—Senator Hickenlooper, if you're on, if you're ready—

Senator HICKENLOOPER. Yes, I am. We're trying to get the vote in, so I apologize for being a little bit late to the party.

I wanted to, first off, congratulate our nominee for Secretary of Health and Human Services. I think you're going to bring deep experience and clearly your passion for public service to the Department.

Health care and small businesses, they go hand in hand. I think small businesses are the heart of our community, but they often face a razor-thin margin, a challenge made dramatically worse by this pandemic. And even before the pandemic, in 2019, a Commonwealth Poll found that 74 percent of small business owners had considered the cost of providing health insurance to their employees as either a major or a minor problem.

How would you suggest and think about, or how would you plan to support small businesses and their employees and help them make sure they can access the health insurance that they need at an affordable cost?

Mr. BECERRA. Senator, first, thank you very much for giving me a chance to sit down with you. I appreciated the conversation we had.

President Biden made it very clear in his rescue package we need to do more. Some of the support, the resources will be focused on our small businesses. We have to make sure that we don't forget those.

One of the things that we can do at the Federal level, because we contract out so much of the work that we do, is to make sure that our agencies are looking to hire small businesses to do the work, the contracting work that we must have done. And so we should have an emphasis, and I hope to be able to work with our Small Business Administration administrator to make sure that so much of the work that will emanate from HHS does go to our small businesses throughout the country.

Senator HICKENLOOPER. Right, and we agree with that. As you know, many providers, primary care physicians, dentists, eye doctors, nurse practitioners, are often small businesses serving the health care needs of towns across the country. And yet the American Association of American Medical Colleges projects that by 2030 we could have a physician shortage of upwards of 100,000. The main shortage will be in primary care. The hardest hit will obviously be rural and underserved urban communities.

What can we do to provide more support and increase the number of primary care practices, especially in those rural and underserved areas?

Mr. BECERRA. I speak as someone who, at the kitchen table, hears this constantly from my better half about what we can do to really get the medical community to be more robust, and one of those things is, especially with primary care physicians, give them a chance to know that they will be rewarded for everything they do. Too often, those future doctors go into specialty care fields. There is more remuneration in those fields. But primary care, everyone has to go through their primary care doctor before they can see a specialist. So it's important that we reward the work that's being done by those primary care physicians.

You all made a major investment in getting more doctors out there in the future when you put in 1,000 slots in the GME program to bring out more future physicians, and I will tell you that

it's become clear how indispensable our health care workers, especially our medical professionals, are. What I hope we find is that our medical schools, our nursing schools, all our health care teaching institutions see a rise in the number of people who are applying to become the next generation of health care givers who save lives.

Senator HICKENLOOPER. Well, we agree with that. My next question—and again, I should have started off and thanked you for spending some time with me before this hearing, but we talked a little bit about climate change, and I appreciated very much your perspective, and we agreed that climate change does really pose a major threat to public health. We have directly seen the devastating effects of flooding and wildfires in Colorado, and really growing natural disasters are harming communities across the country. Look at Texas and much of the South this last week.

Increasingly, frequent natural disasters are harming air quality, water quality, and really public safety in communities around the country. As HHS Secretary, how would you respond to the growing health impacts of climate change, and how would you go about addressing the fact that these public health impacts disproportionately harm communities of color and other vulnerable communities?

Mr. BECERRA. I could spend far more time than we have, Senator, to talk about some of these things, but let me just mention a couple. Just last year places like San Francisco, Sacramento, very urbanized areas, lost sight of the sun when we saw these wildfires raging outside of our areas but the smoke reaching our densely populated urban areas.

We have to do something much more, and we have to do it for those communities that are hit first and worst. That's why at the California Department of Justice I established the Environmental Justice Bureau, because too often decisions that are made today won't be seen until later having an effect on our communities, and those that are hit first and worst will be those disadvantaged communities.

Our Environmental Justice Bureau works with our local leaders to make sure that as we think about development, we think about the future and what the impact will be. But there is no doubt, in the breadbasket of the world, the Central Valley of California, one in every four children has asthma. That should not be. And we have to tackle this now because if we don't, it won't just be one in four children who has asthma, it will be far worse.

I look forward to working with you and your colleagues to make sure we can truly address the health effects of climate change.

Senator HICKENLOOPER. Thank you very much, and I look forward to working with you, as well.

The CHAIR. Thank you, both of you.

Senator Marshall, I understand you had an additional question.

Senator MARSHALL. Thank you again, Madam Chair. Maybe just a couple of quick ones.

RU486 is a drug I've never prescribed, but unfortunately I've had to take care of people with complications from it—cramping, bleeding, hemorrhaging in the emergency room. I've been told that you have supported removing current safety regulations and I just wanted to know your position on that. Not only am I concerned

about the physical care of that patient but anyone that's taken this pill for an abortion obviously needs emotional support, and I just hate to see those drugs, and birth control pills for that matter, handed out like candy. These drugs do have serious complications. I do want women to have access to family planning, but the RU486 drug very much concerns me.

Mr. BECERRA. Senator, thank you for the question. Mifepristone, labeled as RU486, when I took action along with many of my state AG colleagues, it was to try to make sure that all Americans had access to the care they needed without having to worry about COVID becoming a danger. The fact that we are able to dispense care without having to have our families actually show up at the doctor's office, through telehealth and other means, is something that we should really build on. And any obstacles to getting safe care should be removed. The letter that we directed on RU486 was to make sure that women who wanted to take advantage of health services that they had within their reach didn't have to do so by risking the contraction of COVID in order to get that health care. That was the purpose of that letter, to make sure that, like any American, we don't jeopardize health through the contracting of COVID for Americans who need to access certain care.

Senator MARSHALL. Great. I'm in favor of telemedicine, but COVID is not an excuse for sloppy medicine.

The Office of Global Affairs is the diplomatic voice of HHS, and frankly I have a lot of concern with the World Health Organization. We need a strong World Health Organization, but I think they've lost their way. I think they helped cover up the origins of this virus, and there is so much we could learn from getting access to the original records, going back and understanding how this virus has mutated. They probably have 20 years of data studying bat dung on what this virus has done would help us prepare a multivalent vaccine for the future. But instead, the World Health Organization appears to be working for the Communist Party of China.

Do you support us getting back in the World Health Organization? We get 24 percent of their budget, but yet they're not being a good friend to America or the rest of the world right now.

Mr. BECERRA. Senator, thank you for the question and for expressing your concerns to make sure that, if we're going to be involved with these international organizations, that there is value not just for us but for everyone.

What I can tell you is that President Biden has made it very clear he's committed to getting back into the World Health Organization. At the G7 meeting that just recently occurred, HHS was represented so we could try to move forward to try to deal with COVID beyond our borders, because our security, our economic, our health security, really depends on not just controlling COVID within our borders but outside our borders.

It is important that we engage with our community global partners as best we can and, as you said, make sure that everyone is held accountable, not just the U.S. but everyone is held accountable when we participate in these global bodies.

Senator MARSHALL. Okay. Lastly, I believe with all my heart that we can have herd immunity from this virus in April or May if the President and his team, you, do your job and Governors do

their job. There's incredible news coming out this last week that the vaccines, after one shot, are 75 to 80 percent effective. We've already given 75 million people vaccinations. We'll have 90 million vaccinated by the end of this month. This country has the capacity to do 3 million flu vaccinations a day. We do that every year. We can give 3 million COVID virus vaccinations every day. That should put us over 150 million people by the end of March.

Now, many of us think that 25 or 50 percent of Americans have already been exposed to the virus, have had the virus, so I think that it's feasible to have herd immunity in April or May. And I know that you're not going to promise that we can do that, but if we don't have a goal to achieve what others don't think we can do, we're not going to ever get anywhere.

What would be your goal to have herd immunity, what time-frame?

Mr. BECERRA. Senator, great question, and I know this is something near and dear to you. I think President Biden has been very clear. He's going to push the limit in making us get there and do it safely. That's why he said before he even took office and knew what he was inheriting that his goal was to have 100 million shots in American arms within the first 100 days. But if these trends continue, as you just mentioned, that does bode well for all of us. So we're not going to give up. The President has now secured another 100 million doses of vaccines, so we are now on course to have the 600 million vaccines, and you're talking now about two shots, so enough to cover every adult in America with a vaccine. I hope what you have just articulated is where we're going, because if that's the case, then not only is the health of America going to improve quickly but our economy will, as well.

Senator MARSHALL. One hundred million in 100 days is not acceptable. We can get there by April or May if we do our jobs. So good luck, and we're here to put wind beneath your sails as we go forward. Thank you.

Mr. BECERRA. Thank you. We look forward to that wind beneath our wings.

The CHAIR. Senator Burr.

Senator BURR. Thank you, Madam Chair. Thank you for holding this hearing.

General, thank you for taking over two hours of fire from every Member of this Committee.

Madam Chair, I'm going to submit my questions for the record. No sense in me taking up any additional time.

The CHAIR. So ordered.

[The information referred to can be found on page 145.]

Senator BURR. But I would like to conclude by saying this. If we don't handle COVID correctly, we're going to see the most dramatic demographic shift in America, and you and I may not be claiming the successes of our state because they may be in far-flung rural areas hunkered down and operating off of the Internet in some fashion, Zoom or something.

If we don't get our kids back in school, we're not going to grow the talent that we need in the future. And the jury is out whether a one-year interruption or a two-year interruption kills a whole

generation. None of us knows the answers, but we ought to be doing everything we can to minimize that today.

The last thing, if we don't learn from what we've gone through, if we don't learn from our experiences with COVID, make the changes we need to, reauthorize the things that worked, plan on other zoonotic diseases that could jump to humans and really invest in companies that can develop the technologies that make vaccine production even shorter than what we've seen with COVID-19, then I will assure you this will be devastating to our children and our grandchildren. We may not be here as legislators, we may not be here as citizens, but our children and our grandchildren are counting on us to make the right decisions.

I am convinced that the table has been set, and the question is will we collectively go to that table and handle some very tough issues.

General, sir, I thank you for being here.

Chair Murray, thank you for holding this confirmation hearing, and I look forward to working with you. Actually, I'll see you tomorrow, and then I'll work with Ranking Member Crapo and Chairman Wyden to see when your nomination goes to the floor.

Thank you, Madam Chair.

The CHAIR. Thank you very much, Senator Burr.

That will end our hearing for today. I want to thank Attorney General Becerra for joining us to talk about how he's going to work with Congress to end this pandemic and help people get quality, affordable health care and root out systemic racism in our health care system, and tackle many challenges facing our families and patients and health care workers today.

I want to thank all of the Members of this Committee for participating. Given the continued urgency of this pandemic, I hope the Senate can work together to confirm Attorney General Becerra in a quick, bipartisan way.

For any Senators who wish to ask additional questions of the nominee, questions for the record will be due by Wednesday, February 24th at 5 p.m.

The hearing record will remain open for 10 days for Members who wish to submit additional materials for the record.

On Thursday, February 25th, we will convene in this room at 10 a.m. for a hearing on the nomination of Dr. Vivek Murthy to serve as Surgeon General, and the nomination of Dr. Rachel Levine to serve as Assistant Secretary as well.

The Committee stands adjourned.

ADDITIONAL MATERIAL

LETTERS OF SUPPORT FOR THE NOMINATION OF XAVIER BECERRA TO
SERVE AS SECRETARY OF HEALTH AND HUMAN SERVICES



February 19, 2021

Dear Senator:

On behalf of the two million members of the Service Employees International Union (SEIU), I write to support and urge quick confirmation of Dr. Miguel Cardona as Secretary of Education. As a public servant and former public school teacher, Dr. Cardona has been a true champion for students, educators, and working people. Dr. Cardona will bring confidence and competence back to the Education Department and ensure everyone—no matter if they are black, white, or brown and no matter where they live—will have a seat at the table.

- MARY KAY HENRY
International President
- GERRY HUDSON
International Secretary-Treasurer
- NEAL BISNO
Executive Vice President
- HEATHER CONROY
Executive Vice President
- LESLIE FRANE
Executive Vice President
- VALARIE LONG
Executive Vice President
- ROCIO SÁENZ
Executive Vice President

Dr. Cardona is the right choice to take over the Education Department during this challenging time. Dr. Cardona has been tested by the unprecedented upheaval caused by the pandemic. In Connecticut, teachers and school support staff have appreciated his openness and collaboration throughout the pandemic to solve and deal with new issues head on. Dr. Cardona has also made tremendous strides to tackle racial justice in education through requiring all high schools to offer courses on African-American, Black, Puerto Rican, and Latino studies, and through the creation of programs to entice more students of color to become teachers. We are also facing a tremendous crisis with the ballooning of student loan debt amidst an economic and health crisis that has left millions unemployed or underemployed. Bold action will be needed going forward to not only provide relief, but a path forward to build a system that is better than what is currently in place. The Education Department, and most importantly the country, will be greatly served by Dr. Cardona's understanding of the intersectionality of issues that face students and educators.

SEIU strongly urges you to support Dr. Cardona's confirmation to be Secretary of Education. If you have any questions, please contact John Foti, SEIU Senior Legislative Assistant, at john.foti@seiu.org.

Sincerely,

Mary Kay Henry
Mary Kay Henry
International President

SERVICE EMPLOYEES
INTERNATIONAL UNION
CTW, CLC

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Washington, DC 20036

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www.SEIU.org

MKH:JG:jf
opeiu#2
afl-cio, clc



February 11, 2021

The Honorable Ron Wyden
Chairman
Senate Finance Committee
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Chairwoman
Health, Education, Labor and Pensions Committee
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Health, Education, Labor and Pensions Committee
United States Senate
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Chairwoman Murray and Ranking Member Burr:

On behalf of Community Health Centers and the 30 million patients they serve, I want to express my support for Attorney General Xavier Becerra's nomination to be the Secretary of the Department of Health and Human Services (HHS). The COVID-19 pandemic continues to challenge health centers across the country and strong leadership at the department is necessary to tackle this ongoing crisis.

Attorney General Becerra has a long-established relationship with California health centers and NACHC. As a former Member of Congress from Los Angeles, and a member of the House Ways and Means Committee, he consistently sought feedback from local health center leadership through roundtable events and regular communications with the Los Angeles Community Clinic Consortium.

Additionally, he regularly attended health center events throughout the district and then acted to support health center priorities. These connections were incredibly important since his congressional district included 30 health centers that collectively serve nearly 250,000 patients. NACHC was pleased to recognize this work in support of health centers by awarding Becerra with the Distinguished Community Health Advocate Award during his time in Congress.

Federally qualified health centers across the country are working every day to help address the COVID-19 pandemic. To date, over 8 million health center patients have been tested for COVID-19, 13% have tested positive and 140,000 immunizations have been initiated. A significant number of these patients are racial and/or ethnic minorities, who are bearing a disproportionate brunt of this crisis. Attorney General Becerra's experience representing one of

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Alexandria, VA 22314
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the most diverse Congressional Districts will be critical to ensuring that all Americans have access to COVID-19 testing and vaccines.

NACHC appreciates the expanded role that the Biden Administration envisions for health centers and looks forward to working with Attorney General Becerra should he be confirmed. His commitment to equitable access to health care and experience at the state and federal levels make him an ideal choice at this critical moment. Thank you in advance for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Tom Van Coverden". The signature is written in a cursive, flowing style.

Tom Van Coverden
President & CEO



February 10, 2021

The Honorable Ron Wyden
Chair
Senate Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
Washington, DC 20510

The Honorable Patty Murray
Chair
Senate Committee on Health, Education,
Labor and Pensions
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
Washington, DC 20510

Dear Chairman Wyden, Chairwoman Murray and Ranking Members Crapo and Burr:

On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I write to express our full support for the nomination of Xavier Becerra as Secretary of the U.S. Department of Health and Human Services. He has both the knowledge and experience to lead this vital agency at this critical time as we continue to address the COVID-19 pandemic and the many other health challenges we face as a nation.

As the attorney general of California, Becerra has played a leading role in defending the Affordable Care Act, the crucial public health law that has expanded health insurance coverage to millions and has provided essential funding for the nation's public health system. He has more than two decades of experience serving as a member of the House of Representatives, which included serving on the House Ways and Means Committee which has broad jurisdiction over the nation's health care delivery system, including the ACA. In addition, he has been a leading advocate in addressing important environmental health issues, including climate change and environmental justice, during his time as attorney general and as a member of Congress. He has consistently been a champion for improving the health and wellbeing of the nation.

We are confident that Mr. Becerra has the leadership skills and experience needed to lead the U.S. Department of Health and Human Services. We strongly endorse his nomination and urge the Senate's swift confirmation. We look forward to working with him and the rest of the dedicated staff at HHS to address the many public health challenges that we face as a nation. Please feel free to contact me with any questions regarding our support for his nomination.

Sincerely,

Georges C. Benjamin, MD
Executive Director



February 5, 2021

The Honorable Ron Wyden
Chair
Committee on Finance
Washington, DC
20515

The Honorable Patty Murray
Chair
Health, Education, Labor, Pension Committee
Washington, DC
20515

The Honorable Mike Crapo
Ranking Member
Committee on Finance
Washington, DC
20515

The Honorable Richard Burr
Ranking Member
Health, Education, Labor, Pension Committee
Washington, DC
20515

Dear Chairman, Chairwoman, and Ranking Members:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 136,700 family physicians, residents, and medical students across the country, I write to offer support for the nomination of Xavier Becerra to serve as Secretary of the Department of Health and Human Services (HHS).

Mr. Becerra has long been a champion of ensuring all Americans have access to high-quality, affordable health care. As a member of Congress, Representative Becerra helped to pass the Affordable Care Act (ACA) and eliminate the flawed Medicare Sustainable Growth Rate. As Attorney General of California, he defended the ACA against [legal challenges](#) in the case of *Texas v. United States*. The AAFP [supports](#) this shared vision for meaningful and affordable health care coverage and stands ready to work with Mr. Becerra to further build on the ACA's successes and further improve our health care system in his new role with HHS.

As the COVID-19 pandemic continues to threaten our communities, swift action to confirm the Secretary of HHS is urgently needed to ensure the agency is best-equipped to respond to the pandemic. Physicians and patients alike are looking to HHS for clear public health guidance, and they are counting on HHS to obtain and deliver COVID-19 vaccines to save lives and keep our communities healthy.

Thank you for the opportunity to offer our support for the nomination of Mr. Becerra for HHS Secretary. If you have additional questions, please reach out to David Tully, Director of Government Relations, at dtully@aafp.org.

Sincerely,

STRONG MEDICINE FOR AMERICA

President Ada Stewart, MD Columbia, SC	President-elect Sterling Ransone, MD Deltaville, VA	Board Chair Gary LeRoy, MD Dayton, OH	Directors James Elzy, MD, Washington, DC Dennis Gingrich, MD, Hershey, PA Tochi Iroku-Maloz, MD, Bay Shore, NY Andrew Carroll, MD, Chandler, AZ Steven Furr, MD, Jackson, AL Margot Savoy, MD, Media, PA	Jennifer Brull, MD, Plainville, KS Mary Campagnolo, MD, Bordertown, NJ Todd Shaffer, MD, Lee's Summit, MO Danielle Carter, MD (New Physician Member), Jacksonville, FL Anna Askari, MD (Resident Member), Palm Desert, CA Cynthia Ciccotelli (Student Member), Yardley, PA
Speaker Alan Schwartzstein, MD Oregon, WI	Vice Speaker Russell Kohli, MD Stillwell, KS	Executive Vice President R. Shawn Martin Leawood, KS		

Gary L. LeRoy, MD, FAAFP

Gary L. LeRoy, MD, FAAFP
Board Chair, American Academy of Family Physicians

STRONG MEDICINE FOR AMERICA

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Association of
American Medical Colleges
655 K Street, NW, Suite 100, Washington, DC 20001-2399
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aamc.org

February 22, 2021

The Honorable Ron Wyden
Chairman
Committee on Finance
U.S. Senate
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Chairwoman
Committee on Health, Education, Labor, and Pensions
U.S. Senate
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
U.S. Senate
239 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health Education, Labor, and Pensions
U.S. Senate
217 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Wyden, Chairwoman Murray, Ranking Member Crapo, and Ranking Member Burr:

On behalf of the AAMC (Association of American Medical Colleges), I write to urge you to support the nomination of the Honorable Xavier Becerra, JD for Secretary of the U.S. Department of Health and Human Services (HHS). Secretary-designate Becerra's experience in health policy and patient advocacy makes him a well-qualified candidate to serve in this role. In addition, his leadership experience will prove useful as he guides the many agencies of HHS as the department not only continues to respond to the COVID-19 pandemic, but also prepares for future public health emergencies and addresses other critical health care issues, including health coverage.

The AAMC is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

HHS is critical to defeating COVID-19, as demonstrated already by the creation of a COVID Response Team within the agency. HHS and its agencies also are dedicated to promoting the nation's health and well-being, including through medical research, patient care, the health care

Chairman Wyden, Chairwoman Murray, Ranking Member Crapo, and Ranking Member Burr
February 22, 2021
Page 2

workforce, and community health. Academic Medicine has been defining the front lines in addressing the pandemic. In addition, the missions of HHS and its agencies also are key to the mission of the AAMC and are core for our member medical schools and teaching hospitals. Secretary-designate Becerra's leadership experience – such as the efforts to protect patients' access to health care and establish health equity initiatives that he led during his tenure as Attorney General of the State of California – will be an asset in this role. He also brings health policy expertise from his experience on the House Committee on Ways and Means where he championed affordable, comprehensive health care coverage for patients.

As the challenges presented by the COVID-19 pandemic continue, we urge the Senate to proceed quickly with Secretary-designate Becerra's confirmation to ensure that HHS has leadership at the helm now to coordinate an effective response to COVID as well as proceed on the other pressing health care needs of the country. We look forward to engaging with Secretary-designate Becerra to address important issues facing the nation, including our mutual goal of improving the health of people everywhere.

Please feel free to contact me or AAMC Chief Public Policy Officer Karen Fisher, JD (kfisher@aamc.org) if you have any questions or would like any additional information.

Thank you,



David J. Skorton, MD
President and Chief Executive Officer
Association of American Medical Colleges

cc: Senate Majority Leader Chuck Schumer
Senate Minority Leader Mitch McConnell



February 19, 2021

The Honorable Patty Murray
Chairman
Senate Health, Education, Labor &
Pensions Committee

The Honorable Richard Burr
Ranking Member
Senate Health, Education, Labor &
Pensions Committee

Washington, DC 20510

Washington, DC 20510

Dear Chairman Murray and Ranking Member Burr:

The Association of Clinical Research Professionals (ACRP) would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of U.S. Department of Health and Human Services. HCAOA urges his swift confirmation by the U.S. Senate.

ACRP members are individuals working on research studies in humans or with materials from humans. With over 13,000 members in the United States, ACRP's diverse population work in a variety of practice settings, roles, and specialty areas, with a wide range of experience in the field. What's common about them all is their dedication and commitment to promoting excellence in clinical research.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time as the country continues to address the array of challenges the pandemic presents. During his twelve terms in Congress, Attorney General Becerra spent much of his time working on health-related issues impacting U.S. citizens as a member of the House Ways and Means Committee.

As a Congressman, Xavier Becerra was a staunch advocate for access to health care. ACRP members are actively engaged in the clinical research necessary to discover and improve health care treatment, devices, and pharmaceuticals, to include vaccines. Much work lays ahead and ACRP is committed to ensuring the clinical competency of all clinical research professions.

Attorney General Becerra brings his experience as an administrator having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of

Association of Clinical Research Professionals
99 Canal Center Plaza
Suite 150
Alexandria, VA 22314

running an agency as large and diverse as the U.S. Department of Health and Human Services.

Finally, Attorney General Becerra brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities. ACRP itself is undertaking efforts to produce a more diverse workforce and looks forward to working with the nominee to ensure the improving health of the nation.

Thank you for your attention to this matter.

Sincerely

A handwritten signature in cursive script, appearing to read "JK Kremidas".

Jim Kremidas
Executive Director

**ACU Statement on the nomination of Xavier Becerra as HHS Secretary**

Washington, D.C. – January 21, 2021 – The Association of Clinicians for the Underserved (ACU) strongly supports the nomination of Xavier Becerra to be the next Secretary of the United States Department of Health and Human Services. ACU was fortunate to work with Xavier Becerra and his colleagues during his tenure as a member of the US House of Representatives on the passage of the Affordable Care Act. Mr. Becerra's commitment to ensure affordable coverage and access to healthcare for the those most in need represents exactly the type of leadership and vision needed to lead our nation through this time of challenge and crisis.

As the ACU network continues to grapple with the horrible strain and dire impact of the COVID-19 pandemic, we are encouraged by the leadership Mr. Becerra can bring to our nation in addressing health equity, ensuring affordable healthcare access and coverage, and working to build the healthcare workforce needed to support and transform our healthcare system.

We are grateful for Mr. Becerra's long history of public service and his dedicated work in support of America's underserved. The ACU welcomes the opportunity to work closely with Mr. Becerra and all of HHS to advance our shared goals and mission; *to improve the health of America's underserved populations and to enhance the development and support of the clinicians who serve them.*

###

The Association of Clinicians for the Underserved is a uniquely transdisciplinary membership association uniting clinicians, advocates, and organizations in the shared mission to improve the health of America's underserved populations and to support the clinicians serving them. ACU provides professional education, training and technical assistance, and clinical tools and programs to thousands of clinicians and organizations every year to improve health equity for the underserved. To learn more about ACU, visit www.clinicians.org, like ACU on Facebook, or follow us on Twitter.

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February 16, 2021

The Honorable Patty Murray
Chair
Health, Education, Labor, and Pensions
Committee
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Health, Education, Labor, and Pensions
Committee
United States Senate
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

The American Dental Association (ADA) enthusiastically supports the nomination of Xavier Becerra as Secretary of the Department of Health and Human Services.

As California's Attorney General and a former twelve-term member of the U.S. House of Representatives, Attorney General Becerra has an in-depth understanding of our health care system. He knows firsthand how legally complex an administrative process can become between providers, patients and payers. Much more than that, he knows that dentistry is essential health care for Americans. The ADA urges the Senate to promptly confirm Attorney General Becerra and looks forward to working with him in his new position.

If you have any questions or require additional information concerning the above request, please contact Ms. Roxanne Yaghoubi at yaghoubir@ada.org or 202-415-0187.

Sincerely,

Daniel J. Klemmedson, D.D.S., M.D.
President

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

cc: Peter A. DuBois, Executive Director, California Dental Association

DJK:KTO:dnl



AMERICA'S ESSENTIAL HOSPITALS

February 1, 2021

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
Chair
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Dear Chair Murray, Chair Wyden, and Ranking Members Burr and Crapo,

On behalf of our more than 300 member hospitals and health systems, America's Essential Hospitals extends our support for the nomination and confirmation of Xavier Becerra as Health and Human Services (HHS) Secretary.

America's Essential Hospitals is the leading champion for hospitals and health systems dedicated to high-quality care for all, including vulnerable populations. Filling a vital role in their communities, our more than 300 member hospitals provide a disproportionate share of the nation's uncompensated care, and three-quarters of their patients are uninsured or covered by Medicare or Medicaid. Our members provide state-of-the-art, patient-centered care while operating on margins a third that of other hospitals—2.5 percent on average compared with 7.6 percent for all hospitals nationwide.¹

We believe Becerra is uniquely qualified to lead HHS at this critical time. He has worked on significant health care issues throughout his career and has a deep understanding of the process and executive decision-making that comes with serving in leadership positions. Becerra has spent his career defending key programs of importance to essential hospitals and their communities, including Medicare and Medicaid. Most recently, in his role as attorney general of California, Becerra defended the 340B Drug Pricing Program and championed important protections for immigrant communities. During his tenure as a member of Congress, Becerra demonstrated a deep commitment to ensuring access to health care for all Americans.

We are confident Becerra will be a champion for the nation's health and bring a comprehensive approach to combatting the COVID-19 public health emergency. America's Essential Hospitals looks forward to working with him to address the pressing health issues of importance to our

¹ Clark D, Roberson B, Ramiah K. *Essential Data: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2018 Annual Member Characteristics Survey*. America's Essential Hospitals. May 2020. <https://essentialdata.info>. Accessed January 25, 2021.

essentialhospitals.org

AMERICA'S ESSENTIAL HOSPITALS
401 Ninth St NW Ste 900
Washington DC 20004

t: 202 585 0100
f: 202 585 0101
e: contact@essentialhospitals.org

member hospitals and their communities. We urge the full Senate to approve his nomination as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bruce Siegel', written in a cursive style.

Bruce Siegel, MD, MPH
President and CEO



Lee Saunders
President

Eliza McBride
Secretary-Treasurer

Vice Presidents

Jody Barr
New Britain, CT

Denise Berkley
Albany, NY

Mark Bernard
Baiton, MA

Ron Briggs
Latham, NY

Stacy Chamberlain
Portland, OR

Connie Derr
Albuquerque, NM

David DiClemente
North Chili, NY

Shannon S. Douvier
St. Cloud, MN

Denise Duncan
San Dimas, CA

David R. Fillman
Harrisburg, PA

Craig A. Ford
Newark, NJ

Henry A. Garrido
New York, NY

R. Sean Grayson
Worthington, OH

Yeki Hall
Tallahassee, FL

J. David Henderson
Pottsville, PA

Johanna Puno Hester
San Diego, CA

Danny J. Homan
Des Moines, IA

Kathryn Lybarger
Oakland, CA

Roberta Lynch
Chicago, IL

Christopher Mabe
Westerville, OH

Glenard S. Middleton Sr.
Baltimore, MD

Douglas Moore Jr.
San Diego, CA

Michael Newman
Chicago, IL

Debbie Parks
Hamilton, NJ

Randy Parrera
Hialeah, FL

Steven Quick Sr.
Indianapolis, IN

Jose Ramirez
San Jose, CA

Lawrence A. Rothrig
Lansing, MI

Joseph P. Rugola
Columbus, OH

Alan F. Shanahan
Los Angeles, CA

Paul Spink
Milwaukee, WI

Mary E. Sullivan
Albany, NY

Anthony Walls
New York, NY

Mike Yestramski
Olympia, WA

AFSCME
02/20/21

February 22, 2021

Members of the Committee on Finance
United States Senate
Washington, D.C. 20510

Members of the Committee on Health, Education, Labor and Pensions
United States Senate
Washington, D.C. 20510

Dear Senator:

On behalf of the 1.4 million members of the American Federation of State, County and Municipal Employees (AFSCME), I write to express our support for the nomination of Xavier Becerra to be Secretary of the Department of Health and Human Services (HHS). This is a historic confirmation at an unprecedented time. COVID-19 is rapidly becoming the leading cause of death in our nation. The pandemic has laid bare and deepened health inequities in our country. Our nation needs an experienced champion like former Attorney General Becerra to reverse the harms caused by the previous administration to Medicaid, Medicare, and the Affordable Care Act, to lead a successful COVID-19 response, and to continue to expand affordable health care access for everyone in America.

Xavier Becerra is absolutely the right person for this job at this crucial moment. His whole career has been focused on fairness and equity. As HHS Secretary, he will ensure that our nation's COVID-19 response does not continue to compound health care inequities, but instead that everyone can get fair access to health care without discrimination, no matter where they live, what language they speak, what gender they are or how much money they have.

He has an extensive knowledge of and commitment to the health care laws he will be implementing as HHS Secretary. He helped lead passage and implementation of the ACA and Medicaid expansion as a member of Congress. As AG of California, he has been a champion of the ACA, defending it against legal and administrative attacks.

His leadership shows that he understands and is willing to take on ingrained distortions in our health care system that make care more costly and harmful to patients. He has shown the fortitude needed to stand up to the [drug companies' "pay for delay" schemes](#) that unnecessarily delay access to potentially life-saving and less expensive generic medications. He has held [corporations accountable](#) for [peddling dangerous addictive drugs](#).

American Federation of State, County and Municipal Employees, AFL-CIO

TEL (202) 429-1000 FAX (202) 429-1293 TDD (202) 659-0446 WEB www.afscme.org 1625 L Street, NW, Washington, DC 20036-5687

and [challenged efforts to concentrate market place power to raise health care prices](#) to the disadvantage of patients and employers.

Health care is a right, not a privilege. As HHS Secretary, Becerra will strengthen and expand the pillars of our nation's health care system – Medicaid, Medicare, and the Affordable Care Act. Our country needs his trusted leadership on both the health care and human service programs administered by HHS to ensure equity and fairness now during the pandemic and as our country moves forward to rebuild our economy. AFSCME urges you to promptly confirm Xavier Becerra to be the HHS Secretary.

Sincerely,

A handwritten signature in black ink that reads "Bailey K. Childers". The signature is written in a cursive, flowing style.

Bailey K. Childers
Director of Federal Government Affairs

BKC:LB:cg



February 22, 2021

United States Senate
Committee on Health, Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator:

On behalf of the 1.7 million members of the American Federation of Teachers, I urge you to support the nomination of California Attorney General Xavier Becerra to become secretary of the Department of Health and Human Services.

Every person in America deserves the freedom to thrive, fueled by economic and educational opportunity and justice, fairness and a voice for all in our democracy. That requires not just addressing the confluence of crises affecting our country—including COVID-19, economic insecurity, a reckoning with racism, and threats to our democracy such as failing to distinguish fact from fiction and opinion—but also creating the conditions for opportunity and justice. By prioritizing science, the inequities in our healthcare system, and protections and resources for healthcare workers, Becerra will be a true partner as we work to achieve this agenda.

The AFT represents nearly 200,000 healthcare professionals, who are directly affected by actions taken by HHS, while our educators daily see the impact of healthcare on the educational attainment of students living in poverty. Nominee Becerra's focus on equity comes from a basic philosophy articulated when he said: "For me, healthcare is a right." This crucial statement provides insight into his philosophy as California attorney general, and into what it would be as a HHS secretary. During his tenure as California's attorney general, he has fought to save the Affordable Care Act, support reproductive rights and ensure access to healthcare for immigrant families, while also seeking to make healthcare affordable through reducing provider market dominance.

As attorney general, Becerra manages more than 4,500 employees and a substantial budget. He has extensive background on federal healthcare policy from his time in Congress, including serving on the Committee on Ways and Means. I worked with Becerra while he was in Congress and can attest to both his mastery of policy and, even more crucially, his care for constituents, healthcare professionals, children and the nation.

The American Federation of Teachers is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

American Federation
of Teachers, AFL-CIO

AFT Teachers
AFT PSRP
AFT Higher Education
AFT Public Employees
AFT Nurses and Health
Professionals

555 New Jersey Ave. N.W.
Washington, DC 20001
202-879-4400
www.aft.org

Randi Weingarten
PRESIDENT

Fedrick C. Ingram
SECRETARY-TREASURER

Evelyn DeJesus
EXECUTIVE VICE PRESIDENT

VICE PRESIDENTS

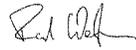
J. Philippe Abraham
Shelvy Y. Abrams
Frederick Albert
Elba L. Aponte Santos
Barbara Bowen
Vicky Rae Byrd
Zeph Capo
Donald Carlisto
Larry J. Carter, Jr.
Kathy A. Chavez
Donna M. Chiera
Melissa Cropper
Amanda Curtis
Jolene T. DiBrango
GlenEva Dunham
Marietta A. English
Francis J. Flynn
Jeffery M. Freitas
Lisa Gourley
David Gray
Ron Gross
Anthony M. Harmon
David Hecker
Karla Hernandez-Mats
Jan Hochadel
Jerry T. Jordan
Frederick E. Kowal
Stephanie Ly
Terrence Martin, Sr.
John McDonald
Daniel J. Montgomery
Michael Mulgrew
Andrew Pallotta
Donna Phillips, RN
Juan Ramirez
Jesse Sharkey
Andrew Spar
Denise Specht
Wayne Spence
Jessica J. Tang
Adam Urbanski
Debbie White, RN
Carl Williams



U.S. Senate/Nomination of Xavier Becerra/Page 2

Xavier Becerra has the expertise, experience and worldview to serve the country exceptionally as the secretary of the Department of Health and Human Services. I urge you to support his nomination. He will provide the leadership we need to fight for the freedom to thrive for our members, our families, our communities and all those we serve.

Sincerely,

A handwritten signature in black ink, appearing to read "Randi Weingarten".

Randi Weingarten
President

RW : emc opeiu #2 afl-cio



Washington, D.C. Office
 800 10th Street, N.W.
 Two CityCenter, Suite 400
 Washington, DC 20001-4956
 (202) 638-1100

February 18, 2021

The Honorable Patty Murray
 United States Senate
 154 Russell Senate Office Building
 Washington, DC 20510

The Honorable Richard Burr
 United States Senate
 217 Russell Senate Office Building
 Washington, DC 20510

Dear Senator Murray and Senator Burr:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners, including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) is pleased to support the nomination of California Attorney General Xavier Becerra to be the next Secretary of the Department of Health and Human Services.

As California Attorney General, Becerra has led the effort to protect the Affordable Care Act and its important protections and coverage for patients. The AHA has worked with Becerra throughout his long career as a former member of the U.S. House of Representatives, including as a member of the Ways and Means Committee's health subcommittee. He has been a champion for health care coverage and affordable health care, which the AHA has long supported. Throughout his time in public service, it is clear that Becerra has consistently made people across America and their health a priority.

There are many critical priorities facing the nation and the health care field. Nothing is more critical than the COVID-19 pandemic, and making sure hospitals, health systems and our heroic front-line caregivers have the resources and support they need to care for patients and win the battle against the virus. The enduring challenges of both caring for our non COVID patients and COVID patients, maintaining a healthy workforce, as well as partnering to vaccinate our country long term will require a significant partnership. We also need to make important progress on advancing the transformation of health care, ensuring access to coverage, making health care equitable to all people in America and enhancing the quality of care.

The AHA looks forward to working closely with Becerra should he be confirmed as the next Secretary of the Department of Health and Human Services to achieve our mutual mission of advancing the health of the patients and communities we are privileged to serve.

Sincerely,


 Richard J. Pollack
 President and CEO





JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

January 21, 2021

The Honorable Patty Murray
Chair
Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chair Murray and Ranking Member Burr:

The American Medical Association (AMA) strongly supports Xavier Becerra for the Secretary of the Department of Health and Human Services (HHS). Throughout his career, Attorney General Becerra has worked to strengthen our nation's health care system. During his time in Congress, Mr. Becerra served on the important Ways and Means Committee, which oversees Medicare and other important health care programs. Mr. Becerra labored to strengthen Medicare and ensure its long-term viability as well as address poverty issues for families that have the potential to affect their health. In particular, the AMA worked with Mr. Becerra to pass the Affordable Care Act (ACA) and to eliminate Medicare's Sustainable Growth Rate (SGR) formula.

As California's Attorney General, Mr. Becerra worked extensively on a series of health care issues of importance to the nation and to the AMA. Mr. Becerra led a coalition of 17 states in defending the ACA in the Federal District Court and the Fifth Circuit Court of Appeals case, *Texas v. U.S.*, which challenged the constitutionality of the ACA. Mr. Becerra also led 20 states and DC in filing a petition to the U.S. Supreme Court seeking review of the Fifth Circuit's decision in *Texas v. U.S.* The decision held the individual mandate of the ACA unconstitutional and called into question whether the remaining provisions of the ACA could still stand, including those that protect and provide coverage to Americans with pre-existing conditions. Also, as California Attorney General, Mr. Becerra pursued antitrust enforcement against hospital consolidations that distort the health care marketplace; worked to protect access to reproductive health care and for LGBTQ individuals; and joined other state Attorneys General in suing the Trump administration over its public charge rule. In all these cases, his efforts targeted at promoting public health and protecting access to care for chronically underserved individuals and populations.

The raging COVID-19 pandemic demands strong and consistent federal leadership, and it is imperative that the Senate act quickly to confirm Mr. Becerra to serve as Secretary of HHS. The AMA urges the Senate to confirm his appointment immediately.

Sincerely,

James L. Madara, MD



February 10, 2021

The Honorable Ron Wyden
Chair
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor and
Pensions
United States Senate
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor and
Pensions
United States Senate
428 Senate Dirksen Office Building
Washington, DC 20510

Dear Chairman Wyden, Chairwoman Murray, Ranking Member Crapo, and Ranking Member Burr,

On behalf of the American Nurses Association (ANA), I offer our wholehearted endorsement of California Attorney General Xavier Becerra to become the Secretary of the U.S. Department of Health and Human Services.

ANA is the premier organization representing the interests of the nation's 4.2 million registered nurses, through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four advanced practice registered nurse roles (APRNs); Nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs). ANA is dedicated to partnering with health care consumers, the Congress, and the Administration to improve practices, policies, delivery models, outcomes, and access across the health care continuum. ANA had the opportunity to work with Congressman Becerra during his time in Congress and it is our experience he shares our dedication to this cause.

While a member of the Health Subcommittee on the U.S. House Ways and Means Committee, Mr. Becerra championed many issues important to nurses, other health care providers, and patients. These included repealing the sustainable growth rate, repealing the per-beneficiary Medicare spending limits on therapy services, promoting value-based payment models, lowering prescription drug prices, and making health care more affordable and accessible to everyone.

As California Attorney General, Mr. Becerra has defended the Affordable Care Act and essential health benefits. He fought against hospital consolidation and short-term junk insurance plans which make health care more expensive for consumers. His experience running the Department of Justice in America's largest state instills confidence that he is very capable of running one of the largest



government agencies in the world during the COVID-19 pandemic. Further he is a historic choice whose own experiences allow him to personally understand the health care disparities in our system that have ravaged minority communities across the country.

If you have any questions or require additional information concerning the above endorsement, please feel free to contact me or Sam Hewitt, ANA's senior associate director of policy and government affairs at samuel.hewitt@ana.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Ernest Grant".

Ernest Grant, PhD, RN, FAAN
President
American Nurses Association





February 19, 2021

The Honorable Patty Murray
 Chairman
 Senate Health, Education, Labor and Pensions
 Committee
 Washington, DC 20510

The Honorable Richard Burr
 Ranking Member
 Senate Health, Education, Labor and Pensions
 Committee
 Washington, DC 20510

Dear Chairman Murray and Ranking Member Burr:

The American Physical Therapy Association (APTA) would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of Health and Human Services.

APTA is a professional organization representing 100,000 member physical therapists, physical therapist assistants, and students of physical therapy. Building a community that advances the profession of physical therapy to improve the health of society is our mission.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time, as the country continues to address the array of challenges the pandemic presents. During his 12 terms in Congress and as a member of the House Ways and Means Committee, Attorney General Becerra spent much of his time working on health care issues impacting U.S. citizens.

As a congressman, Attorney General Becerra was a staunch advocate for access to health care services. He helped lead a successful effort to eliminate arbitrary caps on seniors' access to necessary outpatient physical therapy services and championed legislation to ultimately remedy this issue for millions of Medicare beneficiaries.

In addition to his experience on health care matters, Attorney General Becerra brings his experience as an administrator, having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as large and diverse as the U.S. Department of Health and Human Services.

Finally, as a Latino he brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities to ensure the improving health of the nation.

Thank you for your attention to this matter. Should you have any questions regarding our comments, please contact Justin Elliott, vice president, government affairs, at justinelliott@apta.org or 703-706-3161. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Sharon L. Dunn".

Sharon L. Dunn, PT, PhD
 Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
 President



February 19, 2021

The Honorable Patty Murray
Chairman
Senate Health, Education, Labor &
Pensions Committee
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Health, Education, Labor &
Pensions Committee
Washington, DC 20510

Dear Chairman Murray and Ranking Member Burr:

The American Society for Clinical Laboratory Science (ASCLS) would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of U.S. Department of Health and Human Services. ASCLS urges his swift confirmation by the U.S. Senate.

The mission of ASCLS is to make a positive impact in health care through leadership that will assure excellence in the practice of laboratory medicine. ASCLS represents medical laboratory scientists and medical laboratory technicians who are the backbone of our nation's diagnostic health care system.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time as the country continues to address the array of challenges the pandemic presents. During his twelve terms in Congress, Attorney General Becerra spent much of his time working on health care issues impacting U.S. citizens as a member of the House Ways and Means Committee.

As a Congressman, Attorney General Becerra was a staunch advocate for access to health care services. Clinical laboratory scientists have a critical health care role to play and we must ensure access to clinical laboratory services is unfettered especially during this coronavirus (COVID-19) pandemic. The ongoing shortage of laboratory personnel in the U.S. should be of great concern as we address the current pandemic and future access to high quality laboratory diagnostic services.

In addition to his experience on health care matters, Attorney General Becerra brings his experience as an administrator having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as large and diverse as the U.S. Department of Health and Human Services.

Finally, as the first Latino to head the agency, he brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities, including workforce disparities, to ensure the improving health of the nation.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Maddie Josephs". The signature is fluid and cursive.

Maddie Josephs, MS, MLS(ASCP)
President

1861 International Drive, Suite 200, McLean, Virginia 22102
www.ascls.org · ascls@ascls.org · 571.748.3770 · fax 571.354.7570



1155 15th Street, N.W., Suite 600 | Washington, DC 20005
 Tel. 202.204.7508 | www.communityplans.net
 Christopher D. Palmieri, Chair | Margaret A. Murray, Chief Executive Officer

February 16, 2021

The Honorable Ron Wyden
 Chairman, Senate Finance Committee
 U.S. Senate
 Washington, DC 201510

The Honorable Patty Murray
 Chairman, Senate HELP Committee
 U.S. Senate
 Washington, DC 201510

The Honorable Mike Crapo
 Ranking Member, Senate Finance Committee
 U.S. Senate
 Washington, DC 201510

The Honorable Richard Burr
 Ranking Member, Senate HELP Committee
 U.S. Senate
 Washington, DC 201510

Dear Senators Wyden, Crapo, Murray, and Burr:

The Association for Community Affiliated Plans (ACAP) is a national trade association representing 78 not-for-profit Safety Net Health Plans. Collectively, ACAP plans serve more than 20 million people through Medicaid, Medicare, the Marketplaces, and other publicly supported coverage programs. Our mission is to support our member plans' efforts to improve the health and well-being of people with low incomes and with significant health care needs.

We write to support the nomination of the Honorable Xavier Becerra for Secretary of the Department of Health and Human Services (HHS). Secretary-Nominee Becerra is unequivocally qualified to run HHS, as a longtime supporter of equitable access to comprehensive, affordable health coverage and care. Throughout his career in Washington, D.C.—with 20 years of experience on the House Committee on Ways and Means—and as California's Attorney General, Xavier Becerra has not just led efforts to support and protect the Affordable Care Act, but countless other health care efforts. In addition to his significant policy and operational knowledge of health care from his time in the U.S. House of Representatives, his time as California's Attorney General unequivocally demonstrated his ability to manage a large, bureaucratic agency that oversees a wide swath of topics.

We encourage a swift confirmation of Mr. Becerra, so that he can quickly get to work addressing the multitude of health care issues that have befallen the American public—from the COVID-19 pandemic, to all-too-frequent churn within the Medicaid program, to the loosening of ACA rules that protect consumers from inadequate, junk insurance plans. Throughout his career Mr. Becerra has been a stalwart supporter of policies to improve the lives of lower-income and vulnerable populations; we look forward to working with him and Congress to further improve the lives of Americans nationwide.

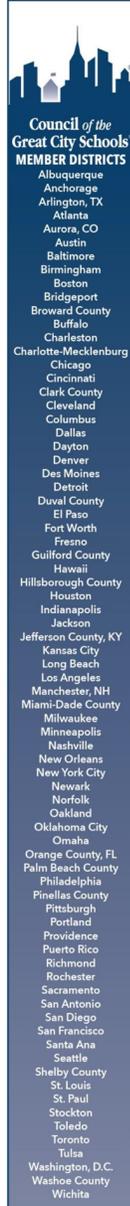
Sincerely,

/s/

Margaret A Murray
CEO, ACAP

Council of the Great City Schools®

1331 Pennsylvania Avenue, NW, Suite 1100N, Washington, DC 20004
 (202) 393-2427 (202) 393-2400 (fax) www.cgcs.org



February 18, 2021

The Honorable Patty Murray
 Chair, Senate Health, Education, Labor and Pensions Committee
 U.S. Senate
 428 Dirksen Office Building
 Washington D.C. 20510

Dear Chairwoman Murray:

The Council of the Great City Schools, the coalition of the nation's largest central city school districts, writes in strong support of the confirmation of Xavier Becerra as Secretary of the U.S. Department of Health and Human Services. We commend President Biden for nominating Xavier Becerra, who has excelled in every governmental responsibility to which he has been elected or appointed.

The Council worked closely with Congressman Becerra in his initial Education and Labor Committee assignment, including his prominent role in authorizing the Improving America's Schools Act of 1994. The Council also worked with him in his Ways and Means Committee assignment and in his leadership role with the Congressional Hispanic Caucus and the House Democratic Caucus. In addition, the Great City Schools supported several of the legal initiatives that Becerra undertook as California Attorney General.

Xavier Becerra has broad experience in education, social services, tax, and health policy as a long-serving member of critical congressional committees. He also demonstrated the administrative capacity to manage a large governmental agency, and the personal commitment to the nation's underserved populations needed to lead the federal Department of Health and Human Services.

The challenges facing the nation and its health and social services systems are unique and systemic at this critical time. The Council of the Great City Schools requests the expeditious confirmation of Xavier Becerra to lead the U.S. Department of Health and Human Services. Thank you for your consideration.

Sincerely,

Michael C. Casserly
 Executive Director

February 22, 2021

The Honorable Patty Murray
Chairwoman
Senate Committee on Health
Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Chairman
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Committee on Health
Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

To Members of the Senate HELP and Finance Committees:

On behalf of Blue Shield of California (Blue Shield), I write to express strong support for the nomination of California Attorney General Xavier Becerra for Secretary of the Department of Health and Human Services (HHS). Attorney General Becerra's deep knowledge of health care issues, distinguished record of working to improve the lives of vulnerable Americans, and remarkable personal story position him to be a uniquely effective HHS Secretary at this challenging time.

A son of working-class immigrants, Attorney General Becerra was the first member of his family to earn a bachelor's degree. Soon after finishing his undergraduate and law degrees at Stanford University, Attorney General Becerra embarked on a career in public service. He has held elected office in California's General Assembly, spent over 20 years as a member of the U.S. House of Representatives, and most recently serves as Attorney General of California. Informed by his working-class upbringing, Becerra has consistently advocated to improve health access and economic opportunities for the communities he served.

Blue Shield values Attorney General Becerra's leadership and commitment to preserving access to affordable, comprehensive health care for millions of Californians. As Attorney General, he repeatedly defended key Affordable Care Act (ACA) protections and fought for lower drug prices, including:

- Leading a coalition of 20 states and the District of Columbia in defending the ACA against total repeal before the U.S. Supreme Court. In that case, plaintiffs sought to strike the entire ACA—including its Medicaid expansion and provisions securing access to affordable coverage for 133 million Americans with pre-existing conditions;
- Guarding against the expansion of association health plans that can exclude key benefits and consumer protections otherwise required under ACA rules; and

- Tackling the affordability of prescription drugs, including pursuing collusive “pay-for-delay” agreements meant to postpone market competition to lower the cost of important medicines.

Attorney General Becerra also fought for California’s consumers in reaching a precedent-setting settlement challenging anti-competitive pricing by a dominant health care system in California. That settlement is recognized as a national model to protect consumers from unfair pricing.

Blue Shield looks forward to continuing to work with Attorney General Becerra to improve access to affordable health care coverage for all Americans and advance our mission of building a health care system worthy of our friends and family.

Sincerely,

A handwritten signature in black ink, appearing to read "Gary M. Cohen". The signature is fluid and cursive, with a large initial "G" and "M".

Gary Cohen
Vice President, Government Affairs
Blue Shield of California



1400 EYE STREET, N.W. • SUITE 1200 • WASHINGTON, DC 20005
PHONE (202) 296-5469 • FAX (202) 296-5427

February 12, 2021

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chairperson Murray:

We write to express our strong support for the nomination of Xavier Becerra to be Secretary of the Department of Health and Human Services. He is highly qualified and has the experience necessary to address the enormous health challenges facing our nation, including the death and disease caused by tobacco use.

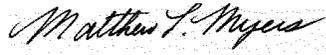
Mr. Becerra has an impressive record of protecting public health and will be prepared on day one to address the COVID-19 pandemic and the stark health disparities it has exposed, as well as tobacco use, which heightens those disparities.

Tobacco use has long been the leading preventable cause of death in the U.S., causing more than 480,000 deaths and an estimated \$170 billion in health care costs each year. High rates of e-cigarette use by youth is a new challenge that is placing another generation at risk for nicotine addiction and tobacco use. Tobacco use is also a significant contributor to health disparities, as tobacco use and tobacco-caused disease have become more concentrated among certain communities of color, people with lower levels of income and education, people with a behavioral health condition, and LGBT Americans. Exacerbating this problem, cigarette smokers are at greater risk for severe illness from COVID-19, which provides an urgent new reason to help tobacco users to quit.

As the Attorney General of California, Mr. Becerra has demonstrated leadership in protecting kids from tobacco. Recognizing that youth are particularly vulnerable to nicotine use and addiction, he worked to protect kids from e-cigarette marketing and tobacco imagery in streamed video content. He also supported California's new law ending the sale of flavored tobacco products, which are a key driver of youth tobacco use. During his time in Congress, he supported the landmark law giving FDA authority to oversee tobacco products, which includes a critical requirement that new tobacco products undergo a public health review by the agency before they can be marketed.

We believe Mr. Becerra will be a strong and effective leader of the Department of Health and Human Services and will use his position to prevent disease and save lives. We urge your Committee to promptly consider his nomination and the U.S. Senate to quickly confirm him.

Sincerely,

A handwritten signature in black ink that reads "Matthew L. Myers". The signature is written in a cursive style with a large initial "M".

Matthew L. Myers
President
Campaign for Tobacco-Free Kids

cc: The Honorable Richard Burr, Ranking Member, Committee on Health, Education, Labor and Pensions



Headquarters:
734 15th Street NW, Suite 300, Washington DC 20005
202.659.9709 Phone 202.974.7999 Fax

Denver Office:
1355 S. Colorado Blvd., C-601, Denver, CO 80222
1-888-234-2468 Phone 202.974.7999 Fax

New York City Office:
165 West 46th Street, Suite 805, New York, NY 10036
917.305.1200 Phone 212.967-8717 Fax

Research & Training Institute:
520 Walnut Street, Suite 1170 Philadelphia, PA 19106
267.295.3000 Phone 215.883.2580 Fax

February 09, 2021

The Honorable Patty Murray
Chairman
Senate Committee on Health, Education,
Labor, and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Murray and Ranking Member Burr,

The Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, supports the nomination of the Honorable Xavier Becerra to serve as the next Secretary of the United States Department of Health and Human Services (HHS). While serving as a United States Congressman and as the Attorney General of California, Mr. Becerra continuously protected the rights of patients both state and nationwide. We are confident that he will do the same as Secretary of HHS.

Throughout his career, Mr. Becerra has always put patients first, including those impacted by cancer. Mr. Becerra was a proud co-sponsor of the *Patient Protection and Affordable Care Act* (ACA) and actively worked to pass this landmark legislation. As a member of Congress, he steadfastly fought to protect and preserve the ACA by voting at least nine times against efforts to repeal and replace the law. He also sponsored the *E-Centives Act*, which provided incentives for Medicaid providers to improve quality of care by implementing electronic health records.

Most recently, as Attorney General of California, Mr. Becerra led a coalition of over 20 state Attorneys General in defending the ACA against an effort to repeal the entire law in the Supreme Court case, *California v. Texas*. In their brief, the coalition underscored the substantial advancements in access to health care made under the ACA, including Medicaid expansion which has provided coverage to nearly 15 million Americans (Kaiser Family Foundation, 2020), and guaranteed protections for as many as 133 million Americans with pre-existing conditions, such as cancer (Department of Health and Human Services, 2017). Mr. Becerra has long stressed that the ACA is the backbone of our health care system and that if it were to be struck down, it will impact the ability of many Americans to access and afford health coverage, especially during a global pandemic.

The COVID-19 pandemic has significantly strained our nation's health care system and continues to have an enormous impact on the continuity of care for people impacted by cancer.



Headquarters:
734 15th Street NW, Suite 300, Washington DC 20005
202.659.9709 Phone 202.974.7999 Fax

Denver Office:
1355 S. Colorado Blvd., C-601, Denver, CO 80222
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Research & Training Institute:
520 Walnut Street, Suite 1170 Philadelphia, PA 19106
267.295.3000 Phone 215.883.2580 Fax

HHS needs a strong leader at the helm who can implement policies that will protect patients both now during these challenging times and in the future. Mr. Becerra's record in advocating for policies that will strengthen the health and well-being of patients makes him the right person for this ever-important position at this consequential time in history. Therefore, we urge you to confirm Mr. Xavier Becerra as the next Secretary of HHS.

Thank you for your consideration. Should you have any questions about our support for Mr. Becerra's nomination, please contact me at (202) 552-6762 or pwoods@cancersupportcommunity.org.

Sincerely,

Phylicia L. Woods, JD, MSW
Executive Director – Cancer Policy Institute
Cancer Support Community Headquarters

References

Department of Health and Human Services. 2017. *Health Insurance Coverage for Americans with Pre-Existing Conditions: The Impact of the Affordable Care Act*. Retrieved from <https://aspe.hhs.gov/system/files/pdf/255396/Pre-ExistingConditions.pdf>.

Kaiser Family Foundation. 2020. *Potential Impact of California v. Texas Decision on Key Provisions of the Affordable Care Act*. Retrieved from <https://www.kff.org/health-reform/issue-brief/potential-impact-of-california-v-texas-decision-on-key-provisions-of-the-affordable-care-act/>.



national **latin@** network

February 12, 2021

United States Senate Committee on Health, Education, Labor & Pensions
United States Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo,
and Committee Members:

On behalf of Casa de Esperanza: National Latin@ Network for Healthy Families and Communities, I write this letter to express our support and endorsement of Xavier Becerra as someone who is uniquely qualified to lead the Department of Health and Human Services at this critical time. His diverse experience has placed him at the forefront of efforts to address the needs of poor and working families, legal efforts to protect access to affordable health care, and a demonstrated commitment to supporting survivors of intimate partner violence.

Casa de Esperanza is a national organization with almost 40 years of experience in supporting Latin@ communities with regards to anti-domestic and sexual violence, stalking, trafficking, and dating violence. We were founded in 1982 in Minnesota to provide emergency shelter and support services for women and children experiencing domestic violence. In 2009 Casa de Esperanza launched the National Latin@ Network for Healthy Families and Communities, which is a national resource center that provides training & technical assistance, research, and national policy advocacy focused on addressing and preventing gender-based violence, primarily in Latin@ and immigrant communities. We are part of a network of domestic violence programs that work collaboratively to promote practices and strategies to improve our nation's response to domestic violence and make safety and justice for all families a priority. Our efforts involve working closely with the Family Violence Prevention and Services Act (FVPSA) Program, located in the Family & Youth Services Bureau (FYSB), Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services.

Domestic and sexual violence impacts all areas of the lives of survivors and their children. The systems they access for help can either support or cause further harm and trauma. A holistic

540 Fairview Avenue S., Suite 540, St. Paul, MN 55104 • 651-646-5553 • www.casadeesperanza.org

approach to domestic and sexual violence is needed to ensure the safety and well-being of survivors and their families. This is especially critical as the United States grapples with the COVID-19 pandemic. The inequities in our nation are inescapable as Black, Latin@, Asian/Pacific Islander and Native American communities bear the brunt of the pandemic's economic and health damages. We are at a time where all of us must work toward outcomes that benefit and are equitable for all. Leading us out of this pandemic will require unwavering ethics, a leader with integrity, and someone who understands complex bureaucratic systems, as well as the issues everyday people are currently experiencing. Mr. Becerra, through his long-term commitment to support families, women, and children, has proven he is concerned about the same lived realities of the communities we serve at Casa de Esperanza.

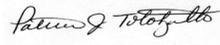
The Department of Health and Human Services (HHS) is the agency in the federal executive branch most involved with addressing the nation's human concerns. In one way or another, it touches the lives of more people than any other federal agency. It is the agency that addresses the health and well-being of all people, and within that has a longstanding commitment of working to prevent family violence and provide services, ever since the enactment of the Family Violence Prevention and Services Act in 1984. HHS is the agency best positioned to advancing a more holistic and equitable approach to improving pathways to safety for survivors of domestic violence. It is more important than ever that this department be comprised of leaders committed to ending violence against women, addressing health equity, and advancing racial equity. As such, there is no better candidate to lead the Department of Health and Human Services than Xavier Becerra.

Mr. Becerra is a deeply qualified and passionate leader with a depth and breadth of experience that spans three decades of working to address violence against women and support survivors, ensure access to healthcare, and protect Social Security and Medicare. In May of 2020, as California Attorney General, Xavier Becerra called for the reauthorization of the Violence Against Women Act, stating that "[t]here's no place for violence against women anywhere." At the California Department of Justice, Becerra ensured that they were doing their part to support survivors of domestic and sexual violence and prevent and respond to crimes against women. During COVID-19, Attorney General Becerra stayed focused on the needs of survivors and worked to ensure that they had access to critical services during state-wide stay-at-home orders. At the California Department of Justice, Becerra ensured that they were doing their part to support survivors of domestic and sexual violence and prevent and respond to crimes against women." During COVID-19, Attorney General Becerra stayed focused on the needs of survivors and worked to ensure that they had access to critical services during state-wide stay-at-home orders.

We urge the Senate Committees on Health, Education, Labor and Pensions and Finance to swiftly confirm Xavier Becerra as Secretary of the Department of Health and Human Services.

Please feel free to contact me if you have any questions relating to these comments.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Patricia Tototzintle".

Patricia Tototzintle
Chief Executive Officer



ONE FEDERAL STREET, BOSTON, MA 02110
 MAIN: 617.338.6035
 FAX: 617.451.5838
www.communitycatalyst.org

February 22, 2021

Honorable Patty Murray
 Chair, Health, Education, Labor & Pensions
 Committee
 154 Russell Senate Office Building
 Washington, DC 20510

Honorable Richard Burr
 Ranking Member, Health, Education, Labor
 & Pensions Committee
 217 Russell Senate Office Building
 Washington, DC 20510

Dear Senators Murray and Burr:

As advocacy organizations committed to advancing health equity, we submit the following letter in support of the nomination of Attorney General Xavier Becerra for Secretary of the U.S. Department of Health and Human Services (HHS).

Attorney General Becerra is a demonstrated leader in the fight for quality, affordable health care, immigrant rights and the principles of equity and justice upon which our health system must be based. As a member of Congress from 1993-2017, Attorney General Becerra fought tirelessly to protect and expand access to affordable health care for all people, which included his leadership in the passage of the Affordable Care Act (ACA). Since then, as California's Attorney General, he has continued his tireless work to protect people's health, most notably as the lead defender of the ACA in the *California v. Texas* lawsuit, currently before the Supreme Court. He is also a longstanding champion for protecting and expanding access to sexual and reproductive health, including abortion, which is critical for advancing health equity.

Now, more than ever, we need a proven champion of health equity leading HHS. The COVID-19 pandemic has shed light on the deep inequities that leave many Black and brown people without resources or recourse to protect their families. In particular, the pandemic has had a disproportionate and devastating impact on Black, Latinx, Indigenous, Asian American, and Pacific Islander communities, who face alarming rates of infection and death due to discriminatory barriers to safe work places, health coverage, and care. It has also exposed how our health system fails LGBTQ+ people, immigrants, people with disabilities, older adults, and every intersection thereof. We are confident that as HHS Secretary, Attorney General Becerra will take quick and decisive action to mitigate the harm the pandemic has caused as well to address the underlying inequities that keep our systems from serving the public fairly and well.

We further expect Attorney General Becerra to continue his commitment to working with advocates, policy makers, and agency staff to build on the important foundation the ACA has laid, including in the areas of expanded coverage, increased affordability, and improved access to quality care for all people. His leadership and expertise will also be particularly valuable in developing and implementing a plan to reverse anti-immigrant policies, including public charge

rules and non-discrimination protections for people with limited English proficiency, and to rebuilding trust between our government and immigrant communities going forward.

Attorney General Becerra is the right leader for the moment. We enthusiastically support his nomination and look forward to working with him to move our nation's health system forward with health equity and the needs of historically excluded and under-resourced communities at the center.

Thank you,

National

Community Catalyst

State

California

California Pan-Ethnic Health Network
Health Access California

Colorado

Colorado Consumer Health Initiative
Colorado Organization for Latina Opportunity and Reproductive Rights

Florida

Florida Policy Institute
Florida Health Justice Project

Georgia

The Arc Georgia
Georgians for a Healthy Future

Illinois

Shriver Center on Poverty Law
EverThrive Illinois

Indiana

Hoosier Action

Kentucky

Kentucky Voices for Health
Kentucky Equal Justice Center

Massachusetts

Health Care for All Massachusetts
Advocates

Maryland

Maryland Citizens' Health Initiative

Maine

Consumers for Affordable Health Care
Maine Equal Justice

Michigan

Arab Community Center for Economic and Social Services (ACCESS)

Minnesota

TakeAction Minnesota

Mississippi

Mississippi Center for Justice

Missouri

Missouri Health Care For All

North Carolina

NC Justice Center

North Carolina AIDS Action Network

New Jersey

New Jersey Citizen Action

Salvation and Social Justice

Nevada

Children's Advocacy Alliance

New York

Progressive Doctors

Raising Women's Voices for the Health Care We Need

Make the Road New York

Ohio

Universal Health Care Action Network of Ohio

Oklahoma

Oklahoma Policy Institute

Pennsylvania

Pennsylvania Health Access Network

CASA

Rhode Island

Economic Progress Institute

South Carolina

SC Appleseed Legal Justice Center

Tennessee

Tennessee Justice Center

Tennessee Disability Coalition

Tennessee Health Care Campaign

Utah

Utah Health Policy Project

Virginia

Virginia Organizing

Virginia Poverty Law Center

Washington

Northwest Health Law Advocates

Wisconsin

Citizen Action of Wisconsin

Kids Forward

West Virginia

West Virginians for Affordable Health Care

WV FREE



February 12, 2021

VIA ELECTRONIC SUBMISSION

The Honorable Ron Wyden
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
United States Senate
Washington, DC 20510

The Honorable Patty Murray
United State Senate
Washington, DC 20510

The Honorable Richard Burr
United States Senate
Washington, DC 20510

Dear Senators Wyden, Crapo, Murray and Burr:

The Center for Medicare Advocacy (the Center) strongly supports the nomination of California Attorney General Xavier Becerra for Secretary of the Department of Health and Human Services (HHS). The Center, founded in 1986, is a national, non-profit, non-partisan law organization that works to advance access to comprehensive Medicare, health equity, and quality health care.

Mr. Becerra has been a champion of expanding access to health care, from his time in Congress to his most recent role as California's Attorney General. During his twelve terms in Congress, including while serving on the House Ways & Means Health Subcommittee, Mr. Becerra worked to improve the Medicare program as well as health care access more broadly.

Our organization strongly supported his introduction of the Medicare Savings Programs Improvement Act of 2007 to expand cost-sharing subsidies for low-income individuals dually eligible for Medicare and Medicaid, many provisions of which were included in the Medicare Improvements for Patients and Providers Act of 2008 and the Medicare Access and CHIP Reauthorization Act of 2015. Among other things, he also worked to eliminate the arbitrary caps on outpatient therapy, expand Medicare coverage of medical nutrition services, and require the HHS Secretary to conduct research on issues related to socioeconomic status related to Medicare's value-based programs.

As Attorney General of California, he led a group of states defending the Affordable Care Act (ACA) in *California v. Texas*; the Center was honored to support this effort by submitting an amicus brief along with AARP and Justice in Aging in support of California and the other states.

In his role as California AG, Mr. Becerra was at the forefront of challenges to policies that harm the health of older adults and people with disabilities, such as the previous administration's expansion of the "public charge" rule. As a strong advocate for residents of nursing facilities, AG Becerra led 17 State Attorneys General in an effort to stop the previous administration from rolling back regulatory protections for nursing home residents, and later opposed proposed revisions to the nursing facility Requirements of Participation that would have scaled back appropriate oversight. Further, his demonstrated commitment to equity includes protecting women and LGBTQ+ individuals from unlawful discrimination in health care, and a recognition of the unequal effect that environmental damage has on the health of people of color and other communities.

AG Becerra's extensive legislative and executive experience make him uniquely qualified to serve as Secretary of Health and Human Services. Further, his personal experience as the proud son of immigrants will help ground his efforts to address the disparities in our health system laid bare by the COVID-19 pandemic.

Mr. Becerra is the right leader for HHS at this moment, not only for overseeing the response to the COVID pandemic, but also for protecting and building health care rights for Medicare beneficiaries, and for all Americans. The Center for Medicare Advocacy enthusiastically supports the nomination of Mr. Becerra. We urge his swift confirmation.

Sincerely,



Judith A. Stein
Executive Director/Attorney



February 18, 2021

The Honorable Ron Wyden (D-OR)
Chairman
Senate Finance Committee

The Honorable Mike Crapo (R-ID)
Ranking Member
Senate Finance Committee

The Honorable Patty Murray (D-WA)
Chairwoman
Senate Health, Education and Labor Committee

The Honorable Richard Burr (R-NC)
Ranking Member
The Senate Health, Education and Labor Committee

Dear Senators Wyden, Crapo, Murray and Burr:

On behalf of CommonSpirit Health, I write in strong support of Attorney General Xavier Becerra's nomination for Secretary of the Department of Health and Human Services (HHS). Attorney General Becerra is of the highest integrity and it has been a great privilege to have worked with him in his role as a member of the California delegation in the U.S. Congress and as Attorney General of the state of California. He is a trusted colleague, an experienced executive leader and he is passionate about providing high quality, affordable health care to all – including our most vulnerable and marginalized.

CommonSpirit Health is a nonprofit, Catholic health system dedicated to advancing health for all people. It was created in February 2019 through the alignment of Catholic Health Initiatives and Dignity Health, a merger that was meticulously reviewed and approved by Attorney General Becerra over a period of 18 months. We found the leadership of Attorney General Becerra during the review process to be thorough, thoughtful, and innovative. His entire focus was preserving services for the residents of California with a special eye toward the most vulnerable. He was focused and tough, but fair.

A consummate listener, Attorney General Becerra is known to be persuasive in his fight to right the injustices in our society, passionate about his beliefs and causes he has championed, and deliberative in his decision making. We believe these and other qualities make him an exceptional nominee as Secretary to lead HHS during this unprecedented time in our history. The COVID-19 pandemic has wreaked havoc on our nation's health care system but it has also disproportionately harmed communities of color and other at risk populations for whom our mission compels us to serve. It has shined a bright light on the national health disparities that have long existed. Under his leadership as Secretary, I am confident we will make significant progress in closing the gaps and addressing the health equity issues that persist.

CommonSpirit stands ready to work with Attorney General Becerra and all of you as we take on many challenges this session. Agency leadership during this unprecedented time is needed urgently. Thank you for your consideration of his deserving nomination and we are grateful for the speed in which you will endeavor to confirm.

If you have any questions, please do not hesitate to contact me or Shelly Schlenker, Executive Vice President and Chief Advocacy Officer at shelly.schlenker@commonspirit.org or 916-837-3208.

Sincerely,



Lloyd H. Dean
Chief Executive Officer
CommonSpirit Health

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About CommonSpirit Health

CommonSpirit Health is a nonprofit, faith-based health system dedicated to advancing health for all people. With a team of approximately 125,000 employees and 25,000 physicians and advanced practice clinicians, CommonSpirit Health operates 140 hospitals and more than 1,000 care sites across 21 states. Learn more at www.commonspirit.org.



Headquarters:
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1-888-234-2468 Phone 202.974.7999 Fax

New York City Office:
165 West 46th Street, Suite 805, New York, NY 10036
917.305.1200 Phone 212.967-8717 Fax

Research & Training Institute:
520 Walnut Street, Suite 1170 Philadelphia, PA 19106
267.295.3000 Phone 215.883.2580 Fax

February 09, 2021

The Honorable Patty Murray
Chairman
Senate Committee on Health, Education,
Labor, and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Murray and Ranking Member Burr,

The Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, supports the nomination of the Honorable Xavier Becerra to serve as the next Secretary of the United States Department of Health and Human Services (HHS). While serving as a United States Congressman and as the Attorney General of California, Mr. Becerra continuously protected the rights of patients both state and nationwide. We are confident that he will do the same as Secretary of HHS.

Throughout his career, Mr. Becerra has always put patients first, including those impacted by cancer. Mr. Becerra was a proud co-sponsor of the *Patient Protection and Affordable Care Act* (ACA) and actively worked to pass this landmark legislation. As a member of Congress, he steadfastly fought to protect and preserve the ACA by voting at least nine times against efforts to repeal and replace the law. He also sponsored the *E-Centives Act*, which provided incentives for Medicaid providers to improve quality of care by implementing electronic health records.

Most recently, as Attorney General of California, Mr. Becerra led a coalition of over 20 state Attorneys General in defending the ACA against an effort to repeal the entire law in the Supreme Court case, *California v. Texas*. In their brief, the coalition underscored the substantial advancements in access to health care made under the ACA, including Medicaid expansion which has provided coverage to nearly 15 million Americans (Kaiser Family Foundation, 2020), and guaranteed protections for as many as 133 million Americans with pre-existing conditions, such as cancer (Department of Health and Human Services, 2017). Mr. Becerra has long stressed that the ACA is the backbone of our health care system and that if it were to be struck down, it will impact the ability of many Americans to access and afford health coverage, especially during a global pandemic.

The COVID-19 pandemic has significantly strained our nation's health care system and continues to have an enormous impact on the continuity of care for people impacted by cancer.



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Research & Training Institute:
520 Walnut Street, Suite 1170 Philadelphia, PA 19106
267.295.3000 Phone 215.883.2580 Fax

HHS needs a strong leader at the helm who can implement policies that will protect patients both now during these challenging times and in the future. Mr. Becerra's record in advocating for policies that will strengthen the health and well-being of patients makes him the right person for this ever-important position at this consequential time in history. Therefore, we urge you to confirm Mr. Xavier Becerra as the next Secretary of HHS.

Thank you for your consideration. Should you have any questions about our support for Mr. Becerra's nomination, please contact me at (202) 552-6762 or pwoods@cancersupportcommunity.org.

Sincerely,

Phylicia L. Woods, JD, MSW
Executive Director – Cancer Policy Institute
Cancer Support Community Headquarters

References

Department of Health and Human Services. 2017. *Health Insurance Coverage for Americans with Pre-Existing Conditions: The Impact of the Affordable Care Act*. Retrieved from <https://aspe.hhs.gov/system/files/pdf/255396/Pre-ExistingConditions.pdf>.

Kaiser Family Foundation. 2020. *Potential Impact of California v. Texas Decision on Key Provisions of the Affordable Care Act*. Retrieved from <https://www.kff.org/health-reform/issue-brief/potential-impact-of-california-v-texas-decision-on-key-provisions-of-the-affordable-care-act/>.



February 19, 2021

The Honorable Ron Wyden
Chair, Committee on Finance
United States Senate

The Honorable Patty Murray
Chair, Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Mike Crapo
Ranking Member, Committee on Finance
United States Senate

The Honorable Richard Burr
Ranking Member, Committee on Health, Education, Labor, and Pensions
United States Senate

Sent via email: michael_evans@finance.senate.gov
elizabeth_letter@help.senate.gov

Dear Chairs Wyden and Murray and Ranking Members Crapo and Burr:

Equality California, the nation's largest statewide LGBTQ+ civil rights organization, is honored to express our strong support for the nomination of Attorney General Xavier Becerra on behalf of our nearly one million members, and we respectfully urge his confirmation as the next Secretary of the U.S. Department of Health and Human Services (HHS).

Attorney General Becerra has been a champion for LGBTQ+ equality and a strong ally to the LGBTQ+ community since his first term in the U.S. House of Representatives in 1993 — at a time when it was far less common or popular to support LGBTQ+ civil rights. Mr. Becerra was one of just 67 Members of the House who voted against the Defense of Marriage Act in 1996. He was an early champion of the Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act and for the repeal of the 'Don't Ask, Don't Tell' policy. During his tenure on the House Ways and Means Committee, Mr. Becerra fought for funding for HIV services and research, access to contraception, reproductive care and abortion, and developed deep expertise on the Affordable Care Act — and its nondiscrimination policy, Section 1557.

Mr. Becerra's support for the LGBTQ+ community has continued in his role as California Attorney General. He has consistently used the power of his office to advance and defend the civil rights of LGBTQ+ people and of the diverse communities to which LGBTQ+ people belong. He intervened on behalf of the State of California in *Stockman v. Trump*, a federal case brought by Equality California and seven transgender servicemembers and enlistees challenging the Trump Administration's ban on transgender military service. He also filed a case on behalf of the State and several municipalities and community healthcare providers challenging the Trump Administration's attempt to roll back the nondiscrimination protections contained in Section 1557 of the Affordable Care Act.

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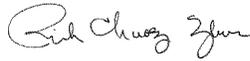
Equality California
3701 Wilshire Blvd, Suite 725
Los Angeles, CA 90010

LGBTQ+ people — especially lesbians and bisexual women, transgender and gender-nonconforming people, LGBTQ+ people of color and LGBTQ+ immigrants — continue to face significant barriers to accessing healthcare and persistent disparities in health and well-being. Lesbians and bisexual women get less routine health care than other women, including colon, breast, and cervical cancer screening tests. Approximately one-quarter of transgender women are living with HIV,¹ and more than half of Black transgender women are living with HIV.² Numerous reports have also confirmed that LGBTQ+ people are more likely to use tobacco products than their non-LGBTQ+ peers and face serious health consequences as a result.³ Nearly one quarter of transgender people in the United States report that they have not sought healthcare services that they needed within the last year due to fear of harassment or discrimination and one third did not go to a healthcare provider because they could not afford to do so.⁴

The stated mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans. The COVID-19 pandemic has exposed long-standing and profound health inequities in our nation and the critical need to expand and strengthen our healthcare system for the most vulnerable, including communities of color, LGBTQ+ people, women, immigrants and those who live in rural, underserved areas. If confirmed as Secretary, we are confident that Mr. Becerra will be a powerful advocate for equity in healthcare and better outcomes in health and well-being for LGBTQ+ Americans and the diverse communities to which LGBTQ+ people belong.

We respectfully urge you to confirm Mr. Becerra as Secretary of Health and Human Services without delay.

Sincerely,



Rick Chavez Zbur
Executive Director

cc: U.S. Senator Dianne Feinstein
U.S. Senator Alex Padilla

¹ Baral, Stefan D et al. "Worldwide burden of HIV in transgender women: a systematic review and meta-analysis." *The Lancet. Infectious diseases* vol. 13,3 (2013): 214-22. doi:10.1016/S1473-3099(12)70315-8

² Herbst, Jeffrey H et al. "Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review." *AIDS and behavior* vol. 12,1 (2008): 1-17. doi:10.1007/s10461-007-9299-3

³ T, Scout, Kim Y, Fagan P, Vera LE, Emery S. Transgender Use of Cigarettes, Cigars, and E-cigarettes in a National Study. *American Journal of Preventive Medicine* 2017;53(1):e1-e7 [accessed 2018 Jun 1].

⁴ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). Executive Summary of the Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.



Charles N. Kahn III
President and CEO

February 12, 2021

The Honorable Ron Wyden
Chair
U.S. Senate Finance Committee
Washington, DC 20510

The Honorable Patty Murray
Chair
U.S. Senate HELP Committee
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate Finance Committee
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate HELP Committee
Washington, DC 20510

Dear Chairs Wyden and Murray & Ranking Members Crapo and Burr:

On behalf of the Federation of American Hospitals (FAH), the national representative for over 1,000 leading tax-paying hospitals and health systems throughout the United States, I would like to express our strong support for the nomination and confirmation of California Attorney General Xavier Becerra to serve as the next Secretary of the U.S. Department of Health and Human Services (HHS).

FAH members provide patients and communities with access to high-quality, affordable care in both urban and rural America. Our members include teaching and non-teaching, acute, inpatient rehabilitation, behavioral health, and long-term care hospitals and provide a wide range of inpatient, ambulatory, post-acute, emergency, children's, and cancer services.

Throughout his distinguished career in government at both the federal and state level, Secretary-designate Becerra has demonstrated his capability to lead HHS at one of the most pivotal and challenging moments in our nation's history. Having the pleasure of knowing him for more than twenty years, I am confident that Secretary-designate Becerra's proven leadership, experience and expertise will successfully guide him as the nation seeks to defeat COVID-19.

Along with efforts to overcome the pandemic, Secretary-designate Becerra has the first-hand experience necessary to bolster and strengthen the *Affordable Care Act (ACA)* – from

helping to craft the landmark legislation to defending it as Attorney General of California. Secretary-designate Becerra has a keen understanding of how the ACA, if fully and properly implemented, can reach its true potential.

Secretary-designate Becerra is, first and foremost, a champion for patients. A seasoned public servant, his lifelong commitment and dedication to public health will help him confront the many challenges that face us, from achieving health equity to reducing the cost of prescription drugs to reinforcing access to care in rural and underserved communities. He is highly qualified, time-tested, and will be ready on day 1.

The Federation of American Hospitals urges the Senate Finance and HELP Committees to approve Secretary-designate Becerra's nomination expeditiously, and we support his confirmation by the full U.S. Senate.

If you have any questions or wish to speak further, please do not hesitate to reach out to me at 202-624-1534.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew M. Rosenthal". The signature is fluid and cursive, with a long horizontal stroke at the end.



February 11, 2021

The Honorable Patty Murray
Chairwoman
Senate Committee on Health, Education,
Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

Dear Chairwoman Murray, Ranking Member Burr, and Members of the Senate Health, Education, Labor, and Pension Committee:

The National Organization for Rare Disorders (NORD) writes to express our support for Attorney General Xavier Becerra's nomination as the next Secretary of the Department of Health and Human Services (HHS). I encourage the Senate Committee on Health, Education, Labor, and Pension to consider Attorney General Becerra's nomination as soon as possible so that he may then be considered by the Senate Finance Committee and quickly confirmed by the Senate.

NORD is a unique federation of over 325 voluntary health organizations and is dedicated to helping the 25-30 million Americans living with a rare disease. NORD is committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services. NORD supports sound policies that enable safe and effective medicines to reach the right rare disease patient at the right time to produce the best health outcomes possible.

As our government transitions between administrations, our country is still in the grips of a national crisis due to the COVID-19 pandemic. It is critical that America has its health leadership in place and working to protect the American public. The COVID-19 pandemic has been particularly challenging for the rare disease community, as many rare disease patients are immunocompromised, putting them at high risk of infection and severe illness. The rare disease community needs the strong leadership that Attorney General Becerra will provide and limit any interruption in HHS operations during this pandemic.

Outside of the COVID-19 pandemic, rare disease patients rely on close collaboration between HHS and numerous agencies under its purview, including the Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), and National Institutes of Health (NIH). NORD looks forward to working with Attorney General Becerra and HHS on efforts to ensure that basic research into complex rare diseases is fully funded, encouraging robust patient-focused drug development, bolstering the newborn screening program, and ensuring that the upcoming user fee reauthorizations benefit those with rare diseases.

NORD also urges Attorney General Becerra to confront the inequity in how our society administers health care, which has long existed, but the ongoing pandemic has made starkly evident. Attorney General Becerra, having spent over two decades in Congress and with his experience as the head of a

major state agency, is primed to effectively guide these agencies to ensure rare disease patients ultimately have access to safe and effective treatments for their conditions. As the leader of HHS, he will bear the enormous responsibility of coordinating our complex health system with its many stakeholders, but we are confident in his ability to do so on behalf of the American people.

NORD believes that Attorney General Becerra's lifetime of public service and commitment to patients makes him the right candidate for this role. We look forward to working alongside Attorney General Becerra in support of policies that translate into treatments and cures for rare disease patients. For questions regarding NORD or our support, please contact Rachel Sher, Vice President of Policy and Regulatory Affairs, at rsher@rarediseases.org, or 202-588-5700.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter L. Saltonstall". The signature is fluid and cursive, with a prominent initial "P" and "L".

Peter L. Saltonstall
President and Chief Executive Officer



1400 Eye Street NW Suite 650 | Washington, DC 20005 | t: 202.657.0670 | f: 202.657.0671 | www.firstfocus.org

February 16, 2021

The Honorable Ron Wyden
Chair, Senate Finance Committee
U.S. Senate
Washington, DC 20515

The Honorable Mike Crapo
Ranking Member, Senate Finance Committee
U.S. Senate
Washington, DC 20515

The Honorable Patty Murray
Chair, Senate HELP Committee
U.S. Senate
Washington, DC 20515

The Honorable Richard Burr
Ranking Member, Senate HELP Committee
U.S. Senate
Washington, DC 20515

Dear Chairman Wyden, Ranking Member Crapo, Chairwoman Murray and Ranking Member Burr:

I am writing on behalf of First Focus Campaign for Children, a bipartisan children's advocacy organization dedicated to making children and families a priority in federal budget and policy decisions, to express our strong support for confirming California Attorney General Xavier Becerra for Secretary of the U.S. Department of Health and Human Services (HHS).

As an organization dedicated to improving the health, economic security, child safety and protection, and overall well-being of America's children, we applaud Attorney General Becerra's long history of leadership in prioritizing children's needs, and have recognized him several times as a First Focus Champion for Children for his long-standing work across the full array of these issues. HHS is critical to the well-being of our nation's children and it is important that the Secretary of HHS be familiar with the full range of HHS programs that impacts children, and we believe Attorney General Becerra will be.

Now, more than ever, the full array of issues that HHS oversees are critical to children. The COVID-19 outbreak and the resulting economic crisis are falling hardest on the most vulnerable among us, including our nation's children. It is disrupting every facet of children's lives and we cannot yet know all of the negative and long-lasting implications it will have on children's healthy development and future success. The programs and services within HHS directly affect children's lives more than any other Department. Therefore, during this critical time, HHS needs a leader who not only has the ability to manage and direct the array of programs, but who also understands and cares about children and their health and well-being.

Clearly, HHS has a critical role in ensuring that this historic public health pandemic does not threaten our children's future outcomes. Moreover, after two decades of progress in reducing the uninsured rate of our nation's children, the uninsured rate has risen in each of the last four years. Attorney General Becerra has a strong knowledge of the health care programs run by HHS from his time in Congress and as Attorney General, and he would play a critical role in helping get our nation back on track to ensuring all children have health coverage in this country. HHS also houses the Maternal and Child Health Bureau that provides expertise and oversees programs dedicated to improving maternal and child health services at a time when infant and maternal mortality rates and child suicide rates all desperately need attention.

Although health care is a critical part of HHS, it is important to note that HHS is not just a health agency. HHS also manages an array of human services issues, including poverty and family supports. Due to the pandemic and economic recession, for example, we know that at least an additional 2.5 million children have fallen into poverty

since May 2020,¹ and through the administration of the cash assistance, child support, utility assistance, and other critical income supports for children and families, HHS leadership plays a key role in reducing child poverty and mitigating the impact of the pandemic on family economic security.

Through the Administration for Children and Families (ACF) at HHS, early childhood programs are instrumental in positive outcomes in children and families' lives as well, and we look forward to Attorney General Becerra continuing to prioritize these at HHS. HHS administers programs vital in the lives of our youngest children and their families including the Child Care and Development Block Grant, Early Head Start and Head Start, and the Maternal, Infant, and Early Childhood Home Visiting Program. These programs and others at the department need a strong leader who recognizes the connections between programs and the children who participate in them.

ACF also oversees a number of other programs that Attorney General Becerra had oversight over while serving on the House Ways and Means Committee and that he was involved with as Attorney General, including those addressing the child welfare system and foster care and programs related to runaway youth and social services. The Children's Bureau funds and supports states as they provide case management to more than 670,000 children that are in the foster care system each year and the Runaway and Homeless Youth program supports outreach, shelter services, and transitional programing for the 1.6 million to 2.8 million youth who runaway or are "thrown away" annually. Coordination across HHS programs is essential for children and youth's time away from safe, supportive, and permanent families to be rare, brief, and non-recurring.

HHS also has a critical role in reaching out to all communities that use the federal assistance programs, including children of immigrants and their families. Many of these children and families, as a result of the prior administration's public charge rule, avoided health insurance and other life-sustaining programs² for which they were eligible, including during the pandemic when families need assistance most. HHS leadership is critical to ensure that the agency effectively communicates with children and their families, in partnership with local organizations, about eligibility for HHS programs and services, and supports them in enrolling in programs for which they are eligible. Attorney General Becerra's personal experience as a child of immigrants and experience as Attorney General of California make him well equipped to ensure consideration of the needs of children of immigrants and their families throughout HHS.

The Office of Refugee Resettlement (ORR) Unaccompanied Children's Program within HHS is responsible for the short-term care of unaccompanied children who arrive at the border without a parent or legal guardian. Its mandate is to place children in the least restrictive setting in their best interests and facilitate the prompt and safe release of children to a sponsor, typically family. After many years of ORR's increased entanglement with immigration enforcement to the detriment of children's safety and well-being, we look forward to Attorney General Becerra's leadership to ensure that child well-being is central to all the agency's departments.

Attorney General Becerra is completely knowledgeable with respect to all of these programs that are in the jurisdiction of the Department of Health and Human Services from his time working on Capitol Hill and as California's Attorney General. We urge the Committees and the Senate to swiftly confirm him as Secretary of HHS.

Sincerely,



Bruce Lesley
President, First Focus on Children

¹ Jason DeParle, "8 Million Have Slipped into Poverty Since May as Federal Aid Has Dried Up," New York Times, October 15, 2020, <https://www.nytimes.com/2020/10/15/us/politics/federal-aid-poverty-levels.html>.

² First Focus on Children, "Fact Sheet: The Public Charge Rule Harms Children," February 2020, https://firstfocus.org/wp-content/uploads/2020/02/FACT-SHEET-Public-Charge_2-20.pdf.



February 12, 2021

The Honorable Ron Wyden
Chairman
Senate Finance Committee
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
Washington, DC 20510

The Honorable Patty Murray
Chairman
Senate Committee on Health,
Education, Labor and Pensions
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Committee on Health,
Education, Labor and Pensions
Washington, DC 20510

Dear Chairman Wyden, Chairman Murray, Ranking Member Crapo, and Ranking Member Burr:

Futures Without Violence is a national social justice organization focused on preventing violence against women and children utilizing public health approaches that build strong, safe and healthy families and communities. We understand deeply how trauma, adversity and exposure to violence in childhood can have severe lifelong consequences that not only reproduce violence in families but also cost our nation's health care system significantly.

Because of this we write you today in strong support of the nomination of Xavier Becerra to be the next Secretary for the Department of Health and Human Services. As a California-based organization, we have seen first-hand his commitment to protecting the safety of all people from violence and his commitment to ensuring all people have access to health care, including women and our most vulnerable. We look forward to working with him to address the health consequences of violence, improve access to health care for all survivors of violence, including immigrant and LGBTQ survivors, advance health equity, and utilize the untapped potential of the Administration for Children and Families to reduce trauma and violence and help families who are struggling heal and thrive.

Xavier Becerra is a highly qualified and passionate leader with demonstrated depth and breadth of experience spanning three decades. As Attorney General of California, he joined with Attorneys General from across the country in 2018 and 2020 to advocate for the reauthorization of the Violence Against Women Act. His defense of the Affordable Care Act has meant essential health care access and coverage for many previously uninsured people, including those experiencing sexual and domestic violence. For victims of violence, health care is even more essential given the toll it takes on the body and the critical role providers play in helping connect them to an advocate or someone who can help them. The ACA specifically includes screening and counseling for women who are victims of interpersonal violence as part of a well-woman visit, and the ACA also included groundbreaking home visiting programs that helped vulnerable new mothers and babies, including with support to address domestic violence.

As a Member of Congress, he was a strong supporter of legislation to help abused and neglected children and voted for the first Violence Against Women Act that included health care and youth-focused prevention programs. Throughout his tenure in Congress, he demonstrated year after year an understanding and commitment to health care access and the importance of programs that help lift up mental health and the needs of vulnerable children and families.

As America works to mitigate and recover from the harm of the COVID pandemic, it is essential that HHS have a leader who understands both the health and human services needs of our nation, and understands clearly that the toll of this virus has not been spread evenly. We believe for these reasons that Xavier Becerra is uniquely qualified to lead the Department of Health and Human Services and encourage you to quickly advance his nomination.

Sincerely,

A handwritten signature in black ink, appearing to read "Esta Soler".

Esta Soler
President and Founder
Futures Without Violence



February 19, 2021

The Honorable Patty Murray
Chairman
Senate Health, Education, Labor &
Pensions Committee
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Health, Education, Labor &
Pensions Committee
Washington, DC 20510

Dear Chairman Murray and Ranking Member Burr:

The Home Care Association of America (HCAOA) would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of U.S. Department of Health and Human Services. HCAOA urges his swift confirmation by the U.S. Senate.

HCAOA represents over 3,000 home care providers across the nation that provide personal care services in the homes of millions of older Americans, individuals with disabilities and children with special needs. Our members and their staff enter the community each day to provide care that will enable seniors to remain in their homes and prevent further spread of COVID-19.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time as the country continues to address the array of challenges the pandemic presents. During his twelve terms in Congress, Attorney General Becerra spent much of his time working on health-related issues impacting U.S. citizens as a member of the House Ways and Means Committee.

As a Congressman, Xavier Becerra was a staunch advocate for access to health care services. Personal care and companionship services provided by qualified home care providers play an important role in protecting seniors and individuals with disabilities. Access to these services diminishes the likelihood of costly hospitalization by ensuring seniors have appropriate nutrition and by helping prevent falls.

Attorney General Becerra brings his experience as an administrator having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as

Hall of the States • 444 North Capitol Street NW • Suite 428 • Washington, DC 20001 •
(202) 508-3870 • www.hcaoa.org

large and diverse as the U.S. Department of Health and Human Services.

Finally, the nominee brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities, including workforce disparities, to ensure the improving health of the nation.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Vicki Hoak". The signature is fluid and cursive, with the first name "Vicki" being more prominent than the last name "Hoak".

Vicki Hoak,
Executive Director, HCAOA

**The Leadership Conference
on Civil and Human Rights**

1620 L Street, NW
Suite 1100
Washington, DC
20036
202.466.3311 voice
202.466.3435 fax
www.civilrights.org



February 22, 2021

The Honorable Ron Wyden
Chairman, Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Mike Crapo
Ranking Member, Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Patty Murray
Chair, Committee on Health, Education,
Labor, and Pensions
United States Senate
Washington D.C. 20510

The Honorable Richard Burr
Ranking Member, Committee on Health,
Education, Labor and Pensions
United States Senate
Washington, D.C. 20510

Dear Chairman Wyden, Ranking Member Crapo, Chair Murray, and Ranking Member Burr,

The Leadership Conference on Civil and Human Rights and the 31 undersigned organizations dedicated to the universal values of dignity, equity, justice, and inclusion in health care, write in strong support of the nomination of California Attorney General Xavier Becerra to be the next Secretary of the United States Department of Health and Human Services (HHS).

In the midst of a pandemic that has compounded our preexisting public health crisis of structural racism and its resulting deep health inequities, it is imperative that the next leader of HHS be someone with a full understanding of how equity, justice, and health care are inextricably linked. Attorney General Becerra has consistently demonstrated that he is that person:

- During his time as a member of Congress, Attorney General Becerra served on the House Ways and Means Committee, where he developed deep expertise on the Affordable Care Act (ACA). His leadership in later defending the ACA against legal challenges is a key reason why the ACA, the greatest advance in access to health care for a generation, is still in effect.
- Becerra is committed to putting patients first, and as attorney general, has worked to ensure nondiscrimination protections in access to care, particularly for women, LGBTQ individuals, people of color, older adults, and individuals in rural and low-income communities. In addition, he has shown strong support for reproductive rights, including for access to birth control and abortion services.

Officers
Chair
Judith L. Lichtman
National Partnership for
Women & Families
Vice Chairs
Derrick Johnson
NAACP
Farhana Khuroo
Muslim Advocates
Thomas A. Saenz
Mexican American Legal
Defense and Educational Fund
Secretary
Fátima Goss Graves
National Women's Law Center
Treasurer
Lee A. Saunders
American Federation of State,
County & Municipal Employees
Board of Directors
Kimberly Churches
AAUW
Alyson B. David
Human Rights Campaign
Roy Gamble
International Union, UAW
Jonathan Greenblatt
Anti-Defamation League
Mary Kay Henry
Service Employees International Union
Damon Howitt
Lawyers Committee for
Civil Rights Under Law
Sherrilyn Hill
NAACP Legal Defense and
Educational Fund, Inc.
David H. Inoue
Japanese American Citizens League
Benjamin Jealous
People for the American Way
Derrick Johnson
NAACP
Virginia Kase
League of Women Voters of the
United States
Samer E. Khalaf
American-Arab
Anti-Discrimination Committee
Marc Morial
National Urban League
Janet Murgula
UndocuUS
Debra L. Nees
National Partnership for
Women & Families
Christian F. Nunes
National Organization for Women
Rabbi Jonah Pesner
Religious Action Center
Of Reform Judaism
Rebecca Pringle
National Education Association
Lisa Rice
National Fair Housing Alliance
Anthony Romero
American Civil Liberties Union
Fawn Sharp
National Congress of American Indians
Maria Town
American Association of
People with Disabilities
Richard L. Tranka
AFL-CIO
Randi Weingarten
American Federation of Teachers
John C. Yang
Asian Americans Advancing Justice |
AAJC

Interim President & CEO
Wade Henderson

February 22, 2021
Page 2 of 3



- Becerra led the country in defending against the harmful Public Charge rule and attacks on the Deferred Action for Childhood Arrivals (DACA) program, showing his dedication to protecting the rights of immigrants and their families.
- Becerra has worked tirelessly to help ensure the availability of affordable prescription drugs, once again demonstrating his commitment to providing equitable access to care.
- As attorney general, Becerra established the Bureau of Disability Rights within the Civil Rights Enforcement Section of the California Department of Justice, the latest example in his long record of working for disability justice.
- Becerra's record also indicates that he would bring to the position a deep understanding of the ways in which access to social and economic opportunities and resources contribute to health and health outcomes. For example, Becerra has shown a deep commitment to ensuring fair housing, most recently opposing efforts to weaken federal protections against housing discrimination as well as efforts to cut off housing assistance eligibility, which threatened vulnerable families with eviction. He also established the Worker Rights and Fair Labor Section within the California Department of Justice to help protect the health, safety, and rights of working people, linking the creation of the new section to the urgent need to address the impact of the COVID-19 pandemic on working people.

We cannot afford to have our next Secretary of Health and Human Services learning about our country's deepened health inequities on the job. Following the injustices and harms inflicted on some of our most vulnerable communities over the last four years, it is critical that the next Secretary of Health and Human Services be a person well-equipped to handle our country's deep health inequities. In order to emerge from this pandemic with healthier, stronger, more resilient communities, we need a Secretary of HHS who has fought for, and will prioritize health care access and equity for all people in America. For this reason, we urge you to support the confirmation of Attorney General Xavier Becerra to be the next Secretary of HHS.

If you have any questions, please contact Gaylynn Burroughs, senior policy counsel at The Leadership Conference, at burroughs@civilrights.org, or the co-chairs of The Leadership Conference Health Care Task Force: Sinsi Hernández-Cancio, vice president for health justice at the National Partnership for Women & Families at shc@nationalpartnership.org and Mara Youdelman, managing attorney at the National Health Law Program, at youdelman@healthlaw.org.

Sincerely,

The Leadership Conference on Civil and Human Rights
National Health Law Program
National Partnership for Women & Families
Asian Americans Advancing Justice - AAJC



Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of People Supporting Employment First (APSE)
Autistic Self Advocacy Network
Bazelon Center for Mental Health Law
Center for Law and Social Policy (CLASP)
Clearinghouse on Women's Issues
Disability Rights Education and Defense Fund (DREDF)
Equality California
Families USA
Family Equality
Feminist Majority Foundation
Hispanic Federation
Human Rights Campaign
Justice in Aging
Lawyers' Committee for Civil Rights Under Law
National Action Network
National Center for Lesbian Rights
National Education Association
National Hispanic Media Coalition
National Immigration Law Center
National Organization for Women
National Urban League
National Women's Law Center
Planned Parenthood Federation of America
Reproductive Health Access Project
SEIU
Silver State Equality-Nevada
The International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW)



ForensicNurses.org

p 410 626 7805
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February 19, 2021

The Honorable Patty Murray
Chairman
Senate Health, Education, Labor &
Pensions Committee
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Senate Health, Education, Labor &
Pensions Committee
Washington, DC 20510

Dear Chairman Murray and Ranking Member Burr:

The International Association of Forensic Nurses (IAFN) would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of Health and Human Services. IAFN urges his swift confirmation by the U.S. Senate.

IAFN is an international membership organization comprised of forensic nurses working around the world and other professionals who support and complement the work of forensic nursing. Our mission is to provide leadership in forensic nursing practice by developing, promoting, and disseminating information internationally about forensic nursing science. Forensic nurses are on the front lines of caring for victims of sexual assault, domestic violence, and elder abuse in our nation's health care system.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time as the country continues to address the array of challenges the pandemic presents. During his twelve terms in Congress, Attorney General Becerra spent much of his time working on health care issues impacting U.S. citizens as a member of the House Ways and Means Committee.

As a Congressman, Attorney General Becerra was a staunch advocate for access to health care services. Forensic nurses have a critical health care role to play and we must ensure that victims of abuse and violence have available services in their communities.

In addition to his experience on health care matters, Attorney General Becerra brings his experience as an administrator having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as large and diverse as the U.S. Department of Health and Human Services.

■ info@ForensicNurses.org
6755 Business Parkway, Ste 303
Elkridge, Maryland 21075

Research. Educate. Lead.

Finally, he brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities, including workforce disparities, to ensure the improving health of the nation.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Pierce-Weeks".

Jennifer Pierce-Weeks
CEO, IAFN



The Honorable Ron Wyden
Chair
Senate Finance Committee
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Chair
Senate HELP Committee
United States Senate
Washington, DC 20510

February 11, 2021

Dear Chair Wyden and Murray:

LeadingAge fully supports the nomination of Xavier Becerra as Secretary of the US Department of Health and Human Services and encourages the Committees to support his nomination. We worked closely with his office on long-term services and supports financing when he was a member of Congress and appreciated his understanding of, and commitment to addressing, the challenges facing our country to ensure that all older persons can age well wherever they call home.

LeadingAge represents more than 5,000 nonprofit aging services providers and other mission-minded organizations. Alongside our members and 38 state partners, we use applied research, advocacy, education, and community-building to make America a better place to grow old. Our membership encompasses the entire continuum of aging, including nursing homes, home and community-based services providers, hospice and affordable senior housing providers.

We support the nomination of Secretary-Nominee Becerra to be the next HHS Secretary to advocate for and carry out the robust health care platform outlined by President Joe Biden. We have confidence that he has the health care expertise and experience managing large systems that are critical to successfully leading HHS and that he will work with Congress to take quick action on such issues as:

- Beating COVID-19, by ensuring implementation of the Executive Orders mandating increased production of protective equipment, ensuring access to vaccinations and testing for all older persons and the front-line staff who serve them, and implementing the provisions in the CARES Act and other COVID-related legislation.
- Taking strong steps to promote racial equity by addressing stark economic disparities.
- Implementing the Administration's commitment to advancing HCBS to ensure that older persons have access to quality health care in the community.
- Implementing the Administration's commitment to addressing the needs of family caregivers.

- Advancing LGBTQ+ equality for older adults.
- Acting swiftly to fully integrate HHS/CMS and HUD collaboration on housing and services, as directed by Congress in the fiscal year 2020 HUD appropriations bill.

LeadingAge urges the swift approval of Mr. Becerra to be HHS Secretary.

Please reach out to LeadingAge senior vice president for policy, Ruth Katz, rkatz@leadingage.org with any questions.

Sincerely,

A handwritten signature in black ink that reads "Katie Smith Sloan". The signature is written in a cursive, flowing style.

Katie Smith Sloan
President and CEO
LeadingAge



**Advocating for Kids with Complex
Medical Needs & Disabilities**

www.littlelobbyists.org

@littlelobbyists *Twitter, Facebook & Instagram*

**Little Lobbyists Support the Confirmation of Attorney General Xavier Becerra as
Secretary of Health and Human Services**

February 18, 2021

The Honorable Patty Murray
Chairperson
U.S. Senate Committee on
Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate Committee on
Health, Education,
Labor and Pensions
428 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairwoman Murray and Ranking Member Burr,

Little Lobbyists is a family-led organization advocating for the health care, education, and community inclusion children with complex medical needs and disabilities require to survive and thrive. The U.S. Department of Health and Human Services is an agency charged with protecting the health of all Americans, as such its leader must center the rights of patients and endeavour to ensure access to health care for all. We believe Xavier Becerra will dutifully and effectively enact this charge, and we write today in support of his swift confirmation as Secretary of Health and Human Services.

For the past four years, families of children with complex medical needs and disabilities have lived in fear. In 2017, Little Lobbyists was formed as a direct response to the threat posed to our children's health and well being by the Trump Administration's effort to repeal and defund the Affordable Care Act, Medicaid, and Medicare. Although their initial effort narrowly failed in 2017, President Trump and his Administration continued their relentless attack on our health care system in myriad ways, including: executive orders weakening our health insurance protections, policies making Medicaid more difficult for families to access, a failed federal response to the COVID-19 pandemic crisis, and support for a lawsuit to overthrow the entire Affordable Care Act – including protections for people with pre-existing conditions, bans against lifetime caps on care, Medicaid expansion, and more – which is currently before the U.S. Supreme Court. In this last example, it was the Secretary Designate of HHS Xavier Becerra, in his role as Attorney General of California, who led a coalition of 14 states and the District of Columbia to file a motion to intervene in *Texas et al. v. United States et al.* to defend the Affordable Care Act¹. It was also Attorney General Becerra who led the defense of the Affordable Care Act before the Supreme Court this past fall, standing up to ensure our children will continue to have access to the health care they need to survive and thrive.

Prior to becoming California's Attorney General, Mr. Becerra was a member of Congress, serving as a senior member of the House Ways and Means committee, overseeing Medicare, Medicaid and other health programs². He represented a largely Latino district with the

¹ [Attorney General Becerra, Joined by 16 AGs, Moves to Defend the Affordable Care Act Against Federal Lawsuit Filed in Texas | State of California - Department of Justice - Office of the Attorney General](#)

² <https://history.house.gov/People/Detail/9147>



**Advocating for Kids with Complex
Medical Needs & Disabilities**

www.littlelobbyists.org

@littlelobbyists *Twitter, Facebook & Instagram*

second highest uninsured rate in the country,³ which inspired him to help write and pass the Affordable Care Act.⁴ In his role as California's Attorney General, Mr. Becerra led the second-largest Justice Department in the nation, as well as a multi-state coalition to protect the health and welfare of immigrant children being held in detention.

Little Lobbyists know that representation matters. We need leaders with the insight that comes from the lived experience of diverse and marginalized communities. If confirmed, Xavier Becerra would be the first Latino to lead the Department of Health and Human Services. Representation that reflects the diversity of our great country is imperative.

Mr. Becerra has already met with and intently listened to diverse groups of stakeholders, including members of the disability community. We appreciated that he understood the great importance of issues, like Medicaid, which our children rely on to access the home and community based services they need. However, Medicaid was under constant attack during the previous administration's tenure, putting the lives and freedoms of our children at risk. In our meeting, we were also able to impress upon Mr. Becerra the disproportionate impact of the COVID-19 pandemic on people with disabilities, including barriers to care, reduced access to home and community based services, and inequities in the distribution of the vaccine. These issues, and many more, are urgent matters that we trust the Secretary Designate will prioritize and act on immediately with the input of those directly affected.

Little Lobbyists strongly supports Xavier Becerra's nomination to serve as Secretary of Health and Human Services. Based on his history, his experience, and his willingness to bring those most impacted to the table. We believe Xavier Becerra will continue to be a champion in our fight to protect and strengthen the health care our children, and all Americans, need to survive and thrive. In our nation's history there has hardly been a more critical time, or a more imperative need, for the Department of Health and Human Services to have strong leadership. We urge the committee to act quickly to confirm Xavier Becerra as Secretary of Health and Human Services.

Thank you for all you do for our families,

Erin Gabriel
Director of Advocacy, Little Lobbyists

³ [California: Affordable Care Act \(ACA\) Impacts on Insurance Coverage by Congressional District | SHADAC](#)

⁴ [Xavier Becerra | Congress.gov | Library of Congress](#)



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www.medicalimaging.org

January 19, 2021

VIA ELECTRONIC DELIVERY

The Honorable Patty Murray
United States Senate
Washington, DC 20510

The Honorable Richard Burr
United States Senate
Washington, DC 20510

Dear Senator Murray and Senator Burr:

As the leading trade association representing the manufacturers of medical imaging equipment, contrast agents, radiopharmaceuticals, and focused ultrasound devices, the Medical Imaging & Technology Alliance (MITA) supports the nomination of Xavier Becerra as Secretary of the Department of Health and Human Services (HHS).

His State and Federal government service, and especially his twenty-four years in Congress, has given Attorney General Becerra a deep understanding of the complexities and challenges of our health care system. He has been a champion for healthcare access, ensuring patients receive safe high-quality scans through accreditation of imaging centers. He also recognizes the importance of appropriate reimbursement for healthcare providers. MITA counts on the Senate to confirm Attorney General Becerra and we and our Members look forward to working with him in his new role at the earliest opportunity.

If you have any questions, please contact Holly Grosholz, Senior Manager, Government Relations at 703-841-3228 or by email at hgrosholz@medicalimaging.org

Sincerely,

Patrick Hope
Executive Director, MITA

Dear Sen. Murray,

Over the past 30 years, the [Muslim Public Affairs Council](#) (MPAC) has built a reputation of being a dynamic and trusted American Muslim voice for policymakers, opinion shapers, and community organizers across the country.

In MPAC's efforts to improve public understanding and policies that impact American Muslims, we have had the honor of engaging with Mr. Xavier Becerra on numerous occasions. This is why we are conveying our strong recommendation supporting his confirmation as the Secretary for Health and Human Services by the Health, Education, Labor and Pensions Committee.

Mr. Becerra has a wealth of accolades that deem him worthy of receiving this confirmation, but we would like to take a moment to share how he has continued to be an ally for minority populations, especially American Muslims.

While serving as California Attorney General for the duration of the Trump administration, Mr. Becerra became a leading force in opposition to the most injurious anti-immigrant policies, including the Muslim Ban.

Mr. Becerra has also been a principled supporter of American Muslims throughout his distinguished career. On the evening of September 11, following the tragic attacks from earlier that day, he called the MPAC office and volunteered his efforts in the event that we needed support. On a day where so many were ignorant in their reactions towards American Muslims, Mr. Becerra served his role as a State Representative in the best of ways by ensuring members of his constituency felt safe and welcome in their home state.

In 2015, we honored Mr. Becerra with our [Empowering Voices award](#) for his partnership to combat Islamophobia and anti-Muslim bigotry. Mr. Becerra continues to be commended for his work to uplift Americans of all backgrounds by groups like the ACLU and the Lawyers Commission for Civil Rights, where he was the recipient of the 2020 MLK award.

Mr. Becerra's allegiance to duty is remarkable, and we ask the HELP Committee to recognize that his values align with those that will serve our nation well in times of tribulation, like that which we are currently facing with the COVID-19 pandemic.

Sen. Murray, we kindly request that you vote to confirm Mr. Becerra to serve as the Secretary for HHS, and welcome any questions you may have.

In Gratitude,

Salam Al-Marayati
President, MPAC



National Alliance to
End Sexual Violence

U.S. Senate Committee on Health, Education, Labor & Pensions
U.S. Senate Committee on Finance
Senate Dirksen Office Building
Washington, DC 20510

February 11, 2021

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo, and Committee Members:

The National Alliance to End Sexual Violence (NAESV) is the voice in Washington, DC for the 56 state and territorial sexual assault coalitions and over 1500 local programs working to end sexual violence and support survivors. The local programs we serve see the widespread and devastating consequences of sexual violence for survivors every day. On their behalf, I write to urge you to confirm the appointment of Xavier Becerra as Secretary of Health and Human Services (HHS).

According to the National Intimate Partner and Sexual Violence Survey:

- 21% of women and 3% of men reported completed or attempted rape ever in their lifetime.
- Among victims of rape, 43% (11 million) of females and 51% (1.5 million) of males reported it occurred for the first time between the ages of 11-17.ⁱ

The estimated lifetime cost of rape is \$122,461 per survivor, or a population-based economic burden of nearly \$3.1 trillion (2014 U.S. dollars) over survivors' lifetimes. This estimate included \$1.2 trillion (39%) in medical costs; and \$1.6 trillion (52%) in lost work productivity among survivors and perpetrators.ⁱⁱ

The short- and long-term effects of sexual violence can undermine a person's physical and mental health. Based on an analysis of studies from 1980-2008, survivors of sexual violence have a significantly higher prevalence of anxiety, depression, eating disorders, post-traumatic stress disorder, and suicide attempts.ⁱⁱⁱ According to the 2005 Behavioral Risk Factor Surveillance System, survivors of sexual violence are more likely to suffer from asthma and joint conditions. Studies have also found an increased risk of cervical cancer and sexually transmitted diseases.^{iv}

www.EndSexualViolence.org 

(202) 869-8520 

1875 Connecticut Avenue N W, F.L. 10, Washington, DC 20009 

Many survivors encounter the problems of homelessness, substance use disorders, mental health problems, trafficking experiences, and chronic health conditions. The issue of sexual violence cuts across many HHS bureaus, programs, and offices: programs in the Family and Youth Bureau including Family Violence Prevention Services (FVPSA), Homeless & Runaway Youth, and Adolescent Pregnancy Prevention; the Office on Trafficking in Persons; the Substance Abuse and Mental Health Services Administration; and the CDC where the Rape Prevention & Education Program (RPE) is housed.

Xavier Becerra is a demonstrated leader who brings decades of health policy experience addressing violence against women and support services, ensuring access to healthcare, and protecting Social Security and Medicare. His long history of defending and protecting the Affordable Care Act has provided essential health care access and coverage for many previously uninsured people, including those experiencing sexual violence and trauma. His commitment to gender equity and women's health, and specifically reproductive health, positions him well to develop and promote policies that will positively impact survivors of sexual violence and further the administration's commitment to ending gender-based violence. As District Attorney of California, he joined with Attorneys General across the country in 2018 and 2020 to advocate for the reauthorization of the Violence Against Women act, including provisions strengthen protections for the most marginalized and vulnerable members of our communities. During the current COVID-19 pandemic, he prioritized the needs of survivors experiencing even greater isolation to ensure they had access to critical services in California.

For the past decade, our nation has experienced a deep reckoning with the devastating depth and breadth of the problem of sexual violence. Under the leadership of Xavier Becerra, HHS can reach farther in meeting the needs of survivors and preventing sexual violence. His legal background and efforts with his expansive understanding of health and welfare issues is the perfect mix of experience to meet the needs of an agency that affects all members of our communities.

Sincerely,



Monika Johnson Hostler
President

i <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>

ii [http://www.ajpmonline.org/article/S0749-3797\(16\)30615-8/abstract](http://www.ajpmonline.org/article/S0749-3797(16)30615-8/abstract)

iii *ibid*

iv *ibid*



February 16, 2021

Dear Senator,

We write on behalf of our 2.5 million member-activists to express our support for the nomination of Xavier Becerra to the position of U.S. Secretary of Health and Human Services. In order to be qualified to lead the Department of Health and Human Services, a nominee must be someone who prioritizes public health and bases decisions on evidence not ideology. Attorney General Becerra's record makes clear that he is such a nominee.

As both attorney general of California and a member of the U.S. House of Representatives, Attorney General Becerra acted to protect access to healthcare and reproductive freedom, including abortion and contraception. As attorney general, he opposed abortion bans and burdensome restrictions on abortion, medically unnecessary restrictions on medication abortion during the COVID-19 pandemic, and a rule promulgated by the Trump administration which prevents patients in the Title X family planning program from getting full and accurate healthcare information and adds new restrictions to exclude providers that also provide abortion care from the program. While serving in the House of Representatives, Attorney General Becerra voted in favor of the Affordable Care Act, voted to protect funding for Planned Parenthood, and voted against bans on abortion and abortion coverage.

Now more than ever executive agencies need leaders who are fair-minded and committed to their agency's core mission. For these reasons, we urge Senators to support this nomination.

Sincerely,

NARAL Pro-Choice America



444 North Capitol Street NW, Suite 339
Washington, DC 20001
(202) 434.8090 | NASTAD.org

February 22, 2021

Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Senate Committee on Health, Education, Labor, and Pension
428 Senate Dirksen Office Building
Washington, DC 20510

Dear Committee Members,

On behalf of NASTAD (National Alliance of State and Territorial AIDS Directors), a leading non-partisan non-profit association that represents governmental public health officials who administer HIV and hepatitis programs in the U.S., I would like to offer our organization's support for Xavier Becerra to serve as the next Secretary of the Department of Health and Human Services (HHS). Based on his demonstrated leadership, expertise, and vision, NASTAD believes Mr. Becerra is an excellent candidate for this important role.

Mr. Becerra has proven to be a strong leader during his tenure as Attorney General of California. While serving the state, Mr. Becerra reached a settlement over a breach of patient confidentiality for 1,991 Californians who received mailings that revealed the recipient was taking HIV-related medication. Mr. Becerra also led the charge to protect the Affordable Care Act (ACA), legislation that led to a substantial decline in uninsurance rates among people living with HIV. Through his legal actions, Mr. Becerra has shown that he prioritizes patients' rights, equity, and access in health care. These commitments will be incredibly important as Mr. Becerra works to contain and end the COVID-19 pandemic that has highlighted American health inequities.

With over 20 years public service experience in Congress, Mr. Becerra worked to represent his constituents and strengthen health care in America as a senior member of the Ways and Means Subcommittee on Health. Mr. Becerra is a dedicated public servant who understands that truly protecting health

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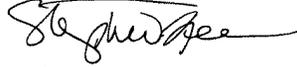
Executive Director

Stephen Lee (ex officio)

requires leadership that addresses the social and structural determinants of health including gender inequality, homophobia, and poverty.

Mr. Becerra is uniquely suited to serve as the next HHS Secretary. His public service record as an advocate for improved health care access makes Mr. Becerra an exemplary nominee.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen Lee", with a long horizontal flourish extending to the right.

Stephen Lee MD, MBA, DHSM
Executive Director
NASTAD



February 22, 2021

Senator Patty Murray
Chair
U.S. Senate Committee on Health,
Education, Labor & Pensions
154 Russell Senate Office Building
Washington, DC 20510

Senator Richard Burr
Ranking Member
U.S. Senate Committee on Health,
Education, Labor & Pensions
217 Russell Senate Office Building
Washington, DC 20510

Dear Chairwoman Murray and Ranking Member Burr:

On behalf of the community-based health and human services organization membership of the National Alliance for Hispanic Health (Alliance) and the 15 million persons served annually by our members, I write today to offer the Alliance's full and enthusiastic support for the nomination of Xavier Becerra to be our nation's 25th Secretary of Health and Human Services.

With the nation approaching the grim milestone of half a million COVID-19 deaths, it is critical that this position benefit from the experience and leadership of Mr. Becerra. The Alliance encourages the Committee to advance the confirmation to the full Senate without delay.

As a twelve term Congressman and current California State Attorney General (AG), Mr. Becerra has been a champion of equity, fostering human services, and expanding access to quality healthcare for all. Deeply committed to country, service, and all communities, Xavier Becerra will be the steady hand that DHHS needs to be the leader in science, health, and human services. Mr. Becerra's lifelong commitment to addressing the challenges of families struggling to meet their health and human service needs will help ensure that DHHS is true to its core mission.

More than ever, the nation needs Mr. Becerra's experienced, knowledgeable, and skilled leadership at the helm of DHHS. Under his leadership, DHHS will lead the COVID response in a way that recognizes the sacrifices and losses that so many have endured and create a new path forward. His decades of experience with government at all levels and legislative and regulatory processes have prepared him to be the Secretary of the U.S. Department of Health and Human Services that the country and indeed the global community needs.

We look forward to the Committee's advancement of the nomination and the Senate's timely confirmation of Xavier Becerra for this critical Cabinet position.

Sincerely,

Jane L. Delgado, Ph.D., M.S.
President and CEO
National Alliance for Hispanic Health

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President and Chief Executive Officer: Jane L. Delgado, Ph.D., M.S.



February 18, 2021

The Honorable Patty Murray
Chair
Committee on Health, Education, Labor,
& Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor,
& Pensions
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance
United States Senate
Washington, DC 20510

Dear Chair Murray, Ranking Member Burr, Chairman Wyden, and Ranking Member Crapo:

I am writing to express support from the National Council on Aging (NCOA) for the nomination of California Attorney General Xavier Becerra as the next Secretary of the U.S. Department of Health and Human Services (HHS).

NCOA is a trusted national leader working to ensure that every person can age well. Since 1950, our mission has not changed: Improve the lives of millions of older adults, especially those who are struggling. NCOA empowers people with the best solutions to improve their own health and economic security—and we strengthen government programs that we all depend on as we age.

Attorney General Becerra has been a longstanding champion for affordable health coverage and access, particularly for Americans in greatest need. He has deep knowledge and passion for improving health care for patients and consumers, not powerful special interests.

As a 12-term member of Congress and a member of the House Ways and Means Committee's Health Subcommittee, Becerra demonstrated his expertise on a broad range of critical health care issues facing our nation. While playing a leadership role in providing health coverage to millions of uninsured and underinsured Americans under the Affordable Care Act and championing improvements to women's health, he also authored Medicare proposals focused on improving care for beneficiaries in need, including those that would:

- Increase access to physical therapy by repealing arbitrary limits on Medicare coverage for outpatient rehabilitation therapy
- Expand Medicare coverage of medical nutrition services
- Strengthen low-income Medicare beneficiary protections and assistance

251 18th Street South
Suite 500
Arlington, VA 22202

Phone: 571-527-3900
Fax: 571-527-3901
ncoa.org | @NCOAging

NCOA had the privilege of working closely with then-Rep. Becerra and his staff on legislation he introduced in 2007 and 2009 to make health care more affordable for low-income Medicare beneficiaries whose fixed incomes made it difficult to afford rising health care costs. His Medicare Savings Program Improvement Act would have made it easier to meet stringent asset test eligibility requirements. These restrictions continue to unfairly penalize low-income older adults who did the right thing during their working years by putting away a modest nest egg of savings, thereby disqualifying them from receiving the help they need. Becerra also recognized the need to improve protections against increasing copayments and deductibles only available for low-income older Americans with annual incomes below 100% of poverty (\$12,880 in current dollars).

More recently, as Attorney General of the largest state in the nation and managing 4,800 employees, Becerra has continued to be deeply involved in crafting health policies that benefit consumers, including:

- Taking action to make hospital care more affordable and increase transparency and competition by addressing monopolistic practices that drive up prices and exploit market power for profit
- Reducing prescription drug costs by addressing anti-competitive pay-for-delay agreements, through which brand name drug companies have been able to delay the entrance of less expensive generics into the market
- Leading a multistate coalition to fight against the Trump Administration's "Healthcare Refusal Rule," which would disproportionately impact communities of color, LGBTQ+ communities, and women seeking health care services by allowing medical staff to refuse life-saving care to patients based on personal objection

Attorney General Becerra's knowledge and experience will help our nation to effectively address our current public health crisis. Becerra's degrees in economics and law from Stanford University have helped provide him with an in-depth understanding of health care financing issues and how complex health laws and regulations impact those in need.

His skills and experience in working with Congress cannot be underestimated. There is much that must and can be done to improve our flawed health care system, such as promoting equity, addressing health disparities, and overcoming barriers to care. His understanding of what can and cannot be done, and how to combine good policy and good politics are desperately needed to effectively address these serious challenges.

Finally, his appointment would be historic. A former chair of the Congressional Hispanic Caucus, Becerra was the first Latinx person to serve as a member of the powerful Committee on Ways and Means and would be the first to serve as Secretary of HHS.

Attorney General Becerra is highly qualified to lead America's efforts to improve our flawed health care system for Americans of all ages. NCOA strongly urges members of the Senate Finance Committee to vote in favor of and for the Senate to promptly confirm his nomination.

Sincerely,

Ramsey Alwin
President and CEO
National Council on Aging

600 Grant Street, Suite 750
 Denver, CO 80203
 303-839-1852 ofc
 303-831-9251 fax



1140 3rd St. NE, 2nd floor
 Washington, D.C. 20002
 202-714-7662 ofc

February 12, 2021

United States Senate Committee on Health, Education, Labor & Pensions
 United States Senate Committee on Finance
 219 Dirksen Senate Office Building
 Washington, DC 20510

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo, and Committee Members:

The National Coalition Against Domestic Violence (NCADV) writes to you to urge you to confirm California Attorney General Xavier Becerra (Becerra) to be the Secretary of the Department of Health and Human Services (HHS). NCADV is the nation's oldest national grassroots domestic violence organization, representing domestic violence programs and survivors directly. Established in 1978, mission is to lead, mobilize and raise our voices to support efforts that demand a change of conditions that lead to domestic violence such as patriarchy, privilege, racism, sexism, and classism. We are dedicated to supporting survivors and holding offenders accountable and supporting advocates.

NCADV envisions a national culture in which we are all safe, empowered and free from domestic violence, and Becerra's record proves that he will promote such a culture as Secretary of HHS. Domestic violence impacts every person in America. With one in four women and one in ten men experiencing intimate partner violence,¹ everyone is acquainted with someone who has experienced violence – whether they know it or not. Black and Native women experience the highest rates of intimate partner violence,² and they systems that ought to protect them are often actively hostile. White supremacy is a feature of all of these systems. Women who are financially unstable, and who may rely on government assistance such as that overseen by HHS, are also particularly vulnerable to intimate partner violence – or are financially unstable as a result of the violence they experienced.

Programs within HHS are a literal lifeline for countless survivors. The Family Violence Prevention and Services Act (FVPSA) is the only dedicated funding source for domestic

¹ Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M. & Chen, J. (2018). *The national intimate partner and sexual violence survey: 2015 data brief - updated release*. Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>.

² Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The national intimate partner and sexual violence survey (NISVS): 2010-2012 state report*. Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>.

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Washington, D.C. 20002
202-714-7662 ofc

violence programs and is housed in HHS. Survivors rely on a host of other HHS programs, including programs that are necessary for them to rebuild their financial stability after leaving an abusive relationship such as Temporary Assistance to Needy Families and childcare assistance. HHS programs are integral to the health and wellbeing of survivors. With experience both as a legislator in the United States House of Representatives and as an executive as the Attorney General of California, Becerra is uniquely qualified to lead the agency.

Intimate partner violence is nothing short of a public health crisis, and the domestic violence epidemic is only exacerbated by the COVID-19 pandemic, as survivors face added barriers to leaving abusive relationships, including the potential of losing healthcare coverage. Becerra has a proven record of fighting for access to healthcare for all Americans. This includes leading the legal campaign to prevent the Affordable Care Act from being dismantled, thereby protecting millions of survivors' access to healthcare.

In both elected and appointed positions, he has been a champion for women and for lower-income families. In 2020, he said, "There is no place for violence against women anywhere."³ We agree with him, and we know that he will continue to be a champion for survivors as Secretary.

Thus, we urge the Senate Committee on Health, Education, Labor, and Pensions and the Senate Committee on Finance to expeditiously confirm Attorney General Becerra to be the Secretary of the Department of Health and Human Services.

Sincerely,

The National Coalition Against Domestic Violence

³ State of California Department of Justice (2020, May 4). *Attorney General Becerra urges Congress to renew protections under the Violence Against Women Act* [Press release]. <https://oag.ca.gov/news/press-releases/attorney-general-becerra-urges-congress-renew-protections-under-violence-against>.

National Council of Jewish Women
2055 L St NW Suite 650
Washington, DC 20036

T: 202. 296. 2588



National Council of Jewish Women

February 19, 2021

US Senate Committee on Health, Education, Labor, and Pensions
US Senate Committee on Finance
Senate Dirksen Office Building
Washington DC, 20510

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo,
and Committee Members:

On behalf of the 180,000 advocates of National Council of Jewish Women (NCJW), I write to express our strong support for the nomination of Xavier Becerra to serve as Secretary of the US Department of Health and Human Services (HHS). As a national grassroots organization fighting for social justice on behalf of women, children, and families, we know that Attorney General Becerra would be a champion for essential health care access and coverage at a time when we need it most.

Throughout his career, Attorney General Becerra has been a vocal supporter of women's health in particular. While in the US House of Representatives, Attorney General Becerra supported the Affordable Care Act (ACA) and the Lilly Ledbetter Fair Pay Act of 2019, among other important bills impacting reproductive and economic justice. He also opposed the racist and discriminatory Prenatal Nondiscrimination Act, which would have imposed civil and criminal penalties on anyone knowingly attempting to perform a sex-selective abortion.

As California's top law enforcement official, Attorney General Becerra has prioritized the needs of domestic violence and sexual assault survivors experiencing even greater isolation during the pandemic. He has also helped to lead legal fights across the nation, championing access to health care and dismantling barriers for women struggling to get medical services. Whether leading 20 states and the District of Columbia in an effort to protect the ACA, ensuring that everyone can receive birth control at no cost, or blocking the murder prosecution of a woman whose consumption of methamphetamine during pregnancy tragically resulted in stillbirth, Attorney General Becerra has demonstrated his commitment to protecting our critical rights.

The Secretary of HHS certainly does not have an easy job, particularly as this nation faces a once-in-a-century pandemic. Fortunately, Attorney General Becerra's depth and breadth of experience more than prepare him to lead this agency and fulfill its mission "to enhance the health and well-being of all Americans." As Becerra has noted, the ACA "has been life-changing and now through this pandemic, we can all see the value in having greater access to quality health care at affordable prices." Becerra's words and actions gives us confidence that he shares our values. We trust that he will not only tackle COVID-19, but will also restore and strengthen our health care system to meet the many and disparate needs at this moment in time and in the future.

As Jews, we believe in the ultimate moral imperative to protect every single person's health, the obligation to care for our bodies and to ensure others can do the same through access to quality care. We believe in compassion and dignity for all and are committed to ensuring equity and

justice for the most marginalized members of our society. **Xavier Becerra shares these values and NCJW urges his swift confirmation as Secretary of Health and Human Services.**

Please reach out to me by email (JRabhan@nciw.org) if you have any questions.

Sincerely,



Jody Rabhan
Chief Policy Officer
National Council of Jewish Women





WASHINGTON DC OFFICE
1500 Pennsylvania Ave, NW
#190-706
Washington DC 20004

February 22, 2021

Honorable Ron Wyden
Chair, U.S. Senate Committee on Finance

Honorable Mike Crapo
Ranking Member, U.S. Senate Committee on Finance

Honorable Patty Murray
Chair, U.S. Senate Committee on Health, Education, Labor and Pensions

Honorable Richard Burr
Ranking Member, U.S. Senate Committee on Health, Education, Labor and Pensions

Dear Chair Wyden, Ranking Member Crapo, Chair Murray, and Ranking Member Burr,

The National Center for Lesbian Rights (NCLR) is pleased to support the nomination of California Attorney General Xavier Becerra to serve as Secretary of the U.S. Department of Health and Human Services (HHS).

NCLR is a non-profit, public interest law firm that litigates precedent-setting cases at the trial and appellate court levels, advocates for equitable public policies affecting the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community, provides free legal assistance to LGBTQ people and their advocates, and conducts community education on LGBTQ issues. NCLR has been advancing the civil and human rights of LGBTQ people and their families across the United States through litigation, legislation, policy, and public education since its founding in 1977.

While NCLR is a national organization, our headquarters and roots are in San Francisco. In addition to our advocacy work at the federal level, we also engage in legal and policy work within California, and thus have extensive familiarity with Attorney General Becerra's track record. The nation would be fortunate to have Mr. Becerra in a leadership role at this unprecedented time, when addressing systemic injustices and a global pandemic will be at the top of the agenda for the new HHS secretary.

Attorney General Becerra is a longstanding friend and ally to the LGBTQ community, including back when it was far less socially and politically popular to take such a position. During his congressional tenure he voted for marriage equality, against discrimination in military service, and for inclusion of LGBTQ people in hate crimes laws. His commitment to equality continued when he became California's attorney general, and we were honored to join forces with his

office in litigating against former President Trump's unlawful ban on transgender persons serving in the military.

No less important is Mr. Becerra's staunch defense of access to the full range of reproductive health care, including contraception and abortion. As someone with a deep commitment to health care access, he understands that this includes reproductive health care. Mr. Becerra helped to bring the Affordable Care Act into being and has been at the forefront of defending it from legal attack. He has also worked to protect the rights of immigrants and their families, people with disabilities, and so many more.

Xavier Becerra is the leader we need right now to helm the Department of Health and Human Services as we navigate out of the pandemic and toward a more just and equitable future for all in this nation. We urge the Senate to move quickly on his confirmation.

Should you have any questions regarding this letter, please do not hesitate to contact me at jgonen@nclrights.org.

Sincerely,

Julianna S. Gonen, PhD, JD
Policy Director



February 22, 2021

Committee on Health, Education, Labor and Pensions
United States Senate
Washington, D.C. 20510

Dear Senator:

It is with great pleasure that I write to endorse the nomination of Xavier Becerra to lead the U.S. Department of Health and Human Services.

Throughout his long and distinguished career in public service, Mr. Becerra has demonstrated his capabilities in the health care arena, from taking on a corporate health care giant that illegally drove up prices, to helping secure passage of the Affordable Care Act and later defending it in court. He knows the plight of Americans who lack access to affordable health care coverage and understands the government's fundamental responsibility overseeing the financing and delivery of services through large, federal agencies.

Mr. Becerra's deep background in health care policy and human services programs, his knowledge of underserved and vulnerable populations, his commitment to fiscal responsibility for both taxpayers and the government, combined with his leadership skills and willingness to listen to all stakeholders makes him the ideal Secretary to oversee HHS.

Attorney General Becerra's experience as a legislator and executive leaves little room for doubt about his ability to help the Biden Administration successfully guide this nation out of the COVID pandemic and into a stronger era of health and human services delivery for all Americans.

Sincerely,

Max Richtman
President and CEO

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President, Latino Medical Student Association
Chicago, IL

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January 22, 2021

Chairman Senator Patty Murray (D-WA)
Ranking Member Richard Burr (R-NC)
U. S. Senate Health, Education, Labor and Pensions Committee
Washington, DC

Dear Chairman Murray and Ranking Member Burr:

On behalf of the National Hispanic Medical Association (NHMA), I strongly support the nomination of Mr. Xavier Becerra to the position of Secretary, U.S. Department of Health and Human Services (HHS).

I have known Mr. Becerra since the 1970s when we were college students at Stanford University and met his family. Like most of the Chicano students accepted to Stanford at that time, we were all first generation from working class families of immigrant parents or grandparents and understood the opportunity afforded us to help our families with our education trajectories. During that time many of the Chicano students were close and supportive of each other's strong interest to pursue careers that would take us to decision-making positions and public service efforts to give back to our communities.

I have worked with Mr. Becerra in Sacramento, California when he served as Assemblyman and led a briefing on the healthcare workforce diversity needs for the state and again in Washington, DC as Congressman and as a member on the Ways and Means Committee and on the Congressional Hispanic Caucus. He spoke at the first Annual Conference of the NHMA in 1997 and advised us to become advocates for the lifestyle of our communities and not just to change the health care system.

I worked at HHS from 1994-98 in the Office on Women's Health, and following that, started at the NHMA. He and his staff met with NHMA physicians and staff through the years and spoke at our Congressional Briefings to discuss priorities for medical education and research diversity, Medicare and GME, prevention and access to care issues, the ACA and other areas that would improve policies and programs for the health of Latinos and other underserved.

In summary, Mr. Xavier Becerra has the vision and the strong leadership experience to build the programs and policies for HHS to support the most vulnerable as well as healthcare institutions, public health agencies, private sector companies which partner with the department and to lead HHS officials to support President Biden's vision for a healthier America.

Sincerely,

Elena Rios, MD, MSPH, FACP
President & CEO
National Hispanic Medical Association



6041 Linglestown Road, Harrisburg, PA 17112. Ph: 800-537-2238 Fax:717-545-9456

February 12, 2021

United States Senate Committee on Finance
United States Senate Committee on Health, Education, Labor & Pensions
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Chairwoman Murray, Ranking Member Crapo, and Ranking Member Burr:

On behalf of the National Resource Center on Domestic Violence (NRC DV), I write today in support of the nomination of Xavier Becerra to lead the Department of Health and Human Services (HHS). His diverse experience on and around the issues affecting domestic violence survivors makes him uniquely qualified to become the Secretary of HHS during this critical time.

The NRC DV has worked, for the past 25 years, to strengthen the capacity of programs responding to domestic violence victims and their families by promoting effective public policy, institutional response and research, and engagement in prevention. Today NRC DV works with many other organizations and partners who bring various expertise, backgrounds, and perspectives, to improve community response to domestic violence and, ultimately, prevent its occurrence. We are part of a network of domestic violence programs that work collaboratively to promote practices and strategies to improve our nation's response to domestic violence and make safety and justice for all families a priority.

We believe that Domestic violence impacts all areas of the lives of survivors and their children and the systems they access for help can either support or cause further harm. A holistic approach to domestic violence is needed to ensure the safety and well-being of survivors and their families. This is especially critical as the United States grapples with the COVID-19 pandemic. The inequities in our nation are inescapable as Black, Latino, Asian and Native American communities bear the brunt of the pandemic's economic and health damages. Through all this, women, broadly, and survivors and their families are more severely affected. The devastation of this moment compels us to reimagine what kind of America we want to become after the pandemic – one that is more equitable for all people.

The Department of Health and Human Services (HHS) is the agency in the Federal executive branch most involved with the Nation's human concerns. In one way or another, it touches the

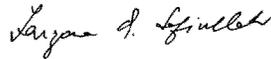
lives of more Americans than any other Federal agency. It is a department of people serving people, from newborn infants to persons requiring health services to our most elderly citizens. It is the agency that addresses the health and well-being of Americans and within that addresses the issues of Family Violence. HHS is the agency best positioned to advancing a more holistic and equitable approach to Domestic Violence. It is more important than ever that this department be comprised of leaders committed to ending violence against women, addressing white supremacy and advancing racial equity. As such, there is no better candidate to lead the Department of Health and Human Services than Xavier Becerra.

Xavier Becerra is a deeply qualified and passionate leader with a depth and breadth of experience that spans three decades of working to address violence against women and support survivors, ensure access to healthcare, protect Social Security, and Medicare. In May of 2020 as California Attorney General, Xavier Becerra called for the reauthorization of the Violence Against Women Act stating that “[t]here’s no place for violence against women anywhere.” At the California Department of Justice, Becerra ensured that they were doing their part to support survivors of domestic and sexual violence and prevent and respond to crimes against women.” During COVID-19, Attorney General Becerra stayed focused on the needs of survivors and worked to ensure that they had access to critical services during state-wide stay-at-home orders.

Xavier Becerra has been at the forefront of legal efforts to protect the Affordable Care Act and a vocal advocate for women’s health. Through appointed and elected office Xavier Becerra worked to combat poverty among working families, and as a legal services lawyer Becerra fought for the rights of people with mental health disabilities. At a time where the US is facing so many challenges, we have a nominee with a vast array of experience which positions Xavier Becerra to be the best suited leader. His legal background and efforts with his expansive understanding of health and welfare issues is the perfect mix of experience to meet the needs of an agency that touches the greatest number of lives.

We urge the Senate Committees on Health, Education, Labor and Pensions and Finance swiftly confirm Xavier Becerra as Secretary of the Department of Health and Human Services.

Sincerely,



Farzana Q. Safiullah
Chief Executive Officer
The National Resource Center on Domestic Violence
Office: 800-537-2238



February 5, 2021

The Honorable Lamar Alexander
Chairman, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Patty Murray
Ranking Member, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

Re: Xavier Becerra's Nomination for Secretary of Health and Human Services (HHS) – Support

Dear Chairman Alexander and Ranking Member Murray,

On behalf of the Oregon Primary Care Association (OPCA)—representing Oregon's 33 community health centers (CHCs) which serve 466,00 Oregonians, I am writing to express our strong support of Xavier Becerra's nomination for Secretary of Health and Human Services (HHS). Our trusted colleagues to the south, at the California Primary Care Association, speak highly of Secretary-designate Becerra and his ability to lead HHS at this crucial time.

COVID-19 has reinforced the structural discrimination and racism within our society, and CHCs have witnessed this uneven impact of COVID-19 on their racial and ethnic minorities, homeless, and farmworker patients. Xavier Becerra is uniquely positioned to bring the tailored approach and leadership that is needed to support all Americans through this unprecedented public health emergency and guarantee a stronger health care delivery system when it is over.

With the Biden Administration refocusing the federal government's COVID-19 response and building a new vaccination infrastructure that is centered in community health centers, Becerra comes well prepared to see that vision forward. As congressman, Secretary-designate Becerra represented a district that has 30 health centers with 57 sites. The Secretary-designee's experience with health centers in his congressional district (where over one quarter of the population of his former district accessed care at a health center) will be important as he transitions to a national position. Nationally, and in Oregon, health centers serve almost 10% of the population (9% of Oregonians access care at a health center).

Secretary-designate Becerra has always been a strong supporter of health centers. He attended events at health centers in his former congressional district and hosted regular policy roundtables for health center leaders. More importantly, he fought for programs and funding helpful to health centers through his position as a senior member of the House Ways and Means Committee. He has also been involved in the important discussions about the federal government's role in ensuring coverage for all.

As COVID-19 continues to ravage our country, with a disproportionate impact on historically marginalized communities and communities of color, it is imperative that Secretary-designate Becerra be confirmed and on-the-job quickly. **For these reasons, we respectfully request the swift confirmation of Secretary-designate Becerra as Secretary of Health and Human Services.**

Thank you for your quick consideration of his nomination.

Sincerely,

A handwritten signature in black ink, appearing to read 'JWP-R', is written over a light blue horizontal line.

Joan Watson-Patko
Executive Director
Oregon Primary Care Association



Providence
1801 Lind Avenue SW
Renton, WA 98057
providence.org

Feb. 9, 2021

Dear Chairwoman Murray,

On behalf of Providence, I am urging you to support Attorney General Xavier Becerra's nomination for Department of Health and Human Services Secretary. Our health system looks forward to working with Mr. Becerra in his new capacity once confirmed, as we take on critical health issues facing our nation and communities.

As the largest health care provider in Washington State, our belief that health care is a basic human right animates much of our work. We are strong proponents of Medicaid expansion under the Affordable Care Act (ACA) and are working to preserve coverage gains achieved through the ACA. We are leaders and innovators on community benefit and charity care, and an advocate for our country's immigrants and refugees. Last summer, Providence pledged \$50 million to end disparities in health care and we have been working diligently to reach communities of color and other populations at highest risk for COVID-19 in terms of education, testing, access to care and vaccinations. Many areas of health policy can have a profound effect on very vulnerable populations, and we are proud to be a leading voice on their behalf.

We know that Mr. Becerra shares these beliefs and priorities as well. We have had the privilege of working with Mr. Becerra during his tenure in Congress and as Attorney General in California, another state where Providence has a large footprint. We have experienced, firsthand, Mr. Becerra's leadership in ensuring access to care for vulnerable communities and addressing racial and ethnic inequities in health care.

Thank you for your consideration of Mr. Becerra's deserving and important nomination. Mr. Becerra is the leader our nation needs to stem the tide of the COVID-19 pandemic, expand health care access to the uninsured, and steer the nation's health care system under the new administration.

Please contact Jacquelyn Bombard, Executive Director of Federal Relations, for any follow up and to schedule a meeting. She may be reached at Jacquelyn.Bombard@providence.org or (512) 569-3105.

Sincerely,

A handwritten signature in black ink that reads "Rod Hochman".

Rod Hochman, MD
President and CEO
Providence



February 12, 2021

United States Senate Committee on Health, Education, Labor & Pensions
 United States Senate Committee on Finance
 219 Dirksen Senate Office Building
 Washington, DC 20510

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo, and Committee Members:

Ujima, Inc. is a national Culturally Specific Services Issue Resource Center funded by the Administration of Children and Families, Family and Youth Services Bureau within the U.S. Department of Health and Human Services by and through the Family Violence Prevention and Services Act. The name Ujima was derived from one of the Kwanzaa principles which means Collective Work and Responsibility. This principle is critical to addressing violence against Black women in the United States. Ujima Inc. through its education and outreach; training and technical assistance; resource development; research; and public policy efforts mobilizes the Black community and allies to strengthen our families, recognizing that the safety and viability of our families is connected to the health and well-being of our individual neighborhoods and communities at large. We are part of a network of domestic violence programs that work collaboratively to promote practices and strategies to improve our nation's response to domestic violence, sexual assault, and community violence.

Survivors of domestic violence seek help from a multitude of systems for safety and healing, however those same systems can cause harm and are often difficult to navigate. Black women are almost 3x as likely to be killed by an intimate partner than white women – we are particularly concerned that this statistic will increase as we grapple with the COVID-19 pandemic and dearth of resources. We believe Xavier Becerra is uniquely qualified to lead the U.S. Department of Health and Human Services during this unprecedented time. His depth and breadth of experience over the past thirty years includes addressing violence against women and supporting survivors, ensuring access to healthcare, and protecting Social Security and Medicare. These are life-saving safety nets for survivors.

In May of 2020 as California Attorney General, Mr. Becerra called for the reauthorization of the Violence Against Women Act stating “[t]here’s no place for violence against women anywhere.” He has been at the forefront of legal efforts to protect the Affordable Care Act and a vocal advocate for women’s health. His legal background and expertise in health and welfare issues exemplifies his commitment to social change that promotes access to services and justice for all people. We fully support the confirmation of Xavier Becerra as Secretary of the U.S. Department of Health and Human Services by the Senate Committees on Health, Education, Labor and Pensions and Finance.

Respectfully,

Karma Cottman
 Executive Director

LETTERS OF OPPOSITION FOR THE NOMINATION OF XAVIER BECERRA
TO SERVE AS SECRETARY OF HEALTH AND HUMAN SERVICES



**National Institute
of Family and Life Advocates**

10333 Southpoint Landing Blvd Suite 107, Fredericksburg, VA 22407

- Phone: 540.372.3930
- Fax: 540.372.3929
- www.NIFLA.org
- Admin@NIFLA.org

February 19, 2021

To Whom It May Concern:

The National Institute of Family and Life Advocates (NIFLA) opposes the nomination of Xavier Becerra to be Secretary of Health and Human Services (HHS). Because of our experience with Becerra and his radicalized agenda, we believe that he is not qualified for this appointment. We respectfully ask that you reject his nomination.

NIFLA is a non-profit legal and medical organization that exists to train, equip and represent more than 1,600 life-affirming pregnancy center members across the nation. Pregnancy centers provide hope, counsel, medical services, material resources, housing referrals, and much more to mothers considering abortion, all for free. Primary among these is the procedure of ultrasound, which is medically necessary to confirm a viable intrauterine pregnancy. Statistics show more than 80% of mothers considering abortion decide to choose life after seeing an ultrasound image of their unborn child.

In 2016, NIFLA brought a lawsuit against Becerra because, as California Attorney General, he abused his statewide office to target our pregnancy centers. In his attempt to enforce California's so-called Reproductive "FACT" Act, Becerra futilely sought to force government-compelled speech on religiously motivated pro-life centers by requiring them to place notices on their walls advising clients how they could procure a state-funded abortion. Becerra vowed to aggressively enforce the law and make sure that pro-life centers use the walls of their waiting areas as billboards to advertise for and promote abortion.

This mandated compelled speech violated the pregnancy centers' First Amendment rights and undermined their mission to offer life-affirming care to women and children. It forced such centers to speak a message with which they fundamentally disagreed.

May the government force Alcoholics Anonymous to post signs promoting the sale of liquor to its clients? Could the government force the American Cancer Society to promote the sale of tobacco and cigarettes? If Becerra had his way with pro-life pregnancy centers then such scenarios (which are absurd) could very well happen, depending upon who has the political clout to promote their agenda.

Thomas A. Glessner, Esq., President ↔ Anne J. O'Connor, Esq., Vice President of Legal Affairs
Audrey Stout, RN, RDMS, Vice President of Medical Services ↔ Byron C. Calhoun, MD, Medical Director

While California's so-called Reproductive "FACT" Act was unconstitutional, Becerra insisted that it be enforced. The law was struck down by the United States Supreme Court in the landmark case of *NIFLA v. Becerra* 138 S. Ct. 2361 (2018). The Supreme Court ruled 5-4 to block California's blatant discrimination against non-profits that give life-affirming options to women facing unplanned pregnancies. Justice Clarence Thomas wrote the majority opinion of the Court which held that the free speech guarantees of the First Amendment to the U.S. Constitution prohibits government compelled speech when such speech mandates and compels people to speak a message with which they fundamentally disagree and which violates their consciences.¹ In concurrence, Justice Kennedy stated that "viewpoint discrimination is inherent in the design and structure of [the] Act" and that California required "primarily pro-life pregnancy centers to promote the State's own preferred message advertising abortions."

The Supreme Court handed Becerra a humiliating defeat in *NIFLA v. Becerra*, which ended up costing the taxpayers of California millions of dollars. They were ordered to pay attorneys' fees to his successful opponents. Immediately after this decision was handed down, Becerra referred to it as "unfortunate" and stated he would seek other ways to promote abortion services in California.

Becerra absolutely should not be in charge of such a powerful department as HHS. In such a position of authority and power, he will easily continue his attacks against pregnancy centers through bureaucratic rules and regulations. Such actions will guarantee further litigation against HHS and the government. Ultimately, under *NIFLA v. Becerra*, the government will lose, costing the taxpayers millions more in litigation costs.

Becerra's actions to enforce the "FACT" Act also caused the State of California to be cited by HHS, the very organization he now is nominated to lead, for violating federal conscience protections. The Office of Civil Rights Conscience and Religious Freedom Division conducted an independent investigation and determined that the "FACT" Act violated the Weldon and Coats-Snowe Amendments by requiring "licensed covered facilities" to refer for abortion. It further violated the Weldon amendment by subjecting "unlicensed covered facilities" to discrimination by targeting them for burdensome and unnecessary notice requirements because they do not refer for or make arrangements for abortion.

More recently, Becerra's actions to exploit the COVID-19 pandemic to expand abortion demonstrate that his radical abortion agenda knows no limits. As most government leaders sought to direct resources to essential health services, Becerra led a crusade to use the public health emergency to expand the distribution of chemical abortions by removing the FDA's Risk Evaluation and Mitigation Strategy (REMS) protocol. Such a change to the REMS would lead to mail-order abortion without physician oversight, a situation that could have dire consequences for women and girls. The U.S. Supreme Court again ruled against him in this regard in *Food and Drug Administration v. American College of Obstetricians and Gynecologists (FDA v. ACOG)* in January 2021.

¹ That free speech standard was distinguished by Justice Thomas from situations where the State is regulating the conduct of the physician in which that physician's speech is merely incidental to conduct, such as speech related to the performance of an abortion.

Becerra's confirmation would be a very divisive action coming from an administration that pronounces the need for unity. He is an antagonist to millions of Americans who care for mothers, their unborn children, and who simply want to provide them with the right to choose life. As such, he is an enemy of the health of women and the unborn.

As Secretary of HHS, Becerra would be uniquely positioned to pass regulations that impact operations of pregnancy centers – particularly those that are licensed medical clinics. This should be concerning to all who care about providing abortion alternatives to mothers.

Becerra cannot be entrusted with our national health programs and policies. He is not qualified to serve as Secretary of Health and Human Services.

For these reasons, we ask you to reject his nomination.

Sincerely,



Thomas A. Glessner, J.D.
President



Anne O'Connor, J.D.
Vice-President for Legal Affairs.

CONCERNED
WOMEN *for* AMERICA
LEGISLATIVE ACTION COMMITTEE

February 23, 2021

The Honorable Rand Paul
United States Senate
Washington, DC 20510

Dear Senator Paul,

On behalf of our hundreds of thousands of grassroots supporters nationwide, Concerned Women for America Legislative Action Committee (CWALAC) writes to oppose the nomination of Xavier Becerra to be Secretary of Health and Human Services (HHS).

For all the talk about unity, the Biden-Harris Administration's choice of California Attorney General Xavier Becerra for the crucial post of Secretary of HHS exposes their complete disregard for the millions of Americans who value the sanctity of every human life. Gen. Becerra's radicalism on abortion is so outside the mainstream that it ensures most Americans will be alienated by his approach to one of the areas Americans care about most, their healthcare. Worse, it guarantees they could become targets for harassment because of their religious beliefs.

We remember how Gen. Becerra dragged the Little Sisters of the Poor to the U.S. Supreme Court to defend their rights of conscience and sincerely held religious beliefs. Gen. Becerra has distinguished himself throughout his career as one of the primary opponents of our First Amendment rights. The infamous anti-free speech, pro-abortion, unconstitutional law at issue in *NIFLA v. Becerra* bears his name for a reason.

He may have lost at the Supreme Court, but he has continued his radical crusade against the First Amendment with dogmatic vigor. Gen. Becerra was the person strategically chosen to continue Sen. Kamala Harris' persecution of pro-life journalist David Daleiden for exposing Planned Parenthood's inhumane harvesting of aborted baby body parts.

His views are entirely out of the mainstream. As a Congressman, he voted *against* the ban on partial-birth abortion that a majority of Americans support, including many Democrats, and *for* federal taxpayer funding of abortion on demand, which, again, a majority of Americans oppose.

Gen. Becerra is a prosecutor and activist with no experience in the healthcare industry, no respect for the conscience rights of American citizens, and no compassion for the lives of the most vulnerable. CWALAC urges all Senators to oppose Xavier Becerra's nomination to be Secretary of HHS. He is simply the wrong choice for this important position.

Sincerely,

Penny Young Nance
CEO and President

STATE VACCINE PLANS:

https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/State-COVID19-Vaccine-Distribution-Plans.pdf.

COLORADO:

<https://covid19.colorado.gov/for-coloradans/vaccine/vaccine-for-coloradans>.

MINNESOTA:

[Minnesota Guidance for Allocating and Prioritizing COVID-19 Vaccine-Phase 1A \(state.mn.us\)](#).

LOUISIANA:

[COVID-19VaccineFAQ_12092020.pdf \(la.gov\)](#).

Xavier Becerra
 Nominee to be Secretary of Health and Human Services
 U.S. Senate Committee on Health, Education, Labor and Pensions
 Questions for the Record
 February 23, 2021, Confirmation Hearing
 Submitted: February 24, 2021

Ranking Member Burr

Experience & Public Health Background

1. If confirmed, you will lead one of the largest federal departments, both in its number of employees and scope of activities, touching the lives of millions of Americans each day. As HHS Secretary, you would oversee issues of critical importance, including the public health response to COVID-19, ensuring the safety and efficacy of medical products and protecting our food supply, advancing biomedical research, and helping patients and families with mental and substance abuse disorders. Please answer yes or no:
 - a. Are you a trained medical professional? *Answer:* No.
 - b. Have you been a governor running a state or even a mayor of a large city or county? *Answer:* No.
 - c. Have you ever served as a health care executive responsible for the operations of a hospital or a health care system? *Answer:* No.
 - d. Have you ever managed a budget of more than \$1.3 trillion? *Answer:* No.
 - e. Have you ever managed 80,000 employees? *Answer:* No.
 - f. Have you previously served in a leadership role at HHS? *Answer:* No.

2. What *specific* health care leadership experience qualifies you to lead a department responsible for critical work of this range and depth?

Answer: The mission of the Department of Health and Human Services -- to protect people's health and well-being -- has been central to my life's work. I worked early on as a legal aid lawyer helping people struggling with mental health challenges. Since then, during more than 30 years in public service, I have focused on getting people the best health care at the best possible price, from my decades on the House Ways and Means Committee to the last four years serving as Attorney General of the largest state Department of Justice in the country.

As a 12-term Member of Congress, I fought to give people access to quality, affordable health care. I served on the Ways and Means Committee for two decades, where I focused on protecting and strengthening Medicare, Medicaid, and health care payments and program financing, and where, in 2015, I led efforts to successfully stave off roughly 20 percent cuts in Social Security Disability Insurance.

I helped write and pass the Affordable Care Act, including the provision addressing Medicare benefits and reimbursements. I helped expand the Children's Health Insurance Program (CHIP) and

introduced legislation -- the Medicare Savings Programs Improvement Act of 2007 -- that expanded cost-sharing subsidies for low-income seniors who receive both Medicare and Medicaid benefits by increasing the amount of resources they could receive. Several of these provisions were included in the Medicare Improvements for Patients and Providers Act of 2008 and the Medicare Access and CHIP Reauthorization Act of 2015.

I also championed provisions of the Medicare Improvements for Patients and Providers Act of 2008 that required physicians who perform imaging to be accredited and trained to ensure patient safety. I introduced legislation in 2007 to raise the cap on the benefits of patients receiving Medicare physical therapy, as well as the E-Centives Act of 2009, which provided incentives for Medicaid providers to implement electronic health records. A version of this legislation was included in the American Recovery and Reinvestment Act of 2009. I introduced the Medical Anesthesiology Teaching Funding Restoration Act of 2007 to improve anesthesiologists' teaching payments, and it passed in 2008.

I helped draft the Improving Medicare Post-Acute Care Transformation Act (IMPACT) of 2014, requiring the HHS Secretary to conduct research on the social determinants of health in Medicare's value-based programs, so we could use good data to improve outcomes and save costs. In 2016, I helped launch a House Affordable Drug Pricing Task Force to tackle rising prescription drug costs.

As Attorney General, I have taken on powerful interests to make sure Americans have the best and most affordable health care, managing a large, complex agency to get results for Californians. I created a special Health Care Rights and Access Unit, with 55 attorneys uniquely focused on health care antitrust and consumer protection. Our team has cracked down on Medicare and Medicaid fraud to protect these lifelines, recovering almost \$1 billion in just the last three years from defendants that defrauded California's State's Medicaid program with false claims for payment. I also launched a Disability Rights Unit to investigate discrimination against people with disabilities. This unit has successfully investigated and negotiated agreements with several school districts to ensure that students with disabilities have received their legally entitled quality education.

I have overseen the maintenance and regulation of our state prescription drug monitoring program called the Controlled Substance Utilization Review and Evaluation System (CURES) -- a required database for prescribers, devised to stop people from "doctor shopping" and receiving multiple opioids prescriptions. I have worked with a bipartisan group of Attorneys General to prevent youth and children from using tobacco products and taken on the opioid epidemic, working to hold drug makers and distributors responsible for the addiction crisis. I have used my authority as Attorney General to tackle skyrocketing prescription drug prices by helping pass state laws to deter "pay-for-delay" deals and ensure transparency in prescription drug pricing. Moreover, my office settled a \$69 million lawsuit against Teva Pharmaceutical Industries for its illegal pay-for-delay activities.

We have prioritized protecting patients' privacy -- securing settlements against Cottage Health System for failing to protect patient medical records, Aetna over exposing HIV patient statuses

in mailers, Anthem for its violation of privacy laws resulting from a 2014 data breach, Glow, Inc. for their privacy and security failures that put women's sensitive personal information at risk, and Premera Blue Cross over their breaches of patient privacy.

I worked with the Republican Attorney General of Louisiana to lead a bipartisan multistate coalition urging HHS, including NIH and FDA, to use their legal authority to increase the availability and affordability of Remdesivir. In California, I used my authority to protect workers from exposure to COVID-19, take on fraudsters trying to take advantage of people during the pandemic, and press the federal government to do more to produce PPE and boost reporting by nursing homes.

With the responsibility for reviewing non-profit health care mergers in the state, I have fought to ensure that hospitals benefiting from non-profit status give back appropriately to the communities they serve. For example, in 2018, my office approved the biggest merger in our state history, the Dignity-Catholic Health Initiative Merger, and along with it, secured a grant program between the hospital system and local governments to better support the delivery of treatment and services to hospitalized individuals experiencing homelessness. I also secured a half-billion-dollar settlement from Sutter Health, one of our country's largest hospital systems, for unfairly sucking up hospitals and doctors and using their market power to increase costs for patients.

As part of our efforts to ensure integrity among health care providers and vigorously protect patients, the California Department of Justice won a \$344 million verdict against Johnson and Johnson for its deceptive marketing arising from sale of pelvic mesh. The pelvic mesh implants, which were advertised to treat a condition called organ prolapse, caused severe bleeding and searing pain in these female patients. The award was more than twice the size of the \$117 million settlement J&J reached to resolve claims by 41 states and the District of Columbia for similar deceptive marketing accusations arising from the sale of pelvic mesh products.

Finally, over three years, I led the national defense of the Affordable Care Act in court, going all the way to the Supreme Court to ensure that the American people don't lose their health care or see their coverage denied just because they have a pre-existing condition, which is especially critical as we address the twin public health and economic crises caused by the pandemic.

The mission of the Department of Health and Human Services has never been more important than right now. I believe my experiences and background qualify me for this role, and I am humbled by and ready for this responsibility of leading HHS during this consequential time for the agency – and for our country.

Coronavirus and Pandemic Preparedness

3. You have previously stated that in order for Americans learn your timeline for the COVID-19 vaccine plan you must first be sworn in as HHS Secretary. Will you commit to providing your plans for the pandemic response prior to this Committee determining whether you are suited for the job?

Answer: If confirmed, I look forward to working with you and your Senate colleagues to ensure COVID-19 vaccination plans are transparent and equitable.

4. What are the specific changes that you are going to make from the previous administration's plans and existing state plans to reach President Biden's goals?

Answer: On January 21, 2021, President Biden released a National Strategy for the COVID-19 Response and Pandemic Preparedness.¹ If confirmed, I will work to implement the goals detailed in this document.

5. California submitted its plan on October 26, 2020 date for vaccine distribution that was submitted to the Centers for Disease Control and Prevention (CDC). In fact, all 50 states submitted plans for how each state would distribute vaccines. All of these state plans were submitted to HHS prior to the Biden Administration taking office.
- Were vaccines distributed to states prior to January 20, 2021?
 - While the Administration may have changed, the unique needs of local communities likely has not. Why do you see the need for states to start from scratch with new vaccine plans?
 - Instead of falsely accusing the previous administration of doing nothing on vaccine distribution, do you agree that focusing on improving and recognizing lessons learned thus far from the pandemic response is in the best interest of Americans to overcome this crisis?

Answer: The Biden Administration is committed to ensuring that the federal government learns from the COVID-19 pandemic. Vaccines were delivered to states, jurisdictions, and federal entities beginning in December 2020. HHS has allowed jurisdictions flexibility in their vaccination plans to provide prioritization based on the needs of their populations. If confirmed, I would work with CDC and jurisdictions to ensure that previously-submitted plans can be adapted to address changing circumstances, such as the availability of a new vaccine or additional vaccine supplies. I understand that CDC is working with jurisdictions to update their plans and budgets in response to supplemental funding that was awarded in January 2021. If confirmed, I look forward to working with Congress on these important issues.

6. The parallel development, manufacturing, and regulatory review process is a success story that has resulted in multiple vaccine and therapeutic candidates to prevent and treat COVID-19 and related symptoms. The investment from the federal government has allowed vaccine manufacturing to scale up at risk alongside the late stage development process.
- How will you maintain this parallel process and commitment to de-risk development of COVID-19 countermeasures?

Answer: I understand that a parallel development, manufacturing, and regulatory review process continues to be utilized for COVID-19 therapeutics and vaccines. If confirmed, I plan to look at all successes and failures to learn from this crisis in order to better prepare us for the next public health emergency.

¹ <https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf>

- b. Will you keep this parallel development-manufacturing model to ensure a continued surge in manufacturing and distribution for any additional authorized vaccine candidates?

Answer: If confirmed, I look forward to analyzing lessons learned from this process and ensuring that we continue to make progress in vaccination and other key areas in our response.

7. The seasonal flu manufacturing process is unique and requires manufacturing well in advance of the flu season. How will you help balance the supply needs of COVID-19 countermeasure manufacturers and address supply chain challenges currently facing seasonal flu manufacturers to ensure they are able to access the materials and supplies needed to produce and manufacture enough seasonal flu vaccine in advance of the 2021-2022 flu season?

Answer: The vaccine development landscape is complex. If confirmed, I look forward to working with all involved federal and private sector partners, and the World Health Organization, to improve manufacturing of medical countermeasures, expand domestic supply chain capabilities, and ensure access to materials needed to keep Americans vaccinated for COVID-19, flu, and other diseases.

8. The Biden administration, like the Trump Administration before it, has chosen to invoke the Defense Production Act (DPA) to streamline needed supplies and materials to certain manufacturers of COVID-19 countermeasures. How will you balance the use of DPA authorities to ensure access to needed materials for COVID-19 vaccines and therapeutics, while also preventing shortages of materials, ingredients, and other supplies needed to manufacture and produce treatments and therapies that Americans rely on every day?

Answer: As we have seen throughout the course of the COVID-19 pandemic, ensuring a safe and consistent supply chain for materials, ingredients, and supplies is a critical aspect for national response to public health emergencies. The Biden Administration is committed to fully leveraging contract authorities, including the Defense Production Act, to maximize the supply of vaccines available to the public. If confirmed, I will work with other federal partners to improve domestic manufacturing of medical countermeasures.

9. How will you work with states to strengthen their public health emergency and pandemic preparedness plans, including ensuring states maintain a stockpile of appropriate medical supplies, such as personal protective equipment, ancillary medical supplies, and certain drugs to treat patients?

Answer: As you know, states, localities, tribes, and territories all play a critical role in public health emergency preparedness and response efforts. It is incredibly important that these entities are provided with the supplies and resources needed to respond to these emergencies. If confirmed, I will work with governments at all levels to improve access to PPE, medical supplies, and FDA-authorized and approved drugs.

10. Will you commit to leveraging manufacturers, distributors, and other private sector partners to strengthening the Strategic National Stockpile to ensure medical supply reserves are appropriately managed, maintained, and readily accessible should such reserves be needed during a public health emergency?

Answer: If confirmed, I will work to ensure that supplies within the Strategic National Stockpile are maintained, available and ready to use for future public health emergencies.

11. One lesson we have learned from the COVID-19 pandemic is the importance of working with innovators to maintaining a warm-base manufacturing footprint to ensure the capabilities and capacity exists to quickly scale up the production of needed medical countermeasures. Will you commit to strengthening flexible manufacturing facilities, building on the Centers for Innovation and Advanced Development and Manufacturing to improve the capacity and capabilities that allow government to partner with innovators to ensure our nation is better prepared for the next pandemic?

Answer: Innovation and supply chain flexibility are key aspects to manufacturing much-needed medical countermeasures. If confirmed, I look forward to working with BARDA to apply innovative solutions to established platforms to overcome bottlenecks, reduce barriers, and allow for significant scale up of domestic manufacturing.

12. During your hearing yesterday before the HELP Committee, you mentioned the importance of genomic sequencing to inform the ongoing response to the COVID-19 pandemic. The Biden Administration has also announced efforts to enhance sequencing capacity in the United States, including obligating \$200 million to support these efforts at CDC, which was referred to as a “down payment.” What specific actions do you plan to take to support genomic sequencing, and how will you leverage academic institutions and the private sector to achieve this goal?

Answer: CDC contracts with several large national reference laboratories to conduct sequencing on samples from around the United States. If confirmed, I look forward to supporting this work and exploring ways to increase CDC’s existing laboratory capacity to process COVID-19 tests and sequence the virus.

13. One success story from last year related to the COVID-19 pandemic response is the success of the Rapid Acceleration of Diagnostics (RADx) Initiative, which supported the rapid development and scale-up of testing technologies and was led by the National Institutes of Health (NIH) and the Biomedical Advanced Research and Development Authority (BARDA) with the support of Congress. RADx is an example of the type of coordinated research and development initiative in which complementary investments are essential to the early identification and development of promising technologies. If confirmed as Secretary, what steps will you take to institutionalize these lessons learned and ensure future close coordination between NIH and BARDA to support early identification and discovery of potential medical countermeasures and the seamless transition of such product research and development between the two entities?

Answer: If confirmed, I look forward to analyzing lessons learned from the COVID-19 pandemic and supporting even further coordination and collaboration between NIH and BARDA to advance work in medical countermeasure development.

FDA

14. The Food and Drug Administration (FDA) has responded swiftly to the needs of Americans during the COVID-19 pandemic by providing greater flexibility for medical product manufacturers to meet FDA's gold standard of safety and efficacy. FDA achieved this success by relying on bipartisan authorities Congress has provided to the agency over the past 20 years. If confirmed, will you advocate for the adoption of these best practices across the review centers at the FDA to improve and speed the development of treatments and therapies for other serious and life-threatening diseases and medical conditions that Americans and their families face every day?

Answer: If confirmed, I will analyze lessons learned from the COVID-19 pandemic and consider opportunities to operate even more efficiently in bringing treatments and therapies to those who need them while also maintaining the high standards that Americans expect. I am committed to working closely with you on these important issues.

15. As part of FDA's pandemic response, the agency created the COVID Treatment Accelerator Program (CTAP) to help speed clinical studies and product development, address manufacturing challenges, and rapidly review product submissions to get safe and effective treatments for COVID-19 to patients and health care providers as quickly as possible.
- a. Will you commit to ensuring FDA retains its flexibility to respond swiftly during public health emergencies, and as we continue to address COVID-19 and its new variants?

Answer: CTAP leverages expertise and resources across FDA in order to facilitate the development of safe and effective treatments for COVID-19. If confirmed, I will continue to work on this important issue.

16. How will you ensure that FDA's ability to accelerate potential treatments to patients, such as through the CTAP, remains a strong regulatory tool to help innovators quickly develop and manufacture such countermeasures?

Answer: Safe and effective therapeutics and other medical products are a very high priority at the FDA. If confirmed, I will work closely with Congress and our stakeholders to ensure that we have the necessary regulatory tools at our disposal to help innovators quickly develop and manufacture these important countermeasures.

17. Ethylene Oxide (EtO) is used by medical device manufacturers and commercial sterilizers to sterilize half of the medical devices and products sterilized in the U.S. each year, including PPE, ventilator parts, and other products being relied upon in the nation's response to COVID-19. The FDA has determined EtO to be essential to health care and that there are no readily available substitutes for sterilization. EtO is jointly regulated at the federal level by

FDA, DHS, DOT, OSHA, and EPA. EPA is currently undergoing regulatory proceedings as to the continued use of EtO due to potential risks of air pollution. As EPA advances its regulatory proceedings, will you work with EPA and OMB to ensure that any regulations or requirements take into account the benefits of EtO medical device sterilization related to the health and medical needs of Americans and are based on the most recent scientifically credible information and testing methods?

Answer: If confirmed, I am committed to having our relevant subject matter experts consult with EPA and OMB on this important issue to ensure that the health and medical needs of Americans are taken into account and that these efforts are rooted in the scientific evidence.

18. FDA has set forward regulatory guidance around utilizing real world evidence and real world data as part of its drug and biologic review programs. The Evidence Accelerator, led by the Reagan-Udall Foundation and Friends of Cancer Research, has leveraged the real world evidence that has resulted from innovative development programs and activities during the COVID-19 pandemic response. As HHS Secretary, how will you continue to support FDA's work to better utilize real world evidence and real world data to help accelerate the development of vaccines, treatments, and diagnostics, including following the end of the public health emergency?

Answer: It is my understanding that FDA uses real world evidence in a number of important ways, including to monitor post-market safety and adverse events and to make regulatory decisions. If confirmed, I am committed to continuing to look for ways to harness the potential for use of real world evidence in these and other areas as we continue to look to develop vaccines, treatments, and diagnostics for COVID-19 and beyond.

19. FDA's medical product user fee programs are authorized through September 30, 2022, and the agency is currently engaged in negotiations with each industry in advance of the statutory requirement to send Congress a proposed agreement to review and reauthorize. The user fee programs are intended to supplement FDA's resources to ensure a timely review of new medical products on behalf of patients who need them.
- a. Do you agree that transparency in ongoing user fee negotiations is critical for patients?

Answer: Yes.

- b. Will you commit to regular congressional briefings on the status of the ongoing negotiations?

Answer: Yes.

- c. Will you ensure that FDA's user fee programs are focused on their intended mission to bring new medical products to market as quickly as possible, support review staff, and keep pace with science and technology?

Answer: Yes.

- d. Will you ensure that FDA's proposed FY2022 budget reflects and outlines the resource needs of the agency notwithstanding the user fees expected from each program?

Answer: I look forward to working on the agency's budget if confirmed prior to its submission.

20. Do you agree that access to sunscreens is an important public health tool to prevent and reduce the incidence of skin cancer, and will you commit to ensuring a wide-range of sunscreen products remain available for consumers to protect themselves and their families?

Answer: As with other scientific issues, this administration will follow the science. As I understand it, FDA scientists strongly advise that Americans continue to use sunscreens year-round, and ensuring safe use of sunscreens remains a top priority for FDA. If confirmed, I am committed to continuing efforts to support the safe use of sunscreen products.

21. As biomedical innovation and technology continue to evolve, and new, novel drug candidates are developed, regulatory and development processes need to keep pace to translate these innovations into safe and effective treatments and therapies for patients. In order to address challenges in development of products to address rare diseases, FDA has taken steps to apply appropriate regulatory flexibility in facilitating novel approaches to clinical development, such as innovative clinical trial designs, endpoints and statistical methods. For today's pipeline of cell and gene therapies and other biological products, the regulation of manufacturing controls, originally designed for traditional small molecules and centered around the certainty of chemistry, has not kept pace with the realities of patient specific and biologically active products.
- a. Do you agree that HHS, through FDA and in collaboration with stakeholders, should work to ensure that the regulatory systems in place keep pace with biomedical and scientific innovation and are appropriate to advance safe and effective therapies for some of our most vulnerable populations?
 - b. FDA's review process for promising treatments is considered overly cautious, will you commit to working with FDA to keep pace with the growing pipeline of novel drug candidates, including cell and gene therapies to ensure the regulatory review structure for cutting-edge medical products recognizes the potential for curative treatments?

Answer: It is critical that we ensure that our most vulnerable populations have access to safe and effective therapies. I very much agree that HHS, through FDA and in collaboration with stakeholders, should work to ensure that regulatory systems keep pace with biomedical and scientific innovation.

Also, if confirmed, I commit to helping ensure that FDA keeps pace with the growing pipeline of novel drug candidates.

22. The COVID-19 pandemic has significantly hindered FDA's ability to conduct inspections of medical product facilities and delaying access to certain treatments for American patients.

Will you commit to working with the FDA to modernize their medical product inspections program to incorporate novel inspection approaches, such as technology for virtual inspections, and recognizing drug inspections conducted by trusted foreign regulatory authorities?

Answer: I am aware of concerns raised that the COVID-19 pandemic has hindered FDA's ability to conduct inspections of medical product facilities. If confirmed, I am committed to working with FDA to find ways to modernize the inspections program and to incorporate novel approaches to these important inspections.

23. Lab Developed Tests (LDTs) have played a significant role in detecting and tracking the spread of COVID-19. On August 19, 2020 the Department of HHS announced that it FDA does not have authority to regulate LDTs. The change in authority allows FDA to review Emergency Use Authorization submissions but FDA may not require such premarket review of LDTs. This change in requirements for LDTs may leave many tests ineligible for liability protections under the Public Readiness and Emergency Preparedness (PREP) Act.

- a. Will you commit to providing liability protections for hospitals, academic medical centers, and other laboratories regulated by the Clinical Laboratory Improvements Act (CLIA) that are conducting LDTs to help test for and diagnose COVID-19?

Answer: If confirmed, I will ensure that we review HHS's recent decisions related to the regulation of Lab Developed Tests (LDTs).

- b. Do you believe reform is necessary for in vitro clinical test regulation?

Answer: If confirmed, I will ensure that we work with the Congress on this issue. Thank you for your leadership on this issue.

24. The Food Safety Modernization Act (FSMA) was signed into law 10 years ago with the goal of reducing the number of Americans who get sick each year from foodborne illness, yet forty-eight million Americans continue to get sick every year from foodborne illness and 3,000 die.

- a. Will you commit to working with FDA to ensure FSMA is being implemented appropriately, is science-based, accounts for the various food commodities, and is not a burdensome one-size-fits-all approach?

Answer: Protecting our nation's food supply is a critically important priority. If confirmed, I will work with FDA to continue its efforts to implement FSMA in a manner that is science-based and appropriately tailored to the circumstances for various foods and consistent with the agency's public health objectives.

- b. Investigations of foodborne outbreaks require collaboration between FDA, USDA, and CDC, as well as with state public health officials. Will you commit to improving collaboration between these federal regulators and states and leveraging novel technologies to target and resolve outbreaks more quickly, limiting the impact to public health as well applying a least burdensome approach?

Answer: Protecting our nation's food supply is a critically important priority. If confirmed, I will commit to improving collaboration between FDA, USDA, CDC and state officials and to leveraging novel technologies to target and resolve outbreaks more quickly.

25. Animal biotechnology has enormous potential to address numerous agricultural, environmental, humanitarian, and public health challenges. As animal biotechnology continues to evolve, it is critical that FDA and USDA work to modernize a regulatory system to incentivize breakthroughs in biotechnology that can help prevent and respond to zoonotic diseases, and improve animal well-being, our farming, and food systems.
- a. Will you commit to working with USDA to develop science-based policies that foster innovation?
 - b. Will you work with FDA advance a clear and fair regulatory approach for animal biotechnology innovators that is science based, ensures human and animal safety, and provides a predictable pathway to market?

Answer: I appreciate your raising this important topic. FDA has a critical role in the regulation of this work. Appropriate, science-based regulation of biotechnology protects the public health and can help to bolster consumer confidence in our nation's food supply. If confirmed, I look forward to working with you on this critical topic.

Food and Nutrition

26. The Dietary Guidelines for Americans serve as the foundation for federal feeding and nutrition programs, making the guidelines vital for many Americans. The Guidelines are developed every five years by the U.S. Department of Agriculture and HHS. Following concerns with the 2015 process, the National Academies of Science, Engineering, and Medicine issued two reports in 2017 at the request of Congress on how the Dietary Guidelines process could be modernized and improved. Many of the recommendations from the National Academies were not incorporated into the 2020 Dietary Guidelines, which were published in December 2020. As HHS is the lead agency for the 2025 process, would you commit to assess possible incorporation of the National Academies' recommendations into the Dietary Guidelines process and advise this committee of your initial plans within six months?

Answer: I share your view that the Dietary Guidelines for Americans are fundamental to shaping federal policies and programs related to food, nutrition, and health. If confirmed, I commit to assessing how the process for developing the Dietary Guidelines could be modernized and improved and advising the Committee of the outcome of this review.

Innovation

27. Intellectual property is a cornerstone of the scientific advancements this nation has made in the field of biomedicine. During the COVID-19 response, pharmaceutical manufacturers were quick to collaborate with the government in developing and manufacturing rapid diagnostics, life-saving treatments, and vaccines to protect against the virus. Many of these

countermeasures are on the cutting-edge of science and could mean promising new technologies are available to patients long after the COVID-19 pandemic. It's been 10 years since Congress passed the Biologics Price Competition and Innovation Act that strikes the balance between incentivizing biological product development and biosimilar competition – a framework that is still in its infancy with only 29 biosimilar products approved since 2015. Scientists and biotechnology developers have only scratched the surface of the potential medical discoveries in the fields of gene therapy and gene editing. Innovators rely on intellectual property rights and protections to make investments in new biomedical technology and inventions worth it.

- a. As Secretary of HHS, will you uphold the laws Congress has passed providing such protections?

Answer: If confirmed, I will uphold the laws enacted by Congress including those related to intellectual property.

- b. How will you uphold the existing intellectual property rights protections of innovators to ensure we continue the scientific advancements that have led us to this point in the field of biomedicine?

Answer: Innovation is the cornerstone of scientific advancements. If confirmed, I will enforce the law and look forward to working with you on this critical issue.

Tobacco

28. The FDA recently finalized two regulations outlining the rules of the road for innovative and traditional tobacco products, providing much needed certainty and predictability in the regulatory decision-making at the Center for Tobacco Products. While I understand that the two final rules have been withdrawn in order for the new administration to review them, it is my hope that swift action will be taken by the FDA to provide a transparent, predictable, and sustainable pathway that ensures science will lead the way in the next generation of reduced harm technologies available to Americans. If you are confirmed, what timeline will you impose for the re-issuance of these critical public health regulations?

Answer: If confirmed, I would work to ensure that those regulations are well crafted and are issued as quickly as possible.

29. Will you commit to ensuring FDA provides a fair and transparent process to review the full number of tobacco product applications to submitted to FDA prior to the court-determined deadline? If not, will you commit to providing a clear regulatory pathway and transparent criteria for the prioritization of review for products on the market until FDA fully and fairly reviews each application?

Answer: It is my understanding that FDA recently published an update on its website that contained information about the current status of deemed new tobacco products as well as FDA's progress on its applications. If confirmed, I will work to ensure that we review the relevant

regulations as soon as possible and provide as much clarity and transparency in the product review process as possible.

Public Health

30. Routine vaccinations are an important element for the public's health to keep Americans healthy and prevent vaccine preventable diseases and conditions. As a result of the pandemic, routine vaccinations have declined significantly – as much as 40 percent from late February through mid-April in some states. What strategies do you intend to implement to improve routine vaccination rates among children, adolescents, and adults?

Answer: Pediatric outpatient visits and routine childhood vaccination declined substantially during the COVID-19 pandemic, leaving children and communities at risk for preventable disease and outbreaks. If I confirmed, I will work with CDC and the state, tribal, local, and territorial health officials to prioritize routine immunizations.

31. How will you work with CDC to improve their partnerships with both the academic and private laboratory community to improve the biosurveillance network and ensure the government is leveraging their innovative technology to strengthen such biosurveillance capability and capacity?

Answer: The COVID-19 pandemic has made clear how critical biosurveillance is to detect and mitigate disease outbreaks. There are opportunities to take what we have learned from the last year and strengthen these critical partnerships in order to strengthen the biosurveillance network. If confirmed, I commit to supporting CDC's critical work on this issue.

32. In 2019, President Trump announced his Ending the HIV Epidemic initiative, with a goal of reducing new HIV infections by 75% by 2025 and by 90% by 2030. Congress has supported this initiative by appropriating more than \$650 million for the first two years of the initiative. How would you support or modify this initiative, if confirmed?

Answer: If confirmed, I will review the current Ending the HIV Epidemic (EHE) initiative and consider any needed modifications to achieve the goal of reduced new HIV infections, informed by our experiences to date with the pandemic and consistent with President Biden's focus on equity. I look forward to working on this critical issue, if confirmed.

33. According to the CDC, drug overdose deaths increased by 24% between July 2019 and July 2020, in spite of Congress' efforts to authorize new programs and significantly increase funding to address substance use disorders. In your opinion, what is driving these increased rates of overdose deaths, and what can Congress and HHS do to address this crisis?

Answer: Unfortunately, the COVID-19 pandemic has dramatically impacted behavioral health and wellbeing for too many Americans. My understanding is the increase in overdose deaths is in part due to the number of deaths related to synthetic opioids, like fentanyl. If confirmed, I commit to addressing substance use disorders, including supporting programs and initiatives across the continuum of prevention, intervention, treatment, and recovery support services;

working to address stigma associated with these conditions; and strengthening enforcement of this country's mental health parity laws.

Access to Care

34. There are more than 6,000 hospitals in the United States, and roughly 20% of those are investor-owned. Many of these investor-owned hospitals in the United States are in rural or medically underserved areas with a shortage of health care professionals. Yet they are frequently ineligible for federal grants because of their tax status, which makes it harder for individuals living in those areas to receive care. If confirmed, will you commit to putting patients first when it comes to grant eligibility, even if that means privately-run organizations are eligible for the grants?

Answer: I recognize the importance of ensuring access to grants for programs targeting rural and other medically underserved patients. If confirmed, I will work across the department to put patients first.

35. According to the University of North Carolina Cecil G. Sheps Center for Health Services Research, 179 rural hospitals have closed since January 2005; 135 of those were closed since 2010. The CDC has found that rates of heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke – the five leading causes of death in the United States – are all higher in rural areas, and the Association of American Medical Colleges notes that many of those rural hospital closures have happened in areas with significant minority populations. If confirmed, what actions will you take to increase access to care and improve health outcomes for Americans living in rural areas?

Answer: Health care should be accessible, no matter where you live. If confirmed, I will work to expand access to care and support the Health Resources and Services Administration (HRSA) and other agencies' efforts focused on improved access to care and improved health outcomes in rural areas. I will also work to support efforts that put rural hospitals in a better financial position to deliver needed care in their communities.

Foreign influence

36. The attempts by foreign actors to obtain intellectual property is a growing challenge for the biomedical research community in the United States. It has become increasingly evident that this valuable research is a target for undue foreign influence related to intellectual property, attempts to influence the peer review process, and acquire Americans' genomic data. If confirmed, will you commit to working with me and Chairman Murray to ensure that appropriate safeguards are in place at our federal health care agencies and institutions of higher education to protect our research and the American people against undue foreign influence?

Answer: If confirmed, I look forward to working with the Committee to protect research from undue foreign influences. As the president has said, China is a serious competitor, and I am deeply concerned about China's record of stealing intellectual property and engaging in coercive

and malign economic practices. If confirmed, I will work with my colleagues to protect American work products from these activities. I also am committed to working with the intelligence community and other partners to understand the origins of COVID-19, and I will keep the committee apprised.

I recognize the critical role of scientific collaborations based on principles of scientific excellence, integrity, responsibility to the public, and fair competition in advancing its mission. The National Institutes of Health (NIH) has taken a number of steps to address these risks, including clarifying expectations around foreign affiliation disclosures, financial conflicts of interest, and research support from foreign governments. Protecting the integrity of science is a priority for me to ensure that U.S. institutions and the American public benefit from their investment in biomedical research. If confirmed, I will work closely with NIH in their efforts to protect research integrity.

Oversight

37. Oversight is an important function of the Congress and hopefully that can be done in a bipartisan way, but if not, I intend to exercise my oversight authority as Ranking Member of this Committee—just as Senator Murray did as Ranking Member.

38. Do you commit to providing me and my staff with information that I, or other minority members of the Committee, request from the Department of HHS, within the requested time frame?

Answer: If confirmed, I commit to providing all members of Committee timely information in response to their requests.

39. Do you commit to providing me and my staff with documents that I, or other minority members of the Committee, request from the Department of HHS, within the requested time frame?

Answer: As I committed during Wednesday's hearing before the Senate Finance Committee, if confirmed, I will provide prompt responses in writing to requests from any members of this Committee.

40. Do you commit to providing me and my staff, or other minority members of the Committee, with briefing requests from you and/or your staff, within the requested time frame?

Answer: If confirmed, I commit to providing all members of the Committee prompt briefings in response to their requests.

41. Do you commit to providing the Department of HHS Inspector General and the Government Accountability Office with any information, briefings, and documents they may request?

Answer: Yes.

42. Do you commit to testifying when called before a Congressional committee?

Answer: Yes.

Health Information Technology and Digital Health

43. Health information technology—and electronic health records in particular—have the potential to dramatically improve the safety and quality of patient care. The transition from paper to digital records offers clinicians’ new tools to warn them of drug-drug interactions, model the progression of a patient’s illness, and provide key data to inform care decisions. Yet, the adoption of this technology can also lead to inadvertent harm—such as where the layout of electronic health records and how they are used contribute to medical errors. Provisions in the 21st Century Cures Act encourage your department to improve the use of electronic health records, including by developing measures related to their user-centered design. How do you plan to leverage provisions in the 21st Century Cures Act to improve patient safety?

Answer: The transition from paper based medical records to digital ones is substantially complete and with it documented improvements in patient safety. Additional opportunities to increase the safety of patient care with health IT remain. If confirmed, I look forward to working with you on these important issues.

44. In the FY 2020 Appropriations Report language, Congress limited funds for actions related to promulgation or adoption of a standard providing for the assignment of a unique health identifier, but encouraged ONC to address the growing problems faced by health systems with patient matching. The agreement encouraged HHS to continue to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information. Additionally, the agreement directed ONC, in coordination with other appropriate Federal agencies, to provide a report to the Committees one year after enactment of this Act studying the current technological and operational methods that improve identification of patients. What is the status of this report? What were the findings of the report, and the exploratory sessions held, in collaboration, with the private sector?

Answer: Accurate and reliable patient identification is foundational to safe and effective care but yet we still struggle in this area. If confirmed, I commit to working on this issue.

45. The COVID-19 pandemic exposed vulnerabilities in health care data collection, highlighting health inequities in underserved communities, among other gaps. Modern public health data infrastructure facilitates bidirectional data reporting, the use of clinical and public health data streams, the ability to ease reporting burden and increase data reliability as well as provide policymakers and public health professionals’ real-time insights on responding to public health emergencies. In order to modernize the infrastructure, public health agencies will need

a workforce trained in public health informatics. What is HHS doing to address the gaps in data collection, and developing the workforce needed to address these gaps?

Answer: In order to modernize public health infrastructure, public health agencies will need a workforce trained in public health informatics, health IT standards, and data science. If confirmed, I will work with various HHS agencies, including the CDC, as well as states, tribal, local, and territorial partners on ways to improve data collection and develop the necessary workforce to address gaps in data collection.

46. Public health data standards. Now that ONC has been successful at designating a private sector standard in HL7's FHIR r4 for use by the electronic health record industry the next hurdle is interoperable public health data. Public health data is created and unevenly transmitted between hospitals, health systems, pharmacies, public, private, and academic laboratories, as well as state and local public health departments, among other entities.
- a. Will you commit to work with the private sector standards development organizations (SDOs) to explore opportunities for interoperability in the public health sector?
 - b. How will you facilitate further improvements in public health data infrastructure and interoperability?

Answer: Interoperability has proven to be an important innovation in health care that has gained bipartisan support. I believe that we need increased access to data because good data leads to good policy. If confirmed, I look forward to partnering with state, local, tribal, and territorial partners.

47. More than 147 million Americans are living with chronic conditions. It's estimated that 180 million Americans are living with mental health challenges. According to a 2017 RAND Corporation Study, 90 percent of the US healthcare spend is on chronic conditions, this includes \$327 billion on diabetes and \$131 billion for the treatment of hypertension. These are staggering figures. For people with chronic conditions, or at risk of developing a chronic condition, there's no question that our current acute care model doesn't work. It's undeniable that technology has the potential to break the mold, to empower patients, improve access, and allow those Americans already living with these chronic conditions a chance at a happier, healthier life. Unfortunately, Medicare has been slow to adopt innovative digital health tools. The Centers for Medicare and Medicaid Innovation was intended to be the place for innovative payment and healthcare delivery models to be tested, but to date, projects, including the Medicare Diabetes Prevention Program, have not embraced virtual care in the way that many private insurers are today.
- a. Beyond telehealth, can you speak to the Administration's efforts to enable Medicare beneficiaries to leverage digital health tools for the prevention and treatment of disease?
 - b. Are there limitations in your ability to expand access to these valuable resources for those that want to use them within Medicare?
 - c. What do you see CMMI's role to be in facilitating the demonstration and evaluation of virtual care solutions and digital health tools?

Answer: Beyond telehealth, other virtual services, such as remote patient monitoring, are important tools that can be used to help identify and treat diseases. If confirmed, I will look at the telehealth flexibilities developed for the current public health emergency, as well as other Medicare-covered virtual services, and determine how we can build on this work to improve health equity and access to health care. Innovation is critically important to advancing these goals, and the CMS Innovation Center will be integral to the Administration's efforts to encourage health care provider innovation, including virtual and digital health innovation.

Telehealth

48. One of the silver linings of this pandemic has been the wide-spread adoption of technology to bring people together, including patients and their providers. Telehealth has truly taken root and we have seen exponential growth in telehealth adoption across Americans of all ages, locations, and conditions. Much of the growth in usage among Medicare beneficiaries has been made possible by temporary flexibilities in place for the duration of the public health emergency. These include allowing Medicare beneficiaries to engage in telehealth visits from their home, the use of audio-only visits, and an expansion in the list of eligible providers for the use of telehealth services. How will you ensure that Medicare beneficiaries do not lose access to these important telehealth services after the public health emergency declaration expires?

Answer: Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at 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.

340B Drug Pricing Program

49. The 340B Drug Pricing Program (340B) has enjoyed strong bipartisan support since its inception in 1992. Numerous participating covered entities regard this program as critical to helping ensure patients have and maintain access to affordable medicines and health care services. However, the 340B program has grown exponentially over the past 15 years, underscoring the need for clarity and appropriate oversight to ensure integrity of the program.

- a. Do you believe that HRSA has sufficient infrastructure and flexibility to meet the increased demand this growth in participating entities will place on HRSA's auditing and oversight capabilities?
- b. Do you believe that greater accountability and transparency in the program are required to determine whether the 340B program is benefitting the community and how the savings received from the 340B discounted drugs are being used?

Answer: The 340B Drug Pricing Program is an indispensable program for our safety-net providers serving some of our most vulnerable. If confirmed, I look forward to working with you and other Members of Congress to uphold the law and ensure this vital program is able to support underserved communities.

Cybersecurity

50. Hospitals, health systems, research institutions, supply chain companies, and entities critical to the health sector and COVID-19 response have been hit harder this year than ever before. Health records are more valuable than any other type of record, including financial records.
- a. What will you do to support and strengthen cybersecurity protections and best practices among the health care sector, including supporting the ongoing work of the HC3 to facilitate?

Answer: Cybersecurity is an important part of maintaining our modern health infrastructure. Unfortunately, national events like the COVID-19 pandemic create opportunities for malicious actions. If confirmed, I look forward to building upon this success as we strengthen the infrastructure of the health sector.

51. The SolarWinds cyber-attack, which compromised nine federal agencies and over one hundred private sector companies, that we know of, may have been the most far reaching cyber-attack in our country's history. President Biden stated that his Administration believes the attack was perpetrated by Russia and perhaps from within U.S. borders.
- a. What is HHS doing to determine any damage done to its data systems or research in the wake of the Solar Wind attack?
 - b. What is HHS doing to shore up its defenses to prevent cyber-attacks of this or a similar nature in the future?
 - c. How is HHS consulting and collaborating with other federal agencies in these efforts?

Answer: Cybersecurity is an important part of maintaining our modern health infrastructure. Unfortunately, national events like the COVID-19 pandemic create opportunities for malicious actions. If confirmed, I look forward to building upon this success as we strengthen the infrastructure of the health sector.

Privacy

52. Substance Use Disorder (SUD) records have historically been treated differently from all other health care records, under a privacy regime, 42 C.F.R. Part 2, which predates the Health Information Portability and Accountability Act (HIPAA). This different treatment has made for inconsistent application of privacy restrictions and allowances accompanying widespread confusion among health care practitioners and others within and without the health care sector.
- a. The Substance Abuse and Mental Health Services Administration (SAMHSA) finalized a rule to amend 42 C.F.R. Part 2 regulations to, among other things, allow patients to consent to sharing their records more broadly with larger groups of providers, instead of only to specific individuals. Will you commit to implementing this rule in the interest of increasing coordinated care and improving the health outcomes of substance use disorder patients?

Answer: Expanding access to substance use and mental health disorder treatment services is a priority for the Biden-Harris Administration, and it is important for patients seeking this care to

have assurances that they are doing so in a safe and confidential matter. The CARES Act directed SAMHSA to align its 42 C.F.R. Part 2 regulations with HIPAA. If confirmed, I will work within the department on future rulemaking needed to implement this statutory provision and to uphold the law.

- b. Congress passed a revision to 42 C.F.R. Part 2 in the CARES Act of 2020 to modernize the substance use disorder regulations, aligning them more closely with HIPAA. The change allows for patients to consent to their substance use disorder records being shared within the health care system to improve care, just as their other health records are shared. Will you commit to promulgating the associated regulations in line with the CARES Act revisions in a timely manner?

Answer: Yes.

53. Improved interoperability of health care records systems between entities and the ban of information blocking in accordance with the 21st Century Cures Act are increasing patient access to their own health information, increasing transparency in the health care sector, and allowing for the promulgation of more health data than ever before. This data is already spurring innovation at an unprecedented pace and has the potential to revolutionize how Americans think about and control their own health care decisions. This explosion of health data also leads patient advocates and others concerned about the privacy protections, or lack thereof, for much of this data, which may lie outside the protective confines of HIPAA.
 - a. How are you thinking about the privacy of health information generally in the next decade?
 - b. How will you approach the questions of privacy and security of health information that does not fall under HIPAA protections?

Answer: The privacy of health information is an important topic. If confirmed, I look forward to working with you and other Congressional leaders on this.

Senator Paul

1. The PREP Act has proven critical in providing necessary protections to allow pharmacists to provide childhood immunizations as well as pharmacy technicians and interns to administer COVID vaccinations. However, these protections will expire and access to COVID and other important vaccines will be reduced significantly. Can HHS commit its support for extending these important protections until it is abundantly clear the COVID threat is under control?

Answer: If confirmed, I commit to review the current pandemic flexibilities that HHS created to provide childhood immunizations and COVID-19 vaccinations.

2. The United States, along with the rest of the world, was wholly unprepared for this pandemic. It goes without saying that our nation's community pharmacies and pharmacists have played crucial roles in reopening our economy and protecting our citizens through testing and administering COVID vaccines to prioritized populations. However, laying the necessary legislative and regulatory groundwork to allow our pharmacists to perform such clinical tasks took months. Our nation must better prepare for the next pandemic, even as we continue to struggle with this one. Can HHS and CMS commit to fully supporting pharmacists as non-physician providers in Medicare to ensure they can act quickly to provide important services during any future pandemic or other national public health emergency?

Answer: Pharmacists and other health care professionals play an important role in the ongoing response to the COVID-19 pandemic, and the Biden-Harris Administration acknowledges their contributions. If confirmed, I look forward to reviewing the current pandemic flexibilities that HHS created and working with you to ensure Medicare beneficiaries have access to needed care.

3. Regarding further distribution of personal protective equipment (PPE) and COVID-19 vaccines and ancillary products, how will government coordination with the private sector be managed? How will updates and information be communicated to the healthcare supply chain in a timely manner?

Answer: The COVID-19 pandemic revealed vulnerabilities in the global medical supply chain that will require HHS to reassess, replenish, and restructure the Strategic National Stockpile (SNS) to ensure the health and safety of all Americans. I will work with Congress to improve the SNS in order to increase our overall readiness for future public health emergencies.

4. How does the new administration plan to coordinate with and leverage the expertise of the commercial healthcare supply chain to get product the last mile and get supplies into providers' hands across the care continuum?

Answer: Responding to the COVID-19 pandemic takes input and expertise from many industries and partners. If confirmed, I look forward to working with commercial supply chain experts on these key issues.

5. Once the COVID-19 pandemic is under control, how do you anticipate partnering with the commercial supply chain to ensure that the country is ready for the next public health

emergency? Have you considered solutions such as a “vendor managed inventory” solution to help guarantee that non-expired product could be available on demand?

Answer: We must apply the lessons learned during this public health emergency to our work going forward. I understand the Strategic National Stockpile (SNS) currently uses vendor managed inventory agreements as a best practice to ensure certain supplies are available when needed. If confirmed, I will work within HHS to build on existing private sector and Department of Defense partnerships to expand our domestic manufacturing base and ensure the availability of critical supplies, including to the SNS, for future public health emergencies.

6. How does the Biden administration intend to use the DPA authority and will the administration do so with thoughtful consideration of those with expertise in the medical supply chain so the existing infrastructure and supply are augmented rather than duplicated?

Answer: The Biden-Harris Administration is committed to fully leveraging contract authorities, including the DPA, to maximize the supply of vaccines, tests, and medical and protective equipment available to the public. If confirmed, I commit to working closely with medical supply chain experts, members of this committee, and other key stakeholders on efforts related to the COVID-19 response.

7. The use of animal models is necessary scientifically, ethically, and as a matter of law for both government and private medical research. Practically every drug, treatment, medical device, diagnostic tool or cure developed in the last century has relied on animal models, including breakthrough vaccines and treatments currently deployed and under development to combat the COVID-19 pandemic. Accordingly, the U.S. federal government not only strictly regulates animal research, but requires animal testing before a new drug is allowed to proceed to human clinical trials.

In 2018, the National Association of Biomedical Research (NABR) filed a complaint with the Department of Transportation (DOT) challenging the policies of U.S. airlines refusing to transport animals intended for medical research while allowing transportation of the same animals for other purposes. The complaint requests that DOT conduct an investigation of these policies to determine whether or not they are consistent with DOT regulations. Although the public comment docket closed in December 2018, the previous administration failed to act on NABR’s complaint, putting critical research at risk.

A direct result of this air carrier embargo is the loss of scientific research to other countries, such as China, where air carriers continue to transport such animals under less rigorous oversight than provided by U.S. law. Given current events, and the importance of animal research to address medical emergencies such as COVID-19, as well as research for practically every other area of disease, can you tell us what steps HHS and NIH plan to take to ensure that air transport of and access to animal models in the U.S. is assured?

Answer: Ensuring researchers have what they need in order to advance scientific research and improve human health is an important function of HHS and NIH. If confirmed, I look forward to working to ensure our scientists have the resources they need to advance scientific research.

Senator Collins

Last year, HHS made \$24.5 billion from the Provider Relief Fund available for a Phase 3 General Distribution allocation. This allocation is importantly taking into consideration financial losses and changes in operating expenses caused by COVID-19, which makes its timely distribution even more critical for entities still trying to regain their financial footing after unprecedented challenges in 2020. While HHS began making payments in mid-December, I understand HHS is continuing to review and validate the applications it received and “will continue making payments through the first months of 2021.” It is now almost March. I have heard from several hospitals in Maine who successfully tapped into these Phase 3 General funds, but many others are left in limbo and do not know if their payment is just delayed or if additional relief will be coming at all.

If confirmed as HHS Secretary, will you commit to reviewing the speed at which payments are being made to qualified applicants?

Answer: HHS is committed to supporting providers who are taking care of patients during this pandemic and to making payments quickly while ensuring program integrity and effective oversight. If confirmed, I will continue to work to ensure that payments are made expeditiously while maintaining program integrity.

Will you also consider measures to increase transparency in funding decisions, including notifying applicants when a distribution is complete and if an applicant was deemed ineligible for a certain reason?

Answer: HHS appreciates the difficulties that health care providers are facing and is actively working to process and issue PRF payments quickly, while also being a responsible steward of taxpayer dollars. If confirmed, I will work to build on existing efforts like the Provider Support Line and public listing of participating providers and ensure the Department is accountable, transparent, and equitable in its implementation of the PRF.

Senator Cassidy

1. What do you think about the fact that 340B discounts are often not passed on to patients but instead contribute to profit margins for covered entities?
2. If confirmed, would you support measures to increase transparency in the 340B program, such as reporting on how covered entities use 340B revenues, what percentage of covered entities' profits are derived from 340B, and how much 340B revenue is directed to patients?

Answer to 1-2: The 340B Drug Pricing Program is an indispensable program for our safety-net providers serving some of our most vulnerable. If confirmed, I look forward to working with you and other Members of Congress to uphold the law and ensure this vital program is able to support underserved communities.

3. As a candidate, President Joe Biden committed to end the HIV epidemic by 2025, which is five years earlier than a similar goal set by the Trump Administration in the Ending the HIV Epidemic initiative. If confirmed, how would you build on the groundwork the Trump Administration laid and what steps would you take to advance the timeline?

Answer: If confirmed, I will review the current Ending the HIV Epidemic (EHE) initiative and any needed modifications to achieve the goal of reduced new HIV infections, informed by our experiences to date with the pandemic and consistent with President Biden's focus on equity. I look forward to working with our experts within HHS and with you on this critical issue, if confirmed.

4. How do you think that HHS, using its existing authorities, can take steps to ensure we have a healthy pipeline of antimicrobial resistance medicines to protect the public health?

Answer: It is clear that antimicrobial resistance (AMR) must be a top public health priority, not only for the United States but around the world. Even during this time, AMR remains a top CDC priority, and if confirmed, I look forward to working on key prevention strategies like early detection and containment, infection prevention, and ensuring the appropriate use of antibiotics in the U.S. and around the world. I will also support efforts to develop new antibiotics to treat infections that are becoming untreatable.

5. Do you believe that ensuring and improving access to trauma care should be a priority for funding when HHS is assembling its budget?

Answer: As a nation, we have many trauma centers that provide critically important services to patients. If confirmed, I would be pleased to work with you to ensure and improve access to trauma care.

What are your immediate plans to address the increasing number of children facing significant mental, emotional and behavioral health challenges due to social isolation and the serious impact of the pandemic on the health of their families and caregivers?

Answer: We must acknowledge that pervasive structural inequities, social determinants of health, stigma and mistrust of health care providers create barriers to accessing treatment for children and families of color. If confirmed, I commit to working with SAMHSA and in consultation with the Department of Education to support Project Advancing Wellness and Resilience in Education (AWARE) and other initiatives that will address these important issues and to expand access to needed care for children and their families.

6. How will you structure and promote mental health as a priority within CMS, SAMSHA, and other agencies within the department?

Answer: We had a behavioral health crisis before the pandemic. And now COVID-19 is taking a toll on Americans in so many different ways. If confirmed, I commit to strengthening coordination across department to address our behavioral health challenges led by SAMHSA and OASH. CMS will also play an important role in continued oversight and enforcement of parity laws, in coordination with the Department of Labor and with states. If confirmed, I look forward to working with you to promote the behavioral health of the nation.

7. With regard to the implementation of the *No Surprises Act* that passed last December, how will you ensure equal consideration of data points during the Independent Dispute Resolution (IDR) process?

Answer: Thank you and your colleagues for the good work that went into to get this legislation enacted. If confirmed, I will work to ensure that this critical legislation is implemented effectively and in a timely manner. I look forward to working with you and other Members of Congress, if confirmed, on this shared goal.

8. Regarding further distribution of personal protective equipment (PPE) and COVID-19 vaccines and ancillary products, how will government coordination with the private sector be managed? How will updates and information be communicated to the healthcare supply chain in a timely manner?

Answer: The global pandemic has highlighted the vulnerabilities of the health care supply chain for many products. In order to continue responding to the COVID-19 pandemic and better prepare the federal government to respond to any future public health emergencies, it is critical that HHS work to improve and expand health care supply chain capabilities. If confirmed, I'm committed to working in coordination with the private sector on this urgent matter.

9. Once the COVID-19 pandemic is under control, how do you anticipate partnering with the commercial supply chain to ensure that the country is ready for the next public health emergency? Have you considered solutions such as a "vendor managed inventory" solution to help guarantee that non-expired product could be available on demand?

Answer: The COVID-19 pandemic revealed vulnerabilities in the global medical supply chain that will require HHS to reassess, replenish and restructure the medical supply chain to better

protect the health and safety of all Americans. I understand the Strategic National Stockpile (SNS) currently uses vendor managed inventory agreements as a best practice to ensure certain supplies are available when needed. If confirmed, I will work within HHS to build on existing private sector and Defense Department partnerships to expand our domestic manufacturing base and ensure the availability of critical supplies, including to the SNS, for the continued COVID-19 response and for future public health emergencies.

10. At the end of last year, CMS finalized a significant payment increase to evaluation and management codes, which triggered the application of budget neutrality requirement and would have resulted in up to a 10 percent reduction for many physician and non-physician providers. Congress intervened to temporarily prevent these full reductions. How will you work with Congress to ensure any future payment reductions generated as a result of budget neutrality are implemented in a manner that upholds an equitable and fair payment system that adequately reflects the challenges faced by both physician and non-physician providers and does not threaten patient access to high quality care?

Answer: Ensuring adequate payment rates for physicians and other health care professionals is essential in maintaining patients' ability to access high-quality and affordable health care. If confirmed, I look forward to working with Congress to ensure that payments under the Medicare physician fee schedule are implemented in accordance with the law while preserving beneficiary access to high-quality care.

Senator Murkowski

1. **Working with Alaska:** Alaska's health system is unique and our COVID response needs differ from states in the Lower 48. Eighty percent of our communities are inaccessible by road, many rural communities lack running water and sanitation infrastructure, we have limited private laboratory capacity, and our hospital capacity is limited. Recognizing these differences, the prior administration worked closely with state officials to adapt plans to meet Alaska's unique needs.
 - Can you commit to continuing to work closely with Alaska officials and the Alaska delegation, particularly as your administration rolls out comprehensive national plans that may require tweaking to meet unique state challenges?
 - What steps will you take to ensure this happens?

Answer: If confirmed, I would work to ensure that the Department remains in close coordination with state and local jurisdictions, including the state of Alaska and the Alaska delegation, on response efforts related to COVID-19. As we discussed when we met, I am committed to ensuring that the Department continues to seek input from you and other Alaska officials to better understand and address the state's unique needs.

2. **Working with Tribes:** Nineteen percent of our population in Alaska is Alaska Native. Many of the programs that are administered through the Department of Health and Human Services (HHS) have tribal consultation requirements, or require tribal set asides of resources. Eliminating health disparities of Alaska Natives and American Indians must be a priority for the incoming Secretary of HHS, and that Alaska Native and American Indian communities need to be at the center of the conversation.
 - How do you intend to further the government-to-government relationship between the Federal government and Indian tribes if you are confirmed as Secretary of HHS?
 - Will you commit in ensuring true and effective tribal consultation, which result in information exchange, mutual understanding, and informed decision-making?

Answer: If confirmed, I would ensure that HHS remains strongly committed to working in partnership with tribes, tribal organizations, and urban Indian organizations. The Biden-Harris Administration is committed to regular and meaningful consultation and collaboration, and at HHS, I would work to ensure the department respects the unique government-to-government relationship that exists between the U.S. Federal government and tribal governments. If confirmed, I look forward to working with tribal leaders on these important issues.

3. **Rural COVID-19 Support:** Rural communities and rural health providers have been hit particularly hard by the COVID-19 pandemic. Smaller patient volumes and operating margins mean these providers have less cushion to weather the financial blows that have come with COVID-19. Many rural hospitals were already facing severe financial challenges prior to COVID-19: since 2005, 179 rural hospitals have closed and 700 more are currently at risk of closure. Eighteen rural hospitals closed in 2020. Although the prior Secretary established a \$10 billion targeted distribution rural providers from the Provider Relief Fund, this has not met the need. Senator Manchin and I have advocated for a 20 percent rural set

aside for this funding, as a baseline to ensure that rural providers receive at least an amount of funding proportional to the populations they serve.

- As HHS Secretary you will be making key decisions about funding allocations for provider relief, testing, and vaccine distribution - will you support dedicated COVID-19 relief funding for rural areas?

Answer: I recognize that keeping rural hospitals open and providing necessary care for rural communities is vital in responding to the COVID-19 pandemic. If confirmed, I will work across the Department, using a data-driven approach, to identify rural hospital's needs and help them keep their doors open. With respect to the Provider Relief Fund (PRF), HHS implemented a PRF Rural Targeted Distribution focused on different types of health care delivery sites. I appreciate your and Senator Manchin's leadership on this issue, and if confirmed, I will work to ensure the department is accountable, transparent, and equitable in its implementation of the PRF.

Finally, HHS is serving those in our nation's rural areas through programs such as the Health Center COVID-19 Vaccine Program, a partnership between the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention to directly allocate a limited supply of COVID-19 vaccine to select HRSA-funded health centers. If confirmed, I look forward to supporting this program and other efforts to ensure equitable and effective access of vaccines in rural areas.

4. **Cruises.** In 2019, before the pandemic was upon us, 1.3 million people visited Alaska via cruise ship. Everyone expected 2020 to be even more prosperous. However, due to the pandemic, the 2020 cruise season was non-existent. Looking towards the 2021 season, those same cruise-passenger dependent businesses are worried that they will see another quiet cruise season.

In October 2020, the Centers for Disease Control and Prevention (CDC) replaced the "No Sail Order for Cruise Ships" with the Framework for Conditional Sailing Order. CDC officials have briefed me on the specifics of the framework which institutes a gated, phased approach to promulgating guidelines. Phase I sets guidelines for safely employing crew onboard the ship. Phase II covers safely embarking passengers. Right now, as I was told, cruise companies are working their way through Phase I. But, Phase II hasn't been developed. As we're learning from Phase I, it can take months to implement these plans. Alaska doesn't have months, our season is only during the summer. In order to be prepared to restart cruising, this guidance needs to quickly be available.

- Given these extraordinary circumstances and the devastating economic impact that the order has on cruise communities, how will you work with the industry to safely restore service?
- How do you plan to provide greater transparency and give those who are dependent on cruise-based tourism time to plan and prepare in advance?

Answer: Thank you for your leadership on this important issue. As you might know, CDC's Framework for Conditional Sailing Order (CSO) outlines a phased approach for the resumption of cruise ship passenger operations. The CSO highlights the need for such an approach to

resuming operations, including careful preparation and systematic evaluation in a way that mitigates the risk of COVID-19 on board and to communities where cruise passengers visit or return to after travel.

I recognize the importance of providing clear, transparent, and consistent guidance for the cruise industry and the communities that rely on the associated tourism. If confirmed, I look forward to working with you on this important issue.

5. **Emergency Family Stabilization Act:** In 2019, the Administration for Children and Families (ACF) held 10 regional listening sessions on family and youth homelessness to learn from youth, parents, ACF grantees, and other stakeholders who work with families and youth experiencing homelessness. It was clear that ACF has an important role to play in addressing family and youth homelessness, and that its programs are uniquely suited to meeting their diverse needs. I've introduced legislation – the Emergency Family Stabilization Act - to provide flexible funding through ACF to help meet emergency needs of these youth and families during the pandemic.

- How do you see the role of ACF, and ACF programs, in meeting the needs of children, youth, and families experiencing homelessness?

Answer: ACF plays a significant role in providing services to children and families experiencing homelessness. If confirmed, I commit to working with ACF, and without outside entities such as the Department of Housing and Urban Development and other stakeholders, to ensure our most vulnerable families, including those experiencing homelessness, are supported.

- Would you support flexible funding for ACF programs to meet their needs?

Answer: If confirmed, I look forward to working with Members of Congress and this Committee to identify new and promising approaches to meet the needs of children and families experiencing homelessness and those at risk of becoming homeless.

6. **Funding formulas:** Alaska continues to face challenges with formula funding for COVID relief programs; for example, the Hospital Preparedness Program funding significantly underfunded Alaska due to our lack of long-term care beds, and the rural allocation for hospitals from the Provider Relief Fund did not recognize the rurality of our sole community hospitals.

- How will you work to ensure that formula funding provides adequate resources to rural areas, and considers unique dynamics such lack of health infrastructure?

Answer:

If confirmed, I look forward to reviewing this formula funding in order to ensure services and supports offered are targeted to those with the greatest needs, including individuals residing in rural areas, consistent with the law. As I stated during Tuesday's hearing, I look forward to taking you up on your invitation to visit Alaska so that I can see first-hand the unique challenges faced in local communities.

7. **Health system capacity:** Alaska's health care system is unique - Alaska's hospitals consist of approximately 1,500 acute care beds, which include about 160 intensive care unit beds. Around 21 percent% of these acute care beds are not accessible from the road system. Nationally, the average for acute care is 2.5 acute care beds per 1,000 people. In Alaska, setting military hospitals, psychiatric hospitals, and specialty hospitals aside, we have about 2.0 acute care beds per 1,000 Alaskans.

- How will you approach efforts to expand health care capacity, particularly areas like Alaska that still have limited health care infrastructure?

Answer: If confirmed, I would work to ensure that the Department remains in close coordination with state and local jurisdictions, including the state of Alaska and the Alaska delegation to better understand and meet the state's health care capacity needs.

8. **MAT:** Throughout the country and Alaska, we have seen an increase in drug overdose deaths, which has been attributed by some to the social isolation caused by the pandemic. Alaska has the unfortunate reality of having the second highest rate of suicide per 100,000 individuals. I have heard from physicians on the ground in Alaska, that removing the "red tape" surrounding medically-assisted treatment, could save lives. Before COVID-19, I introduced the Mainstreaming Addiction Treatment (MAT) Act with my colleague Senator Hassan to eliminate an outdated requirement that needlessly restricts health care providers from prescribing buprenorphine, a proven medication-assisted treatment that has helped individuals struggling with substance use disorders (SUD). The previous administration took regulatory action to improve access to MAT, which was has been under review for reversal by the Biden administration.

- Will you commit to increasing access to behavioral health and SUD treatment, including through telemedicine? *Answer:* Yes.

How will you ensure there is greater access to medically-assisted treatment for all communities?

Answer: If confirmed, I will work with Congress to expand availability of and access to substance use disorder prevention, intervention, treatment, and recovery services.

- Does the Biden administration remain committed to working with Senator Hassan and I on a legislative fix to ensure providers are able to prescribe life-saving treatment with the appropriate guidance and education from the department?

Answer: The opioid crisis demands a multifaceted approach to include prevention, intervention, treatment, and recovery support services. I share President Biden's commitment to addressing the opioid abuse epidemic and making sure patients can get the treatment they need, which includes increasing access to medication-assisted treatment. I appreciate your leadership on this issue and look forward to partnering with you, if confirmed, to continue to work on this important issue.

9. **Peer-to-peer support:** One of the lasting legacies of the pandemic may be an increase in people seeking help for mental health and substance use issues. Even before the pandemic

an estimated 25 million Americans were in recovery from a substance use disorder. There is every reason to believe that this number will rise given the increases in substance use reported by the CDC during the pandemic. In Alaska, one of the most successful community-based therapies for individuals with SUD is peer-to-peer support services. The SUD provider community has consistently advocated for the Substance Abuse and Mental Health Disorder Administration to be equally focused on expanding our nation's capacity for delivering recovery services, along with improving access to treatment.

- Will you commit to improving federal support for holistic recovery services, including building up the capacity of the peer recovery workforce throughout the United States?

Answer: Thank you for your important work on this issue. I believe individuals with lived experience provide valuable perspective in assisting others in achieving and maintaining recovery from substance use disorders, and the Acting Assistant Secretary for Mental Health and Substance Use – who is in long-term recovery – has brought a helpful lens to these efforts within the agency. If confirmed, I look forward to working to ensure access to the full continuum of services to support recovery.

10. **Mental health infrastructure:** Alaska ranks next to last in the country for inpatient psychiatric bed capacity. If Alaska's only psychiatric hospital runs at full capacity, Alaska has 11 beds per 100,000 residents compared to the national average of 53 beds per 100,000. Moreover, acute psychiatric services for adolescents are virtually non-existent save for the single adolescent psychiatric hospital in Anchorage, and less than five residential treatment centers statewide.

- What steps will you take to address shortages of inpatient psychiatric services in the country, particularly in rural areas?

Answer: Inpatient treatment can be a critical and life-saving level of care for adolescents as well as adults with mental health disorders. If confirmed, I look forward to working with CMS, SAMHSA, and Member of Congress to explore ways to support inpatient treatment and expand access to crisis and community mental health treatment services that can reduce avoidable inpatient treatment.

11. **ALS:** There have been 30 Presidents since ALS was first discovered and yet the prognosis is the same – 100 percent fatal with most not living more than two to five years from their time of diagnosis. Ending ALS, and other rare and deadly diseases, needs to be a top priority for HHS. We need to be able to tell patients dying today that, much like the urgency we have brought to defeating COVID-19, their government is doing everything possible to work with patients and caregivers to find and deliver effective treatments and cures. With the COVID-19 pandemic, we have each witnessed firsthand what it is like when there is a potential fatal health threat facing us and our families and the imperative to take all necessary steps to combat it. So with even greater urgency and opportunity, I ask for your commitment and leadership in 2021 to support innovative legislation, improve access to promising therapies and increase the federal commitment to finally end the fatal threat for those diagnosed with ALS

President Biden made a campaign promise to leverage a \$50 billion investment over the course of his Presidency through a new HHS program, called ARPA-Health or ARPA-H - specifically mentioning a focus on ALS, Alzheimer's disease, diabetes, and cancer. This new entity would bring focus, scale, and innovation similar to what ARPA-E does for energy, and deliver solutions for the promotion of human health and the prevention and effective treatment of disease.

- What is your plan in the first 100 days to get this initiative started?

Answer: I agree that we must work to develop treatments and cures for the devastating disease of Amyotrophic Lateral Sclerosis. If confirmed, I look forward to working with you on this issue and on the ARPA-H initiative.

12. **LIHEAP:** The Low Income Energy Assistance Program (LIHEAP), which assists eligible low-income households with their heating and cooling energy costs, weatherization, and energy-related home repairs, is of huge importance to Alaskans, given our cold winters, substandard housing in many rural communities, and high utility costs. I have consistently advocated for LIHEAP funding over the years.

- Please explain your understanding of LIHEAP and how it serves rural areas.

Answer: LIHEAP is an important resource for many Americans who consistently struggle to pay for basic necessities, such as rent/mortgage, medical bills, food, and home energy expenses. It is a lifeline for families with extremely limited resources who live in very remote areas such as those found in Alaska.

LIHEAP's flexibilities allow states, tribes, and territories to design their LIHEAP program to best meet the needs of their communities, including ensuring their program is able to provide assistance to households with the lowest incomes and those with the highest energy costs throughout the year, while also responding to home energy crises that are often caused by adverse weather events, such as the current winter storms.

13. **ACF:** The ACF is responsible for a number of programs and grants that assist low-income American parents, teens, and children. These include Temporary Assistance for Needy Families, Child Care and Development Block Grant, child welfare and foster care programs, refugee and entrant assistance programs, Head Start and Early Head Start, Child Support Enforcement, LIHEAP, Child Abuse Prevention and Treatment Act State Grants, child abuse prevention activities, Native American programs, and the Community Services and the Social Services Block Grants.

- Please explain your understanding of these program and the role that ACF plays in Alaska

Answer: Across its more than 60 programs, ACF promotes the economic and social well-being of families, children, individuals, and communities with funding, strategic partnerships, guidance, training, and technical assistance. ACF supports state agencies like Alaska's Department of Health and Social Services on important issues like its commitment to the Alaska Tribal Child Welfare Compact, its upcoming transition of a new Department of Family and Community Services, and its nation-leading vaccine roll-out, including to multi-generation

families. ACF is currently working with partners in the Small Business Administration to support childcare providers to learn about grants and loans that support small businesses and help Alaskan families safely recover from the pandemic and get back to work.

14. **FASD:** I am concerned about the impacts to children from prenatal alcohol exposure and resulting Fetal Alcohol Spectrum Disorders (FASD), the most commonly known cause of developmental disabilities in the United States. Recent research shows alarming prevalence of up to 1 in 20 first graders in the United States having FASD. Federal funding for FASD prevention and intervention has dropped from the 1998 authorized level of \$27 million to only about \$12 million in FY 2021, yet the need for these programs has accelerated, especially during the pandemic. In Alaska, about 47,860 people are afflicted with FASD, including 2,950 with fetal alcohol syndrome. Estimates of the economic cost for FASD in Alaska alone are over \$1 billion per year, and nationwide over \$205 billion. Senator Klobuchar and I will be re-introducing comprehensive legislation addressing this public health crisis, to authorize more funding to strengthen and expand FASD programs for prevention, identification and FASD-informed interventions.

- If confirmed, how do you plan to tackle FASD?
- Can you commit to supporting our legislation?

Answer: The department is committed to strengthening evidence-based strategies to prevent prenatal alcohol exposure; improving identification, diagnosis, and referral for individuals living with FASDs; working with clinicians who care for children and families to optimize early identification and intervention; and exploring approaches for monitoring the number of children in the U.S. with an FASD. If confirmed, I look forward to working with you, Senator Klobuchar, and other Members of Congress on these efforts.

15. **Oversight of Genetically Engineered Animals:** On November 5, 2020, the Food and Drug Administration's (FDA) approval of genetically-engineered (GE) salmon was struck down by Judge Vincent Chhabria of the U.S. District for the Northern District of California. Judge Chhabria found that the FDA did not meaningfully analyze what might happen to wild salmon in the event the GE salmon escaped from their rearing facility and established themselves in the wild, as is required by the National Environmental Policy Act. I have long argued that approving GE animals for human consumption through the FDA's New Animal Drug Application process is wholly inadequate and inappropriate for properly evaluating the many environmental impacts that a genetically engineered species can have on its wild counterparts. I am glad to see the courts agree with some of my reasoning on this subject. I've also consistently fought for clear, text-based labels on GE salmon so that American consumers are fully informed about what they are purchasing—and that GE salmon is *never* conflated with wild Alaskan salmon.

- Do you believe FDA is the appropriate agency to oversee the approval of GE animals for human consumption?
- If confirmed as Secretary, will you work with me and with FDA to institute an *appropriate* regulatory process for the rigorous evaluation of GE animals proposed for human consumption?
- Do you support clear, text-based labels for GE salmon products so consumers know exactly what they are purchasing?

Answer: I recognize the importance of this issue and commit to work with you on FDA's regulation in this area. Appropriate regulation of biotechnology protects the public health and can help to bolster consumer confidence in our nation's food supply. Given the dynamic pace of change in biotechnology, this will be an issue that I intend to have the Department look at closely.

16. **Indian Affairs Committee:** I have just assumed the Vice Chair position on the Senate Committee for Indian Affairs. If requested, can you commit to appearing before the Senate Committee on Indian Affairs and to sending your budget team over to meet with us when the President submits his budget request to Congress?

Answer: Yes.

Senator Braun*Question 1—Concerning Pharmacy Benefit Manager Transparency*

There is a need for health plans to pass along prescription drug negotiated discounts and rebates to patients. Currently, insurance plan design is shifting from copays to coinsurance and deductibles, which are typically based on a drug's undiscounted list price. Due to this reality, patients are forced to pay more out of pocket.

I have been working to lower drug costs for patients by requiring commercial health plans to set patient cost-sharing based on the discounted price of a medicine, rather than the undiscounted list price.

Do you support the idea of ensuring consumers' co-insurance obligations are set based on the net price, not the higher list price of their medicine?

Will you commit to working to improve transparency in the prescription supply chain?

Will you work with Congress to improve PBM transparency? If so, what do you propose as Secretary of HHS to increase PBM transparency?

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 these medications. I am committed to reducing drug prices and ensuring Americans have access to the drugs that they need. If confirmed as Secretary of HHS, I look forward to working with you to find ways to achieve these important goals and to promote greater transparency.

Question 2—Concerning 340B

I understand that the 340B program has grown significantly in size and scope in recent years. It might not be operating as Congress intended when it created the program. As Secretary of Health and Human Services, how would you improve transparency in the program as it relates to discounts actually being used to support patients?

Additionally, do you believe that patients—especially low income and underserved patients—should directly benefit from the program? To that end, do you feel that the program is accomplishing that goal?

Also, are you satisfied with the opaqueness of the program and how those savings are used?

Answer: The 340B Drug Pricing Program is an indispensable program for our safety-net providers serving some of our most vulnerable. If confirmed, I look forward to working with you and other Members of Congress to uphold the law and ensure this vital program is able to support underserved communities.

Questions 3—Concerning Medical Devices

The Centers for Medicare and Medicaid Services (CMS) recently established Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES) to facilitate beneficiary access to certain qualifying, new, and innovative renal dialysis equipment. This program promises to encourage the development and submission of novel medical devices for use by dialysis clinics to the Food and Drug Administration (FDA).

Do you intend to continue the progress made to date through the TPNIES program?

Also, will you commit to working with Congress to ensure that innovative technologies are incorporated into the End Stage Renal Disease (ESRD) benefit and are available to patients living with renal failure?

Answer: If confirmed, I am committed to working with Congress to continue the progress in this area and improve access to care for beneficiaries with ESRD.

Question 4—Concerning Drug Prices

Last month, there were over 800 price hikes on prescription drugs. Unfortunately, we do not know the rationale for these price hikes. I have worked diligently to shed light on this issue, for example last congress I joined Senator Tammy Baldwin in introducing the bipartisan FAIR Drug Pricing Act, which would require drug companies to submit justification for certain price hikes.

Would you be supportive of efforts requiring price hike justification?

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 these medications for their health. I am committed to reducing drug prices and ensuring beneficiaries have access to the effective and affordable drugs that they need. If confirmed as Secretary of HHS, I look forward to working with you to find ways to achieve these important goals.

Question 5—Concerning Private Practice

Administrative burdens, reimbursement policies, and the cost of medical education have all had an impact on the ability of physicians to choose to practice as a self-employed physician. The impact of COVID-19 has caused an increase in the decline of private physician owned offices.

To put it bluntly, private physicians have not been able to take advantage of many of the COVID-19 related support HHS has offered due in part to their patient levels and payment mix.

As Secretary, what steps would you take—or recommend Congress take—to address this decline in private practice, which limits patients' access to care?

Answer: As I noted in the hearing, I think that telehealth has been a very important service for patients during the pandemic. It has also been a financial lifeline for many medical providers

including self-employed physicians. If confirmed, I would review the pandemic flexibilities that HHS created to enhance telehealth.

As Secretary, I would review CMS programs to determine how the agency might better support physicians and improve access to physician services.

Question 6—Concerning Price Transparency

The previous administration took important steps toward increasing price transparency. Though progress has been made, additional steps are needed to ensure standardized price transparency information to patients. One method of achieving this is expanding participation in value-based payment models through requiring accurate price transparency for payers coupled with greater internal transparency for how much it costs for delivery systems to provide care.

Do you plan to take additional steps to improve price transparency, such as establishing a standard for episodes of care that could help in comparing value across payers and delivery systems?

Answer: If I am fortunate enough to be confirmed, I will ensure that the Department continues to take steps to improve price transparency.

Question 7—Concerning Transparency

The previous administration undertook two major healthcare transparency rulemakings. One from the Centers for Medicare and Medicaid Services (CMS) requiring price transparency from hospitals. The other from the Department of Health and Human Services (HHS), the Department of Labor (DOL), and the Department of the Treasury requiring price transparency from insurers regarding cost sharing and negotiated rates.

Do you support these efforts?

If so, do you commit to defending these rules from legal challenges, fully implementing them, and fully enforcing them?

Answer: If I am fortunate enough to be confirmed, I will ensure that the Department continues to take steps to improve price transparency.

Question 8—Concerning Coverage Transparency

The previous administration finalized the Transparency in Coverage Final Rules, which required the disclosure of certain information including negotiated rates with providers and estimated out-of-pocket expenses. This rule's goal is to enable consumers to make informed health care purchasing decisions.

Though the rule was finalized by the previous administration, its implementation is currently taking place and will likely through this presidential term. To that end, are you committed to ensuring the full implementation of the Transparency in Coverage Final Rules?

Answer: If I am fortunate enough to be confirmed, I will ensure that the Department continues to take steps to improve price transparency.

Question 9—Concerning Surprise Billing

In a similar vein to Question 8—Will you commit to ensuring the seamless implementation of the bipartisan *No Surprises Act*?

Answer: Thank you and your colleagues for the good work that went into to get this legislation enacted. If confirmed, I will work to ensure that this critical legislation is implemented effectively and in a timely manner. I look forward to working with you and other Members of Congress on this shared goal.

Question 10—Concerning CMS Payment Incentives

Payers and providers are often incentivized to utilize the most expensive drugs in class under current CMS payment schemes. Specifically, the Part B reimbursement methodology rewards providers for using higher priced therapies, especially in biologics and where generics are unavailable. This ultimately leads to a practically impenetrable market, where competition—which would lead to lower prices—is effectively shut out. Unfortunately, this also makes new entrants incentivized to price at or near the existing price ceiling.

What specific steps will you take to create a federal reimbursement environment that actually rewards introduction and use of lower-priced options?

How will you expand innovations in care delivery and payment models through the agency's Center for Medicare and Medicaid Innovation (CMMI) authority, such as value-based payment arrangements, episode-of-care payments, and other approaches which do not reward opaque financing arrangements which lead to payment based on volume and higher prices?

Answer: If I am fortunate to be confirmed, we will conduct a thorough review to identify and analyze the tools at our disposal to reduce the price of drugs and make treatments more affordable for the American people. President Biden has been clear that reducing costs is a top priority for this Administration, and I hope we can work together on finding solutions.

Question 11—Concerning FDA's Analysis of Drug Cost

Under current law, FDA may not consider the cost of a drug as it reviews its application for approval. A concern of mine is that innovative drugs don't actually help people if they can't afford them.

Should drug developers disclose their intended list price before being granted marketing approval? Should they disclose their R&D costs?

Answer: I share your concern about the high cost of prescription drugs. High drug prices have a direct impact on patients—too many American patients are priced out of the medicines they need. If confirmed, I intend to do what I can within HHS' purview to make prescription drugs more affordable to patients in the United States.

Senator Marshall

- 1) Prior authorization is an important cost utilization management tool in our current fee-for-service landscape, but it's not without fault. It's the #1 reported administrative burden among all health care professionals. It requires physicians or their staff to spend the equivalent of two or more days each week negotiating with insurance companies — time better spent taking care of patients. It negatively impacts patient care. Last Congress, I drafted legislation that garnered nearly 300 bipartisan cosponsors in the Senate and House. My legislation would bring needed reform to the Medicare Advantage Program by establishing an electronic prior authorization program that would require real-time decisions for routinely approved services, increase transparency and add new beneficiary protections.
- a) Improving prior authorization was core to the Patients over Paperwork Initiative. As Secretary, can you commit working with me to move the provisions of this legislation forward to ensure that Medicare beneficiaries get timely access to the care they need when they need it?

Answer: Medicare Advantage plays an important role in giving people access to care. I believe that ensuring that Americans have timely access to care is critical. If confirmed, I look forward to working with you and other members of Congress to ensure that Medicare beneficiaries have access to high quality and timely care.

- 2) I strongly support improving our nation's health care system, including reforms to redress many inexcusable insurance practices. The Affordable Care Act's insurance market reforms — such as coverage for pre-existing conditions and guaranteed issue — provide critical consumer protections. Unfortunately, rather than lowering costs and expanding choice, premiums have skyrocketed, high deductibles leave patients financially on the hook for their medical bills, and narrow networks restrict patient access to the physician of their choice.
- a) As Secretary, what steps would you take — or recommend that Congress take — to address these shortcomings and broaden coverage options? Do you support expanding the use of health savings accounts? Do you support allowing states more flexibility to get more citizens covered? Do you support using tax credits and deductions to help make health insurance more affordable?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden-Harris Administration's top priorities. I agree that the Affordable Care Act's (ACA) insurance market reforms provide critical consumer protections and have expanded access to millions of Americans. If confirmed as Secretary of HHS, I will build upon the success of the ACA in order to ensure all Americans have access to the care they need. I look forward to working with you and other members of Congress on this goal.

- 3) Under current law, Medicare Advantage and Part D plans must cover all medications within the six protected classes (including critical prescription drugs that support patients with mental health conditions, epilepsy, Parkinson's disease, lupus, HIV/AIDS, cancer, and organ transplants)—except in limited circumstances. On January 19th, CMS released a Request for Application to allow plans participating the Part D Payment Modernization Model to ignore the protected classes, starting in 2022 for five classes and also for the sixth (antiretrovirals) in

2023. The changes to this Model being run by the CMS Innovation Center would also eliminate the requirement that plans cover at least two drugs per class – thus allowing plans to cover as little as one drug per class in the protected classes. This would disrupt treatment for many vulnerable patients who have been stabilized on an effective medication regimen. This would lead to worse health outcomes, higher costs of care.

- a) As HHS Secretary, would you commit to require plans to abide by the protected classes and cover at least two drugs per class?

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 these medications for their health. I am committed to reducing drug prices and ensuring Medicare beneficiaries have access to the drugs that they need. If confirmed as Secretary of HHS, I look forward to working with you to find ways to achieve these important goals.

- 4) I'm very concerned about the billions of Medicare funds lost to errors, waste, fraud, and abuse. Previously, CMS expressed the need to "elevate program integrity, unleash the power of modern private sector innovation, prevent rather than chase fraud waste and abuse through smart, proactive measures, and unburden our provider partners so they can do what they do best – put patients first." Also, Congress included language in the Fiscal Year 2021 appropriations encouraging CMS "to consider pilot programs using AI-enabled documentation and coding technology to address CMS' top program integrity priorities and reduce administrative burden." I think we can do more to harness the expertise used in the private sector to benefit our Medicare beneficiaries and safeguard the Medicare Trust Fund. I hope this is an area of policy that we can work on together.
- a) Will you commit to working with this committee to prioritize the use of artificial intelligence and other emerging technologies to bolster Medicare program integrity and protect the Medicare Trust Fund?

Answer: As California Attorney General, I cracked down on health care fraud, recovering almost \$1 billion in just the last three years from defendants that defrauded California's State's Medicaid program with false claims for payment. Fighting fraud and abuse is important for maintaining a strong Medicare program. It is my understanding that CMS has taken steps to explore the possibilities of artificial intelligence for program integrity purposes. If confirmed as HHS Secretary, I will work with the committee to make sure that we are good stewards of the Medicare program and taxpayer dollars.

- 5) As you may be aware, Rx-to-OTC switch refers to the transfer of proven prescription drugs to nonprescription, OTC status. Rx-to-OTC switch is a data-driven, scientifically rigorous, and highly regulated process that allows consumers to have OTC access to a growing range of medicines. More than 100 OTC ingredients, strengths, or indications are on the market today that were available only by prescription less than 40 years ago. The availability of OTC medicine creates substantial value for the U.S. healthcare system, totaling approximately \$146 billion in savings per year when compared to alternatives. OTC medicines also significantly increase access to treatment. On average, each dollar spent on OTC medicines saves the U.S. healthcare system approximately \$7.20. Rx-to-OTC Switch will allow the healthcare system to further realize the tremendous public health benefit and savings of OTC

medicines. Thanks to Rx-to-OTC switches, families can conveniently buy and use a wider range of antihistamines, pain relievers, heartburn reducers, nicotine replacement therapies, and more without having to go to the doctor for these everyday ailments, providing relief also for overtaxed, rural doctors, whose time is already stretched too thin. One example of this impact of OTC Switch: When nicotine replacement therapies went OTC, there was a 150 to 200 percent increase in their purchase and use in the first year after the switch. Increased access enabled tens of thousands of smokers to use these products to help quit smoking and live longer, healthier lives. That's a \$2 billion social benefit every year. Over the past few years, the FDA's Center for Drug Evaluation and Research (CDER) announced a draft guidance titled "Innovative Approaches for Nonprescription Drug Products" that could aid manufacturers and provide greater frequency for the approval of switches, which in many years, only see FDA approve a few applications. Unfortunately, this draft guidance has not resulted in a final rule, which has delayed the ability for these prescription (Rx) to Over-The-Counter (OTC) switches by allowing certain new conditions to ensure safe use. Without this final rule, consumers can not realize the cost savings from Rx to OTC switch and the convenience of the availability of these medicines over-the-counter.

- a) I ask for your help with the FDA to ensure that consumers can benefit from greater access to medicines that currently are prescription only, but should not require a trip to the doctors office to access, and ask you spur along the release of the NSURE guidance.

Answer: I agree that Rx to OTC switches can result in significant cost savings. If confirmed, I am committed to working to ensure that consumers can benefit from greater access to medicines that are currently prescription only.

- 6) My question is related to the implementation of the "No Surprises Act" which was signed into law end of last year. We have heard from a number of providers concerned about what data will be allowed to be presented in arbitration.
- a) As the agency begins implementation can you confirm that HHS will follow the statute and all data presented during the Independent Dispute Resolution Process (other than charges and government fee data) will be given equal and fair consideration?
- b) Could you describe the HHS rule making process and your view on this important legislation?

Answer: Thank you and your colleagues for the good work that went into to get this legislation enacted. If confirmed, I will work to ensure that this critical legislation is implemented effectively and in a timely manner. I look forward to working with you and other Members of Congress on this shared goal.

- 7) The Drug Quality and Security Act of 2013 (DQSA) includes strong protections intended to promote patient safety and to strengthen the integrity of the FDA drug approval process. Last year, the FDA announced it would clarify its position on DQSA's prohibition on compounding drugs that are "essentially a copy of an approved drug" when using FDA-approved drugs as the starting material.

- a) When will the Agency provide this clarity? Does the Agency intend to ensure that the use of FDA-approved drugs as a starting point, and that the change in a container closure system (eg, a transition from vial to a syringe) would not fall within the meaning of the essentially a copy prohibition?

Answer: Compounded drugs can serve an important medical need for patients. If confirmed, I commit to working with Congress on this important public health issue.

- 8) For individuals in a mental health crisis, a law enforcement response, rather than a mental health response, can lead to negative outcomes, including jail or death. Last year, Congress unanimously passed the National Suicide Hotline Designation Act to provide a national, easy-to-remember 3 digit number, 9-8-8, for individuals in crisis to reach trained counselors 24/7. Vibrant Emotional Health, the administrator of the National Suicide Prevention Lifeline, anticipates that some calls coming into 911 could be diverted to 988 and the Lifeline. As Lifeline is a vitally important program within the Substance Abuse Mental Health Services Administration, HHS will play a vital role in the success of the new, 3 digit dialing code, 9-8-8.

- a) Should you be confirmed, how will you work with the Substance Abuse and Mental Health Services Administration to ensure the public is aware of this service and improve the outcomes for individuals in crisis?

Answer: If confirmed, I will work closely with the Assistant Secretary for Mental Health and Substance Use and the Substance Abuse and Mental Health Services Administration and other federal partners to ensure that the American people are aware of the availability of 988 once it becomes universally available across the country. We will work to improve outcomes for those in a mental health or suicidal crisis, this includes pursuing improvements in the crisis response infrastructure in order to reduce unnecessary police involvement. HHS will continue to work with the FCC, with VA, and with the Office of Emergency Medical Services in the Department of Transportation to implement 988.

- 9) Across the country, big health insurers have cut the number of physicians and hospitals available to consumers, narrowing their provider networks in what they describe as an attempt to reduce costs. The trend toward narrow-network plans and away from health plans with a broader selection of doctors and hospitals has persisted since the inception of the Affordable Care Act exchanges in 2014. By some accounts, nearly three-fourths of all ACA-exchange plans have narrow provider networks, leaving patients scrambling to find available physicians. This is particularly problematic for patients in need of specialized medical care.
- a) As Secretary, what steps would you take to require federally regulated health plans to expand their networks and minimize the practice of narrow networks to ensure that consumers have access to the full range of providers necessary to meet their health care needs? Will you move forward to establish network adequacy standards that require plans to offer a sufficient number and type of specialists and subspecialists in their provider networks and maintain patient choice through out-of-network options?

Answer: Making sure that all Americans have access to quality, affordable health care is one of the Biden-Harris Administration's top priorities. If confirmed as Secretary of HHS, I will work, together with state officials, to ensure that Exchange plans are compliant with network adequacy rules and work to identify opportunities that ensure all Americans can access the care that they need.

- 10) As HHS Secretary, you will oversee a number of programs and agencies important to children from health coverage programs vital to children's health such as Medicaid and the Children's Health Insurance Program (CHIP) to programs responsible for training the pediatric health care workforce like the Children's Hospital Graduate Medical Education Program (CHGME) to pediatric research initiatives at the National Institutes of Health.
- a) What are your priorities for child health if confirmed?

Answer: Programs such as Medicaid and the Children's Health Insurance Program (CHIP) are crucial lifelines for ensuring that children have adequate access to quality health care, providing coverage for over 40 million children. I had the great honor to help expand CHIP as a Member of the House of Representatives, and have voted in support of reauthorizing the Children's Hospital Graduate Medical Education Program (CHGME). If confirmed, I would work to ensure children are receiving necessary health care so they can grow and thrive. I would also look to better ensure access to oral health and vision care for children, both necessary for children to thrive in school. And let us not forget that improving child health begins with ensuring maternal health. I will work tirelessly to reduce maternal and infant mortality and morbidity, using the expertise and resources across the many HHS agencies whose missions include ensuring child health. I look forward to working with Congress, and with state and local partners to make sure that we are improving child health.

- 11) The Children's Hospital Graduate Medical Education Program (CHGME) provides significant support for the training of pediatricians and pediatric specialists. But unfortunately, the funding for this program still lags far behind the Medicare GME program – funding only half of what Medicare GME provides per resident.
- a) What are your plans to address this gap in training support for our nation's pediatric workforce?

Answer: This gap in training support is an area of major focus for HHS and its operating divisions. If confirmed, I will work to support a number of programs that train the pediatric workforce, including HRSA's Children's Hospital Graduate Medical Education (CHGME) and Developmental-Behavioral Pediatrics programs. CHGME helps eligible hospitals maintain GME programs to provide graduate training for physicians to provide quality care to children. Residency training programs collaborate with rotation sites to provide clinical training experiences for residents and fellows that offered telehealth services, interprofessional team-based care training, substance use treatment services, and COVID-19 related services.

If confirmed, I look forward to working with Congress to continue training a high-quality, skilled pediatric workforce to increase access to these services.

- 12) The COVID vaccination roll-out continues to be challenging, especially in rural and underserved communities where vaccination rates have lagged and access continues to be a challenge. Independent community pharmacies are uniquely positioned to deliver the COVID-19 vaccines to citizens in their communities including those that are hard to reach. According to the National Community Pharmacists Association, if all independent pharmacies that immunize had the vaccine, they could administer approximately 1.28 million per day. Moreover, 56.8 percent of independent pharmacies that immunize serve communities that rank “high” or “very high” on the Centers for Disease Control and Prevention’s Social Vulnerability Index, which measures factors such as poverty, lack of transportation, and crowded housing to identify communities that need extra support during public crises. In rural areas, where public transportation is scant and there are few health care providers, local community pharmacies are critical. The same is true in many urban neighborhoods where poverty rates are high and immigrant communities must often overcome language barriers.
- a) Can you ensure that these rural and underserved communities are provided with access to vaccines by increasing the allocation to their community pharmacies that are participating in the CDC Federal Retail Pharmacy Program? What role do you think independent community pharmacies should be playing in these areas as the administration strives toward vaccine equity?

Answer: I am acutely aware of the disparities faced by rural and other underserved communities. If confirmed, I will ensure that we are partnering with states on data and vaccine information so that Americans, especially communities of color, rural populations, and other underserved communities, can more easily access vaccination. Small and rural pharmacies are critical to our nation’s health care system and to the COVID-19 vaccination efforts. We must do all we can to ensure that Americans can access the COVID-19 vaccine, including from local pharmacies in their communities. If confirmed, I look forward to working with Congress on this issue.

- 13) Widespread vaccination is a critical component of getting the pandemic under control. The Defense Production Act (DPA) has been leveraged to ensure that COVID vaccine production is prioritized, and the Administration has committed to further utilizing the DPA to ensure that as many Americans can be vaccinated as quickly as possible. Controlling the pandemic is our first priority, but the DPA orders to increase vaccine manufacturing have resulted in shortages of certain other critical drugs, resulting in adverse health outcomes, reduced quality of life, and increased burdens of disease for some of our nation’s most vulnerable citizens.
- a) To the extent possible, will you commit to working with the members of this committee on avoiding shortages of critical drugs while maintaining the highest possible level of COVID vaccine production?

Answer: Yes.

- 14) As you know, the HHS Office for Civil Rights twice found you violated federal law protecting conscience and religious freedom in health care. First, for discriminating against

California pro-life pregnancy resource centers by forcing them to advertise for abortions, and second, for forcing almost everyone in California, including an order of nuns, to buy abortion insurance against their moral and religious objections. In the first case, you lost at the Supreme Court and in the second, HHS disallowed California \$200 million in HHS funding because you Mr. Attorney General would not comply with the law.

- a) Why doesn't being a repeat violator of laws enforced by HHS automatically disqualify you from being HHS Secretary?
- b) Why were you willing to cost the state of California \$200 million in HHS funds in order to force the Guadalupanas Sisters, an order of nuns, to pay for abortion coverage over their religious objections? Explain the logic.

Answer: As Attorney General of California, I have always tried to follow the law. I take my oath to do that seriously. On this particular issue, I was defending California law.

15) In 2018 HHS created a Conscience and Religious Freedom Division in its Office for Civil Rights to enforce over two dozen conscience and religious freedom laws in health and human services. You sued HHS to prevent a regulation that would have provided enforcement mechanisms for these laws including laws prohibiting forced participation in abortions by nurses, forced participation in assisted suicide by doctors, forced payment for abortions by taxpayers, and forced referrals for abortions by pregnancy resource centers.

- a) Why did you seek to prevent enforcement of these commonsense laws?

Answer: As Attorney General of California, I have always tried to follow the law. I take my oath to do that seriously. Where there are disputes between the state of California and the federal government, I followed our constitutional process for resolving those conflicts and followed the law.

- b) As HHS Secretary would you commit to defending the regulation you sued to block?

Answer: If I am fortunate enough to be confirmed as HHS Secretary, I will follow the law.

- c) Will you commit to not in any shut down or impair the work of the Conscience and Religious Freedom Division?

Answer: If I am fortunate enough to be confirmed as HHS Secretary, I will follow the law.

- d) Will you commit to not transfer any career professionals out of the Conscience and Religious Freedom Division or abolish the Division?

Answer: If I am fortunate enough to be confirmed as HHS Secretary, I will follow the law.

- 16) In 2021 the Trump administration proposed a major rule protecting newborn infants with disabilities from being denied life-saving medical care because of their disabilities, yet the Biden Administration pulled it down from the HHS website not long after the inauguration.
- a) Will you commit to not withdrawing the infant lives NPRM and putting it back up on the HHS website?

Answer: If I am fortunate enough to be confirmed as HHS Secretary, I will follow the law.

- 17) Many constituents and outside groups has written to us saying you are a radical on abortion. If you want to push back on that impression, here is your opportunity. Can you name any three restrictions on abortion that you support?
- a) How about a ban on abortion of babies with Down Syndrome - Yes or No?
 - b) A ban on sex-selective abortion - Yes or No?
 - c) A ban on partial birth abortion - Yes or No?
 - d) A ban on denials of care to survivors of botched abortions – Yes or No?

Answer: If I am fortunate enough to be confirmed as HHS Secretary, I will follow the law.

- 18) You have repeatedly intervened to revoke an important religious exemption to Obamacare's contraception mandate from people like the Little Sisters of the Poor, an order of Catholic nuns. And they have repeatedly won at the Supreme Court. As HHS Secretary would you commit to defending the existing regulatory exemptions to the contraceptive mandate or, as President Biden has promised, will you seek to eliminate the exemption protecting the Little Sisters of the Poor?

Answer: President Biden has committed to building on the Affordable Care Act to ensure that men and women have expanded access to health care. I strongly believe women should not be put through unnecessary hurdles to access to health care. President Biden has also committed to providing an exemption for houses of worship and an accommodation for nonprofit organizations with religious missions. If I am fortunate enough to be confirmed as HHS Secretary, I will follow the law.

- 19) President Biden has promised to eliminate the bi-partisan Hyde Amendment which prohibits taxpayer funding of abortion.
- a) Are you personally in favor of repealing the Hyde Amendment?
 - b) As Secretary will you commit to enforce the Hyde Amendment? How so?

Answer: President Biden has committed to building on the Affordable Care Act to ensure that men and women have expanded access to health care. I strongly believe women should not be put through unnecessary hurdles to access to health care. If I am fortunate enough to be confirmed as HHS Secretary, I will follow the law.

20) Do you believe insurance must be required to pay for and doctors must be required to administer puberty-blocking drugs and sex-reassignment surgeries to children as young as 13?

Answer: If I am fortunate enough to be confirmed as HHS Secretary, I will follow the law.

- a) Do recognize any medical judgment or religious freedom right of doctors and hospitals to decline to not participate in gender identity therapies and treatments?

Answer: As a person of faith, I believe deeply in religious freedom. I was raised in a Catholic home, and we would get up early on Sunday mornings to go to mass. My faith is a big part of who I am today, and I'm grateful that we live in a country that recognizes the right of all Americans to exercise their religion. It's part of what makes the United States so special. I am also proud that, in this nomination, I have the support of the Catholic Health Association and other faith-based groups. If confirmed as HHS Secretary, in executing the President's agenda, I would certainly follow the law and Constitution in our efforts to protect people's health.

Senator Scott**On Reopening Schools:**

The COVID-19 pandemic has undermined educational opportunities for many Americans, particularly among underserved communities. A December report from McKinsey & Company found that “[t]he COVID-19 pandemic has taken an especially heavy toll on Black, Hispanic, and Indigenous communities,” as “school shutdowns could deny students from these communities the opportunity to get the education they need to build a brighter future.” Citing assessment data from Fall 2020, the report notes that students of color started the school year three to five months behind where we would expect them to be in Math, whereas White students started the school year an average of one to three months behind. For the average student, these learning shortfalls could translate to \$61,000 to \$82,000 in lifetime earnings losses.

Fortunately, the science suggests that we can and must reopen schools for in-person learning across the country, and I applaud states and districts that have already taken that step. Last month, Centers for Disease Control and Prevention (CDC) researchers published an analysis of a number of studies on school reopenings, largely illustrating the feasibility and imperative of reopening as efficiently as possible. One study, which focused on a number of Wisconsin schools, found that COVID-19 incidence in these schools was 37% lower than in the surrounding communities, and that just a small minority of the cases identified involved in-school transmission. President Biden’s CDC Director, Dr. Rochelle Walensky, concluded in sharing this study that “K-12 schools [should] be the last settings to close after all other mitigation measures have been employed and the first to reopen when they can do so safely.”

Throughout his campaign, President Biden repeatedly insisted that he and his team would always follow the science in responding to COVID-19. He also assured working families that he would make reopening schools a priority, regardless of political pushback. In practice, the Biden Administration has offered conflicting messages and has appeared to weigh the influence of certain special interests above the needs of students and working families. In a recent White House briefing, for instance, Dr. Walensky reaffirmed that schools could safely reopen, and that vaccinating teachers did not need to be a prerequisite for reopening. The next day, however, White House Press Secretary Jen Psaki downplayed these remarks, arguing that Dr. Walensky had provided them “in her personal capacity.” She provided no explanation as to how or why comments delivered during an official briefing and in front of the CDC moniker could or should be construed as such.

The CDC guidelines themselves have faced and will continue to face well-deserved scrutiny, on the basis of both development process and substance. In one glaring example of the guidelines’ departure from science and evidence-based decision-making, they categorize communities covering roughly 90% of the 18-and-under population, including many of our most vulnerable students, as so-called “red zones,” recommending school closures. Such closures would represent a substantial step backwards from even the status quo, which has already led to months of learning losses, in addition to sidelining scores of working parents.

Some Administration officials, such as the President's Chief Medical Advisor, Dr. Fauci, have contended that schools' ability to reopen necessitates, in many cases, the passage of congressional Democrats' proposed reconciliation package, which would provide roughly \$130 billion for K-12 school districts. This argument lacks a factual basis. The nonpartisan Congressional Budget Office (CBO) noted, in a recent analysis of the Democrats' proposal, that of the more than \$100 billion provided for education stabilization through previous coronavirus relief packages, "most of those funds remain to be spent," and that of the new funding secured through the reconciliation legislation, "the bulk of spending of funds... would occur after 2021." Of the nearly \$130 billion directed to K-12 funding, 95%, according to CBO, would be spent between 2022 and 2028, undermining the case for urgent funding as a prerequisite for reopening.

Earlier this month, leaders from the House Energy & Commerce Committee, led by Ranking Member Cathy McMorris-Rodgers, wrote to Director Walensky expressing concerns with the CDC's dubious guidelines and asking for transparency, particularly as to the influence of powerful lobbying groups and other stakeholders on the Administration's walk-back on school reopenings. I share their concerns and their desire for answers.

1. Mr. Attorney General, can you commit, if confirmed, to working with CDC officials to produce answers and transparency as to the development of and policy recommendations included within the CDC guidelines?

Answer: HHS and CDC stand committed to providing the best, most current data and scientific understanding available to protect the health, safety, and wellbeing of our communities.

2. When describing the development of the guidelines, some officials pointed to the importance of "lived experience" and of feedback from "stakeholders" outside of the scientific community. How do these types of inputs align with the Administration's commitment, with regards to its public health agencies, to "follow the science"?

Answer: I understand the importance of providing robust resources and support to schools and centering public health experts in order for them to open as safely and as soon as possible. If confirmed, I look forward to working with the experts at CDC on the issue of safely reopening schools nationwide.

3. Do you believe that the head of a federal agency can, while holding his/her position, deliver public remarks "in [his/]her personal capacity," to paraphrase Ms. Psaki? In what contexts would you deem this to be appropriate, and would such contexts include official White House briefings?

Answer: If I am fortunate to be confirmed, I look forward to being a part of President Biden's team and speaking for the Department of Health and Human Services as its Secretary.

On Advancing Medical Innovation:

On Addressing Drug Shortages and Enhancing Advanced Manufacturing Capacity:

Due in part to its pro-growth policies, the Palmetto State has emerged as a major hub for advanced manufacturing. Our state has increasingly attracted drug, device, and biologic manufacturers and has fostered robust public-private partnerships, resulting in a growing life sciences sector that has proven particularly crucial in assisting South Carolina's COVID-19 pandemic response efforts. With more than 500 life sciences firms across the state, generating more than 40,000 jobs, hundreds of patents, and a \$12 billion economic impact, the Palmetto State provides a powerful case study for the benefits of domestic manufacturing.

1. Even before the pandemic, FDA had testified before Congress a number of times on the need for more advanced manufacturing technologies and capacity. During times of peace and public health emergencies, this capacity plays a crucial role in protecting our national security, preventing product shortages, and creating American jobs, including in my home state. How will you, as Secretary, work with FDA to transition the agency's support for advanced manufacturing into actionable policy changes that would allow for greater collaboration and support on the development product agnostic manufacturing technologies?

Answer: The global pandemic has highlighted the vulnerabilities of the global supply chain for many products. In order to continue responding to the COVID-19 pandemic and better preparing the federal government to respond to any future public health emergencies, it is critical that HHS work to improve and expand domestic supply chain capabilities. If confirmed, I'm committed to working on this urgent matter.

2. In 2019, FDA, in collaboration with CMS, issued a report entitled, "Drug Shortages: Root Causes and Potential Solutions," which attempts to identify key drivers of shortages, as well as to offer policy solutions. As Secretary, how will you ensure that FDA and CMS to work collaboratively, in consultation with stakeholders, to advance policies that reduce shortages for US patients, such as those outlined in the Drug Shortage report?

Answer: It will be necessary for many agencies within HHS to work together in order to address this important issue. The work of FDA and CMS is critical for assuring that the supply of safe and effective prescription medicines to millions of Americans is reliable. If confirmed, I look forward to working on this issue.

3. Last Congress, I worked with a bipartisan, bicameral group of colleagues to develop a proposal called the MADE in America Act, which aims to address medical product shortages, as well as to incentivize the domestic production of drugs, biologics, vaccines, diagnostics, and other medical products and supplies. Can you commit to working with my office to develop and advance solutions that incentivize domestic production of medical supplies without compromising supply chain resiliency, driving up consumer costs, jeopardizing access to natural resources, or triggering shortages?

Answer: I share your support for the goal of expanding domestic manufacturing capacity, and look forward to working with you, if confirmed.

4. Along those lines, given the inherent complexity of manufacturing supply chains, it is critical both that the US has modern manufacturing sites at home and that we can ensure redundancy and diversification of sources and locations. How will HHS, under your leadership, work to balance these considerations to protect the supply chain for American patients?

Answer: Encouraging domestic manufacturing is an important part of ensuring a robust supply chain. We also need to encourage geographic diversity and redundancy in the supply chain since disruption in manufacturing can also happen domestically in the event of a natural disaster or other unforeseen issue. If confirmed, I look forward to working with you and within HHS on this issue.

On Preserving the Bayh-Dole Framework for American Innovation:

The enactment of the University and Small Business Patent Procedures Act, better known as the Bayh-Dole Act, ushered in a new era of American innovation, particularly for biomedical research and development. As summarized by Joseph Allen, whom the late Senator Bayh described as his “primary staff member who worked on [the] legislation,” the Bayh-Dole Act “allows academic institutions and private contractors to own and manage patents made with federal funding so they can be commercialized.” In this way, the law established a framework for robust public-private partnerships, resulting in the commercialization of scores of inventions that have meaningfully improved the lives of countless Americans.

As Sen. Bayh, a Democrat, explained in public testimony in 2004, the Bayh-Dole Act aimed to address the stagnation and decline that had come to characterize much of the American R&D landscape in the preceding years. According to the Senator, prior to the law’s enactment in 1980, R&D investments had been “static” for the previous decade, the number of patents issued each year had fallen since 1971, and small businesses had increasingly struggled to access federal support for R&D, despite a strong track record on technological innovation. Perhaps most alarmingly, of the roughly 28,000 patents held by federal agencies, fewer than 5% had been licensed for commercial development.

The Bayh-Dole Act played a pivotal role in reversing these concerning trends and revitalizing the American innovation ecosystem. Due in part to the public-private partnerships that the legislation facilitated, university patents grew from just 250 in 1979 to more than 7,500 in 2018 and technology partnerships drove the creation of more than 13,000 startups. AUTM estimates that more than 200 drugs and vaccines were developed through public-private partnerships since Bayh-Dole’s passage, securing lifesaving medications for American patients.

Unfortunately, efforts to reinterpret the Bayh-Dole Act’s so-called “march-in” provisions risk undermining future discoveries and products. As outlined by NIH officials, these provisions “[authorize] the Government, in certain specified circumstances, to require the funding recipient or its exclusive licensee to license a Federally-funded invention to a responsible applicant or applicants on reasonable terms, or to grant such a license itself.” Sen. Bayh, the bill’s sponsor, testified in 2004 that the “clear intent of these provisions is to insure that every effort is made to bring a product to market,” noting that the drafters had included march-in policies “largely to

address” concerns that “some companies might want to license university technologies to suppress them because they could threaten existing products.”

At various points since Bayh-Dole’s passage more than forty years ago, certain stakeholders and analysts have sought to redefine march-in rights much more expansively, often in an effort to impose federal price controls on drugs and other medical products. Sen. Bayh and Sen. Dole criticized these attempts, writing in a joint op-ed, “Bayh-Dole did not intend that the government set prices on resulting products. The law makes no reference to a reasonable price that should be dictated by the government. This omission was intentional.” Later in the piece, they proceeded to explain that “[t]he ability of the government to revoke a license granted under the act is not contingent on the pricing or tied to the profitability of a company that has commercialized a product that results in part from government-funded research.” Articles and petitions seeking to use march-in rights as a coercive tool to control prices, Sen. Bayh argued, “flagrantly misrepresent the legislative history” behind his legislation, often pulling quotes from congressional hearings not related to the bill or from discussions of entirely different provisions.

The diverse stakeholders that engage in the dynamic public-partnerships enabled by Bayh-Dole, including leading NIH officials from both Democrat and Republican administrations, emphatically agree with the interpretation provided by the bill’s authors. The National Association of State Universities and Land-Grant Colleges, the Association of American Universities, and the American Council on Education, for instance, wrote in a joint letter that “[n]either the plain meaning nor the public policies that undergird the Bayh-Dole Act permit a march-in based on affordability,” asserting that “march-in is not a surrogate for government price controls” and is “reserved only for the purpose of prompt commercialization of federally funded inventions.”

In a more recent letter, dozens of life sciences organizations, including both SCBIO and your home state’s California Life Sciences Association, contended that “[b]asing march-in on pricing considerations would go against the very aim of the Bayh-Dole Act” and that “[t]he government cannot encourage industry to bring products to market by licensing technologies and their associated patents, only to threaten to take them away once the product is commercialized.” The organizations went on to explain that, if march-in provisions were abused in order to control prices, “the result would be a return to the status quo prior to enactment of the Bayh-Dole Act, when taxpayer dollars were invested in research that had a minimal chance of ever reaching the market.”

Given the vital role that Bayh-Dole has played in bringing life-changing and lifesaving innovations to market, improving health outcomes for patients and driving down health care costs in the process, I have serious concerns with two letters that you previously signed on the subject of march-in rights. In January 2016, you joined a number of your Democratic colleagues in the House in writing to then-HHS Secretary Burwell and NIH Director Collins to urge them to expand the applicability of march-in rights administratively in order to “respond to the soaring cost of pharmaceuticals.” While the letter repeatedly references “price gouging” as grounds for leveraging march-in rights, it makes no attempt to define this term or to differentiate its desired approach from government-imposed price controls by another name.

Sec. Burwell, a Democratic official, rejected the request, maintaining that “the statutory criteria are sufficiently clear and additional guidance is not needed.” Last August, when you co-led a letter to Sec. Azar, FDA Commissioner Hahn, and Director Collins that made a similar case with regard to a COVID-19 treatment candidate, the effort proved similarly unsuccessful, illustrating the bipartisan agreement among leading health policy experts and officials on the intent and plain meaning of Bayh-Dole and its narrow march-in provisions.

1. Mr. Attorney General, do you share the view held by the Bayh-Dole Act’s authors, Sen. Bayh’s lead staff member for the bill, NIH directors from Democratic and Republican administrations, university leaders, small business leaders, and former HHS Secretary Burwell that march-in rights may apply in the event of a failure to commercialize, but cannot be tied to perceived affordability or pricing?
2. Generally speaking, do you support the government imposition, whether directly or by proxy (such as through “reasonable pricing” thresholds), of price controls for medical products? Do you believe that price controls risk impeding innovation?
3. President Biden supported the Bayh-Dole Act while serving in the Senate. If confirmed to serve within the Biden Administration, can you commit to ensuring that the types of public-private partnerships that have produced many of our most innovative medications and vaccines can continue, moving forward?
4. Can you commit to consulting with Republicans and Democrats, along with diverse stakeholders—including universities, research centers, innovators, small businesses, and those who worked on Bayh-Dole’s drafting and development, among others—before moving forward with any changes regarding march-in rights?
5. Some of my constituents in SC have expressed concerns that even high-level discussions of a more expansive reinterpretation of the allowable scope of march-in rights could deter innovators and researchers from participating in diagnostic, therapeutic, or vaccine development efforts, particularly in the case of the small businesses who comprise the vast majority of biopharmaceutical companies. If confirmed, what steps would you take to address these concerns and ensure robust private-sector innovation in the event of public health emergencies like the COVID-19 pandemic?
6. Effective leadership of the Department of Health and Human Services necessitates robust engagement in public-private partnerships. The unprecedented success of Operation Warp Speed, for instance, relied heavily on collaboration between numerous federal agencies and innovators, producing and contributing to the successful scale-up of multiple safe and effective vaccines in record time. What are some examples of successful public-private partnerships that you have played a key role in facilitating in the past, particularly in the health care and innovative R&D spheres?

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. If confirmed, I look forward to working with Congress to build upon the good work you did in the Finance Committee on this important issue. If confirmed, I look forward to working with Congress to find ways to achieve these important goals.

On Advancing Innovative Therapies and Vaccines:

You recently stated, in response to a question on biomedical innovation, that “[t]he last thing I want to do is scare away innovation.” I share that perspective. For that reason, I was surprised to see no references in your written testimony to any efforts or initiatives aimed at researching, developing, or facilitating the commercialization of biomedical innovations.

1. How do you plan, if confirmed, to leverage your leadership at HHS in order to advance biomedical innovation?

Answer: As you know, HHS is home of the National Institutes of Health (NIH). If confirmed, I look forward to working with NIH leadership to support and advance biomedical innovation.

2. How do you plan, if confirmed, to invest in medical technology to prepare the nation for future public health threats?

Answer: If confirmed, I will work with Congress and state and local partners to spur and encourage innovation to best prepare the nation for future public health emergencies.

3. The pandemic has demanded that FDA and other agencies move rapidly and leverage new flexibilities in order to meet the needs of the American public. If confirmed, how do you plan to apply the lessons learned from these components of our response efforts in order to develop a more modern and flexible regulatory system moving forward?

Answer: I agree that we must apply the lessons learned during this public health emergency to our work going forward and if confirmed, I look forward to doing so.

4. The Biden Administration has cited combating health disparities as a top priority. Given the disproportionate impact that sickle cell disease has on communities of color, what steps does the Administration intend to take to improve access to care and treatment for those affected by sickle cell disease, including through innovative therapies?

Answer: If confirmed, I intend to take a department-wide approach to the advancement of equity, consistent with President Biden’s charge to federal departments and agencies. I believe that people should have timely access to lifesaving innovative therapies, including prescription drugs, biologics, devices, and other medical products. We need to foster innovation in medical technology to develop new lifesaving therapies. If confirmed, I look forward to working with you and other members to find solutions to improving access to care and treatment, especially for communities of color and other underserved populations.

On Increasing Clinical Trial Participant Diversity:

In recent years, private-sector innovators and federal agencies have increasingly prioritized clinical trial participant diversity, but barriers and gaps remain. Black Americans, for instance, accounted for less than 5% of the clinical trial populations for 24 cancer drugs approved between 2015 and 2018, despite higher incidence and mortality rates for many of the cancers in question.

Experts largely agree that increased use of technology can remedy some of the current gaps in participation, with a recent Forbes Technology Council piece citing the increased “prevalence of technology” as one of the “main reasons” for recent progress on diversifying clinical trial participant populations.

In addition to working to updated outdated barriers to Medicare coverage for telehealth services through my Telehealth Modernization Act, which I introduced this week with Senator Schatz, I am currently developing a bipartisan proposal to facilitate innovative clinical trial designs, which could prove game-changing for rural South Carolinians and for underserved communities.

1. What role do you envision FDA taking to encourage the increased utilization and deployment of innovative clinical trial designs, such as decentralized trials and digital technologies, which could serve to improve participation from underrepresented communities and more diverse geographies in the U.S.?
2. How do you see telehealth in particular as assisting in efforts to increase clinical trial participant diversity, and what steps, plans, or initiatives do you envision taking to advance these types of efforts?

Answer: As I said in my hearing, clinical trial diversity is an important issue. One way to do this is by telehealth. Recently, Congress passed legislation requiring the Medicaid program to improve payment for services related to clinical trials. If confirmed, I will work to implement newly-enacted legislation to broaden access to potentially lifesaving clinical trials for Medicaid beneficiaries. I look forward to working with you and states to implement the law and to ensuring that Medicaid beneficiaries who wish to participate in clinical trials have adequate access to the health care they need.

On Non-Opioid Alternatives:

According to CDC, “Over 81,000 drug overdose deaths occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period.” Every day, over 130 people die in the United States from opioid overdoses. In order to prevent future opioid addiction, we must work to ensure that patients can access non-opioid treatments. Evidence suggests that certain non-opioid treatments and services can be successful in replacing, delaying, or reducing the use of opioids to treat postsurgical pain, leading to a decrease in opioid consumption.

1. I am working on bipartisan legislation to address this issue. Can you commit to helping ensure that patients can have access to non-opioid pain treatments?

Answer: As Attorney General, I have acted to combat the opioid crisis, including holding drug makers accountable. If confirmed, I am committed to continued work on reducing opioid use disorder, and I look forward to working with you on this issue.

On Increasing Affordability through Competition:

I have long championed market-driven efforts to improve prescription drug access and affordability, including through competition. Generic drugs play a vital role in driving down consumer drug costs, accounting for 90% of all prescriptions filled in the U.S., with an average copay of just \$6.97. Based on recent data, roughly 92% of generic prescriptions are filled for \$20 or less.

Unfortunately, some well-intentioned congressional proposals risk inadvertently constraining patient access to low-cost generic drugs in the years ahead. In 2019, Congress considered changes to the 180-day exclusivity for first-filer generics through the so-called BLOCKING Act, which aimed to address the issue of “parked” exclusivities by bad actors but would have, due to its broad drafting, substantially weakened the 180-day incentive for good-faith generic manufacturers as well. I advanced an amendment to ensure generic manufacturers who are “actively pursuing” final approval are not harmed by the BLOCKING Act. Former FDA Commissioner, Dr. Scott Gottlieb, indicated support for this approach.

1. Would you be willing to work with my office to ensure that generic manufacturers who are actively seeking FDA approval are not harmed by changes to the 180-day exclusivity incentive?

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 these medications.

Competition in the market has helped control the growth in spending on prescription drugs. I believe that biosimilars have a role to play in containing the cost of expensive therapies by creating competition. I am committed to reducing drug prices and ensuring Americans have access to the drugs that they need. If confirmed as Secretary of HHS, I look forward to working with you to find ways to achieve these important goals. I will also work across the government to address barriers to reducing drug prices.

On HHS and Gun Control:

In the wake of tragic shootings in Kalamazoo, you publicly stated, “It seems like the allegiance of too many in this Congress is not with the victims and the families and the American people who want to be safe, but with the NRA.” I see this statement as a misrepresentation of the priorities and perspectives of Second Amendment supporters, including myself. While the context of comments like this one absolutely matters, a number of my constituents have raised concerns in recent weeks with your record of support for restrictive gun control measures. As a Congressman, for instance, you consistently earned ratings equivalent to F or F-minus from Second Amendment advocacy organizations.

In a recent press release, Everytown, a gun control group aligned with left-wing causes, asserted that you would “help lead the Biden administration’s effort to treat gun violence like the public health emergency it is.” In the same press release, Everytown described the Department of

Health and Human Services, which you have been nominated to lead, as “instrumental” in combating gun violence.

Beyond highlighting your track record, other activists have begun urging you and the President to use emergency declarations to bypass the legislative process and activate emergency powers to regulate lawfully owned guns.

1. What role do you see the Department of Health and Human Services as playing in terms of firearms, and what would you say to reassure South Carolinians who are concerned that this Department will become a new platform for gun control advocacy and gun regulations?
2. Can you commit that HHS and its sub-agencies will not, under your leadership, engage in gun control advocacy?
3. Dr. Mark Rosenberg, who led gun research at the CDC in the 1990s, told the *Washington Post* that he wanted to “revolutionize the way we look at guns, like we did with cigarettes. Now it is dirty, deadly, and banned.” He later accused the National Rifle Association of “terroriz[ing]” the scientific community. Far from a low-level official, Dr. Rosenberg led the agency’s Injury Center and worked at the agency for two decades. Do you agree with Dr. Rosenberg’s assessment that the NRA has “terrorized” the scientific community, and that we should work to alter public perceptions of firearms, such that Americans see them as “dirty, deadly, and banned”?
4. Throughout the 1990s, the CDC and other agencies faced criticism from Second Amendment supporters for politicizing research in order to advocate for restricting firearm access. How will you work to ensure that scientists conducting federally funded research remain insulated from these types of pressures and biases?

Answer: The American Public Health Association lists gun violence as a public health issue. If I am confirmed as HHS Secretary, I will support ongoing peer-reviewed research efforts at CDC and NIH, and implement the President’s agenda.

On Promoting Plasma Donations:

The CARES Act included a provision directing HHS to launch a national public awareness campaign on the importance of blood donation during the pandemic emergency. Subsequently, during implementation, HHS added plasma donation to the national campaign. Plasma donations can prove particularly pivotal for patients suffering from rare diseases, as innovators can manufacture plasma into groundbreaking, lifesaving therapies. I have long championed access to innovation for rare disease patients, particularly in light of the fact that of the 7,000 known rare diseases, only 5% have an FDA-approved treatment option.

1. Mr. Attorney General, could you provide me with an update of the HHS blood and plasma donation campaign?
2. Can you commit to continuing to identify avenues to promote plasma donation and raise public awareness of its importance?

Answer: The COVID-19 pandemic has both underscored the important of maintaining an adequate blood supply. I understand Congress has acted to provide additional resources for these efforts. And, if confirmed, I look forward to working with you on these efforts.

Senator Tuberville

Insulin

1. I was pleased to learn that we agree on the importance of keeping insulin prices reasonable. What specific actions will you take as HHS Secretary, if confirmed, to ensure that the prices of insulin remain affordable?

Answer: Millions of Americans are impacted by diabetes. If confirmed, I look forward to working with you and other Congressional leaders to expand access to and lower the costs of insulin.

Rural Healthcare and Pharmacies

2. Alabama's hospitals are in a uniquely burdensome situation. The existing programs designed to protect access to care in areas of the country with barriers to care are not working in Alabama. 14 hospitals have closed since 2011 and those still operating are facing workforce shortages, a dominate private insurer, the lowest Medicare reimbursement in the country, and high rates of uninsured. Without relief, the state will continue to see a drain of resources and talent in the areas that need them the most and the widespread hospital closures will continue.
 - a. Will you commit to developing an innovative approach to protect the health care infrastructure in my state, preventing future hospital closures and ensuring access to care?
 - b. What specific actions would you propose to address this?

Answer: The Biden Administration believes that all Americans should receive quality health care. Rural hospitals provide critical access to care in communities that have unique needs and challenges. While many requirements for Medicare payment to hospitals are defined in statute, I look forward to working with Congress to help rural hospitals serve their communities.

3. In rural states, like Alabama, pharmacies can play a central role in the delivery of care—well beyond the traditional access to medication. Over the last several years, many rural, independent pharmacies have been forced to close because they cannot compete with powerful Pharmacy Benefit Managers (PBMs). These rural, independent pharmacies tend to have less negotiation power than PBMs and are stuck with much lower reimbursement rates for the same medications. What specific actions would you take to protect our rural communities and ensure that they have access to pharmacies?

Answer: Small and rural pharmacies are critical to our nation's health care system. We must do all we can to ensure that Americans can access important health care services, including from local pharmacies in their communities. If confirmed, I look forward to working with Congress on this important issue.

Wage Index

4. Hospitals in Alabama are facing acute financial pressure because of a health care disparity created by a specific Medicare regulation called the Medicare Area Wage Index. The Wage Index system is broken, and it is punishing cost effective hospitals in majority rural states. Despite increases in labor costs, the Wage Index level in my state consistently decreases over the years and the decline is projected to continue. Action is vitally important to ensure that patients have access to care in states like Alabama.
 - a. Will the Administration commit to finding a way to help hospitals in majority rural, cost effective states?
 - b. Is CMS pursuing any rule-making actions to fix this problem?

Answer: I believe it is HHS's role to develop programs and policies that promote access to high-quality care and to support rural providers, not disadvantage them. If confirmed, I look forward to exploring regulatory solutions as well as working with you and other members of Congress to find ways to make sure patients have access to care in Alabama.

5. The current Medicare Wage Index system creates a disparity that effectively punishes efficient hospitals in mostly rural states. In many of these states, the bureaucratic burden created by this reimbursement formula is creating a serious problem for hospitals. These hospitals are experiencing financial pressures as Wage Index rates rapidly decrease over the years, reducing Medicare reimbursements in order to subsidize increases to hospitals in a handful of states. In 2018, the HHG OIG (Office of the Inspector General) examined the wage index system and found "significant vulnerabilities," and recommended that the Secretary revisit comprehensive reform. If confirmed, would you consider repealing this wage index and replacing it with a more accurate and fair system that would help to relieve some of those financial pressures placed on so many hospitals, including the ones in my state?

Answer: The Biden Administration believes that that all Americans should receive quality health care. Though many requirements for Medicare payment to hospitals, including the wage index, are defined in statute, I look forward to working with Congress to help hospitals provide quality care to their communities.

Children

6. In Alabama, we are fortunate to have 2 excellent Children's Hospitals—in Birmingham and Mobile. While the pediatric specialists are centralized at these 2 facilities, these hospitals care for children from all 67 counties in the state. During the pandemic telehealth has played a major role in providing access to care for Medicaid beneficiaries, including children. If

confirmed, how will HHS support the continued use and enhancements needed under Medicaid to ensure telehealth continues to enable access to care for kids?

Answer: Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at 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, including for children.

7. The Children's Hospital Graduate Medical Education Program (CHGME) provides significant support for the training of pediatricians and pediatric specialists. But unfortunately, the funding for this program still lags far behind the Medicare GME program – funding only half of what Medicare GME provides per resident. If confirmed, what are your plans to address this gap in training support for our nation's pediatric workforce?

Answer: If confirmed, I will work to focus attention and resources to bolster our nation's health care workforce, including those who work with pediatric populations. HRSA's Children's Hospital Graduate Medical Education (CHGME) and Developmental-Behavioral Pediatrics programs are key pieces in the overall workforce landscape. If confirmed, I look forward to working with Congress to continue training a high-quality, skilled pediatric workforce to help increase access to these services.

8. Oftentimes, changes in the larger health care landscape take place, for example in the Medicare program, without a full examination of how these changes could potentially impact children, even inadvertently. At times, Medicare policies designed with the elderly population in mind have been applied to Medicaid or adopted by state Medicaid programs and private payers. As you look at health care policy changes at the national level as HHS Secretary if confirmed, how will you ensure that children's unique health care needs are taken.

Answer: I understand that certain Medicare policies designed with the elderly population in mind may not best serve the unique health care needs of children. If confirmed, I look forward to working with other departments across the Administration, Congress, and with state and local partners to make data-driven decisions that address the specific needs of children.

Senior Care

9. As we all know, seniors are the most vulnerable patient population which is why I'm very concerned that President Biden's American Rescue Plan doesn't include any funding for the Provider Relief Fund and doesn't offer any assistance to senior living communities. I have seen reports that suggest 56% of providers are operating at a loss and with total losses over \$15 billion. If confirmed, what will you do to ensure senior living operators have the necessary resources to protect our Nation's seniors?

Answer: Thank you for your leadership on this important issue. If I am fortunate enough to be confirmed, it will be a top priority for HHS to protect our most vulnerable Americans by addressing the disproportionate impact of the novel coronavirus of 2019 (COVID-19) pandemic on nursing home residents, especially people of color. President Biden has a robust agenda to fight the COVID-19 pandemic and, if confirmed, I look forward to working with him and you on this topic.

[Whereupon, at 12:34 p.m., the hearing was adjourned.]

