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Senate Hearings

Before the Committee on Appropriations

Departments of Labor,
Health and Human Services,
and Education, and Related
Agencies Appropriations

Fiscal Year 2025

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF LABOR

Departments of Labor, Health and Human Services, and Education, and Related Agencies
Appropriations, 2025 (H.R. 9029/S. 4942)

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES,
AND EDUCATION, AND RELATED AGENCIES APPROPRIA-
TIONS FOR FISCAL YEAR 2025

HEARINGS
BEFORE A
SUBCOMMITTEE OF THE
COMMITTEE ON APPROPRIATIONS
UNITED STATES SENATE
ONE HUNDRED EIGHTEENTH CONGRESS

SECOND SESSION

ON

H.R. 9029/S. 4942

AN ACT MAKING APPROPRIATIONS FOR THE DEPARTMENTS OF LABOR,
HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED
AGENCIES FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2025, AND
FOR OTHER PURPOSES

Department of Education
Department of Health and Human Services
Department of Labor

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CONTENTS

HEARINGS

	Page
TUESDAY, APRIL 16, 2024	
Department of Health and Human Services: Office of the Secretary	1
TUESDAY, APRIL 30, 2024	
Department of Education: Office of the Secretary	99
THURSDAY, MAY 9, 2024	
Department of Labor: Office of the Secretary	253
THURSDAY, MAY 23, 2024	
Department of Health and Human Services: National Institutes of Health	323

BACK MATTER

List of Witnesses, Communications, and Prepared Statements	383
Subject Index	385
Department of Education: Office of the Secretary	385
Department of Health and Human Services	385
National Institutes of Health	385
Office of the Secretary	386
Department of Labor: Office of the Secretary	387

**DEPARTMENTS OF LABOR, HEALTH AND
HUMAN SERVICES, AND EDUCATION, AND
RELATED AGENCIES APPROPRIATIONS FOR
FISCAL YEAR 2025**

TUESDAY, APRIL 16, 2024

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 10:02 a.m., in room SD-138, Dirksen Senate Office Building, Hon. Tammy Baldwin (chair) presiding.

Present: Senators Baldwin, Murray, Shaheen, Manchin, Capito, Kennedy, Hyde-Smith, and Britt.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF THE SECRETARY

STATEMENT OF HON. XAVIER BECERRA, SECRETARY

OPENING STATEMENT OF SENATOR TAMMY BALDWIN

Senator BALDWIN. The Appropriation Subcommittee on Labor, Health and Human Services, Education, and Related Agencies will come to order.

And I will start by recognizing myself for an opening statement, followed by my Ranking Member, Senator Capito.

Good morning. I want to welcome everyone to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies' first hearing on the Biden administration's fiscal year 2025 budget request.

We completed our work on fiscal year 2024 Appropriations less than 4 weeks ago. The final fiscal year 2024 Appropriations bill was very much a compromise, but I was proud of that bill and the bipartisan work that went into it.

At the same time, Mr. Secretary, you received your fiscal year 2024 appropriations more than halfway through the fiscal year. That makes your job harder and it is also a disservice to Wisconsinites, West Virginians, and communities all across the country that rely on funding and programs the Department of Health and Human Services administers.

We have to do better. And to be clear, last year the Senate did its job under the leadership of Chair Murray and Vice Chair Collins. We reported overwhelmingly, bipartisan bills out of committee last summer.

I look forward to continuing to work hand-in-hand with my Ranking Member, Senator Capito, again this year. We just need cooperation from our colleagues on the other side of the Capitol, and a key part of that is agreeing to adequate top lines that allow us to address important and bipartisan priorities.

Kicking off our fiscal year 2025 process today, I am happy to welcome Secretary Becerra for our hearing on the administration's fiscal year 2025 budget request for the Department of Health and Human Services.

Secretary Becerra, this budget highlights the need for continued investments among a wide range of bipartisan priorities that speak to the breadth of activities you oversee as the Secretary of Health and Human Services. Working within the budget constraints of the Fiscal Responsibility Act, I am pleased to see that this year's budget request meets families' most pressing needs, like lowering the costs of healthcare, tackling the fentanyl and opioid crisis, expanding access to affordable child care, and helping connect people with the mental healthcare that they need.

This budget request includes increased funding to address our abysmal maternal health and mortality outcomes, including expanding the Maternal Health Workforce and improving access to care in rural and underserved communities.

This is Black Maternal Health Week, which should be a glaring reminder that every pregnancy-related death is tragic, and Black women are three times more likely to die from pregnancy-related causes than White women. This budget will help improve maternal and child health outcomes, including addressing racial disparities.

This budget recognizes the need for continued investments in child care and early learning programs. Sustained annual increases like the \$1 billion increase for child care and Head Start in the fiscal year 2024 Labor, HHS bill are critical. But more needs to be done. In Wisconsin, some families are now spending more than 35 percent of their income on child care, running a family with two young children more than \$25,000 per year. That is more than college tuition for many families.

The steep cost not only impacts families, but also businesses, and our economy that feel the ripple effect when parents can't find child care. This request ensures that we are better prepared for and able to rapidly respond to emerging biological threats, including supporting the domestic manufacturing of medical countermeasures, and other critical resources in the public health supply chain.

It also strengthens our core public health infrastructure, workforce, and data modernization programs nationwide to improve readiness for the next public health crisis.

I am pleased to see the support for biomedical research and innovation to develop better diagnostics, improve treatments, and precision care for patients, including targeted investments for research on women's health, and in support of the goal to cut the cancer death rate by at least 50 over the next 25 years.

I am also happy to see investments to improve access to reproductive healthcare, including expanding the Title X Family Planning Program, which helps so many patients, particularly women

of color, get birth control, cancer screenings, STD screenings, and other essential healthcare.

I believe that we need to do more in these areas to truly meet the need. But Mr. Secretary, I appreciate this budget request prioritizing funding under the tight budget constraints. And look forward to working with you on them.

To that end, Mr. Secretary, I want to hear more about how HHS (Health and Human Services) is working within its agency to address our Nation's mental health and substance use disorder crises. Tragically, overdose deaths remain stubbornly high, and continue to break records year after year. In 2022, nearly 108,000 Americans died of an overdose. In my State of Wisconsin, there were 18,828 drug overdose deaths in 2022, surpassing the record set in 2021.

Of these deaths, 1,464 involved opioids. I know my colleagues are seeing similar grim statistics in their States. Of particular interest, I will want to know how the administration is specifically addressing poisonings due to fentanyl. This drug is wreaking havoc across the country and we must partner to take an all-of-government approach to prevent it from coming into our communities, reduce use and misuse, and make accessible treatment programs and overdose reversal medications available.

Finally, Mr. Secretary, women's health and reproductive rights are under attack in this country. Draconian laws are being put in place that deny Americans their rights to control their bodies, their families, and their futures, and that put women's health and well-being at risk. Just last week, we saw Arizona reinstate an 1800s-era abortion ban not dissimilar to my home State of Wisconsin's 1849 era criminal abortion ban that had devastating consequences.

Everyone deserves the freedom to make their own healthcare decisions without interference from politicians and judges. I want to hear more about what HHS is doing to protect women's health and ensure women can access the reproductive healthcare that they need.

I look forward to your testimony and appreciate your being here today.

In a moment, I will turn it over to Ranking Member Capito for her opening remarks. Following Senator Capito's opening statement, we will hear from you, Secretary Becerra, and after that, Senators will each have 5 minutes for their rounds of questions.

Senator Capito.

STATEMENT OF SENATOR SHELLY MOORE CAPITO

Senator CAPITO. Thank you, Chair Baldwin. Thank you, Secretary Becerra, for coming, and thank you for sharing our thoughts a bit, yesterday, over the phone; I appreciate that.

As Chair Baldwin noted, last year the Senate Appropriations Committee marked up all 12 bills for the first time in 5 years. I hope we can do it again, and this budget hearing is necessary to be a first step in that process. And so I look forward to hearing more about HHS budget proposals and the priorities for fiscal year 2025.

I want to thank Chair Baldwin for working together, bipartisan, and the success of our process depends on finding common ground,

as we did for fiscal year 2024, albeit 6 months late, we finally reached that.

This budget proposes more realistic funding levels in some areas to align with that Bipartisan Fiscal Responsibility Act, and I commend you for that. However, unfortunately, the budget also continues proposals for new partisan mandatory programs that would spend too much money that we—in this day and age, we just do not have.

Instead of focusing on our common goals to improve the health of Americans, the budget yet wades into polarizing issues, such as repealing the Hyde Amendment, increasing funding for Title X family planning, and gun violence research, and funding new climate change initiatives. These are all sort of recycled budget policies that the Congress has rejected over the last 3 years.

Also, I want to note my disappointment, this is a personal thing for me, that the budget did not prioritize any new resources, specifically for Alzheimer's research. I acknowledge we are facing a very difficult spending climate, and we hope we can focus on bipartisan areas of need, including a continued focus on biomedical research, supporting rural healthcare, growing our health workforce, a huge problem across the country, and continuing to combat the devastating effects of substance abuse, as Chair Baldwin noted.

I was pleased to see a focus on biomedical research related to the Cancer Moonshot across HHS agencies, including NIH (National Institutes of Health) and CDC (Centers for Disease Control and Prevention). West Virginia, my home State, continues to rank above the national average in both new cancer diagnosis and deaths.

Substance abuse challenges also continue to be a real problem facing the country, but particularly my State. We have some of the highest statistics here.

Concerning to me too is a proposed \$10 million for new discretionary group program for funding harm reduction grants. This is the Partisan American Rescue Plan Program that, famously, attempted to fund crack pipes with taxpayer dollars, as my colleagues may recall, in the name of harm reduction. You did walk away from that ill-conceived policy, you walked it back, and I continue to have some serious concerns. And I would encourage a greater focus on primary prevention.

Secretary Becerra, this is your fourth budget hearing before the subcommittee, so it should not be a surprise to you that rural healthcare is a priority for this body. I was a bit disappointed that the budget lacked new resources for rural health programs. In fact, it is \$12 million below the recently enacted funding level.

CDC data shows that rural Americans are more likely to suffer from higher rates of diabetes, are more likely to die from cancer, heart disease, and stroke, than urban Americans. This is, unfortunately, true in my home State, which also leads the nation in rates of diabetes and heart disease. Improving rural health outcomes goes hand-in-hand with investing in the healthcare workforce.

Your budget proposes timely investments, \$63 million above fiscal year 2024, across behavioral health, nursing, and other health professional workforce training. So thank you for that. The mental health and behavioral health crisis highlights the importance of

trained professionals in every healthcare sector working to meet the physical and mental health needs of Americans.

Workforce shortages and rural health challenges should push all of us to think differently about how and where care is delivered. Telehealth should be a part of the equation, we learned that during COVID, and we have seen that used quite effectively, yet the budget proposes an effective cut of \$4 million to the Office of Advancement of Telehealth.

The healthcare landscape is complex and ever changing. I hope we hear from you today about these challenges and the other emerging challenges. Our jobs will be difficult, again, for 2025, given the economic realities that face our Nation. Just as we did for fiscal year 2024, it is my hope that we will come together in a responsible way to find areas of efficiencies and focus on the many areas of agreement I have just discussed.

Thank you, Secretary Becerra, for coming. And I look forward to your testimony.

Senator BALDWIN. Thank you, Senator Capito.

Our witness today is Xavier Becerra, the Secretary of the Department of Health and Human Services.

Secretary Becerra, thank you for joining us today. You will have 5 minutes for your opening remarks. And you may begin.

SUMMARY STATEMENT OF HON. XAVIER BECERRA

Secretary BECERRA. Chair Baldwin, Ranking Member Capito, and Members of the Subcommittee, thank you for inviting me to testify on the 2025 budget.

When President Biden took office, I think it is important to note, back in January 2021, COVID was ravaging our families, and our economy, and thousands of Americans were dying every day, thousands of Americans were dying every day. About 4,000 died the day that President Biden took office. In January 2021 the number of Americans with health insurance was like our jobs and the economy, down and on the canvas. Prescription drug prices were skyrocketing, with patients and their pocketbooks at the mercy of Big Pharma and its profits.

We changed that. Today, 3 years later, nearly 700 million shots of COVID vaccines have gone into the arms of Americans. COVID is still around, but we can now manage it like the flu. Today, more than 300 million Americans, a record number, can go to the doctor or hospital and not go bankrupt, because they have their own health insurance. More than 21 million of those Americans count on the Affordable Care Act Marketplace for their insurance. That is another record.

Today, while Big Pharma is still big, the President's New Prescription Drug Law has brought down the price of insulin to \$35 per month for Americans on Medicare. And as we speak, we are negotiating with drug companies to lower the price of even more prescription drugs, even as they sue us to stop us. The President's budget doubles down on the investments that made the comeback of our jobs, our economy, and our health possible. It doesn't just protect Medicare; this budget strengthens it beyond Medicare's life, and beyond our lifetime.

This budget lays out a vision for a nation that invests in its most vulnerable, it fosters innovation, and protects every American's access to the care that she needs. Perhaps most importantly, it continues our shift from a health system that treats illness to one that sustains wellness.

All told, the fiscal year 2025 budget proposes more than \$130 billion in discretionary, and about \$1.7 trillion in mandatory funding to advance our mission and invest in key priorities.

Let me share a few of those highlights. The budget provides Medicaid-like coverage to low-income individuals in the outlier States that have not expanded Medicaid under the Affordable Care Act. When that happens, another 1.5 million of our fellow Americans will have healthcare coverage and the peace of mind that comes with it.

This budget builds on the largest investment in behavioral health in a generation. It bolsters a 988 Suicide and Crisis Lifeline. It gives young people support at home and at school. The President's investments in Behavioral Health Workforce would add 12,000 new psychiatrists, psychologists, clinical social workers, marriage and family therapists, counselors, and peer support specialists, at a time when their services are desperately needed. Across HHS, the budget tackles the maternal health crisis by improving access to pre- and post-natal care, supporting emergency care services, and expanding maternal care in rural and underserved communities. We are also making child care more affordable for working families and more available where families live and work.

This budget would provide increased wages for early childhood education workers. It would fund more than 750,000 slots for children in Head Start, and it provides universal preschool for our Nation's four million 4-year-old children, and eventually would include our 3-year-olds as well.

Our budget grows and strengthens our cybersecurity initiatives to ensure patient safety and privacy, and to keep our hospitals and providers, especially smaller ones, and those in rural communities, running and secure.

Finally, this administration has made tremendous strides in preparedness capabilities since the pandemic, and we keep building. This budget invests in countermeasures to combat antimicrobial-resistant drugs. It expands our monitoring of supply chains, and it integrates 200 data sources across Federal, State, and local governments to improve information sharing.

We can't reduce the health and well-being of Americans to align on a budget spreadsheet, but we can transform the numbers on the balance sheet into real investments and services that sustain health and promote wellness for all Americans.

With that, I thank you for this opportunity. And I look forward to your questions.

[The statement follows:]

PREPARED STATEMENT OF XAVIER BECERRA

Chair Baldwin, Ranking Member Capito, and distinguished Members of the Subcommittee, thank you for the opportunity to discuss the President's Fiscal Year (FY) 2025 Budget for the Department of Health and Human Services (HHS). I am

pleased to appear before you today, and I look forward to continuing to work with you to serve the American people.

When President Biden took office, the number of Americans with health insurance was declining. We changed that. Over 300 million Americans now have health insurance—the most under any other Administration.

Until now, Americans paying far too much for prescription drugs haven't had any relief. We changed that. The Inflation Reduction Act, signed into law by President Biden in 2022, caps the price of insulin at \$35 per month per insulin prescription for people with Medicare, and certain important vaccines, like the Shingles vaccine, are available for free. And now, for the first time, HHS is negotiating directly with drug companies to lower prescription drug costs for people with Medicare, and we're working to make healthcare markets more competitive across the board.

The Biden-Harris Administration has taken decisive action to protect access to reproductive healthcare, including abortion and contraception care. We are also fighting tooth and nail to stop the dismantling of the remaining rights and freedoms available to women across the country.

In 3 years, the Biden-Harris Administration has made the largest investment in behavioral health, which includes both substance use and mental health, in a generation. We are on the path to increasing the number of mental health counselors in schools, have improved support services for high-risk and underserved populations, and trained healthcare providers, families and school personnel on best practices for supporting young people with behavioral health needs, including those taking medications to treat opioid use disorder.

There are many, many more accomplishments that I could highlight—but, there is more work to be done. It is critical that we look forward to the challenges that lie ahead and take the actions that will ensure that we can continue to improve the health and wellbeing of all Americans.

This budget lays out a vision for a nation that fosters innovation, invests in health, and supports its most vulnerable.

HHS remains at the center of some of the most important issues for American families—including expanding access to care and lowering healthcare costs; protecting and strengthening Medicare, Medicaid, and the Marketplace; helping ensure access to reproductive healthcare; improving maternal healthcare; transforming the way we deliver behavioral healthcare, particularly for substance use disorders; improving care for older adults and people with disabilities; preparing for future public health threats; ending cancer as we know it; and ensuring access to high-quality education and support for children.

We also must continue to advance cutting-edge research, and meet the health needs of Tribal Nations and Native communities. And none of this would be possible without the resources to support our operations.

All told, the FY 2025 budget proposes \$130.7 billion in discretionary and \$1.7 trillion dollars in mandatory funding to advance our mission and invest in key priorities that will impact the lives of all Americans. We remain steadfast in our commitment to be good stewards of taxpayer dollars, and to continually improving the experience of the people whom our programs serve.

EXPANDING COVERAGE AND LOWERING HEALTH CARE COSTS

Once again, a record-breaking number of Americans enrolled in the Health Insurance Marketplace in 2024—over 21.3 million people. That means more Americans are getting the healthcare coverage they need at an affordable cost. This is a testament to the success of the Affordable Care Act.

The FY 2025 budget continues to build on this success by making permanent the expanded premium tax credits that the Inflation Reduction Act extended and providing Medicaid-like coverage to low-income individuals in states that have not expanded Medicaid under the Affordable Care Act, along with financial incentives to ensure states maintain their existing expansions. For Medicaid and CHIP, the Budget allows states to extend the existing 12-month continuous eligibility for all children to 36 months, and allows states to provide continuous eligibility for children from birth until they turn age 6. Further, the budget prohibits enrollment fees and premiums in CHIP. It extends consumer surprise billing protections to ground ambulances, building on the No Surprises Act. The budget also advances the steps taken in the Inflation Reduction Act to improve access to affordable prescription drugs by further expanding

Medicare's ability to negotiate prices directly with drug manufacturers, and expanding inflation rebates and the \$2,000 out-of-pocket prescription drug cost cap beyond Medicare and into the commercial market.

Fundamental to our vision of affordable, accessible healthcare is ensuring Americans can rely on Medicare for generations to come. The FY 2025 budget proposes changes that indefinitely extends the solvency of the Medicare Hospital Insurance Trust Fund.

In addition, the budget continues on the path to doubling Health Center Program funding, which provides healthcare services to millions of Americans, particularly those in underserved communities. The budget provides \$8.2 billion for Health Centers in 2025, allowing the program to serve approximately 3.9 million additional patients. This investment also supports the expansion of behavioral health services at Health Centers.

TRANSFORMING BEHAVIORAL HEALTH

The FY 2025 budget proposes over \$20.8 billion in investments to improve behavioral health across the Department. This includes \$602 million, an additional \$82 million, to the 988 Suicide and Crisis Lifeline for an expanded awareness campaign and increased technical assistance support and infrastructure. This investment in 988 also maintains specialized services for LGBTQI+ youth, Spanish speakers, and the Deaf and Hard of Hearing Community.

The budget seeks to expand access to high-quality mental healthcare, including through a \$1 billion investment in the Community Mental Health Services Block Grant. The budget also improves behavioral health benefits for people with Medicare and Medicaid and in the private insurance market, with an emphasis on improving access, promoting equity, and fostering innovation. In addition, the budget invests \$1 billion in health information technology adoption for inpatient psychiatric facilities, as well as certain outpatient and residential behavioral health facilities. If we are serious about integrating behavioral health providers into the rest of the healthcare system, we must close the technology gap and advance better information exchange with other healthcare, public health, and community partners.

The budget also addresses the sobering impact of the behavioral health crisis on our nation's youth. National surveys of youth have shown significant increases in certain mental health symptoms, including depressive symptoms and suicidal ideation, compounded by the effects of the COVID-19 pandemic. The surveys underscore the urgency and importance of our commitment to equip our youth with the tools they desperately need to address these unique challenges. The budget expands mental health services in schools and bolsters youth mental health programs by investing an additional \$50 million in Project AWARE (Advancing Wellness and Resiliency in Education) and an additional \$50 million in Children's Mental Health Services. These programs provide services to states, tribes, and communities to support children with serious emotional challenges and their families. The budget also includes \$30 million for the Centers for Disease Control and Prevention's (CDC) Essentials for Childhood: Preventing Adverse Childhood Experiences (ACEs) through Data to Action Program, which will increase the number of states, territories, localities, and tribes implementing ACEs prevention strategies and approaches in their communities.

In addition, the budget increases funding to states for overdose prevention and substance use disorders treatment. In January 2021, the overdose death rate was increasing 31% year-over-year. Today, the rate of increase has dropped to about 2% year-over-year. We're making great progress, but in the face of an increasingly dangerous drug supply, we need to do more. The budget provides an additional \$20 million for the State Opioid Response program, which has provided treatment services to over 1.2 million people and has helped states to reverse more than 500,000 overdoses. It also includes a \$5 million increase for the Tribal Opioid Response program to address the disproportionate impact of the overdose crisis on American Indian and Alaska Native people.

The FY 2025 budget also continues to invest in growing and diversifying the behavioral health workforce. The budget includes \$254 million for the Health Resources and Services Administration (HRSA) for Behavioral Health Workforce Development Programs, including expanding the substance use disorder provider workforce. The budget also continues to expand key HRSA programs by providing \$916 million for the National Health Service Corps and \$320 million for Teaching Health Centers Graduate Medical Education programs in 2025 to ensure the continued growth of healthcare services and expand workforce capacity across the country, including for behavioral health. The budget also includes \$20 million for the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Minority Fellowship Programs to reduce health disparities and improve behavioral healthcare outcomes for underserved populations.

IMPROVING THE WELL-BEING OF CHILDREN, FAMILIES, AND OLDER ADULTS

The FY 2025 budget invests in the future of our nation's children through high-quality early childhood education. The budget proposes to guarantee affordable child care to low- and middle-income working families from birth until kindergarten and offer preschool to all four-year-olds, making early care and education programs affordable and available where families live and work, and increasing wages for early childhood education workers. Under this proposal, preschool would be free and the average family would pay no more than \$10 per day for child care until their child starts kindergarten, saving them over \$600 per child, per month. This proposal will go a long way to support our most vulnerable children and their families.

The budget continues to bolster Head Start for children from birth to age five and requests a \$544 million increase for the Head Start workforce, allowing wages to keep pace with inflation and for us to maintain a high-quality child care workforce. As child care continues to be unaffordable or unavailable for millions of Americans, the budget provides funding to Americans that desperately need it to continue to work and support their families. It also requests a \$500 million increase for the Child Care and Development Block Grant to continue our progress in stabilizing the child care sector and helping more Americans afford child care.

The budget also invests in child welfare, with a package totaling \$11.4 billion over 10 years. This funding expands services and supports to families at risk of child maltreatment or involvement with the child welfare system, increases funding for prevention services and kinship placements and supports for older youth, and increases and streamlines funding to tribes.

Finally, we are also investing in supports for older adults and people with disabilities to ensure they can participate fully in our communities. The FY 2025 budget provides \$2.7 billion for Administration for Community Living programs—a \$84 million increase above the 2024 Enacted level. This includes additional funds for nutrition programs, as well as funding for suicide prevention for older adults.

ENHANCING LONG-TERM CARE IN ALL SETTINGS

HHS programs support the health and well-being of people with disabilities and older adults. The FY 2025 budget includes a 10-year, \$150 billion proposal to expand Medicaid home and community-based services to allow more older adults and people with disabilities to receive care at home and in their communities. Recognizing that a strong, well-trained workforce is essential to delivering high-quality services, the budget initiative is designed to enhance the quality of these jobs. When older adults' support needs become so great that they must enter nursing homes, they deserve safe, high-quality long-term care. At the 2024 Enacted level, state survey agencies would complete just 65% of statutorily required nursing home surveys in FY 2024, down from 100% in FY 2022 and 75% in FY 2023. To address the increasing workloads and align with the Administration's commitments to improve the safety and quality of nursing home care, the budget requests an increase in funding to allow CMS to conduct 85% of the mandatory surveys, as well as legislative proposals that strengthen quality and care in long term care facilities for FY 2025. In addition, the Administration's proposal to shift survey and certification funding for nursing home facilities from discretionary to mandatory and increase that funding to conduct 100% of mandatory surveys, effective in FY 2026, would allow for sustained and reliable oversight and enforcement in the nation's nursing homes and ensure that Americans receive high quality, safe services within these facilities.

STRENGTHENING MATERNAL HEALTH OUTCOMES AND REPRODUCTIVE HEALTHCARE ACCESS

The budget reflects the Administration's commitment to address the U.S. maternal mortality rate, which is higher than all other developed nations and on the rise. The majority of these deaths are preventable, and Black and American Indian and Alaska Native women are disproportionately affected. Across HHS, the budget invests in tackling this maternal health crisis, including \$376 million focused on addressing maternal mortality and maternal health equity. This includes targeted funding within the Indian Health Service (IHS) to provide culturally-relevant maternal healthcare in Indian Country, additional funding for CDC to expand maternal mortality prevention, and continued support for the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone (IMPROVE) initiative in the National Institutes of Health (NIH). It also includes \$215 million in HRSA specifically for reducing maternal mortality and morbidity. This funding will improve access to pre- and post-natal care, including for behavioral health, provide access to

emergency care services, expand maternal care in rural and underserved communities, and more.

To help improve maternal health coverage and prioritize person-centered care, the budget also includes an optional Medicaid benefit that expands coverage of maternal health support services across the prenatal, labor and delivery, and postpartum periods, with enhanced Federal funding available for the first 5 years in which states take up the State Medicaid option. This includes coverage for a range of maternal health support workers, including doulas. With this benefit, we aim to bolster maternal health supports throughout the entire continuum of care and to demonstrate our dedication to supporting women at every stage of pregnancy and beyond.

Access to reproductive healthcare, including contraception, is a more urgent issue now than it has been in decades. The budget provides \$390 million, a 36 percent increase, to the Title X family planning program to meet the increased need for family planning services, which are essential to ensuring women have control over personal decisions about their own health, lives, and families. Title X remains the only Federal grant program dedicated solely to providing individuals with comprehensive family planning services in communities across the United States.

PREPARING FOR FUTURE PUBLIC HEALTH THREATS

While this Administration has made tremendous strides in preparedness capabilities since the pandemic, there are many public health threats beyond COVID-19. The budget therefore includes over \$28.9 billion in total resources across the Department to support preparedness, including efforts to prevent future pandemics, in addition to response capabilities, consistent with the President's plan to prepare for and respond to biological threats, as outlined in the 2022 National Biodefense Strategy and Implementation Plan.

This includes \$8.9 billion in discretionary funding for preparedness across the Department. The budget invests an additional \$55 million for CDC for the Center for Forecasting and Outbreak Analytics as well as to manage the Response Ready Enterprise Data Integration platform.

Our nation continues to face emerging public health threats and it is important that we are well positioned to adequately respond. The budget continues to strengthen our domestic supply chain by investing \$95 million to accelerate development and domestic production of medical countermeasures, and onshore production of active pharmaceutical ingredients and essential medicines through the Administration for Strategic Preparedness and Response. It also includes \$12 million to support the Food and Drug Administration (FDA) in addressing medical and food shortages and \$10 million for a new supply chain coordination office within HHS.

As a continuation of our work to treat and prevent infectious diseases, the budget also includes a new HHS-wide proposal to eliminate hepatitis C infections in the United States. This five-year program focuses on high-risk populations and will increase access to curative medications, and expand implementation of complementary efforts such as screening, testing, and provider capacity.

ADVANCING HEALTH IN INDIAN COUNTRY

HHS remains committed to addressing the significant health disparities faced by Tribal Nations and Native communities, and the chronic underinvestment in the Indian Health Service. The budget proposes \$8.2 billion for IHS, a \$1.1 billion increase above the 2024 Enacted Level. This includes the proposed reauthorization of the Special Diabetes Program for Indians. This will maintain direct healthcare service levels, address targeted public health issues, and advance critical operational efforts like Health Information Technology modernization.

Beginning in FY 2026, the budget proposes full mandatory funding for all IHS accounts, and automatically grows funding each year to account for factors like inflation and pay. This approach will address chronic underinvestment by ensuring funding grows along with IHS's needs. The budget also includes a dedicated funding stream for public health capacity and infrastructure needs in Indian Country, a key lesson learned from the pandemic.

This budget also addresses healthcare workforce needs across the Indian Health Service by providing hiring authorities to improve the recruitment and retention of providers in our system. Workforce challenges—including significant staffing needs in behavioral health fields, such as substance use disorder care—are one of the top concerns raised by tribes to HHS. Addressing these challenges is critical to providing better-quality healthcare to the people IHS serves and to continuing to fight the concurrent substance use and suicide crises tribes are currently facing.

The Department will continue to partner with Tribes and Congress to realize mandatory funding, and to ensure we can continue to provide advance discretionary

appropriations so IHS can maintain critical healthcare services if there is a lapse in appropriations.

ADVANCING SCIENCE TO IMPROVE HEALTH

Cancer impacts Americans of all ages and from all walks of life. Decreasing the cancer death rate and the number of loved ones we lose to the disease remains a top priority for the Administration. The Biden Cancer Moonshot set ambitious goals to cut the cancer death rate by 50 percent over 25 years, preventing more than 4 million cancer deaths by 2047, and to improve the experience of people touched by cancer. The FY 2025 budget invests \$2.9 billion across the Department to make that possible, including \$716 million in discretionary resources at the NIH National Cancer Institute to continue their efforts to speed delivery of cancer drugs and vaccines and ensure access to current and new standards of cancer care. An additional \$100 million increase for CDC will support cancer prevention activities, including tobacco prevention and cessation. The Advanced Research Projects Agency for Health (ARPA-H) will also support Cancer Moonshot goals by investing in the development of unprecedented breakthroughs to prevent, detect, and treat cancer.

Additionally, ARPA-H will maintain its role as a catalyst for transformation in the health ecosystem—including through its recently-announced Sprint for Women’s Health. With its \$1.5 billion budget, the agency will continue finding real-world solutions for real-world problems, driving biomedical innovation in a variety of arenas.

The budget continues the Administration’s commitment to support scientific innovation. It includes \$50.1 billion in total resources for NIH, prioritizing in particular women’s health research and firearms and gun violence research with additional funds. The budget also continues to support Brain Research Through Advancing Innovative Neurotechnologies, All of Us, and important research on opioids and pain management, HIV/AIDS, and health disparities to improve American health outcomes.

To keep our nation at the forefront of scientific innovation, we must seize the promise of artificial intelligence—while also managing its risks. NIH is committed to harnessing the power of artificial intelligence to advance research, and has already launched ambitious initiatives to propel the fusion of biomedicine and artificial intelligence and machine learning. In addition, the FY 2025 budget provides resources to oversee artificial intelligence within the Department to advance its responsible use in public health and healthcare.

The FY 2025 budget also invests in scientific research that has resulted in significant improvements to American lives. CDC’s overall budget—increased by \$520 million—prioritizes investments in areas such as improving public health data, preventing and mitigating the impact of infectious diseases, reducing injury and violence, and protecting against environmental health hazards. The budget also provides a total of \$513 million to the Agency for Healthcare Research and Quality to further invest in their mission to produce scientific evidence that makes healthcare better, more accessible, and more affordable.

SUPPORTING PROGRAM OPERATIONS AND MISSION-CRITICAL INFRASTRUCTURE

HHS needs sufficient operational funding to fulfill our mission. This includes resources to allow the Office of the Secretary to oversee the Federal government’s largest budget. The budget makes badly needed investments in Centers for Medicare & Medicaid Services (CMS) Program Management to ensure CMS can carry out its core operations, such as surveying hospitals and nursing homes to ensure quality care is being delivered to millions of Medicare and Medicaid enrollees. It also invests in FDA to support the agency’s expert staff that ensures the safety of our food supply, guarantees the effectiveness of our medicines, and that conduct rigorous and transparent scientific reviews.

The Nonrecurring Expenses Fund is a key source of funding for Departmental operations. The Fund permits HHS to transfer unobligated balances of expired discretionary funds into an account for necessary information technology and facilities infrastructure acquisitions. Since FY 2013, the fund has allocated over \$6.5 billion in capital investment projects across the Department. HHS’s proposed FY 2025 projects will address aging systems and facilities, including at IHS, NIH, and CDC. These improvements are integral in improving the health and well-being of the American people.

A fundamental component of HHS’s infrastructure is its cybersecurity capabilities. We have seen a dramatic rise in large data breaches reported to HHS, and the healthcare information HHS protects is a prime target for cybercriminals. Our plan sets the direction for cybersecurity in healthcare, both from a policy and operational

lens, and commits HHS to pursuing new priorities to both strengthen and support the sector at this critical time. The FY 2025 budget prioritizes investments to address cybersecurity threats and invests \$141 million in cybersecurity initiatives in the Office of the Chief Information Officer to address cybersecurity mandates and allow deployment of cybersecurity initiatives and tools that will keep the Department at the forefront in battling ever-evolving cyber threats. The investment in cybersecurity includes \$11 million for the Department's Health Insurance Portability and Accountability Act modernization to increase compliance, enhance the privacy and security of health information, and to improve breach prevention and response efforts. The budget also includes an increase of \$12 million above FY 2024 for ASPR as the agency designated to coordinate cybersecurity incident prevention and response in the healthcare and public health sector. The budget also establishes a Medicare incentive program to encourage hospitals to adopt essential and enhanced cybersecurity practices.

The budget also invests in civil rights enforcement to ensure we do our part to protect the American people's fundamental rights of nondiscrimination and health information privacy. The budget provides the HHS Office for Civil Rights a \$17 million increase, which includes a robust investment in enforcement staff to address and resolve major case increases that have led to a significant backlog.

HHS also invests in program integrity and promoting competition to support our commitment to good stewardship of taxpayer dollars. Our responsibility is to ensure that every dollar entrusted to us directly enhances the lives of the American people. The budget invests a total of \$4 billion over 10 years in new mandatory Health Care Fraud and Abuse Control funding to provide oversight of nursing homes, managed care, and community-based settings. This mandatory investment will yield a net savings of \$5 billion over 10 years. Additionally, the budget provides increased funding to the discretionary Health Care Fraud and Abuse Control program and the HHS Office of Inspector General to support its oversight.

IMPROVING THE CUSTOMER EXPERIENCE FOR THE AMERICAN PUBLIC

Lastly, I wanted to talk about how we are making government and government programs easier for American people to access and use. HHS is improving customer experience throughout the Department, mostly using current administrative funds. In FY 2025, the budget includes an \$11 million investment for the Department to improve data services for benefits delivery, as well as \$3 million to support the Streamlining Medicare-Only Enrollment project, among other efforts. These investments are bolstered by the HHS-wide customer experience initiative launched in FY 2024, one of the largest such initiatives in the Federal government to date. Our goal is to provide a customer experience that ensures the public can access and utilize the impactful resources within HHS. As part of the initiative, every agency within HHS will pursue substantial projects to improve services to the American people. This expands on the many customer experience initiatives HHS has already pursued. For example, HHS continues to partner with other departments and agencies through the Life Experiences initiative to streamline enrollment and eligibility across benefits programs such as Medicaid and the U.S. Department of Agriculture's Supplemental Nutrition Assistance Program, increase access to decisionmaking support for older adults, reduce burdensome and repetitive manual income verifications, and support states in innovating and improving Federal-state benefits access and delivery.

CONCLUSION

I am honored to lead the Department of Health and Human Services, working alongside dedicated civil servants to enhance the health and well-being of the American people. Investments in this budget will allow us to continue fulfilling our mission, and we know you are all critical partners in achieving this goal. We are grateful for your support of the Department, and we are excited to work with you on funding for FY 2025.

I want to thank the Committee for inviting me to discuss the President's FY 2025 Budget for HHS. I look forward to working with you to fulfill that vision. Thank you for your partnership in advancing our shared goal to improve the health, safety, and well-being of our nation.

Senator BALDWIN. Thank you, Mr. Secretary.

We are now going to begin our questions. And I will start by recognizing myself.

OPIOID EPIDEMIC

Secretary Becerra, our communities continue to struggle with the opioid crisis. I cited the statistics in my opening statement, but as a reminder, in 2022, 108,000 Americans died from a drug overdose, a record high. We have seen the opioid epidemic transform over the years. When I first was elected to the Senate, it was primarily an epidemic of prescribed opioids, and then we saw some shift to the use of heroin. But now, with the emergence of synthetic opioids like fentanyl, we are seeing an increase in deaths among individuals, particularly youth, who don't even know that they are taking fentanyl.

With fentanyl, one pill can kill. How does the HHS budget address the devastation that we are seeing from opioid-related deaths in our communities?

Secretary BECERRA. Madam Chair, perhaps the most important thing is that we recognize, as you just mentioned, that it is a shifting landscape. And so some \$9 billion that the President's budget has to address drug overdose and the opioid addiction, are really targeted on things like fentanyl, on trying to make sure that we give States the capacity to help their young populations avoid overdose, and it makes sure that we are providing the harm reduction to make sure that people don't accidentally kill themselves when they think they are doing something that is recreational.

And so of the \$9 billion, it should not surprise you that more than a-billion-and-a-half is going to State Opioid Resource Grants that will help States decide how they can best tackle the opioid crisis, especially among children.

SAMHSA (Substance Abuse and Mental Health Services Administration), our agency that administers most of our substance use and mental health programs, is going to receive about \$4.5 billion of the \$9 billion, because they are the ones that work closely with state mental health programs throughout the country. And so it is letting the States have the flexibility and the resources to tackle this crisis.

Senator BALDWIN. I want to dig a little bit deeper here, because as I mentioned many times, teens will take a pill that they got from a friend or got online, unaware that it is laced with fentanyl. I have heard from so many parents in the State of Wisconsin who have lost a child to fentanyl poisoning. The budget proposes substantial funding for treatment programs, which is certainly incredibly important for tackling this crisis, but how is HHS working to prevent young adults from using—and children, from using drugs and making these deadly mistakes in the first place?

Secretary BECERRA. Madam Chair, we did something at the Federal level that had not been done before. We stopped relying on stigma to drive our Federal policy. So today, we actually support programs that offer fentanyl strips to individuals so they can find out if the drug they might be taking is laced with fentanyl. That way, they don't kill themselves.

We also made naloxone far more available. So today, you could have access to naloxone in public places so that if you see someone who is overdosed, there is a great chance that you might save their life by administering the naloxone for them. And so we are also try-

ing to make sure that local communities understand what they can do to make that naloxone more available.

So whether it is naloxone, fentanyl strips, clean syringes, we are now using the evidence-based programs that have shown success to drive our policies.

Maternal Health

Senator BALDWIN. Thank you. I want to shift. In 2018, I worked to pass legislation requiring HRSA (Health Resources and Services Administration) to identify areas with critical shortages of maternity healthcare professionals, so that we would have evidence to support increased investments in areas where women and families need providers the most.

Unfortunately, the number of maternity care deserts nationwide continues to increase, and over 2 million women live in a county without a hospital, birth center, or obstetrics' provider. The decision overturning Roe has made this problem worse, as States with abortion bans have seen a drop in applicants for obstetrics and gynecology residency.

Given our Nation's unacceptably high rates of maternal mortality, we must do everything we can to target investment to increase access to care, and support the maternal healthcare workforce.

Secretary Becerra, what is HHS doing to build the professional—the workforce pipeline and better support our maternal care professionals?

Secretary BECERRA. Madam Chair, there are about \$8 billion dollars that are dedicated in this budget to trying to address maternal health. Much of it is focused specifically—\$400 million is focused specifically on trying to tackle the maternal mortality and morbidity rates that we see in some of our communities, especially the Black and Native American communities.

We are trying to make sure that we get to women before there is any chance that they would have complications in their pregnancy. And as you know, as a result of our efforts on Medicaid, and your support, we now are able to offer a woman and her baby not just 60 days of maternal health and child care after delivery, not just 60 days, but 365 days of care for mom and baby so they can make sure they are going to start with a fruitful life.

Senator BALDWIN. Thank you. Senator Capito.

RURAL HEALTH

Senator CAPITO. Thank you. Yes, Secretary Becerra, I want to talk about rural health, because I mentioned in my opening statement a \$12 million—it appears as though it is \$12 million lower. I understand that our bill funded it at \$36—I think \$364.6 million, which is rural outreach, rural hospital flexibility, and other things. The request is for \$352, which is lower, 12.2 lower than what we actually funded this for.

I understand also that the budget release and then the timing of the actual passing of the budget were almost at the exact same time, it might not have been ideal for you. What would you say about that? Healthcare delivery systems in rural America are still very difficult and underfunded; we have the lowest life expectancies in rural America. What is your response to that?

Secretary BECERRA. Senator, you actually touched on probably the most important aspect of my answer, and that is that our budget was being framed at a time when we had no idea what the 2024 budget would look like. And because of the constraints on where we could go, we had to make sure we tried to be consistent with what might come out. So we are more than willing to work with you on the kinds of investments we would make in healthcare generally, but more specifically with regard to rural health.

You will find that there are specific investments in rural health, especially in the area of substance use disorders, in trying to keep hospitals afloat that we can work on to build on because I think you are right. There is no doubt that it is tougher if you are in a rural community to find a healthcare facility near you. And so we will do everything we can to try to keep not just them sustained but also have them thrive.

Senator CAPITO. Well, we will work on that. And understanding the circumstances of when your budget came out.

Secretary BECERRA. Yes.

OVERDOSE PREVENTION

Senator CAPITO. I did have a lot of questions on drug abuse and SAMHSA, prevention, and harm reduction. Here is the discouraging thing. These statistics are not coming down. I mean, the overdose statistics I heard on the radio the other day that the statistics in D.C. alone were up, I don't know, 20, 30 percent deaths resulting from overdose. We don't have—I don't think we have the statistics quite yet for this past year.

We have got a flow of fentanyl coming up through the southern border. We have got to do better here. I mean, we are really losing a generation. And I understand in your last answer, some of the areas, you know, fentanyl strips, and naloxone, but that is still just treating somebody who is already in heavy addiction. I mean, I think the prevention aspects of it have not gotten to the younger children as much as they should. We have got to start at kindergarten. What is your response to that?

Secretary BECERRA. With you, completely with you on that. Here is the difficulty. As you know, at the Federal level, the Department of Health and Human Services, we don't administer these programs. We work with the States. The States are the ones that have control over healthcare and this aspect of healthcare. What we do is, essentially, provide them with more resources, or we give them some support and flexibility in doing what they can with the dollars that we give them. We are more than willing to work with the States to increase their capacities. They need more capacity.

Senator CAPITO. What States are doing it? Or I mean, I am sure you are looking at what the innovative programs of a State that might be able to be shared nationally, I am sure that is best practices that you are pursuing here on the prevention side.

Secretary BECERRA. Oregon, as you know, had an issue with increasing drug use, and what they have done, when I have been to visit, I have seen how they are incorporating young people into their programs, to try to get them to become essentially peer support, so that peer-to-peer kids are hearing from someone who can help them out, obviously getting the adult and professional help as

well. But we need to try to reach young people, to your point, before they become users.

And so there is where we have got to figure out a way to capture them quickly, and I think Oregon is doing a pretty good job of trying to use young folks to help them approach that cohort.

Senator CAPITO. Well, coming from a State that doesn't have the legalization of recreational marijuana, I think that is an example of where some of the issues may be. I know there is a lot of people that believe that is a good thing to do. I personally am not one of them.

SUICIDE PREVENTION

Quickly, on the suicide prevention line you have asked for a lot more money here, we have provided a four-fold increase in fiscal year 2023, you are requesting a \$100 million more for 2025, and I am wondering, can you give me a breakdown? You might not have that right now, but how is this breaking out to, is it going out the door to State and local crisis centers, versus a contractor that is administering the system? I would just like some more details on this request given the sensitive nature of the program and the critical work they do.

Secretary BECERRA. Certainly, and we can follow up with your staff to give you more of the details because those are out there. Most of the money helps sustain the State operation, the call centers that already existed. We essentially have buoyed them, because we established backup call centers, because a lot of the States didn't have the capacity to deal with all the calls that might come in. We didn't want people waiting on the phone, busy signal.

Senator CAPITO. No. Yes.

Secretary BECERRA. So we stood up all the backup call centers. We also made specialty lines. So for example if you are a veteran there is a line that is specific for you.

Senator CAPITO. Right.

Secretary BECERRA. Those are the things that the Federal dollars have really helped boost. We also helped create the text and chat feature so that if you didn't want to focus—

Senator CAPITO. Is that online now, the text and chat feature?

Secretary BECERRA. Yes. Absolutely it is.

Senator CAPITO. Okay.

Secretary BECERRA. Absolutely. It is available now for hearing impaired, it is available in some places in Spanish language, and we are trying to make sure no one feels like they should not call. And now you hear that we are going to finally get to the point where we can make the 988 Call work so that wherever you are, whatever your area code is you are going to get some—a professional where you happen to be, not based on your area code. It is working the \$600 million that is in the President's budget for 988 is absolutely going to save lives. We know that in the first 18 months of launching national 988 a-million-and a-half people reached out to us, and said, help, we were able to answer.

Senator CAPITO. Thank you.

Senator BALDWIN. Thank you. Senator Kennedy.

Senator KENNEDY. Thank you, Madam Chair.

ABORTION

Thank you, Mr. Secretary, for being here. Mr. Secretary, if a mother is healthy, and the baby is healthy do you really support abortion of the baby up to the moment of birth?

Secretary BECERRA. Senator, let me make sure, to the moment of birth you are saying after gestation, the 40 weeks of—

Senator KENNEDY. You know what I am saying, Mr. Secretary.

Secretary BECERRA. Well, if I—

Senator KENNEDY. Let us suppose it is a day before the day before the due date and the baby is fully formed, and the baby is healthy.

Secretary BECERRA. I think—

Senator KENNEDY. And mother is healthy, do you support aborting—the right to abort the baby then?

Secretary BECERRA. I have heard no one say that. I think everyone has said those who support Reproductive Rights have said—

Senator KENNEDY. You have said—

Secretary BECERRA [continuing]. Support Roe v. Wade.

Senator KENNEDY [continuing]. You have said it. In 2020 in a press release, this is what you say, you said, quote, “No government, State or Federal, has the right to make decisions for a woman about her body or her healthcare”, end quote, your words, not mine.

Secretary BECERRA. Good words.

Senator KENNEDY. So let me ask you again, up to the moment of birth, if the mother is healthy, and the baby is healthy, do you believe that—that there should be the right to abort that baby up to the moment of birth?

Secretary BECERRA. And I, again, I will give you the answer. I have always supported Roe v. Wade, which does not do what you have just said. And I know of no one who is proposing or advocating what you have just announced, and I would hope that what you would recognize is that that should not stop a woman from having the right to decide for herself with the consultation of her physician what she should do.

Senator KENNEDY. Would you support making it legal — illegal to abort a baby if the mother is healthy and the baby is healthy on the day before that baby is scheduled to be born?

Secretary BECERRA. I certainly would support the reestablishment of Roe v. Wade.

Senator KENNEDY. So you think that there are restrictions that the State, Federal, or State, as the case may be, can place on abortion?

Secretary BECERRA. Senator, if you talk to any woman she will tell you that she uses common sense in making her decisions.

Senator KENNEDY. Do you -think that the State or the Federal Government, in the third trimester of a pregnancy, has the right to impose limitations, moral and legal right to impose limitations on an abortion? I think that is yes or no.

Secretary BECERRA. I would certainly say that Roe v. Wade answered those questions, we defend and support—

Senator KENNEDY. I want—sorry—

Secretary BECERRA [continuing]. Roe v. Wade.

Senator KENNEDY [continuing]. Roe v. Wade has been overturned. I want your answer, do you support restrictions by the Federal or the State Government on the right to an abortion in the third trimester.

Secretary BECERRA. And my answer is clear that if we establish Roe v. Wade, we get back to a system that gives women protection——

Senator KENNEDY. Do you support restrictions to the right to an abortion in the third trimester? Why are you dodging the question?

Secretary BECERRA. Well, no, I am just saying—I am telling you where I am. I am——

Senator KENNEDY. Tell me, do you support restrictions in the third trimester——

Secretary BECERRA. I have personally——

Senator KENNEDY [continuing]. If the mother is healthy and the baby is healthy?

Secretary BECERRA. And Senator, let me try to make sure I answer this. Personally, as you have mentioned, I have been quoted on a number of occasions before I became Secretary. I support a woman's right to make a decision about her body.

Senator KENNEDY. But do you support restrictions in the third trimester? I just asked—why are you embarrassed to answer?

Secretary BECERRA. Because I believe in Roe v. Wade, and I think everyone recognizes that that law——

Senator KENNEDY. You support Roe v. Wade?

Secretary BECERRA. I do.

Senator KENNEDY. Roe v. Wade allowed for restrictions in the third trimester.

Secretary BECERRA. Then you have your answer.

Senator KENNEDY. Do you support restrictions in the third trimester?

Secretary BECERRA. If Roe v. Wade is as you have described it——

Senator KENNEDY. Why are you scared to answer the question?

Secretary BECERRA. I am not afraid to answer, I am actually——

Senator KENNEDY. Are you scared you are going to get in trouble with people, with your—your colleagues——

Secretary BECERRA. No, no, no; not at all.

Senator KENNEDY [continuing]. To support abortion up to the moment of birth?

Secretary BECERRA. Not at all.

Senator KENNEDY. Then why won't she answer the question?

Secretary BECERRA. Because, Senator, I think I have given you the answer that makes the most sense. Roe v. Wade worked for some 50 years——

Senator KENNEDY. Do you support restrictions in the third trimester on the right to abortion? It is real simple. You are the Secretary of a Department of the United States of America. Do you support them or do you oppose them?

Secretary BECERRA. My answer is pretty simple, we will defend Roe v. Wade——

Senator KENNEDY. What is simple? You don't want to answer it, do you?

Secretary BECERRA. I have answered you——

Senator KENNEDY. Do you know why you don't want to answer, because you and your colleagues believe that a child has no rights, even a fully developed child, you know that.

Secretary BECERRA. You can say that.

Senator KENNEDY. And I know.

Secretary BECERRA. I know where I am. I will continue to defend women's rights.

Senator KENNEDY. Let me ask you for a final time. I think this is a number of times.

Secretary BECERRA. It is not going to make any difference. But go ahead.

Senator KENNEDY. Yes. Well, if you want to choose to not answer it. That is up to you.

Secretary BECERRA. I am not denying anything, Senator.

Senator KENNEDY. You—what—let me phrase it another way. What restrictions do you support in the third trimester to the right of a—to an abortion? Tell me what restrictions.

Secretary BECERRA. If you read the Roe v. Wade decision, it will answer your question.

Senator KENNEDY. Why don't you just answer it for me?

Secretary BECERRA. I did. Roe v. Wade established the protection—

Senator KENNEDY. What restriction do you support on the right to an abortion in the third trimester, you personally?

Secretary BECERRA. Roe v. Wade. Roe v. Wade.

Senator KENNEDY. Okay. Roe v. Wade doesn't say what restrictions. Roe v. Wade just says, the State and the Federal Government have the right to impose restrictions. I am asking you what restrictions you support? For example, if the mother and the baby are healthy, and we are week before birth, and the parents change their mind and say we don't want a boy, we want a girl, abort the baby who happens to be a girl, would you support that right?

Secretary BECERRA. I know no one who would go as far as what you are indicating.

Senator KENNEDY. Well, then why wouldn't you say you would oppose it?

Secretary BECERRA. Because I am telling you where I stand.

Senator KENNEDY. No, you are not.

Secretary BECERRA. And I have been very clear on that for a long time.

Senator KENNEDY. You are dodging, and wobbling, and weaving, and flip-flopping like a—

Secretary BECERRA. Let me stand as you would like. Senator, I won't move, and I will just move my lips—

Senator KENNEDY. Let me ask you this, if a week before—a week before birth baby healthy, mother healthy, would you support the right to an abortion because the parents dislike the gender of the baby. Yes or no?

Secretary BECERRA. As I said, a woman should have the right to—

Senator KENNEDY. But you haven't said, Mr. Secretary.

Secretary BECERRA [continuing]. Make decisions about her body.

Senator KENNEDY. Yes, you won't answer my question. Would you support that?

Secretary BECERRA. As I have said, I am going to do everything I can to support a women's right to make the decision about her body.

Senator KENNEDY. Would you support what I just described? You are not going to answer me are you? I don't understand why you are scared to answer me.

Secretary BECERRA. I am not afraid. I am not afraid to answer your question. I have answered it over and over.

Senator KENNEDY. You are scared to take——

Senator BALDWIN. Senator Kennedy.

Senator KENNEDY. I just find that appalling. You are the Secretary of the Department.

Senator BALDWIN. Thank you, Senator Kennedy.

Senator KENNEDY. Can we have a second round, Madam Chair?

Senator BALDWIN. I am just gonna start a second round right now.

Senator KENNEDY. (Off mic) I need some answers. If I can just add anything——

Senator BALDWIN. You just hang in here. We are going to start a second round of questioning. We will certainly accommodate any Senators who have not yet had their first round, who appear. As we know we have several competing subcommittee hearings at this juncture.

988 IMPLEMENTATION

Secretary Becerra, I want to also address the 988 implementation, I was proud to be the co-sponsor of the 988 legislation along with former Senator Cory Gardner, and I believe that it has been a remarkable service. You know we always had a Suicide Prevention Hotline but nobody remembered the 10-digit number, especially at a time of crisis. And when we launched the 988 number it has, literally, been a lifeline for so many.

I want to ask you specifically about a pilot program that has been underway regarding LGBTQ (lesbian, gay, bisexual, transgender and queer) youth. You mentioned already, when you call there is a screening for Service members, if you are a veteran of our Military Service you can get routed to appropriate and knowledgeable services.

Last year was a record-breaking year for legislative efforts around the country that target LGBTQ individuals, including the ability to receive healthcare, inclusion and education, even access to public restrooms, it should not therefore be a shock that lesbian, gay, bisexual, and transgender youth are more likely to experience anxiety, depression, and thoughts of suicide than their peers. In fact, LGBTQ young people are far more—are more than four times more likely to attempt suicide than their peers.

We are seeing that these attacks do not live in a vacuum, and that they have real world consequences. I have been glad to work with you and the Department in creating and now expanding specialized services within the larger 988 crisis and suicide prevention lifeline, to provide response to LGBTQ youth in crisis. We know that there is a need there.

In February alone almost 40,000 contacts were answered by the LGBTQ sub-network of 988. Can you expand on how these special-

ized crisis services for LGBTQ youth and the pilot has helped support this population?

Secretary BECERRA. Madam Chair, absolutely because I think you are going to the heart of what makes 988 so valuable, and that is that you have individuals who are challenged, who are at a moment of crisis who turn to someone, and actually trust, will extend confidence in someone through a phone call, through a chat, and that is a tremendous thing.

And so to begin this pilot back in September of 2022, see it working, expand it to some seven different call centers, and see more than 40,000 calls come in specifically from the LGBTQ community means that they are responding. We want to continue that, because we want anyone who is facing crisis to feel like they can have the confidence to make the call, have their call be personal and private, and also get the help they need.

Senator BALDWIN. Thank you. I was just singing the praises of the program but I—still there are many people who are unaware of this crisis service. And I understand HHS is planning a public awareness campaign to spread the word on 988, will the proposed increase for 988, included in the budget request, support the anticipated increase in call volume as a result of the awareness campaign that you are conducting?

Secretary BECERRA. We are hoping to address it. We are hoping States will further step up to the plate to help us, because at the end of the day it is their call centers that are the front line. So we need States to continue to grow their capacity, because we can only depend on the generosity of Congress to help sustain that national component.

What we don't want is to have gaps. We want you to be able to call from whatever part of the country you are in, so we continue to partner with States and tell them, please make commitments in your own budget to sustain your operations. Some States have actually done that they have got a permanent flow of dollars; most States don't.

Senator BALDWIN. Thank you. Senator Manchin.

Senator MANCHIN. Thank you, Madam Chairman.

JESSICA GRUBB'S LEGACY ACT

Secretary, I was pleased to see the Department's finalized the rule implementing the Jessica Grubb's Legacy Act we worked on for so long. The law reduces barriers for treating persons with substance abuse disorder by aligning the privacy laws governing the records with HIPAA (Health Insurance Portability and Accountability Act), the law which governs all other health privacy records.

This is a law for medical professionals to access vital information they need to properly coordinate the care. In 2018, Congress passed a separate law in honor of Jessica, Jessie Grubb's life, just called Jessie's Law, this requires HHS to develop best practices standards for hospitals, and doctors display a patient history of opioid disorder when the patient provides that information. With the implementation of the Legacy Act it is now time to fully implement Jessie's Law.

So the Department has finalized the rule on confidentiality of substance use disorder, patient records, when will it be releasing best practices for displaying opioid use disorder in patient records?

Secretary BECERRA. Senator, first, thank you for the work you have done, because I don't think people recognize that in many cases because of this—I don't want to call it an excuse, because of the difficulties with privacy laws, HIPAA privacy laws a lot of essential information about a patient wasn't getting to the providers, and they were making the wrong decisions especially when it related to drug addiction. And so the work that you and your colleagues have done has really helped.

Senator MANCHIN. Senator Capito and I worked on it, and we know the family very well, it was so horrifying. This young lady had problems in something stemmed from when she was in college, but then she was trying to get herself, clean she started running, and being competitive.

Secretary BECERRA. Yes.

Senator MANCHIN. And she and her parents who—an attorney and her mother is an educator, both went with her to the hospital, and says, please, identify and mark my record showing it. And they forgot to do it.

Secretary BECERRA. Yes. And so what we are doing is we are trying to tackle that HIPAA privacy hurdle, so that it doesn't become the reason the information isn't fully there. But you can understand how important it is to maintain privacy.

Senator MANCHIN. Oh. And we know that. But now that we have done everything, we have got through every hoop possible.

Secretary BECERRA. Yes.

Senator MANCHIN. When will you all be doing—when can we expect it too finally—

Secretary BECERRA. We are now working with providers, we have developed a training module so that they understand how this can work, how they can be consistent with privacy laws, yet still include the information, so a lot of it is going to be, and we can use your help because we need providers to start understanding what the new rules are. They are going to say to you, oh, no, we can't do that because of HIPAA privacy. We want them to understand, oh, no, no, Jessie's Law—

Senator MANCHIN. Well, I think this law is very clear, basically, it says that the patient himself and the guardians have to have permission, and give you permission to do it.

Secretary BECERRA. Yes.

Senator MANCHIN. So we thought we crossed every hurdle, crossed every T and dotted every I; it is just time to implement it.

Secretary BECERRA. Yes.

Senator MANCHIN. So I would implore you to—

Secretary BECERRA. Yes. We are doing it.

Senator MANCHIN [continuing]. Get your staff moving on this one here. We waited a long time for it.

Secretary BECERRA. And, Senator, I just pointed out we need the help of the providers to make sure that they are getting their personnel to understand the new rule.

Senator MANCHIN. Okay.

Secretary BECERRA. Yes.

Senator MANCHIN. Well, I think the quicker you put them out, the quicker they will understand them.
Secretary BECERRA. Absolutely.

HRSA

Senator MANCHIN. The Health Resources and Services Administration, administers grants and programs that are critical to rural health centers, and clinics, and hospitals, your budget requests a \$2 billion increase to this agency to carry out these programs. However, many areas of West Virginia remain unable to access these resources; West Virginia is the only State that lies completely within the Appalachian Mountain region.

The United States Department of Agriculture, Economic Research Services recognized a unique topography, we are the most rugged, mountainous State they know east of the Mississippi. And a recent report on what we call Rugged Terrain, that has all been identified and how we have been classifying it. The report found that almost 81 percent of West Virginians live in a rugged area, that is compared to just 11.7 percent of the entire United States population.

The fiscal year 2024 bill included language for HRSA to review this report to update their rural definition to better capture the uniqueness of Appalachia. Can you provide an update on this review and a time line for when we are going to see some results so they can qualify for the needed funds they need for rural healthcare?

Secretary BECERRA. So we are not waiting. As you know, Senator, we are moving forward with a new classification—some classification for hospitals that don't meet the critical access care definition, so that a lot of those facilities that are teetering don't go under, so they can get some additional funding.

BEHAVIORAL HEALTH

I was mentioning to Senator Capito some of the work we are doing to make further investments in behavioral health especially in substance use. But we are absolutely prepared to work with you as you all give us some guidance about how to get into these communities that are very rural to make sure we are being as constructive as possible. We will work with the States as much as we can, because they understand better what their State needs in terms of the rural health facilities, but we are trying to make sure that these new changes that you helped us put forward will help some of the States that have large rural communities, address the concerns of individuals a lot faster.

Senator MANCHIN. Sir, I thank you for your service. I just want to say again on Jessie's Law that has been a long time in coming, okay, and the family they are just hanging on, needles and pins, just waiting for it to be completed. They want to save lives. They don't want anyone to go through what they have gone through.

And on the rural classification, if you want to know why that divide is becoming bigger and bigger, rural areas have been left behind, the money has not gone appropriately for the challenges they have. And that is so important.

Secretary BECERRA. Yes.

Senator MANCHIN. Thank you, sir.
 Secretary BECERRA. Thank you.
 Senator BALDWIN. Senator Hyde-Smith.
 Senator HYDE-SMITH. Thank you, Madam Chairman.

RURAL HEALTH

Good to see you Mr. Secretary, thank you for being here. In 2003, Congress established the Rural Community Hospital Demonstration Program to test an alternative payment model for rural hospitals that were facing certain financial constraints with the Medicare's Inpatient Prospective Patient Program, the IPPS. And Congress has extended the program several times, most recently in the Consolidated Appropriations Act of 2021.

Mississippi ranks among the States with the highest rate of hospital at-risk closings. This demonstration program could serve as a means to keep their rural hospital doors open to serve their communities in need of high quality healthcare. However, CMS (Centers for Medicare & Medicaid Services) has not solicited applications since 2017, despite, as I understand it, there being a handful of open spots in the program. Do you believe this program has been helpful to rural hospitals facing closure, and should we extend the program when the time comes?

Secretary BECERRA. Senator, thank you for the question. The rural emergency hospital designation extended a lifeline to some of these facilities, it is absolutely essential that we give hospitals that are willing to stay open, a chance to survive if the older version definition of how they could get reimbursed isn't working for them. So we look forward to working with you, because we have got to figure out a way to keep some of these facilities open and operating.

Senator HYDE-SMITH. Do you know about how many spots are currently open right now in the program?

Secretary BECERRA. I don't have that with me, but I can make sure my team follows up with you.

Senator HYDE-SMITH. No problem. And can you commit to working with me to solicit applications for the program and find ways to help us keep these hospitals open?

Secretary BECERRA. Absolutely.

MATERNAL HEALTH

Senator HYDE-SMITH. I have talked to hospital administrators this morning that have been in my office, and we are constantly battling this in Mississippi, you know, we are just putting out one fire after the other.

Mississippi has consistently seen some of the poorest maternal health outcomes in the Nation, made worse by high rates of chronic disease and limited access to specialty care for many mothers.

And we have also led the Nation an infant mortality, something that we are not proud of at all, and very concerned about. It is driven largely by a very high pre-term birth rate stemming from lack of prenatal care. Access to maternity care in rural areas is a major challenge and we are seeing a rapid expansion of OB (Obstetric) deserts, that we refer to them as, across Mississippi.

In some areas of my State women are having to drive more than an hour for any kind of obstetric care. How can we work with you to improve outcomes for our mothers and babies in Mississippi?

Secretary BECERRA. Senator, because everything you have said I agree with, with regard to maternal health and especially how it is impacting our Black and Native American communities. The most important thing is early access. And as you mentioned, sometimes especially because a State like Mississippi has a lot of rural communities it is tough to have access. And so that is why it is so important to not allow any existing health facility to go under in Rural America, because then the access becomes even more difficult.

Telemedicine, telehealth is going to be very important for communities, families in rural America, because it means they can have access without having to do the physical travel, we will continue to support that so long as Congress gives us the flexibilities to offer telehealth flexibilities.

But the most important thing is access. And I will simply say here, many of the women who are having bad outcomes could have qualified for earlier care had they been eligible for Medicaid. And I think if we expand Medicaid in some of the States that haven't yet done it, about a-million-and-a-half more Americans, many of them women, who want to deliver a baby, would have access to early care and not wait until it is a difficult circumstance in the delivery.

Senator HYDE-SMITH. Yes. Well, I appreciate your concern and your willingness to help with this, because it truly is crucial. Mississippi is a large State, we don't have many people but we are a large State.

Secretary BECERRA. Yes.

Senator HYDE-SMITH. And we are scattered, and it is truly a hardship on so many mothers to actually get to that care. We have a lot of babies born in cars, sad to say. My time is out. Thank you.

Senator BALDWIN. Chair Murray.

Senator MURRAY. Well, thank you very much Chair Baldwin. Secretary Becerra, good to see you. I appreciate you joining us today.

HHS really is on the front lines of some of the most challenging issues that our families are facing, opioids mental health, child care, so much more. It is crucial that we maintain strong investments in life-saving biomedical research, building a strong healthcare workforce, and public health system, getting families affordable care close to home, and a lot more.

Not to mention the constant attacks on reproductive care. Women in 21 States are now living under abortion bans, and Arizona is under a ban that dates back to before women even had the right to vote, despite strong support for abortion access around the country, anti-abortion extremists are continuing to attack not only abortion care, but IVF (In vitro fertilization), and birth control.

Everyone, I believe, deserves the freedom to control their own bodies, their own lives, and their own future, free from interference from politicians, which is why I strongly support President Biden's decision to once again remove Hyde from this year's budget.

CHILD CARE

I look forward to continuing to work with you to protect reproductive healthcare every way we can, in all 50 States. And I am glad we have the opportunity today to talk about how we can provide the resources necessary to meet all the healthcare challenges before us and support families in my State and across the country. Programs like the Child Care and Development Block Grant and Head Start are a lifeline for working parents, who need affordable high-quality child care and early learning opportunities for their kids. They are an investment, not just for our families, but in our workforce and in our economy.

So I am really glad that Senator Baldwin and I were able to send an increase of \$1 billion to the President's desk to invest in child care and early learning for fiscal year 2024.

Since 2015, I and many others have increased funding for these programs by more than 250 percent. But it is, as you know, a drop in the bucket when looking at the child care crisis that exists in this country.

We need to protect and strengthen the investments we have made to make sure families can find and afford child care, however possible. That means more annual funding, extending stabilization dollars, and hopefully passing my Child Care for Working Families Act.

Can you tell us today about the current state of the child care sector and why investments in programs like CDBG (Community Development Block Grant) are critical now more than ever?

Secretary BECERRA. Senator, thank you. And again, thank you for championing child care, writ large, and your success in getting additional funds for so many families desperately in need.

Today, getting child care is like having your infant go to college, the cost of child care is, essentially, tuition in a major university. It makes it very difficult for parents, especially parents who have more than one child, to really sustain that.

We also know that the quality of care can sometimes be questionable because the pay for some of these workers is so low. You can sometimes make more money flipping burgers than caring for children. We need to change that as well. The President's budget, thanks to the investments that many of you have made possible, will continue to move an effort.

The President's proposal would make it possible for some families to qualify to have child care for \$10 a day which would ultimately save them, each, those families about oh \$7,200 in a year in the cost of their child care when you total it up. That would be a proposal that would help so many of the families, some 16 million families would qualify for that support. And so it is so important to move forward, as you said, to continue to make the investments in child care.

MATERNAL HEALTH

Senator MURRAY. Thank you. I really appreciate that. We will continue to focus on that. Mr. Secretary this week is Black Maternal Health Week. It is an important time to talk about the devastating maternal mortality crisis here in the United States. The

U.S. is now one of the most dangerous places in the world to give birth. And that really is astounding to me. Despite most maternal deaths being preventable, it is clear our systems are failing mothers, especially Black, Hispanic, and Native mothers who experience the high highest rate of maternal mortality.

And extreme State abortion bans passed since the Dobbs decision, have further eroded the access to maternal health because we don't have as many providers for maternal health care across our country. We were able to secure a \$21 million increase for the Improving Maternal Health Initiative across HRSA, CDC, and NIH in our fiscal year 2024 bill, and building on increases from 2023, and I hope to continue that progress in this budget.

Can you talk to us about what HHS is doing now to address this issue and about the additional investments in maternal health that you are actually proposing for next year?

Secretary BECERRA. And again because of the efforts of you and others that we have been able to continue to increase the funding of maternal health. This budget, the 2025 budget by the President provides close to \$400 million for maternal mortality, morbidity, to address that, because as you mentioned, in too many cases a Black woman is two or three times more likely to die at childbirth than a White woman.

I think I misspoke and said \$8 billion, it is actually \$2 billion in this Federal budget by the President, is dedicated to maternal health. We are now, as I mentioned earlier, before you got here, Senator, making available care for a woman who qualifies for Medicaid, and for her baby, rather than just for 60 days, she now qualifies for 365 days of care, and so does her baby. We are doing a lot. Doulas are being made available to families.

We are trying to do what we can upfront before the delivery, so the woman gets good care before delivery, gets good care during delivery, and good care after delivery.

YOUTH HOMELESSNESS

Senator MURRAY. Okay. Very good. And finally, on youth homelessness prevention, I am laser-focused on making sure the Federal Government is doing everything we can to support young people who are experiencing homelessness and doing more to prevent it. I was very proud to champion new funding in our 2024 bill for a demonstration program that will provide grants to State, local, and tribal governments, and local organizations to help prevent youth homelessness. What is HHS doing to address and prevent youth homelessness?

Secretary BECERRA. Senator, thanks for that work that you are doing. We are working with States. I am the Chair of our Inter-agency Council on Homelessness, working with HUD (Department of Housing and Urban Development) and other agencies to make sure that we are tackling homelessness with the support of the local governments, who actually have the day-today-to-day responsibility for it.

I will tell you this, we are focused on getting families and children, first and foremost, off the streets, and we are trying to make sure foster kids don't fall into homelessness once they age out of the foster care system. And so we are doing what we can—and by

the way, we are also focusing on LGBTQ young people because we know so many of them end up becoming homeless. And if we get to them early, we can keep them with a family. We can keep them healthy.

Senator MURRAY. Thank you. Thank you very much. Thank you, Madam Chair.

Senator BALDWIN. Next, for a second round, we have Senator Capito.

ARPA-H

Senator CAPITO. Thank you. Thank you again, Mr. Secretary. We authorized ARPA-H (Advanced Research Projects Agency for Health) at 1—well, it was funded at \$1.5 billion, and you are requesting flat funding for ARPA-H. For those who don't know what that is, it is intended to fund high-risk, high-reward research to find biomedical and health breakthroughs. It is fashioned after DARPA (Defense Advanced Research Projects Agency), which is done in the defense arena.

And biomedical research has long enjoyed bipartisan support, of which mine is obviously part of that support. I have heard some concerns about either repetitive, or deflecting, or competitive, maybe, research that could be doing—that is conducted at NIH as opposed to ARPA-H. So ARPA-H reports to you and NIH is a separate entity. And I would like to know, can you tell me how you plan to make sure that the research activities of ARPA-H and NIH remain distinct? And I mean, I don't think they should be siloed because one can feed to the other, but to avoid that duplication?

Secretary BECERRA. Senator, so just to be sure we are clear, both NIH and ARPA-H—

Senator CAPITO. Right.

Secretary BECERRA [continuing]. Report to me. But ARPA-H, which is very similar in its research mission, some said should have been housed within NIH.

Senator CAPITO. Right.

Secretary BECERRA. What we did was we kept it separate, because it is supposed to be a much more nimble operation. The difference, basic research is done at NIH, it may take 10 to 15 years before we see some novel discovery come out of the NIH research. ARPA-H says in 2 years, no more than perhaps 3 years, you are on the ground with this novel approach.

And so ARPA-H was, as you mentioned, with DARPA, with the Department of Defense, to help us get those innovators who are having difficulty finding enough money, because it is a small idea actually get them off the ground. And so this is where that cutting-edge research will quickly get moving.

And so ARPA-H has actually had some great successes. And as I mentioned to you in our conversation, love to make sure that, if you would like, you know, we will let you know some of the projects that are underway at ARPA-H.

Senator CAPITO. Yes. So I understand your longest project, so far, is 9 months' old. I mean, that is because this is a new program.

Secretary BECERRA. Correct.

Senator CAPITO. You had the ability to withdraw funding at any—and I don't know how many projects you have going, nine to ten, maybe going right now.

Secretary BECERRA. Right. Yes.

Senator CAPITO. You have the ability to withdraw funding if it looks like these things are—that is some of the hardest things to do, as we know.

Secretary BECERRA. Yes. Yes.

Senator CAPITO. We served together. Have you withdrawn any funding from any of your projects that are moving, so far, is it too early to tell?

Secretary BECERRA. We are only 9 months in, and so usually 2 to 3 years, but you are right that these program managers are hired under with the understanding, 2 or 3 years. And that is it.

Senator CAPITO. And so do you have a firm and affirmative oversight plan to make sure that, you know, you are redirecting funds if somebody has got an idea that is not going to work let us move on? And do you have that oversight plan already in place?

Secretary BECERRA. Yes, Dr. Wegrzyn who, by the way, came from DARPA, and Dr. Wegrzyn understands that completely. It is in the design of the proposals. Everyone understands this is not going to be something that is living for a decade, it is either, you hit it, you have success, or we are moving on.

RETURN TO WORK

Senator CAPITO. Okay. I want to ask you about your return to work process. COVID is over. It has been over for over a year now. The White House Chief of Staff, Jeff Zients, and excuse me if I pronounced his name incorrectly, encouraged agencies through an order in May 11, 2023, to bring back in-person work policies. What is your in-person work requirement?

Secretary BECERRA. We are complying with the OMB (Office of Management and Budget) Guidance that was—

Senator CAPITO. Well, what is that? I don't know what that is.

Secretary BECERRA. It essentially says make sure that your work plans with all of your employees have a mix. So some are full-time, some have some telework ability. And so it is having the mix. And what you are traditionally trying to do is have at least half of your workforce in at all times.

Senator CAPITO. Okay. So approximately what percentage would you say is back in the office 5 days a week?

Secretary BECERRA. Well, as I said, we are complying with the OMB Guidance.

Senator CAPITO. I know, because actually and said that.

Secretary BECERRA. So that means we are essentially there, but we are 90,000. We have people throughout the country, we have a mix, and unlike other agencies we have folks who are medical—

Senator CAPITO. Have you negotiated any contracts or with the Federal unions that say you have to be in 2 days every 2 weeks, and a day is 6 hours?

Secretary BECERRA. We have negotiated contracts with the unions to make sure that we are complying with the OMB Guidance.

Senator CAPITO. Well, I mean, are some of those like that, because I know that is—we are finding that in other agencies.

Secretary BECERRA. Yes, what we—for example, telework been around for a long time. And so there, we may have made adjustments to the telework plans that we have. But what we have to do is because they are under an employee collective bargaining agreement, we have to discuss that with you.

Senator CAPITO. Okay. So can we have your collective bargaining agreements? I mean, I am sure they are public, so we could see what you have negotiated in certain areas, because quite honestly, 4 days a week, at 2-week period, 6 hours is a day, most of America would begin laughing at that.

Secretary BECERRA. Right. And that is not something that you have for the 90,000 people in the workforce. But let me see what I can do as far as providing you some of that information.

Senator CAPITO. All right. And then in the—well, I think my time is up. So I will let these guys go ahead. Thank you.

Secretary BECERRA. Thank you.

Senator BALDWIN. Senator Kennedy.

HHS EMPLOYEES

Senator KENNEDY. Mr. Secretary, how many employees does the Department of Health and Human Services have?

Secretary BECERRA. Roughly 90,000, Senator.

Senator KENNEDY. And your testimony is that half are back in the office full-time and half aren't?

Secretary BECERRA. The OMB Guidance essentially calls for a process where we have physically—

Senator KENNEDY. I understand the OMB Guidance.

Secretary BECERRA. Yes.

Senator KENNEDY. Is it your testimony that half are back, of those 90,000 are back in the office full-time and half aren't?

Secretary BECERRA. My testimony is that we are in compliance with the OMB Guidance on how we handle the workforce.

Senator KENNEDY. Is it your testimony that half of the 90,000 are back in the office full-time and half aren't?

Secretary BECERRA. Again, my testimony is that we are complying with the OMB Guidance, like, we can make sure you know what the guidance is, so you know what we are complying—

Senator KENNEDY. I do know what the guidance is, I am just trying to understand how you have implemented it, what percentage of your employees are back in the office full time?

Secretary BECERRA. I could try to get that information back to you, because we have a mix.

Senator KENNEDY. You don't know?

Secretary BECERRA. I came to talk about the budget, but I can try to get—

Senator KENNEDY. You don't have any idea of how many of your 90,000 people are back in the office full-time?

Secretary BECERRA. I could tell you the types of mix of employment that we have—

Senator KENNEDY. Yes. Well, that is what I am asking. You have got 90,000 employees.

Secretary BECERRA. That is right.

Senator KENNEDY. How many are back in the office full-time what percentage? You don't know?

Secretary BECERRA. And as I said, this is a budget hearing, I came to talk about the budget.

Senator KENNEDY. If you don't know. You don't know how many of your people are back in the office full time.

Secretary BECERRA. I can get back to you Senator, I could get you as best I can a response to that particular question, but I came here to talk about the President's budget.

MEDICARE ADVANTAGE

Senator KENNEDY. Why is Medicare Advantage so popular?

Secretary BECERRA. I am sorry?

Senator KENNEDY. Why is Medicare Advantage so popular?

Secretary BECERRA. Why is Medicare Advantage so popular? You will have to help me with what do you mean by that?

Senator KENNEDY. You don't know what Medicare Advantage is?

Secretary BECERRA. Absolutely, I know what Medicare Advantage, but why so popular—

Senator KENNEDY. Yes. What is it so popular?

Secretary BECERRA. Is there some survey that you are talking about, or what?

Senator KENNEDY. Yes about—I deal in numbers.

Secretary BECERRA. Okay.

Senator KENNEDY. About half of our seniors who qualify for Medicare choose Medicare Advantage, don't they?

Secretary BECERRA. That is actually more than half?

Senator KENNEDY. Okay. And why is that, that makes it popular, right?

Secretary BECERRA. Medicare Advantage today this is the first year that we have seen more individuals select plans in the Medicare Advantage and it is—

Senator KENNEDY. Why is it so popular?

Secretary BECERRA. Again, when you say “popular” I have heard many Medicare beneficiaries who are complaining about being stuck at a Medicare Advantage plan—

Senator KENNEDY. Well, is it because the average person, average senior on Medicare Advantage pays \$2,400 less in premiums on Medicare Advantage as opposed to traditional Medicare, plus gets more services, like dental, and vision, in many respects, could that have something to do with; do you think?

Secretary BECERRA. I am assuming that you have seen some polling or surveys that give you some of those answers, I have heard many, many things that are said about—

Senator KENNEDY. No. I am seeing the facts. Are you telling me that people on Medicare Advantage don't save money in premiums and co-pays over traditional Medicare?

Secretary BECERRA. I can get you some do—

Senator KENNEDY. Is that your testimony?

Secretary BECERRA [continuing]. But I wouldn't have—no doubt that some pay more.

Senator KENNEDY. I am talking about the average.

Secretary BECERRA. Again, I don't know what numbers you are referring to, but I am more than willing to discuss those with you.

Senator KENNEDY. I am looking at the numbers that your Department puts out.

Secretary BECERRA. Okay. Then what are those numbers, Senator?

Senator KENNEDY. The numbers say that the average person on Medicare Advantage—

Secretary BECERRA. I am asking you if you can show me the numbers.

Senator KENNEDY [continuing]. Pays \$2,400 less in premiums and co-pays and gets extra benefits; is that right?

Secretary BECERRA. My understanding is they are also restricted in the doctors they have access to, the hospitals they have access to.

Senator KENNEDY. You are trying to destroy Medicare Advantage; aren't you?

Secretary BECERRA. We have actually provided an increase in funding for Medicare Advantage.

Senator KENNEDY. No. You haven't you cut—you cut funding in 2023 by 1.1 percent—

Secretary BECERRA. That is absolutely incorrect.

Senator KENNEDY [continuing]. And you—next year you are proposing a 0.16 percent cut, and in fact the Medicare—

Secretary BECERRA. That is absolutely incorrect.

Senator KENNEDY. That is not incorrect.

Secretary BECERRA. That is absolutely incorrect.

Senator KENNEDY. And in fact, that the Medicare Trustee—

Secretary BECERRA. Senator, saying it doesn't make it true.

Senator KENNEDY. The Medicare Trustee said that you have lost your mind, my words not theirs.

Secretary BECERRA. Senator, saying something doesn't make it true. The dollar amount that we are giving to health insurance companies—

Senator KENNEDY. You have cut—

Secretary BECERRA [continuing]. To secure that has increased.

Senator KENNEDY [continuing]. Are you telling me today that you have not cut payments to insurers in Medicare Advantage last year by 1.1 percent?

Secretary BECERRA. We are giving Medicare Advantage—

Senator KENNEDY. Are you denying that?

Secretary BECERRA [continuing]. Health insurance companies—

Senator KENNEDY. Are you denying that?

Secretary BECERRA [continuing]. Under Medicare Advantage are receiving more money this year than they got last year for Medicare.

Senator KENNEDY. You cut them by 1.1 percent—

Secretary BECERRA. That is not a cut, Senator.

Senator KENNEDY [continuing]. And you are proposing another 0.1 percent cut. In fact, I mean you and President Biden say you will not touch a hair on the head of Medicare, but that is—you are trying to destroy Medicare Advantage, and I mean—

Secretary BECERRA. Actually the President's budget extends the life of Medicare—

Senator KENNEDY [continuing]. Look—look—look—

Secretary BECERRA [continuing]. Beyond your and my lifetime.

Senator KENNEDY. Look at the numbers. In 2023, under your watch, Medicare Advantage patients saw on average a 12 percent increase in deductible and a 5 percent—

Secretary BECERRA. The insurance companies did that not us, Senator.

Senator KENNEDY [continuing]. In premiums. And Florida, and Utah, and Wyoming, saw their premiums go up 50 percent—

Secretary BECERRA. Okay. Senator, blame the insurance companies, not us.

Senator KENNEDY [continuing]. Because you cut the payments—

Secretary BECERRA. Senator, we did not cut.

Senator KENNEDY [continuing]. To the insurance companies to drive them to traditional Medicare where you can control them better; isn't that the case?

Secretary BECERRA. The fiction you are propounding doesn't resolve the issue that we have, every year, so far under this administration increased the funding for health insurance companies who offer these Managed Care Medicare Advantage plans.

Senator KENNEDY. Are you—

Senator BALDWIN. Thank you, Senator Kennedy.

Now, I will recognize Senator Hyde-Smith.

Senator KENNEDY. Thank you, Madam Chair, for your indulgence.

CARDIOVASCULAR DISEASE

Senator HYDE-SMITH. Mr. Secretary, Mississippi has one of the highest rates of cardiovascular disease and deaths from this disease, and the frequency of the disease continues to increase. It has been concerning for a very long time. It is important that Americans receive cholesterol screenings, and appropriate treatments to manage this cardiovascular disease to prevent further complications that could lead to sicker outcomes or even death.

The fiscal year 2023 Labor HHS Report included language requesting a report, which was supposed to be completed in the summer of 2023, on cardiovascular disease, and the implications associated with postponing, delaying, or being provided sub-treatments. This remains a critical issue in Mississippi and a critical issue across the United States. I was very disappointed that the Department is nearly a year late in providing that information to this committee as it was instructed to do. Can you tell me the status of this report and how do you explain why the Department did not comply with the deadline?

Secretary BECERRA. Senator, I am going to confess to you, I don't have that information in front of me, and I apologize. So how about we do this? Let me huddle with the team, and I will do it as quickly as you would like, and we can get back to you on that particular answer. I don't want to give you misinformation. But I wish I could give you something. And I don't know if I have any of that in my notes. So rather than try to wing it, let me get back to you on that, because it is an important question.

Senator HYDE-SMITH. But you have no idea why it was late, or that it was even late?

Secretary BECERRA. I am sorry. I don't know. I can't tell you that I remember my team saying to me we are going to be late. And so rather than give you—again, rather than try to dance, let me get back to you as quickly as possible.

And Madam Chair, if the Senator would like, we could put my response on the record.

Senator BALDWIN. Without objection.

[The information follows:]

HHS agrees with the appropriations committees that cardiovascular disease (CVD) is an important condition affecting the lives of millions of Americans and results in substantial costs to our healthcare system. This is evidenced by the fact that heart disease—which is just one form of CVD—is the leading cause of death in the United States. ASPE's original analysis of traditional Medicare claims data found spending on CVD-related hospitalizations alone exceeded \$21 billion in 2019.

CVD is a broad topic that requires ASPE to review the extensive literature on the disease and develop a research strategy to analyze Medicare claims data. ASPE used Medicare claims data in the report because the Medicare population is at high risk for poor CVD outcomes. ASPE is working diligently with available data and existing research findings in the literature to prepare a detailed report describing: (1) CVD in the general population and its adverse health outcomes, (2) risk factors for CVD, (3) prevention and treatment options, (4) disparities in disease burden and potential barriers to accessing optimal treatment, (5) economic costs associated with untreated/undertreated CVD, (6) the prevalence of CVD among beneficiaries in the traditional Medicare program, (7) utilization and costs associated with CVD-related care for traditional Medicare beneficiaries, and (8) a brief overview of some of the key program and initiatives supported by the Department that specifically address CVD. These topics were intended to address the Committee's broad interests in better understanding the growing prevalence of CVD and the economic burden of this disease, with an added focus on the traditional Medicare program. The breadth and depth of the analytic work undertaken by ASPE impacted HHS' ability to provide the report in a timeframe consistent with the committee's request. HHS expects to transmit the report by Summer 2024 and will publish the report at <https://aspe.hhs.gov/reports/cvd-report-congress>.

Senator HYDE-SMITH. I would like a response to that pretty quickly.

TELEHEALTH

As we look at what may be the most consequential year for telehealth policy to date, we cannot overstate the urgency for Congress and CMS to act on Medicare legislative and regulatory telehealth flexibilities.

Our Nation's healthcare systems and providers need clarity. We need stability to implement and maintain the operational and clinical practices needed to ensure seamless quality care for millions of Medicare beneficiaries nationwide. I strongly encourage CMS to work alongside Congress by continuing to share relevant telehealth data with members of Congress, and staff, as well as continuing to engage with stakeholders through public calls on pertinent healthcare issues. How actively will CMS engage with Congress this year on telehealth policies?

Secretary BECERRA. Senator, we will be camped outside your door, if you would like, because this one is very important to us. As we discussed in our previous Q&A, telehealth is indispensable, especially in rural communities. It avoids the need for transportation. It makes it possible to have immediate access to a professional healthcare provider, and we don't want to lose that.

And so we are at your door, ready to provide technical assistance as you all make decisions on what kind of flexibilities to continue to give us in working with the States.

Senator HYDE-SMITH. And as you know, many of those flexibilities that allow Medicare providers to offer telehealth expire at the end of this year.

Secretary BECERRA. Yes.

Senator HYDE-SMITH. And Congress plans to address these policies but may not finalize updates until the close of the end of the year. Will CMS be able to create a regulatory pathway to allow for immediate and seamless updates to policies when the law is updated?

Secretary BECERRA. Senator, I don't think you are going to like the answer here because regulatory work, as you know, takes more than just months to implement and actually put on the ground and operate. We are absolutely counting on Congress before the end of this calendar year to come up with some telehealth solutions, because we won't have the kinds of flexibilities that you or I would want to see if we get past December 2024, without Congress acting to extend those flexibilities.

We will do whatever we can at the regulatory level, but more importantly at the executive level where we have any discretion, but as you know, the reason you all had to pass these extensions on flexibilities was because we didn't have a lot of executive discretion on what to do.

Senator HYDE-SMITH. Thank you. My time——

Senator BALDWIN. All right. Just to give you a quick status update, we are hearing that there are at least two other members who are desperately trying to get into this hearing to ask you questions. I will entertain a third round.

Secretary BECERRA. Lucky me.

Senator BALDWIN. Lucky you. And if they do not appear before the end of our third round, we will let you go.

CMS PROGRAM MANAGEMENT

So I want to focus for a moment, on the Centers for Medicare and Medicaid Services, or CMS. This agency provides services for millions of Americans through Medicare, Medicaid, and CHIP (Children's Health Insurance Program), Wisconsin families and seniors rely on these programs, and I believe that we need to do everything that we can to ensure that they are working effectively to provide the care that our constituents deserve.

Funding for program management at CMS was flat for almost a decade. Can you describe the negative impact that not investing in program management activities has on Wisconsin families and seniors, and American families and seniors?

Secretary BECERRA. Senator, thank you for the question. I know everyone always focuses on what we do on the ground to help families, and that is absolutely what our government's local, State, Federal have to do is be there for folks when they need us. The folks who are there when they need us, are the folks who often get neglected when it comes time to providing budgetary authority.

So we provide money, Congress provided—and I was here for 24 years as a member, so I remember those days, we would always

fund the program, but we would neglect or skimp on providing funding for the personnel. CMS is essentially in that strait, for the last 13 years its budget actually has gone down, at the same time its population that it serves, Medicare, Medicaid, CHIP, ACA (Affordable Care Act), Marketplace, has gone up by over 40 percent.

So it is going in totally opposite directions. Every year we are doing more. We are negotiating—CMS is negotiating the drug pricing, CMS is helping States address the Medicaid redetermination so people don't lose their coverage. CMS is having to deal with all these determinations about whether Alzheimer's treatments or cancer treatments will get covered under Medicare.

CMS is a workhorse, but it is not getting fed. The people that are doing all the work, unfortunately, are stressed, so anything we can do to ensure that we can continue to have good production would help. And by the way, I haven't even mentioned cybersecurity CMS, when Change Health suffered that cyber attack, CMS, through Medicare and Medicaid, was there to make sure doctors and hospitals still got money even though all the systems, electronic systems had gone down, that was CMS.

Senator BALDWIN. You have mentioned many of the functions that CMS participates in. Can you speak also to nursing home inspections?

Secretary BECERRA. Well, it is—I hate to say it publicly, but I think every American who has their loved one, their mom, their grandfather, their disabled brother in a nursing home expects that there is going to be quality care. One of the ways we ensure quality care is to do inspections, to do the surveys to make sure that these facilities are providing real care to Americans that we love.

Unfortunately, the resources that we have received, especially in the administrative side of the budget that don't allow us to do the surveys 100 percent, we did over two-thirds of the surveys that we needed to of the nursing homes throughout the country, but the funding has continued to go down. I fear that we are going to continue to drop in the number of surveys of nursing homes that we are doing which, one of these days is going to result in some nursing home being in the news because some tragedy happens, and it is a nursing home that we didn't have an opportunity to inspect. That should not happen. And if we had the resources, and in a small drop in the bucket, of all the money that you all provide CMS; that would help us make sure that nursing homes are safe.

Senator BALDWIN. Thank you. Senator Shaheen.

INSULIN

Senator SHAHEEN. Excuse me. Thank you, Madam Chair, and Ranking Member Capito. Secretary Becerra, thank you for being here today, and for all of your work on a daily basis, and I am sorry I missed your opening remarks, but I very much appreciate your mentioning insulin and the need to address insulin affordability.

And despite the efforts in the last year's legislation, the Inflation Reduction Act to cap out-of-pocket costs for insulin for Medicare, at \$35 a person, we still see challenges with affordability for insulin. Can you speak to that and what we are seeing on the private market compared to Medicare, now that we have capped the cost?

Secretary BECERRA. And Senator, I know despite many of your efforts to include the \$35 cap on insulin for everyone in America, the bill ultimately had to get pared down to only provide it to the 66 million Americans who receive Medicare benefits. The President, in his budget, calls for extending that to everyone in America, not just those on Medicare, and what we are finding is that in some spaces some of the manufacturers of insulin have said that they would reduce the cost to commercial private insurance plans to \$35, but not everyone in America is experiencing the savings that comes from having access to insulin at \$35 a month.

Senator SHAHEEN. Well, thank you. And in fact, then we have companies like Nova Nordisk who said that they were going to reduce the cost for Levemir, and then now they have taken Levemir totally off the market after saying they were going to reduce the cost. So there is some disingenuousness in what we are hearing from some of the providers.

And on a similar note, I have heard from constituents about ongoing shortages of insulin, Humalog and NovoLog. We heard from Walter Chapman who is a 70-year-old constituent in Dover, New Hampshire, he visited three different pharmacies, he called several others in surrounding towns before he could finally find his insulin in stock. And he wasn't calling small, independent pharmacies, he was calling CVS, Walgreens, Walmart, with big footprints. So what are we going to do to address these shortages, and how can we make it more transparent so people know what they are getting?

Secretary BECERRA. And this is where work is ongoing. We have a proposal that we have submitted to try to have more transparency in the pharmaceutical industry, because it is so difficult to know what is going on behind the curtain.

There is no reason why insulin should be in shortage anywhere, because it is so easy to produce, and so inexpensive to produce, but that is the game that is played, and that is why the President continues to want to get behind the curtain. That is why it is so indispensable that you gave us the authority, by law, to negotiate, to drive down the prices of some of the most expensive medicines under Medicare.

Senator SHAHEEN. And in fact we have legislation in the Senate, Senator Collins and I do, Senators Warnock and Kennedy; that would cap the cost, out-of-pocket cost for insulin as well as dealing with availability. I hope that we will see leadership bring it to the floor this year, because I think we have the votes to pass it.

TITLE X

On another note, as you know Title X funding is critical to ensuring family planning providers can keep their doors open in States, particularly States like New Hampshire where abortion remains legal but where we have many small providers, and we have State legislators that are preventing those small providers from getting the funding they need.

I appreciate Health and Human Services working with family planning providers in New Hampshire, but can you tell us what else you are thinking about in terms of helping keep those folks in business?

Secretary BECERRA. So most every time I travel across the country I will visit a family planning program, because they are indispensable to so many families. They do more—some people think all they do is provide care to women—they provide care to families, family planning. The President's budget, as you are probably aware, tries to boost funding under Title X, another \$100 million so we get back to where we used to be in some of the funding levels for these programs, to over \$350 million. That is going to be important because families are desperate, desperate for the kind of care that helps them have good outcomes in all of their family planning.

Senator SHAHEEN. Well, that is right. And it is unfortunate that this is an issue that has become all about abortion because the family planning providers in New Hampshire serve thousands of women, they provide well check visits, they provide cancer screenings, they provide STD (sexually transmitted disease) screenings, and without them we would have so many people who would not be able to get care at all. So you are absolutely right. And I appreciate what the Department is doing. Thank you.

Thank you, Madam Chair.

Senator BALDWIN. Thank you. Senator Britt.

ABORTION

Senator BRITT. Thank you, Madam Chair. I appreciate it. Mr. Secretary, thank you for being here today; obviously, we are here to talk about budgets. I have heard a lot of talk about abortion today, and in particular, when I am looking at your budget, obviously, there was no mention of the Hyde Amendment to be in there. So I want to confirm that you believe taxpayer dollars should go to be able to fund abortions?

Secretary BECERRA. Senator, thanks for the question. The President has made it clear he wants to remove the Hyde Amendment from the budget proposals, and that is what he has done.

Senator BRITT. Okay. So when we are talking about that, Senator Kennedy asked you a question, and you all were talking about your answer kept being *Roe v. Wade*, and *Roe v. Wade*, and I want that to be the law of the land. So let us just stipulate that your hypothetical is the truth. And so if *Roe v. Wade* were the law of the land, and a woman wanted to take the life of her child the day before her child was due or the day after her child was due, then you support her ability to choose to do that; is that correct?

Secretary BECERRA. Senator, again, I will say what I said to Senator—

Senator BRITT. No, no, no, no, no, no. I have stipulated, *Roe v. Wade* is part is as law of the land, so, there are seven States in this country and the District of Columbia, that allow you to take the life of a child the moment before a child is born, so clearly you support—you support a woman's right to choose to do that?

Secretary BECERRA. Senator, the example you gave is fiction, as far as I know. Can you give me a particular example?

Senator BRITT. Well, if it actually is fiction, then why not say, no. That is out of the realm of possibility that no woman would think to be able to do that? Because the truth is, if you say that taxpayer dollars should go to fund abortions, then you are saying that my taxpayer dollar should go to fund something like that. And

if that is unthinkable, then why don't you just say it is unthinkable? And in fact, then we can just take it off the table and not allow that to be legal.

Because the truth is when you do that, I am going to read this to you, "In particular, when these abortions occur, the gruesome surgical techniques involve crushing, dismembering, and removal of the fetal body. So, they actually deliver the baby breech, and then have to put scissors up the baby's neck, open it up, and then suck out the brain so that they are able to get the head through the birth canal."

And so, I just—then there is also the opportunity to go in and actually put a needle in that child's heart, and kill that child. If that child is then delivered alive, do you believe that that child on that table that we should be able to save that child? Or do you believe that our taxpayer dollars give this woman the right to say, don't save my child? I just think when we are talking about this and you are saying so boldly no taxpayer dollars go, and you actually won't answer the question when it comes to *Roe v. Wade*.

And I am saying I will stipulate that your hypothetical is the case. There are still seven States in this country and the District of Columbia that allowed us to do that. We are one of like seven nations that allow that to take place on our soil. Two of the other nations are North Korea and China. And I just believe when we are talking about budgets, I want you to know where I am coming from, and why I believe wholeheartedly, with every ounce of me that we have to preserve the Hyde Amendment.

MATERNAL HEALTH

And on that note, moving to maternal health, when we look at this, Alabama knows this issue all too well when it comes to maternal mortality and the crisis we have in this country. Nationally, the number of reported pregnancies related to deaths in the United States increased from 7.2 deaths per 100 live births in 1987, to 17.6 deaths per 100,000 live births in 2019. We are moving in the wrong direction.

Obviously, with more resources, and technology, and availability, we should be able to turn this in the opposite direction. The resources made available by HRSA's Title V Maternal and Child Health Services Block Grant are essential to reducing maternal mortality rates and providing better access to quality healthcare and services. Most of this vital funding goes to States to help them address the priority health needs in their State.

Mr. Secretary, with this happening, why does your budget request actually deduce and take funding away from the Title V Maternal and Child Health Services Grants that actually go to the States?

Secretary BECERRA. Senator, we actually increased funding for maternal health. We have some \$2 billion in our budget for maternal health, and the—

Senator BRITT. So the actual grants, though, went down. The number for the grants went down?

Secretary BECERRA. We would have to take a look at that, because we have actually continued to provide support and for maternal mortality and morbidity programs. We are doing more. We

have some \$360-plus million in this budget for—to address the maternal mortality and morbidity rate.

Senator BRITT. Well, I would like to actually work with you on that, because obviously, Alabama, this is a significant challenge. We have the highest maternal mortality rate in the Nation. My reading of your budget is that that number actually goes down, even though your overall budget goes up. So let us have a conversation about that because we need that money in the States. It looks like you have a project-driven basis where a lot of that money is going. These grants help us, particularly in our rural communities, to make sure that we can get the care to these women that they need. And so, I would like you to commit to working with me on taking a look at that and making sure that States have the money they need to make an impact.

Secretary BECERRA. I commit to follow up with you on that.

Senator BRITT. Thank you.

Senator BALDWIN. Thank you. Should no one else arrive, I am going to recognize Senator Capito for her last round and then conclude the hearing if another member does appear. Okay, Senator Capito, and then I will allow both of the—since we have had multiple rounds, I will allow that.

So, go ahead, Senator Capito.

ALZHEIMER'S DISEASE

Senator CAPITO. Yes. Mr. Secretary, I will not have you answer these, but I am going to put these on your radar and maybe we can get follow-up in written. First of all, I want to talk about the Alzheimer's disease workforce, we know that this is a challenge as you have discussed in many other areas. We know that half of our primary care physicians do not feel like they are adequately prepared to care for individuals living with Alzheimer's and other dementia. So with joining with Senator Klobuchar, we have introduced the ADAPT Act which would help a—it would provide grants to organizations to set up dementia-specific project, ECHO programs that have been successful, in a small way, I believe emanating from New Mexico, to educate and support primary care providers in detecting, diagnosing, treating, and caring, so that is an issue of great importance to me, and if we could get a reaction there?

And then the other thing; and this is very brief, Avian flu. I am a big believer in preparedness. We weren't ready for COVID as well as we could have been, and should have been, we certainly have got lessons learned here. And we have seen where Avian flu has been passed from a—I believe steer or beef cattle—

Secretary BECERRA. It is dairy—

Senator CAPITO [continuing]. To a human individual.

Secretary BECERRA. Yes.

Senator CAPITO. I am just putting that on your radar, so it is an area of concern for me.

Thank you very much for coming.

Secretary BECERRA. Thank you.

Senator BALDWIN. Senator, Britt.

RURAL HEALTH

Senator BRITT. Thank you so much, Madam Chair. And I really appreciate it.

Mr. Secretary you have said by helping rural hospitals stay open we are helping residents of rural areas get the care they need close to home, having access to care nearby is not only more convenient but it also lends to better health outcomes and boost local economies. I want to say I couldn't agree with you more. I certainly hope that you mean that, and I assume that you would confirm that you do.

Secretary BECERRA. Yes. And any ideas you have because there are a lot of healthcare facilities in rural America that are on the verge of closing.

Senator BRITT. Yes.

Secretary BECERRA. Once they close it is tough to reopen. So we are more than willing to work with any of you who are interested in that.

PROVIDER RELIEF FUNDS

Senator BRITT. That is wonderful because that is actually the commitment I want from you today. As you know, there are a very small number of new rural hospitals that opened in 2020 just before the country shut down, and one of these hospitals is actually located in Alabama. So Thomasville Regional Medical Center was among the unfortunate few who were deemed ineligible for Provider Relief funds due to the formula's reliance on the figures from 2019, and you are well aware of this, as you know.

Secretary BECERRA. Yes.

Senator BRITT. Throughout your tenure, you know, many of my colleagues, Representative Sewell there on the other side, the other chamber, and on the other side of the aisle has talked to you about this, and has asked for your commitment in budget hearings just like this, and received it to working with us to find solutions for this group of needy hospitals.

These members received a commitment from you and their offices to ensure that these hospitals received proper Federal assistance via the Provider Relief Fund, and so my assumption is that you stand by that testimony. And my question would be, what actions did you take to ensure Thomasville Regional Medical Center received adequate Provider Relief funds?

Secretary BECERRA. Thomasville, like many of the facilities that have applied have to meet the criteria that Congress set forth for us to be able to fund them during the—with the Provider Relief dollars that were made available. Where we had some flexibility, some discretion, we took them to try to help some of the facilities that were clearly hurting and in desperate need, especially those that were providing services to folks who are in underserved areas.

But our discretion, our flexibility is limited by what Congress set forth as the guidelines for distributing the dollars. Too many facilities, and I suspect Thomasville being one of them, fell within that scope where it became difficult to reach them because of the criteria—

Senator BRITT. So what do we do? I mean because there has to be a pathway to help, because just as you mentioned they are on the verge of closing, and if you look at some of the things that we have seen, they have—the Harvard School of Public Health put out that this congressional district has the lowest life expectancy in the country. And so if we are not going to help hospitals like this that provide people access to care within their communities, you know, your very first statement that I wholeheartedly agree with, then what are we, what are we doing? I mean this is what we are here for. So you are telling me why we can't. Tell me how we can, that is what I want to know.

Secretary BECERRA. Yes. And we can, if you all hadn't swept up close to \$5 billion that we had in COVID relief dollars, we could have perhaps come to you and asked you for more flexibility to use some of that money for some of those providers under the Provider Relief Fund. We are out of money in the Provider Relief Fund, and we often—

Senator BRITT. So there was about \$7 billion left, right? Is that right?

Secretary BECERRA. At this stage, no, that—

Senator BRITT. Right. But when that occurred?

Secretary BECERRA. It well left in the sense that it had not yet been obligated, but it was already destined to go to provide different services, it was then swept up by Congress, and now it is no longer available.

Senator BRITT. So what can we do?

Secretary BECERRA. Well, you can always try to re-up the Provider Relief—

Senator BRITT. Well, no, I mean what can you do in your role right now, what can you commit to me to help keep this hospital open? Or what resources are available, what thought process do you have? You obviously sit in the big chair, so don't tell me what you don't have, tell me what you do have and how we can get that to a path of success?

Secretary BECERRA. Well, the problem is if I don't have the resources to make things happen, there is only so much I can tell them we can do, because what they want is money. They are not interested in smiles, they are interested in money. If I don't have money in my pocket, you all swept it up, it makes it tough for me to offer—

Senator BRITT. Do you have any money that could work to go towards that at all?

Secretary BECERRA. Senator, as you know how the way things work, you tell me where I can spend the money.

Senator BRITT. Okay. So what would I need to advocate for right here in this budget to help move that forward?

Secretary BECERRA. There is two things you can do, pass legislation that gives us more flexibility in using some of the money you have already given us, which probably would gain some opposition from folks who say, wait a minute that is already money that we are going to use, and you are send it off to somebody else, so you are going to have to deal with that. But you could do that give us more flexibility with money we do have which we don't have flexibility to use, for example, with a program like Thomasville.

Or you can re-up a program, like the Provider Relief Fund that has some resources so that when Thomasville comes to us, I can say we now have some resources that we can provide to you.

Senator BRITT. Will you commit to having—continuing this conversation with me, the two of us.

Secretary BECERRA. Absolutely.

Senator BRITT. Thank you.

ADDITIONAL COMMITTEE QUESTIONS

Senator BALDWIN. That will end our hearing today. I want to thank my fellow committee members for their thoughtful conversation.

And thank you, to you, Secretary Becerra.

For any Senators who wish to ask additional questions, questions for the record will be due on April 23 at 5 p.m. And the hearing record will also remain open until then for members who wish to submit additional materials for the record.

[The following questions were not asked at the hearing, but were submitted to the Department for response subsequent to the hearing:]

QUESTIONS SUBMITTED TO SECRETARY XAVIER BECERRA

QUESTIONS SUBMITTED BY SENATOR TAMMY BALDWIN

Question. Recently, the Environmental Protection Agency took a significant step that will require municipal water systems to virtually eliminate per- and polyfluoroalkyl substances (PFAS) from U.S. drinking water. According to the CDC, virtually all Americans have measurable amounts of PFAS in their blood today, which can be linked to many severe health outcomes including cancer and birth complications. Earlier this year the CDC recommended that physicians consider offering more blood tests for individuals who may have had high levels of exposure to PFAS.

How is HHS working with providers and public health departments to advise when blood testing is necessary?

Answer. On January 18, 2024, the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) released PFAS: Information for Clinicians. This document provides updated information for clinicians to consider when seeing patients who have concerns about per- and polyfluoroalkyl substances (PFAS) exposure or possible health effects.

In deciding whether to order PFAS testing, the document recommends clinicians consider an individual's exposure history, including results of PFAS testing from the patient's water supply, food sources, or other exposure routes, and whether results from PFAS blood tests can inform exposure reduction and health promotion.

CDC has shared the updated guidance with medical and healthcare provider associations, health departments, and partners. CDC/ATSDR will continue to review the science and periodically update this information.

Question. Is HHS focusing on the most vulnerable populations, such as expectant mothers and babies?

Answer. PFAS: Information for Clinicians provides information for providers to consider when addressing PFAS exposures in populations vulnerable to chemical exposures, including pregnant women and children. ATSDR also supports 10 regional Pediatric Environmental Health Specialty Units (PEHSU) that advise parents, child caregivers, and healthcare providers on protecting and caring for children potentially exposed to harmful chemicals, including PFAS. Regional PEHSU units respond to requests for information, offer advice on environmentally related health effects for pregnant women and children, and provide education to healthcare providers, other health professionals, and community members.

The National Institute of Environmental Health Sciences (NIEHS) supports research to characterize and better understand the possible health effects of exposure to PFAS chemicals, with active support toward studies related to pregnancy and perfluoroalkyl substances. NIEHS grantees are exploring how exposure to PFAS during pregnancy and through midlife may alter cardiovascular disease risk. Other

studies are exploring the effects of environmental exposure to PFAS/PFOS on children who may have been exposed prenatally. In one example, researchers are studying bone development in children, who may have been exposed to PFAS during gestation, and assessing how vitamin D and calcium status may impact those exposures.

Question. If someone is found to have high levels of exposure to PFAS through a blood test, what kind of treatments or therapies are available to mitigate the potential negative health outcomes of that exposure?

Answer. When patients have concerns about PFAS or other environmental exposures, clinicians can help address these concerns by actively listening and providing practical advice. Clinicians play an important role in helping patients identify and reduce exposures and in promoting standard age-appropriate preventive care measures for physical health, mental health, and wellness (e.g., Bright Futures and U.S. Preventive Services Task Force recommendations).

No approved medical treatments are available to remove PFAS from the body. Based on information from both a patient's PFAS exposure history and the patient's health history, clinicians can collaborate with patients to develop individualized care plans. Usual standards of care are appropriate to apply to any signs or symptoms of disease a patient might exhibit.

Question. A few weeks ago a dairy worker in Texas tested positive for H5N1, or Avian flu, which has been devastating to wild birds and poultry around the world. Eight states have now detected the virus in dairy herds, which is concerning because we have not seen this virus affect cattle before.

How is HHS coordinating with USDA to monitor the spread among dairy cows and in particular, how is HHS providing guidance to dairy farmers to keep themselves safe from exposure?

Answer. The Centers for Disease Control and Prevention (CDC) works closely with our Federal partners, including the Administration for Strategic Preparedness and Response (ASPR), the U.S. Department of Agriculture (USDA), the Office of Pandemic Preparedness and Response Policy (OPPR), and the Food and Drug Administration (FDA) to ensure a coordinated response to the H5N1 outbreak in cattle. CDC and USDA are integrated into the U.S. Government Joint Unified Coordination Group Response Structure. CDC has liaisons from USDA, ASPR, and FDA integrated into CDC's incident command structure, and CDC communicates on an ad-hoc basis to share technical information across relevant agencies.

CDC is committed to protecting the health and safety of people who may have a greater risk of exposure to H5N1 through contact with infected animals or environments contaminated by infected animals.

Moreover, CDC continues to work closely with state health departments in states with infected dairy cattle. State health departments are working with their local health departments and other community partners to support monitoring for symptoms of H5N1 and testing workers based on CDC guidance.

FDA has been working with deliberate speed on a wide range of studies looking at milk along all stages of production—on the farm, during processing, and on retail shelves—using well-established methodologies used previously to confirm pasteurization effectiveness for known pathogens. FDA and other U.S. Federal partners have been hard at work quickly setting up these first-of-their-kind studies and we're encouraged that initial gold-standard egg inoculation test results show that pasteurization is effective in inactivating HPAI virus. The Agency is also temporarily expanding its biosecurity and planning approach to inspections. We are applying this established biosecurity approach, as informed by previous experience with HPAI in egg and poultry facilities, to all farms with livestock and/or poultry (cattle, swine, chickens, turkeys and other less common species), egg farms, and produce farms with livestock.

FDA has implemented four concrete actions to achieve our goals:

1. Following our already established guidance that has historically been used to control the spread of HPAI.
2. FDA will contact APHIS and state veterinarians to determine when a specific on farm visit by the agency is advisable on farms that have reported HPAI cases.
3. Preannouncing on farm activities.
4. Rescheduling on farm activities as needed to increase the time between investigators' contacts with different farms and decrease any risk of transmission between farms, based on a case-by-case review. Inspections will continue at premises with suspected HPAI, as scheduled, when the public health needs require it.

Question. How are HHS agencies like CDC and NIH coordinating with USDA to monitor if and when H5N1 acquires the capacity to spread human-to-human?

Answer. Because influenza viruses are constantly changing, CDC laboratory staff are continually analyzing viruses for genetic changes that could suggest H5N1

might spread more easily to people from animals or cause serious illness in humans. CDC labs are working to better characterize the virus. Our scientists have completed phenotypic testing of antiviral susceptibility, and our analyses confirmed that the virus was susceptible to commercially available, FDA-approved antiviral treatments. Developing Candidate Vaccine Viruses (CVVs) is a key early step in the vaccine development pipeline. Having an effective CVV in place for vaccine manufacturers can save up to eight weeks if a pandemic vaccine is needed.

CDC is integrated into the US Government Joint Unified Command response structure, with CDC Subject Matter Experts co-leading key working groups around epidemiology, data and analytics, and communications. CDC is also participating in calls with USDA and FDA three times a week. Finally, CDC has liaisons from USDA, ASPR and FDA who are integrated into CDC's Avian Influenza incident command structure, and we're communicating daily on an ad-hoc basis to share technical information.

The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), is assisting with surveillance and virus characterization activities as requested by state and Federal partners, including USDA. Ongoing work from the NIAID-supported CEIRR (Centers of Excellence for Influenza Research and Response) Network includes completing characterization and risk assessment studies on virus isolated from milk samples and generating reagents for further research and response efforts. Information from these studies is being shared with other HHS agencies, as well as USDA. The NIAID-supported Bacterial and Viral Bioinformatics Resource Center (BV-BRC) is working to enable sharing of H5N1 data in the BV-BRC data portal. The BV-BRC is also currently working on deploying a phylogenetic tree to assist efforts to assess H5N1 virus spread, using the most recent viral isolates available in GenBank, the publicly available NIH database of annotated genetic sequences. NIAID-supported researchers continue to help enable tracking of pathogen evolution through Nextstrain, a collection of open-source tools for real-time phylogenetic analysis of viral outbreaks.

NIAID has led NIH efforts to help develop medical countermeasures for emerging infectious diseases. These efforts help to inform strategies to address avian and other forms of influenza. NIAID is currently supporting multiple avian influenza vaccines, including several in early-stage clinical trials, as well as therapeutics and diagnostics for use across multiple influenza strains. Through the NIAID CEIRR Network, NIAID also has supported multidisciplinary and collaborative research investigating the natural history, transmission, and pathogenesis of influenza including avian influenza. In addition, NIAID supports research on the immunology of influenza infections and vaccines, including vaccine adjuvant discovery and influenza immune epitope discovery related to H5 influenza viruses. NIAID also supports development of therapeutics and diagnostics for use across multiple influenza strains. These efforts include NIAID intramural research to characterize H5N1 isolates in existing models, including organoid and animal models; to develop and test potential H5N1 medical countermeasures; and to isolate and characterize human antibodies that are broadly cross-protective against different avian influenza subtypes. Together, these programs provide a domestic and international research infrastructure to support an HHS response in the event of human-to-human spread of H5N1.

Question. If human-to-human transmission of H5N1 occurs, are there adequate supplies of vaccines and antiviral medications in the Strategic National Stockpile to control the spread of this disease? How quickly could those doses be made available?

Answer. While the risk to humans remains low, the Administration for Strategic Preparedness and Response (ASPR) does have a number of preparedness programs that HHS could leverage if necessary. As always, states can request personal protective equipment (PPE) from the Strategic National Stockpile (SNS) if needed, supplementing what is already commercially available or available in state-managed stockpiles. This PPE is available to protect farm workers and others who may come in contact with infected animals and includes face shields, face masks, goggles, and gowns. ASPR has reminded states of this resource should they need it.

In addition, ASPR has tens of millions of antivirals in the SNS, many of which are also available on the consumer market. The antivirals are available to treat anyone who may test positive for the virus, and as you heard from the Centers for Disease Control and Prevention (CDC), we are not seeing resistance to these antivirals in the current H5N1 strain.

And finally, we have two candidate vaccines that are well-matched to the circulating strain of H5N1 through ASPR's pre-pandemic influenza preparedness program. Hundreds of thousands of vaccine doses could be available in the near future. However, the use of the vaccine will require review of the available data and determination of the appropriate regulatory path by the Food and Drug Administration (FDA). Should additional funding be provided, over 100 million doses could be man-

ufactured in the coming months. Our flu preparedness program is designed to be fast-moving and flexible, and we continue to look for ways to innovate. As such, we have requested proposals for an mRNA platform for influenza vaccines, which could be integrated into this program. We are currently in discussions with companies about these proposals and hope to announce more soon.

Question. If a substantial proportion of the U.S. population needs to be immunized against H5N1, what is ASPR's large-scale manufacturing capacity for tens of millions of doses of vaccine? How long would it take to produce additional doses?

Answer. ASPR's U.S. National Pre-Pandemic Influenza Vaccine Stockpile (NPivs) program enables response to pre-pandemic influenza strains as they evolve. NPivs works closely with industry partners to make and test updated vaccines that match new strains of influenza viruses with pandemic potential as they emerge, while at the same time supporting manufacturing capacity to allow for large-scale vaccine production if needed. Vaccine candidates (CVVs) being developed and tested under this preparedness program, in close coordination with manufacturers, are expected to match the current strain. When vaccines might be available depends on a number of factors, including the strain of the influenza virus and whether there is a well-matched CVV. If there is limited mutation and the current CVV can be utilized, vaccines could start to be available 12–14 weeks after funding is provided. However, if significant mutation in the virus is observed and there is no longer a well-matched CVV, eight weeks would be required for generation of a new CVV that matches a mutated strain, and then 12–14 weeks after the development of the new CVV, a longer timeline would be expected before vaccines could potentially start to be available, pending review of all data by the FDA. Efforts to support vaccination of a significant proportion of the U.S. population would require additional funding. For the CDC Tier 1 population (<https://www.cdc.gov/flu/pandemic-resources/national-strategy/planning-guidance/pandemic-severities-tier-1.html>), 60 million doses of adjuvanted vaccine would be required (two doses per person).

ASPR's NPivs program stores vaccines in building blocks, including antigens that match historical and more recent strains of influenza and adjuvants that increase the immune response to vaccine antigens, allowing the Federal government to maintain flexibility and quickly respond to an avian flu outbreak. Initial reserves can rapidly support the vaccination of priority population(s) while large-scale manufacturing is ramped up. If needed, ASPR would work with manufacturers to ramp up production to make additional vaccine doses available.

Question. The Indian Child Welfare Act was firmly upheld by the Supreme Court last year and continues to be a vitally important piece of keeping tribal families together. Unfortunately, Native children continue to be removed from their homes at disproportionate rates. The final fiscal year 2024 bill includes \$3 million within the Administration for Children and Families to provide assistance to states in developing strong partnerships with tribes to better serve Native children who come into contact with the child welfare system.

How is HHS helping State and County child welfare agencies carry out their responsibilities under the Indian Child Welfare Act?

Answer. HHS recognizes that effective implementation of the Indian Child Welfare Act (ICWA) is critical to honoring Tribal sovereignty and ensuring that American Indian/Alaska Native (AI/AN) children can remain connected to their families, cultures, and Tribal communities. We are committed to working with our Federal partners at the Department of the Interior and the Department of Justice to ensure effective implementation of ICWA. At HHS, we provide funding to support state and Tribal child welfare programs, as well as grants to strengthen the capacity of both state and Tribal courts to oversee child welfare cases. We also fund Capacity Building Centers for states, courts, and Tribes that offer resources, trainings, and other technical assistance relating to ICWA.

The Children's Bureau Capacity Building Collaborative is comprised of the Capacity Building Center for States (CBCS), the Capacity Building Center for Tribes (CBCT), and the Capacity Building Center for Courts (CBCC). Each individual Center, as well as the Collaborative, offers technical assistance around tribal-state relationships. Requests for technical assistance can come through the State, the Tribe, or the Courts, or jointly in some combination of these Centers. These requests for technical assistance have included a variety of topics such as ICWA, legal/judicial and court issues, the Child and Family Service Reviews (CFSRs), title IV-E agreements, and general improvement of tribal-state relationships as well as resource and information sharing. The Center for Courts helped facilitate the ICWA Partnership Grantee Meeting on January 16–17, 2024, to kick off the new round of ICWA partnership grantees and teach selected project management techniques, including presentations by JBA evaluators. The Center for Courts and Children's Bureau fa-

cilitated this event and collaborated with the CIP Directors/Coordinators and tribes (grantees) in planning this event.

One key to ensuring effective implementation of ICWA is to promote strong partnerships among state child welfare agencies, Tribes, and Courts. In fiscal year (FY) 2023, the Children's Bureau funded five State-Tribal Partnership grants for projects in Alaska, Minnesota, Nebraska, North Dakota, and Oregon. With the support of the additional \$3 million provided in the FY 2024 Appropriations bill, the Children's Bureau in HHS will fund a cluster of grants for State-Tribal Partnerships to Implement Best Practices in Indian Child Welfare. These grants will support intergovernmental partnership models to improve implementation of child welfare best practices that are culturally appropriate for AI/AN children to prevent maltreatment and the removal from families and communities, and improve safety, permanency, and well-being. Recipients will serve as demonstration sites to design and implement projects to effectively implement culturally appropriate best practices in Indian child welfare, including measuring improvements in child welfare practice, Indian child welfare codes, legal and judicial processes, case monitoring, case planning, data collection, in-home family preservation services, infrastructure, and systems change. The Children's Bureau expects to award six grants, with an award ceiling of \$500,000 per year for 4 years.

Question. Almost 7 percent of American adults have been impacted by Long COVID. Many have struggled to find the support and services they need, in part because our understanding of this condition and what works for patients remains limited. The final fiscal year 2024 bill includes a \$3.5 million increase for the Long COVID Care Network at AHRQ, which is working with grantees across the country to expand access to care, implement new care delivery models, and support providers with Long COVID education and management.

What is HHS doing to ensure that Americans living with long COVID, especially those in rural and underserved communities, have access to the care and treatment they need?

Answer.

—The Agency for Healthcare Research and Quality (AHRQ) is funding the AHRQ Long COVID Care Network to expand access to comprehensive, coordinated, and person-centered care for people with Long COVID, particularly underserved populations that are disproportionately impacted by the effects of Long COVID. This initiative funds nine multidisciplinary Long COVID clinics located in different states across the nation to (1) develop and implement new or improved care delivery models, (2) provide services to more people with Long COVID, (3) expand services offered, (4) strengthen care coordination, (5) implement and share best practices for Long COVID management, (6) support the primary care community in Long COVID education and management, (7) evaluate project success, and (8) disseminate project findings. The initiative reaches several underserved and vulnerable communities, including rural, inner-city, low-income, and minority populations, and children and adolescents (both normally developing and those with intellectual and developmental disability). In addition to expanded care and services delivered through the multidisciplinary Long COVID clinics, the initiative will expand access to care through primary care education and support activities. Through outreach and dissemination activities, the initiative will increase knowledge and awareness of Long COVID across clinicians, people with Long COVID, and communities nationwide. The \$3.5 million increase in FY 2024 will enable AHRQ to add three centers to its Long COVID Care Network.

—The Indian Health Service (IHS) is working with healthcare providers to support Long COVID care for American Indian and Alaska Native communities by using telehealth and providing technical assistance to tribes. The IHS expanded telehealth by using technology and providing specialists as resources for primary care clinicians in rural and underserved American Indian and Alaska Native populations. Training and support on using the technology and resources are provided to help treat patients with complex conditions, including Long COVID, in their communities.

—The Health Resources and Services Administration (HRSA) is working with community health centers across the country to improve Long COVID care for underserved communities, using telehealth and technical assistance. The Telehealth Technology-Enabled Learning Program connects specialists at academic medical centers with primary care clinicians in rural, frontier, and underserved populations, providing evidence-based training and support to help them treat patients with complex conditions in their communities, including Long COVID.

—The Centers for Disease Control and Prevention (CDC) maintains an Information for Healthcare Providers webpage on Long COVID. CDC is working with

the American Academy of Physical Medicine and Rehabilitation to improve coordination and dissemination of clinical knowledge of recovery and symptom management of Long COVID. CDC also supports continuous learning through Clinician Outreach and Communication Activity (COCA) webinars on Long COVID and in partnership with Project ECHO.

—The Office of Long COVID Research and Practice of the Office of the Assistant Secretary for Health (OASH) works across HHS Operating and Staff Divisions, interagency Federal partners, and external groups to share resources, identify gaps, and work to identify solutions to the longer-term impacts of COVID-19 including Long COVID and associated conditions. OASH is in discussions with primary care professional associations and other government agencies about how to better support primary care clinicians to work with people with Long COVID, including those in rural and underserved communities. Being able to receive Long COVID diagnosis and care at the primary care level will greatly expand access, as many people do not live near Long COVID clinics.

CDC has partnered with the Family Health Centers of San Diego, several academic institutions, and Project Extension for Community Healthcare Outcomes (ECHO) to improve care for people with Long COVID, myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), and post-infectious fatiguing illnesses. The CDC-funded program, known as the “Long COVID and Fatiguing Illness Recovery Program”, works to develop confidence in managing these conditions among primary care providers, including those in federally qualified health centers, and share promising practices via interactive tele-mentoring sessions and monthly webinars. Finally, CDC maintains an Information for Healthcare Providers webpage on Long COVID as well as a webpage for Patient Tips.

Question. Over 100,000 Americans are on the organ transplant waitlist. For years, the organ transplant system has been plagued by inefficiencies and mismanagement, but Congress and the Biden Administration have been working to make important improvements. The final fiscal year 2024 bill includes a \$23 million increase to strengthen and modernize the Organ Procurement and Transplantation Network because patients and families deserve to be part of a high functioning system.

What does HRSA hope to accomplish this year in working to modernize the organ transplantation system and how will this additional funding be used?

Answer. The additional \$23 million provided to HRSA in FY 2024 allows HRSA to further the goals of improved transparency, performance, governance and efficiency of the US transplant system. Specifically, HRSA is on pace to establish a new and independent Board of the OPTN, including the review and support of changes to the OPTN governance structure and by-laws to ensure transparency and accountability. HRSA is working to support multiple vendors to improve and strengthen the OPTN operations including technology. Our new contract solicitations for multiple vendors will be awarded by the end of the fiscal year. HRSA has also established a project management function to support multi-vendor and multi-stakeholder collaboration, is launching the development phase for a modernized organ matching IT system, and is bolstering HRSA’s oversight and technology staffing to support the OPTN modernization.

Question. The President’s Fiscal Year 2025 budget includes an increase of over \$100 million for the Title X Family Planning Program, which provides services for over 2.6 million people. In a post-Roe America, where women do not have the freedom to get the care that they need, and judges and politicians have been inserted into doctor’s offices, the Title X Family Planning Program is more important than ever.

What are the consequences of keeping Title X level-funded for another year, and what is HHS doing to ensure that the program provides the highest standard of care in this environment?

Answer. The HHS Office of Population Affairs (OPA) will continue its commitment to providing, through the Title X family planning program, a broad range of services related to achieving pregnancy, preventing pregnancy, assisting clients with achieving their desired number and spacing of children, as well as its focus on increasing access to and quality of comprehensive family planning and related preventive healthcare services, especially in areas with low and limited access.

OPA allocates 90 percent of its overall funding for direct clinical services, including the Title X family planning services grants. In a level funding environment, OPA will continue to provide access to Title X across the country to as many clients as possible, but it will be difficult to expand access beyond those currently served.

Title X grantees provide quality, client-centered family planning services that are consistent with the OPA and Centers for Disease Control and Prevention (CDC) national Quality Family Planning (QFP) recommendations and other relevant nationally recognized standards of care. For the Title X program, quality healthcare is de-

defined as care that is safe, effective, client-centered, timely, efficient, and equitable. Client-centered care is defined as care that is respectful of, and responsive to, individual client preferences, needs, and values and where client values guide all clinical decisions.

QUESTIONS SUBMITTED BY SENATOR JEANNE SHAHEEN

Question. The Notice of Proposed Rulemaking (NPRM) entitled “Supporting the Head Start Workforce and Consistent Quality Programming,” published by the Office of Head Start on November 20, 2023, is designed to increase the pay levels for Head Start teachers and staff. While the NPRM indicates that the cost to implement the proposed rule would be approximately \$1.6 billion annually from 2024–2033, the President’s Budget Recommendation for FY25 includes only a \$543.7 million increase for Head Start.

With this funding amount, how would the Department intend to implement the proposed rule without reducing available slots for students?

Answer. The Administration for Children and Families is considering and reviewing public comments of the proposed rule. The Office of Head Start (OHS) expects that most of the costs associated with the rule, when fully phased in after 7 years, will be covered within the existing funding allocation for Head Start, assuming that a full cost-of-living adjustment (COLA) investment is provided each year and programs right-size their funded enrollment to match actual enrollment levels. Based on these two actions, we want to clarify that the cost of the proposed rule is not \$1.6 billion annually. In recent years, Head Start programs have experienced a significant nationwide staffing shortage. This shortage facilitated persistent under-enrollment where the number of children actually served is far less than the number of children they are funded to serve, leaving a large number of slots unfilled. Increasing wages for Head Start staff is needed to stabilize the workforce and ensure the Head Start program can continue to fulfill its mission to promote strong outcomes for children and families. As Head Start programs work to improve their actual enrollment levels, many are also requesting reductions in their funded enrollment. Head Start programs are trying to right-size their funded enrollment to match their community needs, staffing realities, and fiscal constraints. OHS is also concerned about quality in Head Start, including child safety incidents and the ability to recruit and retain staff who meet the teacher qualification requirements in the Head Start Act and can support enriching interactions and early learning experiences.

We estimate that many programs can approach full implementation of the policies when phased in by 2031 without additional appropriations (beyond COLA increases to account for inflation) by reducing their funded enrollment levels to align with their actual enrollment. Those programs would then have the ability to reinvest the resources associated with the reduced slots within their existing budgets to increase wages and compensation for staff. Based on NPRM estimates, reducing funded enrollment would result in about 1% fewer funded slots than FY 23 actual enrollment. Thus, if Head Start receives no additional funding from Congress beyond a full COLA each year—as represented by the \$543.7 million included in the President’s Budget for FY 25—a 1% reduction in currently filled slots would be needed to reach full implementation of the policies in the proposed rule by 2031. It is also important to note that these projections are based on standard COLA rates; the actual amount of COLA needed per year is subject to change based on updated measures of inflation.

Question. Community Health Centers (CHCs) are an essential part of the healthcare safety net in New Hampshire. The Medicaid unwinding is causing some CHCs to have large numbers of patients shift from Medicaid to uninsured; for instance, one CHC has seen a 27 percent increase in uninsured patients since spring 2023. With additional funding, health centers could continue to provide the public health and comprehensive primary care services, including mental and behavioral healthcare, while also reducing healthcare costs.

With this in mind, could HRSA please detail any plans to increase base allocations for Community Health Centers?

Answer. We share your commitment to the work of HRSA-supported health centers. The President’s FY 2025 Budget proposes to invest \$700 million to expand access to comprehensive services in health centers, \$200 million to expand patient support and enabling services, \$100 million to support health centers to recruit, retain, and “grow their own” workforce, \$50 million to expand health center access to high quality, patient-centered maternal health services, and \$50 million to expand access to street medicine services, increasing street outreach and patient sup-

port services. We look forward to working with Congress to secure multi-year, sustainable funding for health centers.

Question. Ensuring that Medicare beneficiaries are able to obtain accurate and timely diagnoses is critical to improved outcomes and quality of life for seniors. From a Medicare spending perspective, accurate and timely diagnoses are also essential to avoiding more expensive courses of treatment that result from delayed diagnoses and repeat scans. To that end, the Department of Health and Human Services (HHS) should ensure that Medicare's payment system for hospital outpatient services does not create disincentives for hospitals to use cutting-edge diagnostic radiopharmaceuticals, such as those used in PET scans, to detect diseases in early stages, including in particular prostate cancers and other cancers that have a disproportionate impact on people of color. Last year, the Centers for Medicare and Medicaid Services (CMS) sought information from stakeholders on Medicare payment approaches that could avoid payment disincentives for these innovative diagnostic radiopharmaceuticals. One such approach, as envisioned in the Facilitating Innovative Nuclear Diagnostics (FIND) Act is to retain separate payment for innovative diagnostic radiopharmaceuticals rather than packaging the payment into the payment for the imaging scan.

Will the administration commit to working with me and my office to help ensure that Medicare payments provide the appropriate incentive for hospitals to utilize innovative diagnostic radiopharmaceuticals for imaging scans?

Answer. Under the OPPI, CMS packages several categories of non-pass-through drugs, biologicals, and radiopharmaceuticals, regardless of the cost of the products. In particular, under § 419.2(b)(15), payment for drugs, biologicals, and radiopharmaceuticals that function as supplies when used in a diagnostic test or procedure is packaged with the payment for the related procedure or service. Diagnostic radiopharmaceuticals, which include contrast agents, stress agents, and other products, are one specific type of product that is policy packaged.

In the Calendar Year 2024 OPPI/ASC proposed rule, CMS solicited comment on a number of potential new approaches to payment for diagnostic radiopharmaceuticals that would enhance beneficiary access, while also maintaining the principles of the outpatient prospective payment system. Overall, commenters described clinical scenarios in which they believed CMS' payment policies created the most significant access issues, and accordingly, commenters urged CMS to reform payment policy for diagnostic radiopharmaceuticals to address these concerns. However, there was not a general consensus among commenters as to the most effective way for CMS to reform its OPPI diagnostic radiopharmaceutical payment policy.

CMS agrees this is a complex and important issue and, given the wide array of information presented through the public comment process, we intend to further consider these points and take them into consideration for future notice and comment rulemaking. CMS welcomes ongoing dialogue and engagement from stakeholders regarding suggestions for potential future payment changes. We are happy to work with you on this issue moving forward.

Question. The COVID-19 pandemic catalyzed significant advances in using wastewater to monitor a range of infectious diseases in communities across America. With insights learned throughout the pandemic, Congress can assist in building a national wastewater surveillance system with the capability, flexibility and Federal funding necessary to track multiple existing infectious diseases simultaneously, quickly detect new threats, and share that information with our communities.

As you know, the COVID funding that has supported wastewater surveillance at the Centers for Disease Control and Prevention (CDC) lapses at the end of 2025.

What steps is the administration taking this year to further strengthen our wastewater surveillance system at the CDC?

What is the total amount of annual sustained funding that the CDC believes is necessary to accomplish our goals once the COVID funding that has supported this program has lapsed?

Answer. From 2020–2024, CDC has invested more than \$500 million in supplemental funding to build a robust and nimble wastewater monitoring system for infectious disease threats such as COVID-19, mpox, and influenza.

With this support, CDC has carried out the following:

- Established a national program of over 1,500 sampling sites, capturing wastewater data that represents approximately 150 million Americans in all 50 states.
- Established four Centers of Excellence advancing wastewater surveillance across the United States through partnerships between public health departments and academic institutions in the City of Houston, California, Colorado, and Wisconsin.

- Supported wastewater testing at community sites nationwide through a national testing contract, and wastewater surveillance initiatives among tribes through both a cooperative agreement and contractual mechanisms.
- Launched an updated wastewater surveillance data dashboard, with new visualizations of COVID-19, along with materials that make it easier to see national trends and for communities to take action.
- Encouraged collaborative learning and peer-to-peer sharing through the NWSS Communities of Practice across utilities, public health departments, and laboratories.
- Leveraged the wastewater surveillance program to better understand and implement public health response to emerging pathogens such as influenza A.
- Established a CDC leadership group to guide decisions around prioritization of wastewater surveillance targets based on evolving science and to adapt to any rapidly emerging public health priorities.
- Built and supported wastewater testing efforts in state, tribal, local, and territorial (STLT) public health agencies, Centers of Excellence, and commercial wastewater testing.

The FY 2025 President's Budget request includes \$20 million to support wastewater monitoring at CDC in the Emerging Infectious Diseases budget line, which provides nimble, disease agnostic funding for cross-cutting infectious disease needs. If funded, this would provide the first sustained funding for wastewater activities at CDC.

The President's Budget request of \$20 million would help ensure CDC can retain a smaller-scale, response-ready wastewater surveillance capability in the future in a limited, scalable capacity. This base investment would preserve some of the wastewater surveillance capacity that CDC has built, but CDC would not be able to retain a fully national wastewater program. Funding would likely support a small number of states to continue to conduct wastewater testing, and CDC is examining how best to retain response-ready capability—for example, focusing on states/sites that can be expanded for response needs, and balancing coverage for high-risk, major metropolitan, and rural areas and areas of high social vulnerability.

The budget also includes \$20 billion in mandatory funding, available over 5 years, of which \$6.1 billion would be allocated to CDC to modernize detection infrastructure, improving early warning systems like wastewater surveillance and strengthening our nation's public health laboratory system.

QUESTIONS SUBMITTED BY SENATOR BRIAN SCHATZ

Question. I am concerned we are facing a telehealth cliff in 2024. My bill, the CONNECT for Health Act, cosponsored by 63 of my bipartisan Senate colleagues, would ensure permanent expansion of Medicare telehealth coverage.

Do you support permanently removing geographic site requirements and providing the home and other settings as originating sites for Medicare telehealth services?

Do you commit to working with Congress and CBO to provide the timely technical assistance needed to support our legislative work this year?

What are the risks to the healthcare system if Congress fails to extend Medicare telehealth coverage by the December 31, 2024 deadline?

What are the risks to the healthcare system if Congress provides a short-term extension that will have to be reauthorized in subsequent years?

How does a short-term extension of telehealth policy impact CMS's annual rulemakings in the Medicare Physician Fee Schedule?

Will CMS be able to create a regulatory pathway to allow for immediate and seamless updates to policy when and if the law is updated at the end of 2024?

Audio-only services. There are a variety of high-value, low-tech telehealth modalities that benefit patients' access to care, including audio-only services. CMS could modify the definition of "interactive telecommunications systems" in regulations and program instruction to ensure that providers can utilize all appropriate means and types of technologies to furnish telehealth services. However, CMS stated in the CY23 and CY24 Physician Fee Schedule (PFS) Final Rule that its regulatory interpretation of "telecommunications system" generally precludes audio-only services except under certain circumstances.

What clinical guidelines and peer-reviewed evidence is CMS using to draw the distinction outlined in the PFS to determine when to cover and exclude care modalities from the Medicare telehealth services list?

Since CMS has already determined that it can update its definition of “interactive telecommunications systems” in certain circumstances, what, if any, additional statutory authorities does CMS need to ensure continued coverage?

Protecting provider privacy. The architects of Medicare systems never envisioned that a provider would be practicing from their home. However, today it is commonplace and used as a strategy to reduce provider burnout. I am concerned that when providers furnish care from their homes, CMS could require that they publicly report their home address as the practice location, which is why I appreciate you extending pandemic flexibilities in the CY 2024 Physician Fee Schedule.

Do you commit to finding an alternative solution for providers, ensuring safety, privacy, and minimizing additional administrative burdens that might hamper telehealth access?

Answer. HHS and CMS continually consider how to best ensure access to medically necessary items and services and makes changes where appropriate and permissible under our statutory authority. We recognize the vital role that telehealth can play in the delivery of care, particularly among populations that are underserved. We implemented Section 4113 of the Consolidated Appropriations Act, 2023, which extended many telehealth flexibilities adopted during the public health emergency for COVID-19 through December 31, 2024. Additionally, through notice- and comment rulemaking, the CMS solicited public comment and implemented regulatory changes that have permanently expanded certain telehealth policies that are within the agency’s authority to modify. Some changes to Medicare telehealth policy would require legislative action to amend the statute, and we look forward to our continued work with Congress on this crucial issue.

With respect to audio-only services, historically, CMS has not proposed any permanent modifications to the definition of “interactive telecommunications system” to allow for use of audio-only communications technology due to our interpretation of the statutory requirements, as well as concerns over program integrity and quality of care. In the CY 2022 Medicare Physician Fee Schedule (PFS) final rule, CMS noted that we believed it was reasonable to reassess these concerns, given the widespread utilization during the Public Health Emergency (PHE) for COVID-19 of Medicare telehealth services furnished using audio-only communications technology. Based upon an initial review of claims data collected during the PHE for COVID-19, which describe audio-only telephone E/M services, we observed that the audio-only E/M visits were some of the most commonly performed telehealth services during the PHE, and that most of the beneficiaries receiving these services were receiving them for treatment of a mental health condition. We also believed that mental health services are different from most other services on the Medicare telehealth services list in that many of the services primarily involve verbal conversation where visualization between the patient and furnishing physician or practitioner may be less critical to provision of the service.

Given these considerations, we believed that it was appropriate to revisit our regulatory definition of “interactive telecommunications system” beyond the circumstances of the PHE to allow for the inclusion of audio-only services under certain circumstances. Therefore, we finalized amendments to our regulation at 42 CFR 410.78(a)(3) to define interactive telecommunications system to include audio-only communications technology when used for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders furnished to established patients when the originating site is the patient’s home.

CMS recognizes that telehealth plays a growing role in supporting beneficiary access to the care they need. Additionally, CMS acknowledges concerns about privacy and safety related to provider’s home addresses being shared. In the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS) final rule, CMS finalized a policy to continue to permit the distant site practitioner to use their currently enrolled practice location instead of their home address when providing telehealth services from their home until the end of 2024. In that final rule, we also requested further information from interested parties to better understand the scope of considerations involved with including a practitioner’s home address as an enrolled practice location when that address is the distant site location where they furnish Medicare telehealth services. The requested information will inform future enrollment and payment policy development as we consider this issue further for future rulemaking.

Question. Eight months on from the devastating fires on Maui, the needs remain enormous. Thousands of people are still living out of hotels and vacation rentals. Congress needs to step up and help. In its FY24 domestic supplemental appropriations request, HHS requested over \$400 million to support the health and social services needs for the people of Maui.

What services are survivors missing out on if Congress fails to deliver supplemental funding?

Answer. Failure to enact supplemental funding would result in delays or gaps in service delivery to families during a critical period of their post-disaster recovery. These services provide an essential lifeline—bridging the gap in survivor needs by providing human services that traditional disaster programs cannot fulfill. Human and social services includes programs with a focus on harm reduction for vulnerable persons and communities (e.g., families involved in the child welfare system, domestic and intimate partner violence survivors, individuals who have experienced or are at risk of human trafficking, tribal nations, recent immigrants, older adults, and individuals with disabilities or behavioral support needs); continuity and coordination of essential services (e.g., child care, crisis sheltering, nutrition assistance, financial, energy, and water assistance); and providing psychosocial case management and trauma-informed approaches for coordinated human and social service delivery.

Without these funds, disaster survivors would not receive coordinated, holistic, and responsive services consistent with the standards and processes of traditional human service programs. This would result in disjointed delivery of already constrained disaster services; missed opportunities to provide targeted resources for particularly vulnerable populations; and further delay the stabilization and recovery of disaster survivors.

The Hawai'i Department of Human Services (HDHS) has indicated on multiple occasions a streamlined approach to supplemental disaster human service funding is needed, as it would afford them flexibility to: respond over time to evolving and emerging human service needs for disaster survivors; assist HDHS in providing timely and responsive services through sub-grant awards to community based organizations; enable them to provide direct services to persons whose living conditions and circumstances were fundamentally and substantively changed by the wildfire; ensure the ongoing provision of culturally and linguistically appropriate human services; and enhance their administrative capabilities for state level emergency program management and crisis grant execution. Additional supplemental funding would also enable the coordinated delivery of ongoing case management services, beyond the immediate period of traditional disaster programs.

ACF's Office of Human Services Emergency Preparedness and Response (OHSEPR) has requested to authorize and provide \$150 million for a Human Services Emergency Fund and \$12 million for disaster human services case management. ACF's Office of Head Start (OHS) has requested an additional \$19 million to support critical Head Start program infrastructure and services in Lahaina. If Maui does not receive supplemental funding, disaster survivors may be denied services and supports including:

- comprehensive and holistic case management support for Hawaii for service coordination and support of survivors.
- historical and cultural preservation (including the provision of training, education, and language preservation).
- Family Violence and Prevention Services for additional, direct outreach and to augment the Strong Hearts and domestic violence hotlines to respond to any spikes in call volume.
- funding for Community Action Agencies to provide community-based supports.
- funding for construction or major renovation of destroyed or damaged child care facilities, services for additional families to receive child care subsidies to continue activities and efforts to rebuild their lives, start-up grants to incentivize new child care providers to address the gap in available services, and mental health services for children and their caregivers that experienced trauma because of the fires.
- funding for the reconstruction of two Head Start facilities, repairs to several other centers, replacement of necessary furnishings and equipment, and support for interim providers to ensure continuity of services for children and families during rebuilding.

This would also limit the capacity and ability of organizations to provide services to survivors as they would lack:

- support for staff wellbeing and mitigating workforce trauma and compassion fatigue to provide additional culturally appropriate mental health services.
- funding for emergency and incentive hiring for state human services officials that can be surged into Lahaina.
- ongoing training and technical assistance, research, and evaluation to inform and enhance service delivery.
- ongoing strategic planning and needs assessments over time, to project and adjust to emerging needs or develop solutions to address recurrent issues.

If additional funding was provided via annual or supplemental funding for the Maui wildfires, ASPR would use the funding to replace and preposition medical

caches, improve infrastructure and information technology for response and recovery activities, and support the Medical Reserve Corps.

Specific to the medical caches, the Hawaii wildfire response activated ASPR's NDMS Disaster Mortuary Operations Response Team (DMORT) and Victim Identification Team, the only civilian mortuary response capability in the U.S. Government. This unique asset, however, has lacked sustained funding to keep critical staff and capabilities up-to-date. Therefore, they have urgent funding needs in order to modernize aging Disaster Portable Mortuary Unit (DPMU) equipment and supporting IT systems.

The Maui wildfires severely disrupted the aging and disability networks' ability to provide vital services and programs to older adults, people with disabilities, and their family caregivers. At the same time, the aging and disability networks have and continue to face increased demand for their services, including nutrition services, personal care assistance, legal advocacy, transportation, assistance with identifying accessible housing, and more. Without supplemental funding for these services, older adults and people with disabilities will be unable to live independently in their own communities. For example, without assistance to find accessible housing and replace assistive technology and other support devices, people with disabilities and older adults are at risk of institutional placement and those institutions may be far from their community-based support network that includes direct care professionals, family, and friends, leading to more trauma.

The Administration for Community Living has no authorities that allow for supplemental disaster funding to the disability networks with annual appropriations. A small amount (\$1.1M) of funding under the Older Americans Act authorities was provided to the aging network last fall that was grossly insufficient for the scope of the disaster in Hawaii. As a result, programs redirected funds intended for other activities to address the immediate need, impacting their ability to provide ongoing services.

In addition to the ongoing service needs, the infrastructure to provide services was lost or damaged. The area's senior center, nutrition sites, and an adult day center were destroyed, making service delivery even more challenging. The disability networks lost an accessible building and its contents (furniture, IT, etc.) plus an accessible van. The assistive technology (AT) program's inventory was destroyed and significantly damaged, greatly impacting the program's ability to loan equipment to support people with disabilities of all ages and their families while their AT is being replaced or fixed. Many individuals with intellectual and developmental disabilities face difficulty comprehending, processing, and coping with the disaster. Assistive technology and other support devices are critical to their health, safety, and well-being. The equipment can be costly and may not be covered by insurance. Without supplemental funding for services, supports, and the networks' infrastructure, older adults, people with disabilities, and their families are struggling, and the health, well-being, and independence of these populations are in jeopardy.

CDC/ATSDR would support local residents by enabling 1) adequate public health surveillance, (2) poison center accessibility, (3) geospatial environmental sampling and contamination tracking, (4) health equity assessments, (5) community-targeted health education outreach, and (6) community clinical needs assessments with resultant clinician education aligned to the identified needs.

Question. Maui residents have experienced so much loss, trauma, and grief, and addressing the mental health toll is just as important as dealing with the physical damage. Your domestic supplemental request included \$144 million for behavioral health. Can you please describe the services included in this request?

Answer. SAMHSA funding would be used to:

- support grants for the 19 K–12 schools on Maui to provide trauma informed supports and services to children and staff.
- support grant programs to support to preschool age children and support parenting training and supports for talking with children about stress and trauma.
- examine the distinctive needs of underserved populations, including each racial and ethnic minority community, especially Hispanic/Latino, Asian, Native Hawaiian, and Pacific Islander populations.
- focus on training and education services for peers, first responders, and other key community sectors, on recognition of the signs and symptoms of mental and substance use disorders in adults. support individuals in Maui with possible alcohol use disorder or drug use disorder; provide enhanced screening, brief intervention, and referral to treatment as needed. enhance and expand comprehensive treatment, early intervention, and recovery support services for adolescents (ages 12–18) and transitional aged youth (ages 16–25) with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD), and their families/primary caregivers.

- develop a low-threshold model within the harm reduction continuum to provide portable substance use disorder services.
- provide training and TA in culturally-valued practices that can be integrated to address the immediate need for interpreters for the monolingual, non-English speaking communities in Maui (e.g. Native Hawaiian, Spanish-speaking, Filipino, Tongan, and other Pacific Islander communities) and to provide additional staff/project manager support.

Question. The Hawaii Department of Health found elevated levels of toxins in Lahaina wildfire ash, including more than twelve times the action level of arsenic and elevated levels of antimony, cobalt, copper, and lead. If supplemental funding were appropriated, how could the National Center for Environmental Health support local public health officials?

Answer. Supplemental funding to CDC/ATSDR for the Hawaii Wildfire Recovery would support access to timely and appropriate healthcare to local residents by enabling (1) adequate public health surveillance, (2) poison center accessibility, (3) geospatial environmental sampling and contamination tracking, (4) health equity assessments, (5) community-targeted health education outreach, and (6) community clinical needs assessments with resultant clinician education aligned.

Question. Multiple healthcare, aging and disability network providers, Head Start, and child care facilities were destroyed in Lahaina. How does HHS's domestic supplemental request help to alleviate the strains on families and fill gaps in healthcare and social services left by the fires?

Answer. The proposed supplemental language would provide human services and social services to the most vulnerable survivors of the August 2023 wildfires. To provide this assistance, the Department has requested Congress provide \$150 million for the ACF to provide grants and other assistance to the Hawai'i Department of Human Services through a single funding stream. To provide Hawai'i with maximum flexibility in responding to needs, the Department recommends that Congress authorize a fund known as the "Human Services Emergency Fund" (Fund). An additional \$12 million is requested for case management support to Hawaii for ongoing service coordination and support of survivors of the wildfires.

The Fund would allow ACF to fulfill the request from the Hawai'i Department of Human Services to streamline the manner in which ACF provides supplemental funds. Typically, supplemental funds are distributed through each of ACF's program offices with separate requirements for eligibility, timing, delivery, and reporting. These varying requirements create unnecessary administrative burden and costs on states in need.

To reduce the administrative burden, Hawai'i requested ACF provide supplemental funds through a single funding stream. The request from Hawai'i is based on lessons learned from the administrative burden Hawai'i encountered in administering COVID funds from many different streams. The reduced administrative burden would allow Hawai'i to direct the money in a more efficient and timely manner to local agencies and community service agencies in Maui. This would result in survivors and their families receiving services expediently.

In addition, the single funding stream would allow Hawai'i to meet not only the immediate needs of survivors, but also allow local agencies and community service organizations to meet the needs of survivors that evolve as they recover from the wildfire. These funds are essential for meeting the evolving needs of the most vulnerable survivors, who require interventions long after the majority of the population has resumed their normal activities. The Fund would enable local agencies to provide the necessary services to these vulnerable populations.

The request for \$12 million to support case management would be to deploy an existing ACF/OHSEPR contractor currently funded in "warm status" to coordinate access to the direct services to significantly augment the state capabilities. This need was identified by the state of Hawai'i as a critical requirement to provide this support to augment the limited human services case management they currently have and enable Hawai'i's human services department to stabilize. The contract vehicle that DHSCM would allow these services to be provided within weeks after funding is received.

These activities may include: conducting disaster survivor outreach and assessments; delivering case management services to disaster survivors including direct linkage to community-based supports; analyzing ongoing data to identify trends on current, emerging, and unmet community needs to the State of Hawai'i requiring additional resourcing; and providing technical assistance to the state to enable their successful implementation of disaster case management operations and transition as needed to steady-state or ongoing case management delivery.

Question. Without supplemental funding for ASPR, what medical caches will be available in Hawaii and the Pacific territories in a future emergency?

Answer. At current funding levels appropriated for FY 2024, ASPR will continue to support two Disaster Medical Assistance Team (DMAT) caches currently positioned in Hawaii. For background, a DMAT cache is a scalable field medical resource that can support up to a 38-person DMAT medical team. A DMAT cache is comprised of medical equipment and supplies, large tents, generators, military rations, water, and other support materiel necessary to support the DMAT medical team in a field base of operations for up to 72 hours before requiring resupply. The footprint of the DMAT cache is approximately 60 pallets and is transportable on two commercial refrigerated trucks, one 53-foot tractor-trailer, and one flatbed tractor-trailer to haul a forklift.

With supplemental funding, ASPR would replace and preposition medical caches, improve infrastructure and information technology for response and recovery activities, and support the Medical Reserve Corps.

Question. What are the Disaster Mortuary Operational Resource team's lessons learned from the Maui fires response? What priority funding would ensure the team is able to respond to a future event in which there are more fatalities than local resources can manage?

Answer. The Hawaii wildfire response activated ASPR's NDMS Disaster Mortuary Operations Response Team (DMORT) and Victim Identification Team, the only civilian mortuary response capability in the U.S. Government. This unique asset, however, has lacked sustained funding to keep critical staff and capabilities up-to-date. Therefore, they have urgent funding needs in order to modernize aging Disaster Portable Mortuary Unit (DPMU) equipment and IT systems, expand the NDMS intermittent workforce with experienced mortuary and victim identification expertise, increase readiness of the existing workforce, and improve communications gear. As noted in an earlier response, supplemental funding would enhance this capability.

Specifically related to after-action review, Congress should be aware that HHS utilizes an after-action process to identify areas for corrective action and ensure future response operations account for gaps and challenges. Specific to the response in Maui, ASPR noted there was inadequate communications devices for monitoring information flow and performing essential duties in an austere outside the continental United States (OCOUS) environment. Cellular communication is a known issue in OCONUS states and territories in Region IX. The wildfires caused significant damage to communication infrastructure in Maui, which further exacerbated difficulties in obtaining reliable telephone and Internet connectivity. Personnel, such as Incident Management Team members as well as agency representatives and liaisons, were eventually able to obtain more reliable connectivity after being provided access to Starlink via the Federal Emergency Management Agency (FEMA).

Question. The Hawaii congressional delegation secured \$4 million in new funding to launch a Native Hawaiian and Pacific Islander Health Research Office at the National Institutes of Minority Health and Health Disparities.

When does NIMHD plan to launch this new office?

What will be the focus and mission of this new office?

How does NIMHD plan to work with NHPI communities to prioritize research topics?

How will this new office help to support the development of future biomedical researchers from NHPI communities?

Answer. The launch of the NIH Native Hawaiian and Pacific Islander Health Research Office at the National Institute on Minority Health and Health Disparities (NIHMD) is currently underway and will officially launch by September 2024. The focus and mission of the Native Hawaiian and Pacific Islander Health Research Office is to advance NIH efforts in supporting research, training, community engagement, and academic-community partnerships to promote and improve health in Native Hawaiian and Pacific Islander (NHPI) communities in the U.S. and its territories. The NHPI Health Research Office will engage NHPI communities to prioritize research topics by conducting listening sessions with NHPI community leaders and workshops with investigators with experience in NHPI research. The NHPI Health Research Office will coordinate with established research initiatives such as the NIH Community Engagement Alliance, the Research Centers in Minority Institutions program, and other research projects focused on NHPI populations. Moreover, the NHPI Health Research Office will support efforts promoting career development-related outreach that fosters greater participation of NHPI individuals in NIH educational and training programs that target researchers who are in various stages of their careers.

NIMHD looks forward to providing updates on the activities led by the NHPI Health Research Office that will strengthen NIH-supported research on improving the health and well-being of NHPI communities.

Question. My bipartisan STOP Pain Act was enacted as part of the Comprehensive Addiction and Recovery Act (CARA) of 2016. The bill strengthened NIH research for treatment of chronic pain. Since enactment of CARA and the SUPPORT Act, NIH's HEAL initiative has funded 1,800 projects in 50 states.

How much NIH funding has gone to pain management research since passage of the STOP Pain Act?

CDC's April 2023 report in the Morbidity and Mortality Weekly Report "Chronic Pain Among Adults—United States, 2019–2021" estimates that 21% of U.S. adults experienced chronic pain. What are the estimated annual direct healthcare costs (e.g., diagnostic, management and treatment) and indirect costs (e.g., missed work, loss of productivity, disability) incurred for individuals living with chronic pain? If this analysis is unavailable, what funding would be needed to complete this assessment?

Answer. The NIH reports categorical spending on hundreds of topics through the Research, Condition, and Disease Categorization (RCDC) system. The reported funding under the RCDC category for Pain Research has increased since the passage of the STOP Pain Act. In FY 2016, the RCDC amount for Pain Research was \$483 million. The most recent RCDC total is for FY 2023, which is \$1 billion. The average from FY 2017 to FY 2023 is \$835 million. CDC is committed to addressing and assessing the challenges that patients living with chronic pain face. CDC has undertaken research efforts to qualify the economic costs of chronic pain in the United States and plans to release a publication in the coming year to share this information broadly with members of the public. CDC will share the final publication upon its release with this committee and is happy to answer any questions.

Question. How are HHS OpDivs translating the millions of dollars in NIH funding to incentivize evidence-based, integrated care delivery models for treatment of chronic pain so that individuals have robust alternatives to highly addictive opioids?

Answer. The NIH HEAL Initiative supports pragmatic clinical trials to evaluate and embed evidence-based multidisciplinary pain care in a variety of healthcare settings. The program goals are to develop and implement models of care for a variety of pain conditions for diverse populations with a focus on health equity. The Pragmatic Studies for Pain Management Without Opioids¹ supports studies in large healthcare systems, whereas the Prevention and Management of Chronic Pain in Rural Populations² focuses on care in non-traditional healthcare settings such as community centers, and the Advancing Health Equity in Pain Management³ focuses on culturally based care in a broad range of settings.

To help promote evidence-based, non-opioid based integrated care delivery models for treatment of chronic pain SAMHSA funded ten (10) grantees under the Emergency Department Alternatives to Opioids Program (ED-ALT) grant program (No. TI-20-005) authorized under section 7091 of the Substance Use Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) (42 U.S.C. 294i note; 132 Stat. 4035) in October 2018 which was to be used to "...carry out a demonstration program for purposes of awarding grants to hospitals and emergency department, including freestanding emergency departments, to develop, implement, enhance, or study alternatives to opioid for pain management in such settings." The grantees were awarded beginning in FY 2020; since that time, grantees have been implementing alternatives to opioids for pain management in hospitals and emergency department (ED) settings.

Question. The President's FY2025 Budget includes a proposal to provide access to recommended vaccines for adults who do not have insurance coverage.

How does the proposal seek to leverage and build on the state and local relationships established in response to COVID to improve access to routine vaccinations?

Answer. The Vaccines for Adults (VFA) program proposal seeks to leverage and build on the long-standing infrastructure and relationships between CDC and state and local immunization programs), which were strengthened during the COVID-19 response. The longstanding infrastructure and relationships were successfully leveraged during the COVID-19 response, along with the newer retail and community-based partnerships established during the COVID-19 response and the Bridge Access Program. The VFA proposal would create a permanent program to cover Advisory Committee on Immunization Practices (ACIP)-recommended adult vaccinations for uninsured adults with a major goal of increasing routine adult immunization access points and adult vaccination coverage for all recommended vaccines and that could be used to deliver vaccines quickly during outbreaks or emergency responses.

¹ heal.nih.gov/research/clinical-research/prism.

² heal.nih.gov/research/clinical-research/chronic-pain-rural-populations.

³ heal.nih.gov/research/clinical-research/health-equity-pain-management.

Question. How would this proposed program increase routine vaccinations for adults in rural and underserved areas?

Answer. Lack of access to and confidence in vaccines disproportionately impact groups at higher risk of disease, including adults in rural communities. Similar to the Vaccines for Children program, the VFA program would allow a wide range of healthcare providers to participate and receive reimbursement for providing all ACIP-recommended adult vaccinations to people living in rural areas. According to a 2022 National Health Statistics Report, adults aged 18–64 living in rural communities are more likely to be uninsured and less likely to have private insurance compared to those in metropolitan communities.⁴ For many small healthcare providers and clinicians, particularly in rural areas, the upfront cost of vaccine purchases and lack of reimbursement are major challenges to keeping all adult vaccines available to their patients. VFA would allow and support providers in rural areas to carry all ACIP-recommended vaccines for their uninsured patients. Making vaccines easy to get and convenient (through many access points) are two of the biggest building blocks in creating strong vaccine confidence and demand.

Through the Bridge Access Program, we have demonstrated the ability to improve access in all parts of the country, including rural areas. For example, the Bridge Access Program includes traditional healthcare providers, HRSA-supported health centers, health departments, large chain pharmacies, and independent pharmacies, providing access to approximately one third of zip codes where adults without insurance live. The Bridge Access Program has a specific focus on reaching rural areas and areas of low vaccine uptake. eTrueNorth, one of the three retail partners, serves as an aggregator of small and independent pharmacies. There are at least 24,000 pharmacy locations and 6,000 safety net health providers actively participating in the Bridge Access Program. About 83 percent of people living in the United States (76 percent of uninsured adults) live within a 5-mile driving distance from a participating pharmacy location.

Question. What steps is CDC taking to support states in establishing and/or maintaining adult immunization programming? Have there been efforts to understand gaps in adult immunization, or to review states current capabilities to offer vaccines to uninsured adults?

Answer. Outside of the Bridge Access Program (which is slated to end in August 2024) and in the absence of a statutorily authorized VFA program, CDC continues to support states and local public health partners in implementing some adult immunization programming. CDC provides limited support for adult programming and infrastructure through annual funding, which goes out to 64 immunization awardees. With current appropriations levels, CDC provides approximately \$70 million annually for purchase of ACIP-recommended vaccines for uninsured adults and for purchase of adult vaccines during outbreaks. This amount of funding must cover all 64 jurisdictional awardees and a growing adult immunization schedule (growing from six ACIP-recommended adult vaccines in 2004 to 17 in 2024) as well as newer, more advanced vaccines being added to each schedule, increasing the total cost of vaccine purchase. This means that jurisdictions must make increasingly challenging choices on which vaccines to purchase for uninsured adults.

CDC is working to understand adult immunization trends and provide our jurisdictional partners with as much support as possible. This includes the following activities:

- Establishing adult vaccine teams and units across the Immunization Services Division that support data and coverage studies, vaccine confidence efforts, adult-focused partnerships, and health equity initiatives.
- Conducting a formal analysis of section 317 and other funding sources to support routine adult immunization activities among the 64 state and local immunization programs, which included a survey and key informant interviews of immunization awardees (findings published in Public Health Reports, March 2024). This analysis found that awardees reported limited funding outside of section 317 funding to support vaccine purchase and adult immunization operations and outreach activities, and limited support for staff focused on adult immunization activities, impacting their capacity to serve all eligible adults and offer all ACIP-recommended vaccines. Many awardees reported decreased level of state funding for adult vaccines, as well. This analysis also showed that awardees reported significant challenges, even with respect to maintaining current levels of support for eligible adults, including underinsured adults, despite stable discretionary funding, due to increases in the number and costs of adult vaccinations and competing priorities for these funds, which are also used to

⁴National Health Statistics Reports, Number 176, November 3, 2022 (cdc.gov).

- support an increasing number of outbreak responses (e.g., measles, Hepatitis A).
- Developing, piloting, and launching the Success Framework for Adult Immunization Partner Networks ([cdc.gov](https://www.cdc.gov)), a maturity model planning tool and resource for jurisdictions to build the robust partnership networks needed to support adult immunization in the community.
- Based on implementation of the Success Framework, noted above, working with awardees to develop and pilot a more comprehensive Adult Immunization Program Framework, a planning tool to help awardees to move beyond partnerships to build and expand their operational capacity, improve routine adult vaccination coverage, and reduce longstanding disparities in adult vaccination rates.

QUESTIONS SUBMITTED BY SENATOR JOE MANCHIN, III

Question. The Health Resources and Services Administration, administers grants and programs that are critical to rural health centers, clinics, and hospitals. Your budget requests a \$2 billion increase over FY23 to this agency to carry out these programs. However, many areas of West Virginia remain unable to access these resources.

West Virginia is the only state that lies completely within the Appalachian Mountain region. The United States Department of Agriculture (USDA) Economic Research Service (ERS) recognized the unique topography of our state in their recent report on “rugged terrain”

The report found that almost 81% of West Virginians live in a rugged area. That’s compared to just 11.7% of the entire United States population. The Fiscal Year 2024 bill included language for HRSA to review this report to update their rural definition to better capture the uniqueness of Appalachia.

Can you provide an update on this review and a timeline for when we will see the results?

Answer. On April 26th, HRSA announced a proposed modification to the definition of ‘rural’ used to designate eligible areas for rural health grants. Because access to needed healthcare is likely to be impacted when roads are most difficult to traverse, HRSA proposes to modify the definition of rural areas by integrating the new Road Ruggedness Scale (RRS) released in 2023 by the Economic Research Service (ERS) of the U.S. Department of Agriculture. All areas included in the current definition of rural would remain included. Public comments on the proposal are due May 28, 2024. After the comment period closes, HRSA will analyze the public comments received and issue an updated Federal Register Notice.

Question. We have seen significant growth in the Medicare Advantage program, with enrollment tripling in the last decade. Many seniors appreciate the benefits offered, including \$0 premium plans, and expanded treatment options, however we can not turn a blind eye on spending.

MedPAC estimates that there will be an \$88 billion spending difference between traditional Medicare and Medicare Advantage plans in 2024 alone. And in 2022, Medicare payments to Medicare Advantage plans averaged roughly 104% of Traditional Medicare spending, with roughly \$12 billion of that attributed to incorrect billing practices.

With the Congressional Budget Office projecting depletion of the Medicare Trust Fund by 2033, we must prioritize solutions to both improve quality and ensure long-term solvency.

What is your Department doing to correct over spending in this program, while insuring we are still incentivizing quality health plans?

Answer. CMS agrees it is imperative to protect Medicare coverage for beneficiaries. The President’s FY 2025 budget includes proposals that, if enacted, would extend Medicare solvency indefinitely without cutting benefits. CMS is required to annually update Medicare Advantage (MA) payment rates and regularly implements technical updates to make improvements needed to keep MA payments up-to-date and accurate. On April 1, 2024, CMS released the Calendar Year (CY) 2025 Medicare Advantage Rate Notice, which continues to build on our actions to improve MA payment accuracy while being good stewards of the Medicare program and improving the program’s long-term sustainability.

CMS finalized an updated MA Risk Adjustment Model in the CY 2024 Rate Announcement and began an expected three-year phase-in of the use of that model, referred to as the 2024 CMS-HCC model, starting with CY 2024. The updated model includes important technical updates to improve its predictive accuracy, including restructured condition categories using the International Classification of Diseases

(ICD)-10 classification system (instead of the ICD-9 classification system), updated underlying FFS data years (from 2014 diagnoses and 2015 expenditures to 2018 diagnoses and 2019 expenditures), an updated “denominator year” in determining the average per capita predicted expenditures to create relative factors in the model, as well as applying our longstanding principles to make revisions focused on conditions that are subject to more coding variation.

For CY 2025, CMS will continue to phase in the updated risk adjustment model as proposed by blending 67% of the risk score calculated using the updated 2024 MA risk adjustment model with 33% of the risk score calculated using the 2020 MA risk adjustment model. CMS is also applying a coding pattern adjustment set at the statutory minimum of 5.9%. By continuing to phase in the routine updates, CMS’s work is ongoing to improve MA payment accuracy, with more money being paid to care for sicker and more costly Medicare enrollees, so that people in MA can continue to access to the care that they need. Additionally, CMS will adopt a more sophisticated methodology for how it normalizes risk scores to more accurately address the impacts of the COVID-19 pandemic without excluding data years.

In addition, through the MA Value-Based Insurance Design (VBID) Model, CMS is testing a broad array of complementary MA plan innovations designed to reduce Medicare program expenditures, enhance the quality of care for Medicare beneficiaries, including those with low incomes such as dual-eligibles, and improve the coordination and efficiency of healthcare service delivery. Overall, the MA VBID Model contributes to the modernization of MA and tests whether these model components improve health outcomes and lower costs for MA enrollees.

For plan year 2024, the MA VBID Model has 69 participating Medicare Advantage Organizations (MAOs) with a total of 12.4 million enrollees projected to be enrolled in participating plan benefit packages). Over 8.7 million of these enrollees are projected to be offered additional Model benefits and/or rewards and incentives as part of the Model test in 2024. On March 13, 2024, CMS announced its decision to have a competitive application process for the MA VBID for plan year 2025, in order to ensure the success of the model test and safeguard against increased costs or decreases in quality of care.

The MA risk adjustment data validation (RADV) program is CMS’s primary audit and oversight tool of MA program payments. The Department of Health and Human Services’ Office of Inspector General (HHS-OIG) also undertakes audits of MA organizations as part of its oversight functions, which are similar to RADV audits, and CMS can collect the improper payments identified during those audits.

On February 1, 2023, CMS finalized policies for the RADV program and codified in regulation that, as part of the RADV audit methodology, CMS will extrapolate RADV audit findings for CMS and HHS-OIG audits beginning with payment year (PY) 2018 RADV audits (88 Fed. Reg. 6643-4). CMS will collect non-extrapolated overpayment amounts identified by RADV audits prior to PY 2018. The finalized policies will also allow CMS to continue to focus its audits on those MA organizations identified as being at the highest risk for improper payments. In 2024, CMS is planning to initiate overpayment collection activities related to RADV audit findings and hopes to announce plans for future RADV audits. These activities will continue into FY 2025 and beyond, and CMS will continue to explore ways of strengthening and accelerating RADV audits.

Question. Secretary Becerra, lung cancer remains the number one cancer killer in our nation, yet the current budget seems to overlook substantial programmatic support for combating this disease. Specifically, the Health Resources and Services Administration’s Accelerating Cancer Screening program does not list lung cancer as an eligible topic.

Recently, the NIH Director came to West Virginia to tour the LUCAS mobile screening unit at WVU, which is making significant strides in early detection of lung cancer, particularly in rural areas underserved by traditional healthcare facilities.

Could you clarify why lung cancer initiatives, especially those serving rural communities, are not more prominently supported in the budget, and what steps the Department intends to take to address this vital issue in cancer care and prevention?

Answer. The President’s Budget request includes a total of \$11 million to support the provision of cancer screening services in health centers under the Alcee L. Hastings Program for Advanced Cancer Screening. The program focuses on leveraging outreach specialists and patient navigators to conduct patient outreach in underserved communities served by health centers to promote early detection of cancer, connect patients to screening services, and provide direct assistance with accessing high quality cancer care and treatment as needed.

NCI remains committed to advancing research on all cancers to help all people live longer, healthier lives across the nation, including those in rural areas. This commitment extends to lung cancer, as NCI has long supported the advancement of lung cancer prevention, screening, and treatment research. NCI understands that populations in rural areas face increased barriers to cancer screening and care, and NCI will continue to fund research and support efforts to improve access and better address the unique needs of these communities.

NCI support for lung cancer research has led to key scientific advances and public health progress, which were instrumental in guiding the development of lung cancer screening recommendations. The NCI-sponsored National Lung Screening Trial (NLST)⁵ demonstrated that low-dose CT scans are an effective approach to screen for lung cancer in people at high-risk for the disease. Additionally, NCI-supported research continues to inform lung cancer screening guidelines issued by the United States Preventative Services Task Force (USPSTF), including USPSTF's 2021 expanded eligibility criteria for screening to age 50–80 and to include those with 20 pack-years of smoking exposure or more.⁶

Increasing uptake of lung cancer screening remains a priority and NCI supports programs, partnerships, and individual research grants that reduce barriers and aim to increase screening uptake across the nation. Community outreach and engagement (COE) has been a fundamental and effective activity of NCI-designated Cancer Centers over the years.⁷ Through COE, Cancer Centers work with community stakeholders, who identify specific community needs and catalyze relevant activities to the Cancer Center's geographic catchment area population. For example:

- The University of Kentucky Markey Comprehensive Cancer Center, in partnership with community-based hospitals, continues to engage in statewide collaborative efforts to increase lung cancer screening and survivorship care, which has helped Kentucky achieve the second-highest lung cancer screening rate in the country, leading to a 19% reduction in the diagnosis of late-stage lung cancers in the state. This includes efforts underway to explore partnership opportunities with other states to support equitable and high-quality implementation of lung cancer screening.
- The University of Virginia Cancer Center serves 87 contiguous counties across northwestern Virginia and West Virginia, where 30% of the population is rural. It is conducting a Telehealth Lung Cancer screening program to provide radiology consults to rural hospitals, leading to a sustainable pathway to screening.
- Roswell Park Cancer Institute serves rural and Appalachian counties in western New York state, and in 2022, it launched a mobile lung cancer screening unit, called EDDY (Early Detection Driven to You), which addresses geographic disparities in access to lung cancer screening. Roswell Park is partnering with federally Qualified Health Centers, government, and community-based organizations and is intensifying its lung cancer screening initiative in 2024.

NCI is supporting several additional research efforts, including projects focused on tools to facilitate physician and patient-centered discussions to increase screening awareness and completion. For example, one study is testing the impact of a genetically informed intervention on physicians' ordering and patients' completion of lung cancer screening and tobacco treatment in primary care. It plans to boost lung cancer screening by motivating behavior change and facilitating patient-centered discussions between primary care physicians and medically underserved patients at risk for lung cancer.⁸ NCI is also supporting a study that is testing the effectiveness of using a social media platform to reach screening-eligible individuals and the effectiveness of a novel tailored screening tool to increase lung cancer screening awareness.⁹ Another study led by researchers at the University of Oklahoma aims to develop and implement a community-centered lung cancer screening system for American Indian/Alaskan Native populations.¹⁰

Question. Ransomware cyber-attacks are not a new concept, but our government and industry has lagged far behind cyber criminals. Just this past February we saw the massive attack on Change Healthcare, a unit of UnitedHealth Group—which resulted in billions in losses for hospitals, pharmacies, and health providers across our country.

For more than a decade the government has struggled to work individually through agencies that are responsible for their critical infrastructure sector, but we

⁵ cancer.gov/types/lung/research/nlst.

⁶ uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening.

⁷ cancercontrol.cancer.gov/research-emphasis/supplement/coe.

⁸ reporter.nih.gov/search/YfStWIMZEUJg4LtuEmKmw/project-details/10795109.

⁹ reporter.nih.gov/search/xyTHM3X6BEa0h76aF1omUg/project-details/10712275.

¹⁰ reporter.nih.gov/search/mmncCQHYZUKptCMA-rwoBQ/project-details/10740839.

have failed because industry doesn't want to be held to a standard they believe may cut into their bottom line.

As we're seeing service providers in every industry consolidate, making it easier for cyber criminals to target thousands of business that rely on these service providers, how are you working with the White House and the Cybersecurity and Infrastructure Security Agency (CISA) to put actual industry standards in place that will get us ahead of cyber criminals?

Answer. The HHS Cybersecurity Working Group (CWG) regularly meets with CISA weekly, and as needed. The HHS CWG is composed of cybersecurity subject matter experts from HHS Staff and Operating Divisions with cybersecurity equities. Recently, the HHS CWG partnered with CISA to create the Cybersecurity Healthcare Toolkit to provide tools and resources regarding implementing cybersecurity best practices and industry standards to help the healthcare sector be better prepared to detect, respond to, and recover from cyber-attacks.

HHS Staff and Operating Divisions with cybersecurity equities also meet with officials from the White House, CISA, and the Department of Homeland Security on specific cybersecurity issues and projects—particularly as they relate to cybersecurity in the healthcare sector.

Question. What type of support is being shared with smaller healthcare entities (such as rural hospitals) that may not have a large amount of cybersecurity staff and that may not be members healthcare-related information sharing organizations?

Answer. CMS recognizes the impact the Change Healthcare cyberattack has had on providers, particularly many small providers and those in rural areas. We are working expeditiously to do our part to ease the impact of the cyberattack.

Specifically, CMS has taken several key actions to support the provider community during this difficult situation. CMS announced the availability of accelerated and advance payments for affected Medicare providers of services and suppliers. Providers and suppliers should reach out to their Medicare Administrative Contractors for more information or visit CMS' website for Frequently Asked Questions and Answers. CMS has also provided flexibility for certain Medicare reporting deadlines. We encourage Medicare Advantage and Medicare Part D plans to offer advance funding to providers, and to remove or relax certain timely filing and prior authorization requirements. We have provided flexibility for certain Medicare reporting deadlines. Similarly, we strongly encourage Medicaid and CHIP managed care plans to remove or relax prior authorization and utilization management requirements, and to consider offering advance funding to providers, to the extent permitted by the state.

To support states and providers who rely on Medicaid, on March 15, 2024 CMS released guidance to help states start making interim payments to Medicaid providers affected by the incident. Subject to certain guardrails to protect program integrity, CMS is encouraging state Medicaid programs to request authority to make certain interim payments.

CMS has maintained frequent communications with United Healthcare and will continue to press them to communicate with the healthcare sector and to offer assistance to providers and suppliers to ensure continuity of operations for all healthcare providers and suppliers impacted by the incident.

Additionally, the FY 2025 Biden-Harris Budget proposes two incentive structures to encourage hospitals to upgrade their cybersecurity practices, steadily increasing expectations from "essential" to "enhanced" to elevate the level of hospital cybersecurity efforts stepwise over time and to evolve with the changing cybersecurity landscape.

The cybersecurity initiative would leverage the structure of and provider familiarity with the Medicare Promoting Interoperability Program to efficiently collect information and make incentive payments to certain hospitals and assess penalties to strengthen the hospital cybersecurity response.

This proposal first invests \$800 million from the Medicare Hospital Insurance Trust Fund over FY 2027 and FY 2028 to approximately 2,000 high-needs hospitals. Beginning in FY 2029, new penalties would apply within the Medicare Promoting Interoperability program as specific consequences of failing to adopt essential cybersecurity practices. Hospitals that fail to adopt essential cybersecurity standards face penalties of up to 100 percent of the annual market basket increase and beginning in FY 2031 potential additional penalties of up to 1 percent off the base payment. Critical Access Hospitals that fail to adopt the essential practices would incur an up to 1 percent payment reduction. But a Critical Access Hospital's total penalty is capped at a total of 1 percent if it would otherwise incur higher total penalties due other elements of the Medicare Promoting Interoperability Program.

The proposal also invests \$500 million from the Medicare Hospital Insurance Trust Fund for all hospitals to implement enhanced cybersecurity practices, avail-

able for FY 2029 and FY 2030. Beginning in FY 2031, CMS would be able to add enhanced cybersecurity practices to the list of required cybersecurity practices, subject to a higher total maximum penalty level of 100 percent of the annual market basket increase and up to 1 percent off the base payment. Critical Access Hospitals would be subject to up to a 1 percent payment reduction. A Critical Access Hospital's total penalty is capped at a total of 1 percent if it would otherwise incur higher total penalties due other elements of the Medicare Promoting Interoperability Program.

The department's Health Sector Cybersecurity Coordination Center (HC3) releases public information publicly on cybersecurity threats through www.hhs.gov/hc3. This information is openly available to anyone with access to the Internet. The same cybersecurity threat information is also obtained and published by the Health ISAC, the American Hospital Association, and the College of Healthcare Information Management Executives (CHIME). Additionally, major threat intelligence platforms, such as Mandiant, Intel471, and CrowdStrike leverages HC3 content to their postings.

HC3 also directly distributes the same information to a variety of entities and associations such as:

- Alaska State Hospital and Nursing Home
- Arizona Center for Rural Health
- Black Hills Information Security
- BlueCross BlueShield Nebraska
- BlueCross BlueShield of North Dakota
- Colorado Rural Health Center
- Commonwealth Healthcare Corp—CNMI
- Idaho Department of Health and Welfare
- Iowa Rural Health Association
- Louisiana Office of Rural Health
- Louisiana Rural Health Association
- Midwest Surgical Hospital
- Missouri Rural Health Association
- Montana Office of Rural Health
- Nebraska Rural Health Association
- North Dakota CISO Office
- North Mississippi Health Services
- Oklahoma Information Fusion Center
- Rural Health, Inc
- Western Healthcare Alliance
- Wyoming Information Analysis Team

Information is readily and publicly available without any form of “membership”. Size isn't a factor regarding information sharing. HC3 directly provides information to smaller entities and rural hospitals by presenting at a number of healthcare conferences. Examples include:

- National Association of County and City Health Officials (NACCHO)
- Health ISAC conferences
- KY “SECRIT” on Cyber Exec Order
- Colorado—2022 Annual Rural Health Conference
- Arizona Rural Health—Cyber Threats to Rural Health
- Oklahoma State Office of Rural Health Brief
- Missouri Rural Health Association Quarterly meeting
- HIMSS Hawaii/Alaska Presentation
- Louisiana SORH—Rural Health Cybersecurity
- HRSA-Region 6—Rural Health Cybersecurity

For entities with limited cybersecurity resources, HC3 develops and delivers cyber threat products. These products are intended to inform the entire public and private health sector about current and emerging threats. These products focus on how entities can implement specific mitigations, patches, or system changes to enhance protection or detect malicious activities. As an example, in 2023, HC3 released 63 of these products. No less than 1,500 partners including rural health centers, state-based insurance companies, hospitals (large and small), and nursing home systems received this information.

As an added level of support, HC3 also partners with the CISA to conduct facilitated table top exercises enabling organizations process to test their cyber resilience.

HHS OCR administers and enforces the HIPAA Security Rule. Please see response to question 21 about the HIPAA Security Rule, and OCR's plans to propose modifications to the Security Rule.

OCR also provides numerous guidance materials to assist HIPAA covered entities and business associates in complying with the Security Rule. Last year, OCR pub-

lished a webinar on complying with the HIPAA Security Risk Analysis requirement, a foundational step in cybersecurity and protecting electronic protected health information (ePHI). This webinar explained how to prepare a risk analysis, how ePHI should be assessed, what it means to be “accurate and thorough”, and examples of risk analysis deficiencies from OCR investigations. OCR also published a video on “How the HIPAA Security Rule Can Help Defend Against Cyber-Attacks”, which provides information on trends in reported breaches, common attack vectors, and examples from OCR investigations. Additionally, OCR published two newsletters including one which explained single and multi-factor authentication, the Security Rule requirements, and resources for improving authentication requirements. The second newsletter addressed Security Rule enforcement policies and how they can improve HIPAA compliance.

HHS also offers a free Security Risk Assessment Tool that is designed to help small and medium sized healthcare providers conduct a risk analysis as required by the HIPAA Security Rule. Identifying and assessing potential risks and vulnerabilities to ePHI is foundational to implementing security measures to protect ePHI.

All of these materials are available on the HHS and OCR websites.

ASPR, as the Sector Risk Management Agency for the Healthcare and Public Health Sector (HPH), is lead for certain activities related to engaging and informing the healthcare sector. On February 27, 2024, HHS, along with the Cybersecurity and Infrastructure Security Agency (CISA) and the Federal Bureau of Investigation (FBI), released an updated joint cybersecurity advisory (CSA) on ALPHV Blackcat ransomware, which includes recently and historically observed tactics, techniques, and procedures (TTPs) and indicators of compromise (IOCs) to help organizations protect against ransomware. ASPR facilitates interagency coordination engagements, including regular, sometimes daily, calls in support of incident response. This allowed us to coordinate with U.S. government (USG) partners, including the FBI, CISA, Department of Veterans Affairs (VA), DoD, and others.

HHS has been sounding the alarm on the increased need for healthcare sector cybersecurity resiliency, and in December 2023, HHS released a concept paper that outlined the Department’s holistic cybersecurity strategy for the HPH. Towards the end of January, we released the voluntary HPH cybersecurity performance goals (CPGs), aligned with the first pillar of this strategy. We also rolled out a new gateway website as part of our efforts to establish the one-stop-shop for HHS cyber and simplify how the sector can access our resources and tools across all HHS divisions. These HPH CPGs will help healthcare organizations implement high-impact cybersecurity practices and ease access to the many cybersecurity resources HHS and other Federal partners offer. In the coming weeks and months as we emerge from this attack, we will be focused on developing additional tools, resources, and guidance to help with implementing these HPH CPGs and look forward to working with the sector to help improve its cybersecurity posture. We also launched the 2.0 version of our RISC Toolkit to the sector. It allows a system of systems risk assessment instead of focusing on a specific hospital.

It is important to note that this cyber-attack was of a private company, Change Healthcare, and not of HHS systems. We continue to engage regularly with the healthcare sector and are urging UnitedHealth Group (UHG), clearinghouses, insurance companies, and other payers to do everything they can to maintain patients’ access to care and support providers.

Question. Mr. Secretary, the West Virginia Prevention Research Center (WVPRC) based at West Virginia University, funded continuously since 1995, has been part of a National Network of 26 Prevention Centers competitively funded by the Centers for Disease Control and Prevention. Over the years, the Center has served as a transformative force that conducts and translates innovative community-engaged research into practical solutions to improve health in WV with emphasis on rural and/or child mental health and substance abuse prevention.

I have been a long champion of funding the CDC Prevention Research Center. I was greatly disappointed to learn that the WVPRC was one of eleven currently funded Centers whose applications were approved but not funded for the 2024–2029 cycle. This results in the loss of a \$5,000,000 award over the next 5 years, significantly limiting the WVPRC’s momentum to impact public health, especially in the area of youth mental and substance abuse prevention in high impact areas in West Virginia.

Since its inception, the WVPRC’s rural Appalachian focus has helped to create a West Virginia where everyone is empowered with the knowledge and support, they need to live their healthiest lives possible. With guidance from a long-standing statewide Community Partnership Board, the WVPRC has made positive impacts across WV by conducting nationally and internationally recognized youth substance

abuse prevention research, fostering local capacity for addressing critical health needs through training and technical support, and providing state and local public health and education agencies with evaluation services in school-based mental health and chronic disease that share WV's emphasis on rural and/or child mental health and substance abuse prevention.

As you are aware, there are currently 26 PRCs currently funded under the Chronic Disease Prevention and Health Promotion account in the current five-year cycle. While funding for the PRC program has increased from \$27 million in FY 2022 to \$29 million in FY 2023 and 2024, please explain why CDC reduced the number of funded PRCs from 26 to 20 for 2024–2029?

Answer. CDC is funding 20 recipients this cycle (FY 2024–2029) at \$1 million per award (\$20 million per year). This is six fewer than the 26 recipients funded from FY 2019–2024, however, those awards were only \$750,000 per award (\$19.5 million per year). CDC is increasing the amount of funding per award due to additional expectations and requirements in this NOFO, which includes additional activities for collaboration and elevating the impact of the PRC network, as well as a focus on dissemination and implementation science to accelerate adoption of promising interventions. Increasing individual award amounts also aligns with long-standing recommendations from the field, including the National Academies of Science, Engineering, and Medicine, and the Association of Schools and Programs of Public Health.

Question. The Appalachian region consistently ranks high in incidences of disease, injury, and poor health behaviors. Of the 20 PRCs funded in the new FY 2024–2029 cycle, only three are rural focused and only one in Appalachia is located at the University of Pittsburgh, which is primarily urban-focused on aging issues. Can you explain why rural Appalachia has no representation in the new funding cycle?

Answer. The 20 funded PRCs were ranked based on the review criteria described in the NOFO, and a quarter of PRC-funded projects in the new cycle will include rural populations. Geographic distribution was one of several factors considered for funding recommendations. As stated in the NOFO, those factors included the scientific and technical merit of the proposed project, as determined by scientific peer review; the availability of funds; the relevance of the proposed project to program priorities; a selection to ensure that the PRC core research projects address a variety of chronic disease prevention priority categories indicated in the NOFO; and a selection to ensure equitable geographic distribution of PRCs across the United States.

Question. Are you aware of the USDA Economic Research Service March 2024 report entitled “The Nature of the Rural-Urban Mortality Gap”—<https://www.ers.usda.gov/publications/pub-details/?pubid=108701>—that finds there is a growing natural-cause mortality gaps between rural and urban areas of the country, with rural prime working age population experiencing substantial increase in NCM rates? In light of this report, does it make sense to scale back rural-focused PRCs? Is the Administration prepared to invest in rural health research to understand why mortality in rural America is so much higher than that in urban America?

Answer. While the number of awards has been reduced overall, there will still be a quarter of PRC-funded projects, including rural populations on a variety of health priority areas. Each PRC cycle brings new core research proposals with new opportunities.

Additionally, the CDC Office of Rural Health (ORH), with its mission to coordinate rural public health activity across the agency, works with CDC researchers to identify and address gaps in rural-focused research. The agency continues to conduct such research across an array of topics outside the PRC network. Moreover, ORH collaborates with HRSA's Federal Office of Rural Health Policy (FORHP) to conduct additional research into rural health disparities, which can provide more insight into rural-urban differences in health outcomes.

Question. The 2024–2029 cycle includes three PRCs in Atlanta—Emory University, the Morehouse School of Medicine, and Georgia State University, all of which are in close proximity to CDC Headquarters. How do you justify funding three PRCs in the Atlanta region in the 2024–2029 cycle, while the PRCs in West Virginia, Colorado, New Mexico, Chicago, and Maryland with emphasis on rural and/or child mental health and substance abuse prevention and that have broad geographical representation did not make the pipeline?

Answer. The PRC applications were reviewed by a Special Emphasis Panel (SEP) consisting of external, primarily non-Federal scientists for initial scientific and technical merit of the proposed project. Additionally, selection to ensure that the PRC core research projects addressed a variety of chronic disease prevention program priorities was applied

Question. What level of FY 2025 funding would be required for CDC to award the approved, but unfunded proposals?

Answer. CDC is funding 20 PRC recipients this cycle (FY 2024–2029) at \$1 million per award (\$20 million per year). This is six fewer than the 26 recipients funded from FY 2019–2024, however, those awards were only \$750,000 per award (\$19.5 million per year). With additional funding for awardees and program support, CDC could fund the entire approved but unfunded list of 15 additional PRCs.

QUESTIONS SUBMITTED BY SENATOR SHELLEY MOORE CAPITO

Question. The budget continues a focus on the Cancer Moonshot and continues efforts to accelerate smoking cessation.

What is the Department doing to encourage new innovations surrounding smoking cessation, including new products or therapies that may be more successful in helping people quit than those currently on the market?

Answer. Supporting innovative strategies to accelerate smoking cessation is an important priority for HHS, including the National Cancer Institute (NCI), the National Institute on Drug Abuse (NIDA), and the Office of Disease Prevention (ODP) within NIH. The Department recently published the HHS Framework to Support and Accelerate Smoking Cessation,¹¹ which provides a unifying vision and set of common goals to help drive progress towards cessation, especially in populations and communities that experience smoking- and cessation-related disparities. NCI, NIDA, and the ODP helped to develop this framework and have been key contributors to a whole-of-government effort through the Cancer Moonshot, to increase access to smoking cessation treatment, in coordination with the President's Cancer Cabinet and the White House's Office of Science and Technology Policy.

The NCI Tobacco Control Research Branch (TCRB) also funds clinical trials examining novel pharmacological treatment strategies to optimize the efficacy of FDA-approved smoking cessation medications. For example, TCRB currently funds a comparative effectiveness trial designed to evaluate whether delivering an extended course of varenicline treatment, versus the standard course, improves smoking cessation outcomes among adult African-American smokers.¹² Additionally, NCI and NIDA have recently developed a funding opportunity, "Advancing Adolescent Tobacco Cessation Intervention Research,"¹³ to support studies that develop, test, implement, and evaluate behavioral tobacco cessation interventions for adolescents, with a focus on the critical developmental risk period of mid- to late adolescence (approximately 14–20 years old). This funding opportunity aimed to address the critical need for empirically validated tobacco cessation interventions for adolescents. The last round of this funding opportunity closed in October 2023, and applications are currently under review.

NIDA is funding research on novel therapeutics and behavioral interventions for tobacco cessation. A multi-site randomized clinical trial is underway testing psilocybin for smoking cessation.¹⁴ Another study is following up on promising pre-clinical data to examine the effects of a ketamine infusion on craving and tobacco cessation in people who smoke.¹⁵ NIDA-funded researchers are also conducting a study using transcranial magnetic stimulation to modulate brain circuitry in people with co-occurring tobacco use disorder and schizophrenia and test if this treatment helps people to decrease or quit smoking.¹⁶ To help address adolescent nicotine vaping, NIDA is supporting a clinical trial testing varenicline, an FDA-approved treatment for smoking cessation in adults, to determine if it can help adolescents who vape nicotine and want to quit.¹⁷ NIDA is also funding a project developing a brief behavioral activation mobile app for adolescents to help address nicotine vaping.¹⁸

FDA's Center for Drugs Evaluation and Research has approved several safe and effective smoking cessation therapies including some nicotine replacement therapies (NRTs) that are available without the need for a prescription (i.e., over-the-counter). FDA considers tobacco dependence to be a serious, life-threatening condition and is committed to increasing access to and use of therapies, including NRT drug products, which could help more smokers quit. At the same time, FDA also recognizes

¹¹ hhs.gov/sites/default/files/hhs-framework-support-accelerate-smoking-cessation-2024.pdf.

¹² reporter.nih.gov/search/01X-oLCVjUm8dE5SkbZNRw/project-details/10612435.

¹³ grants.nih.gov/grants/guide/rfa-files/RFA-CA-22-043.html.

¹⁴ reporter.nih.gov/search/ggAdH7ElMU-dTkJCgGg8zA/project-details/10491336.

¹⁵ reporter.nih.gov/search/UWMVimJmYUiKO6pI49-iRQ/project-details/10371688.

¹⁶ reporter.nih.gov/search/xxJtoalJkSZ7VME4C-Ouw/project-details/10775767.

¹⁷ reporter.nih.gov/project-details/10689064.

¹⁸ reporter.nih.gov/search/7QIGg_2Dd0iXuyF_2V6s4w/project-details/10250714.

the strong addictive characteristics of nicotine that make it challenging for smokers to quit, or if successful in quitting, to maintain abstinence. For this reason, smoking cessation drug therapies are all approved with adjunctive behavioral assistance, such as website and additional self-help guides. The reasons for low quit rate success include multiple factors unrelated to availability of safe and effective smoking cessation products, such as nicotine withdrawal, weight gain, and inaccessibility to effective therapies due to individual financial circumstances or insurance coverage. For these reasons, a multipronged approach to decreasing smoking in the United States is needed. To that end, FDA is currently collaborating with NIH to understand research needs in the areas of nicotine dependence, factors leading to smoking initiation in nonsmokers, novel targets for intervention, and innovative study trial designs. Methods to increase participation in clinical trials and smoking cessation interventions are also needed, particularly in patient communities that are disproportionately affected by smoking and its health-related consequences.

As tobacco dependence results in many serious or life-threatening conditions (e.g., heart and lung disease and cancer), FDA recognizes there is an unmet need for novel therapies particularly for individuals who have not been able to quit despite available therapies. The Agency determines on a case-by-case basis whether a drug product meets the criteria (e.g., the drug represents a significant improvement over existing therapies, or addresses an unmet medical need) for inclusion in FDA's expedited development and review pathways. FDA encourages a sponsor that believes its drug product represents a significant improvement over approved smoking cessation drug products to consult FDA early in the development program to discuss whether the drug product may be eligible for review under one of the expedited pathways.

In certain cases, a sponsor can rely on FDA's finding of safety and effectiveness for a drug product approved under section 505(c) of the FD&C Act to the extent the products share characteristics. An application submitted under the abbreviated approval pathway described in section 505(b)(2) of the FD&C Act may rely on published literature or FDA's finding of safety and effectiveness for an approved drug, when certain requirements are met.

In addition to guidance in 2020 on Nonclinical Testing of Orally Inhaled Nicotine-Containing Drug Products,¹⁹ in May 2023, FDA issued final guidance entitled, *Smoking Cessation and Related Indications: Developing Nicotine Replacement Therapy (NRT) Drug Products*,²⁰ which outlines a framework for new potentially clinically relevant outcomes for NRT products. The NRT Guidance discusses innovations in NRT drug development and provides a clear roadmap to help firms that are considering entering or expanding in the NRT drug product space. The guidance outlines opportunities for innovation including:

- For the first time, discussing “reduction in risk of relapse” as a potential indication to assist smokers in their continuation of quitting. Previously, the only approved indication was cessation.
- Outlining two new potential treatment regimens: (1) pretreatment before quit day, and (2) reduce to quit. Industry may be able to include information about these regimens in their labeling.
- For the first time, outlining considerations for pediatric populations and NRT products.
- For the first time, outlining pathways for developing new treatment regimens, including combination therapy.
- Clearly outlining abbreviated pathways for NRT products, including how to use FDA's previous findings of safety and how already approved NRT products and published literature can be leveraged. This includes reliance on the Agency's previous findings of systemic safety for the higher nicotine exposure drug product and Agency's previous finding of effectiveness for the lower nicotine exposure drug product.
- Explaining when simplified efficacy study requirements may be used (e.g., recommending a 4-week study as the minimum period of efficacy ascertainment).
- Encouraging sponsors to consider expedited development and review pathways and providing details on how to qualify.
- Clarifying the appropriate pathways for companies that seek approval for a product that alters the route of administration compared to approved NRT drug products (e.g., products with pulmonary route of administration rather than oral).
- Describing how labeling for approved NRT products may include information about clinical benefits of smoking cessation such as lowering the risk of lung

¹⁹ <https://www.fda.gov/media/115150/download>.

²⁰ <https://www.regulations.gov/document/FDA-2019-D-0297-0015>.

disease, heart disease and smoking-related cancers without generating additional data.

Additionally, FDA's Center for Tobacco Products regulates the manufacturing, marketing, distribution, and sale of tobacco products. Educating the public, especially youth, about the risks of using tobacco products, is a critical part of FDA's public health mission. CTP prioritized research efforts throughout the past year to inform public education opportunities for adults who smoke, recognizing that adults also want and need help as they attempt to quit smoking. For example, CTP is conducting formative research among adults who smoke to assess their comprehension and perceptions of messaging that nicotine—while highly addictive—is delivered through products that represent a continuum of risk, and that combustible products such as cigarettes have the greatest risk. Importantly, these efforts will be accompanied by efforts to prevent youth tobacco product use; encourage first-line use of FDA-approved cessation therapies; and for adults who both smoke and use e-cigarettes, reinforce the importance of completely transitioning to e-cigarettes.

CDC, in alignment with the HHS Framework to Support and Accelerate Smoking Cessation, is taking action to support and accelerate smoking cessation and reduce smoking- and cessation- related disparities. In FY 2025, CDC's *Tips From Former Smokers*® (*Tips*®) campaign will continue to focus on motivating U.S. adults who smoke to try to quit. Ads will be placed on national broadcast, cable, and streaming video, and on digital and social media channels. Additional ads will be placed on a variety of channels to reach specific audiences, including people who are African American, American Indian, Alaska Native, Hispanic/Latino, Asian, Native Hawaiian and other Pacific Islanders, LGBTQ+, and deaf or hard-of-hearing. Launched in FY 2024, CDC will continue to fund a community-based program to increase awareness of cessation services and coverage options among populations experiencing health disparities. CDC, in partnership with the American Academy of Pediatrics, will continue to promote resources to assist pediatric health clinicians in helping youth quit tobacco use.

Question. Opioids continue to be a major public health problem across the nation. It is my understanding that there are nonopioid pain medications in the pipeline that are close to receiving approval.

What is the Department doing to ensure nonopioids will be covered once approved by the FDA in a way that will put them on a level playing field with generic opioids?

Answer. Substance use disorders (SUD) impact the lives of millions of Americans, including individuals who are enrolled in the Medicare program. CMS is committed to ensuring that Medicare beneficiaries who have an opioid use disorder (OUD) have the necessary access to treatment, including medications for opioid use disorder (MOUD). Ensuring access to these benefits and addressing equity concerns is an important part of combatting the nation's opioid epidemic, and CMS has been actively engaged in the work necessary to meet these goals.

CMS is pleased to note that the OIG report entitled, "The Consistently Low Percentage of Medicare Enrollees Receiving Medication to Treat Their Opioid Use Disorder Remains a Concern, OEI-02-23-00250" found a 36 percent increase in the number of enrollees receiving naloxone through Medicare from 2021 to 2022 and found that indicators of misuse and diversion of prescription opioids in Part D continued to decline. However, CMS also recognizes there is more work to do in increasing access to OUD treatment and addressing health equity.

Several recent changes have expanded Medicare beneficiaries' access to MOUD. First, on January 1, 2020, Medicare began paying Medicare-enrolled Opioid Treatment Programs (OTPs) with a bundled payment to deliver OUD treatment services to Medicare beneficiaries as required by the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. Medicare Advantage plans must also include the Medicare OTP benefit and can contract with OTP providers in their service area, or agree to pay an OTP on a non-contract basis. To further promote continuity of care, in addition to on-site treatment, OTPs may also provide beneficiaries with unsupervised take-home doses of medication in accordance with certain time in treatment standards.

Second, effective December 29, 2022, providers with a current Drug Enforcement Administration (DEA) registration no longer need the DATA-Waiver (X-Waiver) from the Substance Abuse and Mental Health Services Administration (SAMHSA) to prescribe buprenorphine, a type of MOUD treatment, strengthening Medicare providers' ability to care for beneficiaries with OUDs.

Finally, in March 2023, the Food and Drug Administration (FDA) announced that Narcan, a brand-name formulation of the opioid overdose reversal drug naloxone, would be available without a prescription. While Medicare Part D generally does not cover over-the-counter medications, this change will remove barriers to access by al-

lowing beneficiaries to purchase the medication without first meeting with a provider. Other options for Medicare-covered naloxone will remain available, such as other formulations or dosages of naloxone that remain prescription drugs, as well as other overdose reversal medications.

CMS will continue to monitor use of, and access to, these medications. CMS monitors prescription drug use in Part D (including over-utilization and/or under-utilization of opioids, buprenorphine, and MOUD) through prescription drug event (PDE) data to oversee sponsors' compliance with drug utilization review (DUR) requirements as described in 42 CFR § 423.153. CMS also monitors complaints in the Complaints Tracking Module (CTM) in the Health Plan Management System to identify potential access issues. CMS may follow up with Part D plan sponsors that are outliers, or share information with Departmental partners, as appropriate.

Combatting the opioid epidemic is a top priority for CMS, and CMS remains committed to ongoing examination of its payment and coverage policies to ensure healthcare providers are enabled to execute best practices with respect to pain management and treatment of OUDs. CMS continues to support opioid alternatives offered by Traditional Medicare, MA plans, and Part D plans, including the coverage of acupuncture to address lower back pain and educating providers on other non-opioid alternatives.

Question. Medicare's seniors no longer have to worry about cost-sharing when they get a vaccination—regardless of whether it comes under their medical benefit in their plan or their pharmacy benefit. Now, I am hearing that some Part D plans and PBMs could be placing new barriers like differential pharmacy reimbursement and utilization management in the way of some of these vaccines. CMS issued a letter to plans on December 14, working to share the agency's perspective on issue.

Are you aware of this issue and what is next for CMS in resolving any new access barriers for seniors?

Answer. CMS is continuing to work to improve the Medicare Advantage and Part D prescription drug programs and maintain high-quality healthcare coverage choices for all Medicare enrollees.

In a December 14, 2023 letter to pharmacy benefit managers (PBMs) and health plans, CMS noted concerns from pharmacies that the amount plan sponsors and PBMs that serve plans in Medicare and other markets pay pharmacies for some vaccine administrations is causing many pharmacies and other providers of vaccines to lose money administering vaccines, discouraging them from providing these vaccines. Particularly as we encourage people to get vaccinated against influenza, COVID-19, and RSV, CMS is very concerned about payment practices that may impede access to recommended vaccinations, and it is imperative that plans and PBMs take immediate steps to ensure adequate payment for and access to vaccines.

CMS maintains, and will continue to maintain, a robust clinical formulary review process to ensure that all Medicare Part D plans meet applicable formulary requirements. Consistent with the requirements at 42 C.F.R. §§ 423.120(b)(2) and 423.272(b)(2)(i), CMS evaluates formularies based on the sufficiency of categories and classes, tier placement, and utilization management restrictions. This review process is based in part on section 1860D-11(e)(2)(D)(i) of the Social Security Act, which authorizes CMS to approve a prescription drug plan only if the agency “does not find that the design of the plan and its benefits (including any formulary and tiered formulary structure) are likely to substantially discourage enrollment by certain part D eligible individuals under the plan.” In addition, under § 423.272(b)(2)(i), “CMS does not approve a bid if it finds that the design of the plan and its benefits (including any formulary and tiered formulary structure) or its utilization management program are likely to substantially discourage enrollment by certain Part D eligible individuals under the plan.” Furthermore, § 423.120(b)(2)(iii) requires each Part D plan formulary to “include adequate coverage of the types of drugs most commonly needed by Part D enrollees, as recognized in national treatment guidelines.” In addition, § 423.120(b)(1)(v) requires that in making decisions about formulary design, the entity designing the formulary must base “clinical decisions on the strength of scientific evidence and standards of practice.”

Specifically for vaccines, CMS reviews all Part D sponsors' formularies to ensure they contain all commercially available vaccines (unless excluded due to available reimbursement under Part B, e.g., influenza or pneumococcal vaccines, or if a commercially available vaccine manufacturer does not participate in the coverage gap discount program). Part D sponsors are only allowed to use drug utilization management tools to:

- Assess the necessity of vaccines that are less commonly administered in the Medicare population, such as anthrax and yellow fever vaccines;
- Facilitate use of vaccines in line with Advisory Committee on Immunization Practices recommendations; and

—Evaluate potential reimbursement of those vaccines that could be covered under Part B when directly related to the treatment of an injury or direct exposure to a disease or condition (e.g., tetanus).

Additionally, CMS requires Part D sponsors to submit utilization management requirements applied at point of sale, such as prior authorization, step therapy, and quantity limits not based upon the FDA's maximum daily dose limits, as part of their Health Plan Management System formulary submission. Sponsors must perform adequate oversight of their PBMs and other delegated entities to verify that they are complying with all CMS requirements and not causing beneficiary harm due to impermissible delayed or denied access to Part D drugs.

Question. How important is the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act to our healthcare system as it pertains to helping health agencies and departments care for people living with Alzheimer's and their caregivers? Considering this program is coming up for reauthorization this year, would you support its reauthorization? Why?

Answer. NIH funds and conducts research to better understand the complex and varied causes of Alzheimer's and related dementias, identify early signs of disease, develop effective interventions to prevent or delay disease progression, and improve care and support for those living with dementia as well as their care partners.

Workforce Readiness

NIH remains committed to address the critical need to increase the number of health professionals and researchers trained to meet the demand for dementia diagnosis, care, and research. In addition, NIH maintains dementia resource pages for healthcare professionals with information on cognitive assessment tests, tools for diagnosis and management, and more.²¹

Access to Treatments and Services

NIH funds research to develop a robust evidence base for dementia treatments and services. Efforts include funding for more than 500 ongoing clinical trials, including pharmacological and non-pharmacological clinical trials that test interventions that treat or prevent dementia, as well as care and caregiving interventions to provide support to people currently living with dementia and their care partners in a variety of settings. In addition, NIH continues to support the development of less expensive and less invasive biomarkers and diagnostics, which can help facilitate and enhance access to earlier and more accurate detection and diagnosis of dementia.

BOLD is integral to helping health agencies and departments care for people living with Alzheimer's and their caregivers. It accomplishes this primarily through two BOLD-funded mechanisms: Alzheimer's and Related Dementias (ADRD) Public Health Centers of Excellence (PHCE) and Public Health Department programs.

The three BOLD-funded ADRD PHCEs identify promising research and translate it into evidence-based intervention programs for health agencies and departments, focusing on dementia caregiving, risk reduction, and early detection. For example, the BOLD Public Health Center of Excellence on Early Detection of Dementia created an educational toolkit for health systems. This toolkit provides information on why early detection matters, the importance of preparing for cognitive screening, and ensuring continuity of care after detection.

CDC supports 43 Public Health Department programs. These state, local, territorial, and tribal organizations implement the Road Map series, an essential resource for building public health infrastructure among state and local public health agencies addressing dementia and brain health in their communities. Thirteen focus on developing strategic plans and improving their ability to treat and address dementia. Thirty focus on implementing their strategic plans to address dementia in their jurisdictions. With the FY 2023 increase in appropriations (\$8M), CDC expanded from 23 awards in the original 2020 cohort of BOLD programs to 43 in 2023.

There is more demand than we can currently meet from the field—those 43 awards were drawn from 60 applications received. As the older population continues to grow and the number of people living with dementia increases, we anticipate that the demand for BOLD funding will also grow, especially since state, local, and tribal public health departments are all grappling with the same challenges and many more are eligible for BOLD program funding. For this reason, reauthorization of BOLD is critical to CDC's efforts to continue helping health agencies and departments care for people living with Alzheimer's and their caregivers.

²¹ nia.nih.gov/health/health-care-professionals-information/alzheimers-and-related-dementias-resources.

Question. I am working to introduce, along with my colleague Senator Klobuchar, the Accelerating Access to Dementia & Alzheimer's Provider Training (AADAPT) Act, which will empower primary care providers to better diagnose Alzheimer's and other dementia and deliver high-quality, person-centered care in community-based settings. My bill provides grants to organizations to set up dementia-specific Project ECHO programs to educate and support primary care providers in detecting, diagnosing, treating, and caring for Alzheimer's and other related dementia. As we see the population aging and the number of people living with dementia increasing, how is HHS working to ensure workforce readiness and access to treatments and services for people living with dementia?

Answer. HHS works to ensure workforce readiness and access to treatment and services for people living with dementia through the previously mentioned BOLD initiative, particularly the three BOLD-funded ADRD PHCEs. These PHCEs identify promising research and translate it into evidence-based intervention programs for health agencies and departments. For example, the BOLD Public Health Center of Excellence on Early Detection of Dementia created an educational toolkit for clinicians, administrators, and patients. This toolkit provides information on why early detection matters, the importance of preparing for cognitive screening, and ensuring continuity of care after detection. BOLD funds also support partner dissemination of continuing education programs for healthcare providers, such as the Cognition in Primary Care course. This is a three-part interactive module designed for primary care physicians that helps them to evaluate cognition, set a plan for newly diagnosed patients, and provide tips for managing mild cognitive impairment and dementia.

In addition to the workforce capacity-building included in CDC's BOLD initiative, HHS ensures workforce readiness and access to treatment and services for people living with dementia through work under the National Healthy Brain Initiative (HBI). CDC funds the Alzheimer's Association to assist with the implementation and evaluation of the HBI's Road Map Series and with the development of future Road Maps. They have also created several training courses for current and future public health professionals on a public health approach to addressing dementia, dementia caregiving, and risk reduction.

Public health agencies and their partners can use the Road Map strategically to prepare their communities to be "dementia-ready" by stimulating changes in systems and environments. The HBI Road Map includes sections based on four Essential Services of Public Health, including building a diverse and skilled workforce.

Question. What efforts, if any, are ongoing to determine whether the H5N1 virus may be circulating in people asymptomatically or undiagnosed? To what extent is the CDC leveraging its advanced molecular detection program for this purpose?

Answer. far, influenza public health or commercial laboratory data in the areas with H5N1-infected dairy herds, and emergency department visits for influenza-like illness and conjunctivitis remain in expected ranges. In addition to traditional surveillance systems, we are also exploring through CDC's National Wastewater Surveillance System the potential to identify and investigate trends in influenza A levels in wastewater.

CDC is developing and finalizing a research study protocol to assess the prevalence of H5N1 among dairy workers. Analysis of data from a study using this protocol would inform CDC and states as to whether there is asymptomatic or undiagnosed spread of H5N1.

Additionally, CDC's SPHERES SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES) consortium and Pathogen Genomics Centers of Excellence (PGCoE) programs allow us to leverage advanced molecular detection in response to H5N1.

CDC's Advanced Molecular Detection (AMD) program has been working to bring sequencing into regular public health practice since 2014. In 2020, the AMD program established the SPHERES consortium as a forum to facilitate knowledge sharing around SARS-CoV-2 sequencing. SPHERES brings together scientists from clinical and public health laboratories, academic institutions, and the private sector for discussions around interdisciplinary and innovative research and applied public health pathogen genomics, bioinformatics, and genomic epidemiology. SPHERES shares information about ongoing work across sectors that advances opportunities for collaboration as we respond to and continue to learn more about the outbreak.

In addition, CDC's AMD program established five PGCoE in 2022 to foster innovation and improve technical capacity in pathogen genomics, molecular epidemiology, and bioinformatics to better prevent, control, and respond to microbial threats of public health importance. Each PGCoE site consists of a health department and one or more academic institutions, and two of these PGCoE sites are focusing on One Health approaches—at the interface of animals, humans, and the environ-

ment—to help protect human health against the risk of zoonotic pathogens. For example, the Washington Animal Disease Diagnostic Laboratory used funding awarded to the Northwest PGCoE to build genomic sequencing capacity for surveillance of highly pathogenic avian influenza in animals. As a result, Washington unified sequencing protocols across veterinary and human health to monitor and detect spillover events, assess the risk of mammal- to-mammal transmission, and stop threats before they spread to humans.

Question. How are CDC and the ASPR coordinating right now and what preparedness steps are they taking in the event the level of risk is elevated with regard to H5N1? CDC, ASPR, and FDA officials have expressed confidence in the pandemic influenza medical countermeasures available in the U.S. Please provide a description of the available vaccines, antivirals, and diagnostics.

Answer. As part of the current coordinated U.S. government response to the H5N1 outbreak in cattle, CDC is working closely with our Federal partners, including the Office of Pandemic Preparedness and Response Policy (OPPR), ASPR, USDA, and FDA. CDC has liaisons from USDA, ASPR, and FDA integrated into CDC's incident command structure, and CDC communicates on an ad-hoc basis to share technical information across relevant agencies.

Since we first detected H5N1 in cattle herds, the interagency group has acted with urgency—working around the clock to stand up a response structure across HHS, the U.S. Department of Agriculture (USDA), and the White House. A Unified Coordination Group facilitates the coordination, with ASPR in the lead on human health and USDA in the lead on animal health.

As the outbreak continues, this initial response structure has allowed us to focus on coordinated communication and decisionmaking across the Federal government. The focus throughout our response has been: protecting the health of the American people; protecting the safety of our food supply; acting urgently; and taking this seriously.

ASPR, FDA, CDC, and the National Institutes of Health (NIH) each have important roles to play in the response, along with our USDA colleagues. FDA and NIH are working together on the efficacy of pasteurization and milk safety studies. CDC is working on surveillance of H5N1 and foodborne illnesses and has worked to expand those systems during this response. And ASPR, in addition to coordinating the Department's response, has provided PPE to impacted states, made antivirals available to those needing treatment, and is working to ensure well-matched vaccines are available if needed.

Fortunately, the risk to humans remains low, but we remain watchful and ever ready as we work across the Federal government to respond to this avian flu outbreak and keep the American people safe.

Question. The HHS Pandemic Influenza Plan was last updated in 2017. Based on the many challenges of the national COVID-19 response, is HHS confident that executing against this plan will be effective?

Answer.

—The FDA is actively engaged with Federal partners, as well as industry, in assessing the currently U.S.-approved pandemic influenza vaccines, as well as the evaluation of potential vaccine candidates, should the need for vaccines arise.

—The FDA has approved three H5N1 vaccines for use in the U.S. The manufacturers of those vaccines are Sanofi Pasteur Inc., ID Biomedical Corporation of Quebec, and Seqirus, Inc.

—If it is determined that the U.S. population needs to be vaccinated to prevent H5N1 influenza, then the anticipated regulatory pathway would likely be for those manufacturers who have an approved H5N1 influenza vaccine to submit a manufacturing strain change supplement to FDA, as occurs for the seasonal influenza vaccines.

—FDA has provided Guidance to Industry on Clinical Data Needed to Support Licensure of Pandemic Influenza Vaccines.

Additionally, the Biologics Program's Influenza Performance measure supports the Department's national preparedness efforts in combating seasonal and pandemic influenza, by increasing manufacturing diversity and capacity for influenza vaccine production. In FY 2023, FDA met the target to continue evaluation of new methods to produce high-yield influenza vaccine reference strains. The Agency aims to maintain this target in FY 2024 and FY 2025.

Activities to meet this target included the following:

—FDA continued efforts to develop new methods for determining influenza vaccine potency, an important component in the evaluation of high-yield influenza vaccine viruses. A new international collaborative study, designed to compare several alternative potency methods and evaluate their potential to quantify sub-potent vaccine using a variety of stress methods, was completed in FY2022.

- An H5N8 candidate vaccine virus for a recently identified H5N8 influenza virus with pandemic potential that was generated in FY2021 was further characterized and listed on the WHO website for interested manufacturers.
- Demonstrated that candidate vaccine viruses for influenza viruses with pandemic potential (e.g., H7N9) do not acquire adaptive mutations when generated in egg substrates.
- Continued efforts to evaluate neuraminidase (NA) in circulating viruses and the impact of including NA in candidate vaccines. Showed that a candidate vaccine virus engineered for higher NA antigen content could provide protection in animal models with a lower vaccine dose. Continued collaborations with the NIH Vaccine Research Center to assist in producing recombinant NA for vaccines and for measuring NA responses from individuals in clinical trials.
- Continued development of new methods to purify and quantify NA in vaccine candidates, including a 3-step method for purifying soluble NA vaccine antigens produced using insect cells.

The last update to the HHS Pandemic Influenza Plan was in 2017 (<https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>). Plans are developed to provide general guidance for response to emerging incidents. Plans are the base guidance and assist in organization and general understanding of roles and responsibilities between Federal, state, territorial, tribal, and private-sector partners. However, every response has specific considerations, and some deviations from planning documents occur if and as requirements shift. Plans are reviewed periodically to incorporate lessons learned from responses. The general concepts included in this Plan are effective to guide the initial response and provide a roadmap for all involved. As noted, deviations can and do occur from planning documents based on the specific requirements of the emerging incident. Plans are simply plans and best practices that could be utilized for the response.

Question. In order to better understand the scope of appropriations and the fiscal year 2025 budget request, please provide a table of the fiscal year 2023 obligations, the spend plan for the fiscal year 2024 appropriation, and the fiscal year 2025 budget request by program, project, or activity for the 988 Suicide and Crisis Lifeline.

Please provide a separate list of current grants, cooperative agreements, contracts, and subcontracts for the 988 Suicide and Crisis Lifeline, including a description, funding level, and funding source for each.

Answer. Per standard HHS agency protocol, SAMHSA's 988 & Behavioral Health Crisis Coordinating Office and Office of Financial Resources are actively working to finalize the FY24 988 Spend Plan, along with the current list of grants, cooperative agreements, contracts and subcontracts for the 988 Suicide Crisis Lifeline. Once cleared by the agency, all of the above components will be submitted through HHS and OMB process for clearance, then shared with the Hill.

Each year, SAMHSA, through ASFR has shared the 988 Spend Plan with the hill and will continue to share the updated plan once it has been finalized. In the interim, if Senator Capito would also like a copy of the FY23 988 Spend Plan, SAMHSA, through ASFR, is happy to provide that information again.

Question. The West Virginia PRC is one of eleven currently funded Centers whose applications were approved but not funded for the 2024–2029 cycle. The discontinuation of the WVPRC gives me great concern that the unique issues facing WV and Appalachia will be greatly diminished going forward. What specific criteria did the CDC use to determine which PRCs would receive funding for the 2024–2029 cycle, and how did the WVPRC fall short of meeting these criteria?

Answer. As with all CDC research Notice of Funding Opportunities (NOFO), the CDC Prevention Research Center (PRC) applications were reviewed by a Special Emphasis Panel (SEP) consisting of external, primarily non-Federal scientists for initial scientific and technical merit. Raw scores were presented to a Secondary Review Committee (SRC) comprised of CDC scientists to apply the funding criteria stated in the NOFO for final funding recommendations.

Question. There is a heavy concentration in the Southeast of PRCs in the 2024–2029 cycle. What justification is there for concentrating so heavily in this region while limiting geographical diversity across the country—in particular Appalachia?

Answer. The 20 funded PRCs were ranked based on the review criteria described in the NOFO. Geographic distribution was one of several factors considered for funding recommendations. As stated in the NOFO, those factors included the scientific and technical merit of the proposed project, as determined by scientific peer review; the availability of funds; the relevance of the proposed project to program priorities; a selection to ensure that the PRC core research projects address a variety of chronic disease prevention priority categories indicated in the NOFO; and a selection to ensure equitable geographic distribution of PRCs across the United States.

Question. A recent report by the USDA Economic Research Service entitled “The Nature of the Rural-Urban Mortality Gap” highlights a growing mortality gap between rural and urban areas, particularly affecting working Americans. Given this concerning report, I am dismayed by the CDC’s decision to reduce the number of rural-focused PRCs. How is the Administration going to invest in rural health research to better understand and address this glaring disparity in mortality rates?

Answer. While the number of awards in the most recent cycle (FY 2024–2029) has been reduced overall, there will still be a quarter of PRC-funded projects that will include rural populations on a variety of health priority areas. Each PRC cycle brings new core research proposals with new opportunities.

Additionally, the CDC Office of Rural Health (ORH), with its mission to coordinate rural public health activity across the agency, works with CDC researchers to identify and address gaps in rural-focused research. The agency continues to conduct such research across an array of topics outside the PRC network. Moreover, ORH collaborates with HRSA’s Federal Office of Rural Health Policy (FORHP) to conduct additional research into rural health disparities, which can provide more insight into rural-urban differences in health outcomes.

QUESTIONS SUBMITTED BY SENATOR LINDSEY GRAHAM

Question. During President Biden’s State of the Union Address, he stated; “Buy America” has been the law of the land since the 1930s. Past administrations including my predecessor, including some Democrats as well in the past, failed to buy American. Not anymore. On my watch, Federal projects that you fund, like helping build American roads, bridges and highways, will be made with American products and built by American workers—creating good-paying American jobs.”

Mr. Secretary, there are a number of Federal agency procurement officers that continue to use waivers to get around purchasing American made PPE, like nitrile gloves.

Would you commit to have your procurement officials work to maximize American manufactures and labor at HHS?

Answer. During the initial response to the COVID–19 pandemic in 2020, the U.S. medical supply chain failed due to reliance on foreign manufacturing and production of supplies and products. Using COVID–19 supplemental appropriations, ASPR invested over \$17 billion to expand the country’s domestic manufacturing infrastructure, to include PPE, vaccines and related supplies, and active pharmaceutical ingredient production. Because of these investments, there is now domestic capacity to produce over 3.9 billion gloves, 690 million N95 respirators, and 531 million surgical masks per year. It took decades for these industries to leave our shores, and it will take time and continued investment to bring them back. Annual funding is required: (1) to preserve capacity investments made thus far by ensuring appropriate management and oversight of the existing contracts; (2) to evaluate and assess where the future investments should be made; (3) to make those investments; and (4) to ensure the overall portfolio of investments is balanced, productive, and sustained. ASPR is appreciative of the \$10 million included in the FY 2024 appropriations bill to continue this mission.

ASPR has made a number of awards to on-shore pharmaceutical manufacturing. ASPR, through the Department of Defense (DoD), has awarded \$45 million to On-Demand Pharmaceuticals for continuous and distributed drug production of cisatracurium, midazolam, dexmedetomidine, and propofol. ASPR, through DoD, has also awarded \$30 million to DEKA Research and Development Corporation for the distributed production of 0.9N saline and other supportive care fluids. ASPR has also awarded a contract to Phlow for \$491.9 million in 2020 to support domestic manufacturing of active pharmaceutical ingredients (API). This work will require continued support from Congress.

Question. Congress passed the Make PPE in America Act as part of the Infrastructure Investment & Jobs Act in 2022. This law strengthens efforts to onshore production of personal protective equipment (PPE) in the United States by requiring Federal agencies to issue long-term contracts for American-made PPE.

Is HHS fully complying with this law? If not, what specific contracts and agencies are out of compliance and what is your plan to bring them into compliance?

How does your office intend to prioritize PPE manufactured in the U.S., but with foreign materials and components to extent such items are not available in the U.S.?

If a required material for PPE is not available in the U.S. in sufficient quantities, should agencies then be free to procure foreign-made products, or should they first procure U.S.- made products even if they need to use foreign-sourced material or other inputs?

Which should have a higher priority—foreign made PPE with U.S.-origin materials, or U.S.-made PPE with foreign materials?

Answer. During the initial response to the COVID-19 pandemic in 2020, the U.S. medical supply chain failed due to reliance on foreign manufacturing and production of supplies and products. Using COVID-19 supplemental appropriations, ASPR invested over \$17 billion to expand the country's domestic manufacturing infrastructure, especially for (PPE). Because of these investments, there is now domestic capacity to produce over 3.9 billion gloves, 690 million N95 respirators, and 531 million surgical masks per year. It took decades for these industries to leave our shores, and it will take time and continued investment to bring them back. Annual funding is required: (1) to preserve capacity investments made thus far by ensuring appropriate management and oversight of the existing contracts; (2) to evaluate and assess where the future investments should be made; (3) to make those investments; and (4) to ensure the overall portfolio of investments is balanced, productive, and sustained. ASPR is appreciative of the \$10 million included in the FY 2024 appropriation bill to continue this mission.

Purchasing critical medical countermeasures (MCMs) and PPEs domestically reduces the risk of relying on international partners. We learned during the COVID-19 pandemic that the supply chain can fail; having an SNS that relies on foreign manufacturing and production of critical products is not the best choice for national security. When and where possible, the SNS looks to domestic sourcing for products to include in the stockpile. HHS is complying with the Make PPE in America Act. For commercially available products with multiple manufacturers, domestic material may be more expensive than internationally sourced product. However, the higher cost of domestic material is justified by their superior quality, which results from stringent manufacturing protocols, adherence to product policies and regulatory compliance. Moreover, relying on foreign sourcing is not the best preparedness posture, and we experienced this firsthand during the COVID-19 response. SNS also holds products that are not commercially available and for which there is limited or no domestic manufacturing capacity.

ASPR requested \$95 million in the FY 2025 President's Budget to support sustained efforts in domestic manufacturing. This funding will support ongoing efforts to continue partnership with the private sector, as well as other U.S. government partners, to sustain and enhance domestic manufacturing. We cannot go back to pre-COVID times when we all experienced the failure of the domestic supply chain. We have learned too much and made significant investment. We cannot let this effort dry up. Threats to our domestic medical and pharmaceutical industrial base supply chain still exist and must be addressed to ensure the nation is prepared to respond to the next public health emergency.

The President's Budget also proposes \$20 billion in mandatory funding, available for 5 years, across HHS to strengthen the nation's biodefense capabilities, of which \$10.5 billion would support ASPR activities. This funding will support development of prototype vaccines, therapeutics, and diagnostics that we can put on the shelf that we can pull down when/should that virus hit. Funds will enhance and strengthen investments in domestic manufacturing and will ensure we are as prepared as possible for the next threat that could emerge.

U.S. domestically manufactured products should be the priority for agency purchases. If specific components or raw materials are not available from a domestic source, the Make PPE in America Act does provide for a waiver process to seek approval for the use of non-domestic materials. The waiver request will require justification to explain why that component is not manufactured within the United States and/or why the domestic supply is so limited that global sources are required. The waiver will be targeted and time-limited, providing domestic manufacturers the opportunity to increase their production.

QUESTIONS SUBMITTED BY SENATOR JERRY MORAN

Question. Seven of the 10 drugs selected for price setting by HHS are small molecule drugs. Mr. Secretary, the FDA Commissioner recently expressed concerns that innovation will suffer in the area of small molecule drugs, which can be found in virtually every American's medicine cabinet, because these products will be subject to price controls just 9 years after they are approved. The example that Dr. Califf used was an approved drug that took 6 years to get through clinical trials, leaving just 3 years before the price controls would take effect.

Do you think manufacturers will spend finite resources on such products, knowing that simply covering the costs of bringing it to market will be difficult to do?

The structure of the Inflation Reduction Act drug price negotiations will change the landscape for the way drugs are developed, especially cancer drugs. New oncology drugs usually start in smaller populations, allowing innovators to bring medicines to the market quickly while they work on application for broader patient populations. IRA starts the clock on negotiation with that first approval, which means that discovery could have a target on its back if it works really well. IRA starts the clock on negotiation with that first approval, which means that discovery could have a target on its back if it works really well.

How will you make sure that new oncology discoveries are encouraged and not discouraged by the law you supported?

Answer. The Inflation Reduction Act (IRA) requires Medicare to negotiate drug prices for certain high-expenditure, single-source drugs directly with drug manufacturers for the first time. This kind of negotiation, used successfully for decades by the U.S. Departments of Defense and Veterans Affairs will increase competition, expand access to innovative, life-saving treatments, and lower costs for enrollees and the Medicare program.

CMS supports innovation and believes it is vitally important that beneficiaries have access to innovative new therapies. There's a serious issue now with millions of Americans being unable to afford the drugs that are currently on the market. If patients cannot afford the drugs they need, they cannot benefit from innovations. Negotiation will make drugs more affordable for people with Medicare. The United States pays three times more for prescription drugs than other developed nations. We also expect negotiation to encourage drug makers to create business models to stay competitive, fostering the development of new treatments and delivery methods.

QUESTIONS SUBMITTED BY SENATOR CINDY HYDE-SMITH

Question. As CMS and Congress contemplate how to address Medicare telehealth policy this year, we must ensure that provider safety is a top priority. As you know, since the beginning of the COVID-19 pandemic, CMS has allowed providers who render telehealth services from their home or other location to list a practice address on their Medicare enrollment and billing forms rather than their home address. We applaud CMS for extending this flexibility through 2024 within last year's Physician Fee Schedule. This has allowed all providers, but specifically in the mental health and behavioral space, to feel comfortable providing telehealth services from their homes and has alleviated administrative and operational barriers for healthcare systems and providers across the country. We cannot go back to pre-pandemic policy where providers are required to list their home address.

Can you commit to implementing an address requirement that is not administratively or operationally burdensome for healthcare systems and ensures provider safety and privacy?

Answer. CMS recognizes that telehealth plays a growing role in supporting beneficiary access to the care they need. CMS also acknowledges concerns about privacy and safety related to provider's home addresses being shared. In the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS) final rule, CMS finalized a policy to continue to permit the distant site practitioner to use their currently enrolled practice location instead of their home address when providing telehealth services from their home until the end of 2024. Additionally in the CY 2024 PFS final rule, we requested further information from interested parties to better understand the scope of considerations involved with including a practitioner's home address as an enrolled practice location when that address is the distant site location where they furnish Medicare telehealth services. The requested information will inform future enrollment and payment policy development as we continue to consider this issue for future rulemaking.

Question. Mr. Secretary, as you may know the poultry and cattle industries are critical to Mississippi's economy, and in recent years the transmission of highly pathogenic avian influenza has decimated the production of eggs, which in turn drives the price up for the already financially stressed American consumer. Just last year we saw egg prices increase almost 40% at the peak of the bird flu spreading around my state. Now we see it spreading to cattle, which is no less alarming. Mr. Secretary I know cows and chickens are not in the business of HHS, but the fact that this deadly flu has already sickened one cattle worker in Texas is deeply troubling to me, and I want to make sure your agency is focused on ensuring we have the personal protective equipment to keep farm workers safe, and vaccines and therapeutics ready to go if HPAI begins spreading more easily between people in the future.

Are any efforts ongoing to determine whether the virus may already be circulating in people asymptotically or undiagnosed? To what extent is the CDC leveraging its advanced molecular detection program for this purpose?

Answer. Multiple CDC surveillance systems are used year-round for seasonal flu and other illnesses that help the agency monitor the health of the U.S. public. These public health systems are routinely used to detect rare events, like single human infections with influenza viruses. In addition to traditional surveillance systems, we are also exploring how wastewater surveillance might be used to monitor for influenza A (H5N1). CDC has also developed a research study protocol to assess the prevalence of H5N1 among dairy workers. Analysis of this information will help CDC and state partners to determine whether there is asymptomatic or undiagnosed spread of H5N1.

Additionally, CDC's SPHERES SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES) consortium and Pathogen Genomics Centers of Excellence (PGCoE) programs allow us to leverage advanced molecular detection in response to H5N1.

CDC's Advanced Molecular Detection (AMD) program has been working to bring sequencing into regular public health practice since 2014. In 2020, the AMD program established the SPHERES consortium as a forum to facilitate knowledge sharing around SARS-CoV-2 sequencing. SPHERES brings together scientists from clinical and public health laboratories, academic institutions, and the private sector for discussions around interdisciplinary and innovative research and applied public health pathogen genomics, bioinformatics, and genomic epidemiology. SPHERES shares information about ongoing work across sectors that advances opportunities for collaboration as we respond to and continue to learn more about the outbreak.

In addition, CDC's AMD program established five PGCoE in 2022 to foster innovation and improve technical capacity in pathogen genomics, molecular epidemiology, and bioinformatics to better prevent, control, and respond to microbial threats of public health importance. Each PGCoE site consists of a health department and one or more academic institutions, and two of these PGCoE sites are focusing on One Health approaches—at the interface of animals, humans, and the environment—to help protect human health against the risk of zoonotic pathogens. For example, the Washington Animal Disease Diagnostic Laboratory used funding awarded to the Northwest PGCoE to build genomic sequencing capacity for surveillance of highly pathogenic avian influenza in animals. As a result, Washington unified sequencing protocols across veterinary and human health to monitor and detect spill-over events, assess the risk of mammal-to-mammal transmission, and stop threats before they spread to humans.

Question. What would have to happen to trigger the CDC to raise the level of its risk assessment? If the CDC does change its assessment, how will it communicate this to the general public? What will its recommendations for the public be?

Answer. CDC continuously assesses the risk of HPAI to the public based on animal and human data. As new data are obtained, CDC analyzes the data for any indications that the virus may become more transmissible to humans or may impact the use of antiviral drugs, available candidate vaccine viruses, or diagnostics. CDC is using its Influenza Risk Assessment Tool (IRAT) to assess new information and data from the current HPAI outbreak and the potential pandemic risk posed by the H5N1 virus in cattle.

CDC is currently sharing weekly updates on its website with the latest data, guidance, and information on H5N1. Additionally, there are U.S. Government Unified Coordinating Group press conferences as well as calls with public health national and state partners that are channels for communicating new information on H5N1.

Question. The HHS Pandemic Influenza Plan was last updated in 2017. Based on the many challenges of the national COVID-19 response, is HHS confident that executing this plan will be effective?

Answer. The last update to the HHS Pandemic Influenza Plan was in 2017 (<https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf>). Plans are developed to provide general guidance for response to emerging incidents. They form the base guidance and assist in organization and general understanding of roles and responsibilities between Federal, state, territorial, tribal, and private-sector partners. However, every response has specific considerations, and some deviations from planning documents occur if and as requirements shift. Plans are reviewed periodically to incorporate lessons learned from responses. The general concepts included in this Plan are effective to guide the initial response and provide a roadmap for all involved. As noted, deviations can and do occur from planning documents based on the specific requirements of the emerging incident. Plans are simply plans and best practices that could be utilized for the response.

Question. What are the CDC and ASPR doing right now to get ahead of a potential avian flu pandemic declaration? What preparedness steps are they taking?

Answer. As part of the current U.S. government coordinated response to the H5N1 outbreak in cattle, CDC is working closely with our Federal partners, including the Office of Pandemic Preparedness and Response Policy (OPPR), ASPR, USDA, and FDA. CDC has liaisons from USDA, ASPR, and FDA integrated into CDC's incident command structure, and CDC communicates on an ad-hoc basis to share technical information across relevant agencies. CDC's SARS-CoV-2 Sequencing for Public Health Emergency Response, Epidemiology and Surveillance (SPHERES) consortium and Pathogen Genomics Centers of Excellence (PGCoE) programs allow us to leverage advanced molecular detection in response to H5N1.

CDC's Advanced Molecular Detection (AMD) program has been working to bring sequencing into regular public health practice since 2014. In 2020, the AMD program established the SPHERES consortium as a forum to facilitate knowledge sharing around SARS-CoV-2 sequencing. SPHERES brings together scientists from clinical and public health laboratories, academic institutions, and the private sector for discussions around interdisciplinary and innovative research and applied public health pathogen genomics, bioinformatics, and genomic epidemiology. SPHERES is hosting presentations and discussions about the highly pathogenic avian influenza H5N1 outbreak to share information about ongoing work across sectors that advances opportunities for collaboration as we respond to and continue to learn more about the outbreak.

In addition, CDC's AMD program established five PGCoE in 2022 to foster innovation and improve technical capacity in pathogen genomics, molecular epidemiology, and bioinformatics to better prevent, control, and respond to microbial threats of public health importance. Each PGCoE site consists of a health department and one or more academic institutions, and two of these PGCoE sites are focusing on One Health approaches—at the interface of animals, humans, and the environment—to help protect human health against the risk of zoonotic pathogens. For example, the Washington Animal Disease Diagnostic Laboratory used funding awarded to the Northwest PGCoE to build genomic sequencing capacity for surveillance of highly pathogenic avian influenza in animals. As a result, Washington unified sequencing protocols across veterinary and human health to monitor and detect spill-over events, assess the risk of mammal-to-mammal transmission, and stop threats before they spread to humans.

While the risk to humans remains low, ASPR does have a number of preparedness programs that HHS could leverage if necessary. As always, states can request PPE from the SNS if needed, supplementing what is already commercially available or available in state-managed stockpiles. This PPE is available to protect farm workers and others who may come in contact with infected animals and includes face shields, face masks, goggles, and gowns. ASPR has reminded states of this resource should they need it.

In addition, ASPR has tens of millions of antivirals in the SNS, many of which are also available on the consumer market. The antivirals are available to treat anyone who may test positive for the virus, and as you heard from CDC, we are not seeing resistance to these antivirals in the current H5N1 strain.

And finally, we have two candidate vaccines that are well-matched to the circulating strain of H5N1 through ASPR's pre-pandemic influenza preparedness program. Hundreds of thousands of vaccine doses could be deployed quickly, potentially in a matter of weeks if needed, subject to appropriate FDA review and action. If additional funding is provided, over 100 million doses could be manufactured in the coming months. Our flu preparedness program is designed to be fast-moving and flexible, and we continue to look for ways to innovate. As such, we have requested proposals for an mRNA platform for influenza vaccines, which could be integrated into this program. We are currently in discussions with companies about these proposals and hope to announce more soon.

Currently, ASPR's U.S. National Pre-Pandemic Influenza Vaccine Stockpile (NPivs) program would be best positioned to support a rapid response. The NPivs was designed to support the development and manufacturing of countermeasures to influenza strains as they evolve. NPivs works closely with industry partners to make and test updated vaccines that match new strains of influenza viruses with pandemic potential as they emerge, while at the same time supporting manufacturing capacity to allow for large-scale vaccine production if needed. Vaccine candidates being developed and tested under this preparedness program, in close coordination with manufacturers, are expected to match the current strain.

Question. Do we expect the pandemic influenza medical countermeasures (vaccines, antivirals, diagnostics) that we have available in the U.S. work against this strain of influenza?

Answer. ASPR's U.S. National Pre-Pandemic Influenza Vaccine Stockpile (NPISV) program would be best positioned to support a rapid response. The NPISV was designed to support the development and manufacturing of countermeasures to influenza strains as they evolve. NPISV works closely with industry partners to make and test updated vaccines that match new strains of influenza viruses with pandemic potential as they emerge, while at the same time supporting manufacturing capacity to allow for large-scale vaccine production if needed. Vaccine candidates being developed and tested under this preparedness program, in close coordination with manufacturers, are expected to match the current strain.

Question. Mr. Secretary, the University of Mississippi Medical Center, the only academic medical center in Mississippi, is working to achieve NCI designation. As you likely know, the cancer outcomes in Mississippi are much worse than the national average, yet there is not an NCI-designated center in Arkansas, Louisiana, or Mississippi, which means Mississippians have to go quite far in some cases to get access to the cutting-edge trials and treatments that these centers can offer. Because of the serious healthcare challenges Mississippians face, the reality of our healthcare disparities, the rural nature of my state and our high levels of poverty, I believe there is no place that needs access to cutting-edge cancer care more than Mississippi.

Please share your thoughts on how achieving this designation and bringing these trials and treatments to Mississippi will change lives in our state?

Would you commit to helping guide UMMC as it works to establish the infrastructure and garner the needed resources to achieve this designation?

Answer. The NCI Cancer Centers Program²² represents a substantial financial commitment to supporting breakthrough approaches to preventing, diagnosing, and treating all types of cancers. The program currently supports 72 NCI-Designated Cancer Centers, in 36 states and the District of Columbia; there are 57 Comprehensive Cancer Centers, 8 Clinical Cancer Centers, and 7 Basic Laboratory Cancer Centers. The NCI-Designated Cancer Centers are recognized for their scientific leadership in laboratory and clinical research, in addition to serving their communities and the broader public by integrating training and education for biomedical researchers and healthcare professionals. These centers dedicate significant resources toward developing research programs, faculty, and facilities that will lead to better and innovative approaches to cancer prevention, diagnosis, and treatment. NCI supports the research infrastructure for designated cancer centers to advance scientific goals and foster cancer programs that draw together investigators from different disciplines.

The NCI Office of Cancer Centers²³ (OCC) consults on a regular basis with cancer centers such as the University of Mississippi Medical Center (UMMC) planning a first-time application for NCI designation. The timeline for attainment of the designation varies greatly, depending on the status of the center at the time of initial contact with OCC. If the center needs to both build the research base and address other essential characteristics prior to application, the process may easily take a decade or more, depending on resources available, leadership, and other factors. If it already has significant cancer research funding, and needs only to refine its organizational capabilities, the process may take only a few years. The OCC is pleased to continue working with UMMC on this process and recognizes the opportunity that UMMC has to improve services for medically underserved, rural populations in their catchment area.

NCI remains committed to providing access to cancer clinical trials to communities throughout the United States, including those with rural and underserved populations. In addition to the NCI-Designated Cancer Centers, the NCI Community Oncology Research Program (NCORP) is a national network that brings cancer clinical trials and care delivery studies to people in their own communities. NCORP is comprised of 7 Research Bases and 46 Community Sites, two of which serve Mississippi by providing access to NCI-approved cancer clinical trials and research studies.

Question. Mr. Secretary, in a 2016 final rule, CMS required all 50 states to use the National Average Drug Acquisition Cost (NADAC or nay-dak) when calculating Medicaid prescription drug reimbursements. This has led to transparency in Medicaid programs and potentially saved Medicaid programs millions of dollars. If applied to Medicare Part D plans, it seems like the NADAC methodology would:

- Increase transparency,
- Save the Federal government and seniors money,
- Decrease drug prices,

²² cancer.gov/research/infrastructure/cancer-centers.

²³ cancercenters.cancer.gov.

- Prevent steering to certain pharmacies,
- Promote fair reimbursements, and
- Help avoid the closure of independent pharmacies.

If the NADAC methodology seems to be a cost saver, why is CMS not requiring this methodology to be used for Medicare Part D plans?

Answer. Section 1860D–11(i) of the Social Security Act generally prohibits CMS from interfering in negotiations between drug manufacturers, pharmacies, and prescription drug plan sponsors or from instituting a price structure for the reimbursement of covered Part D drugs. Consequently, CMS cannot require Part D sponsors to use the National Average Drug Acquisition Cost (NADAC) when establishing and making payments for Part D drugs.

Nonetheless, we continue to encourage Part D plan sponsors to work with pharmacies to increase transparency, decrease drug prices, and address pharmacy cash flow concerns. On November 6, 2023, we published a memo to all Part D plan sponsors via CMS' Health Plan Management System (HPMS) titled "Application of Pharmacy Price Concessions to the Negotiated Price at the Point of Sale Beginning January 1, 2024," which reiterates and emphasizes several key points related to pharmacy price concessions that CMS also stated in the Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs final rule. Within the memo, we strongly encouraged Part D plan sponsors to consider options such as payment plans or alternate payment arrangements in advance of the January 1, 2024, implementation date of the policy. CMS additionally emphasized that Part D plan sponsors must meet the prompt payment requirements at 42 C.F.R. § 423.520 and pharmacy access standards at § 423.120.

CMS uses existing monitoring and enforcement operations to ensure that Part D plan sponsors comply with the access requirements prescribed in § 423.120 and prompt payment requirements in § 423.520. CMS conducts quarterly analyses of all Part D plan sponsors' networks for the contract year to identify Part D plan sponsors that are not meeting the pharmacy access standards as required by § 423.120(a)(1). Part D plan sponsors that do not meet the standards will receive compliance actions, where the level of the compliance action escalates when there is repeated noncompliance in consecutive quarters. Additionally, CMS monitors the status of Part D sponsors' complaints from beneficiaries and providers, such as pharmacies. Prompt payment or pharmacy access violations that come to CMS' attention can result in a compliance action (or, if the impact on beneficiary access is severe enough, an enforcement action, such as civil monetary penalties and suspension of enrollment).

More recently, we reiterated these points in our December 14, 2023, "CMS Letter to Plan Sponsors and Pharmacy Benefit Managers," available at <https://www.cms.gov/newsroom/fact-sheets/cms-letter-plans-and-pharmacy-benefit-managers>, where we identified several concerns about practices by some plans and PBMs that threaten the sustainability of pharmacies and impede access to care. We encouraged plans and PBMs to work with pharmacies to alleviate these issues and safeguard access to care.

We are committed to ensuring beneficiaries have access to necessary health services. We value the critical role pharmacies play in healthcare delivery and recognize that we must address the needs of pharmacies to serve our beneficiaries effectively. We will continue to engage with stakeholders and consider policies for inclusion in future rulemaking that would lower prescription drug costs for beneficiaries, address challenges that pharmacies face, and improve the quality of pharmacy care.

Question. Pivoting to another issue within the pharmacy space—Medicare Part D Convenient Access Standards. These standards are based on arbitrary geographic locations. For instance, the standard says at least 70 percent of Medicare beneficiaries who live in rural areas served by a Part D sponsor, should live within 15 miles of a network pharmacy. Often beneficiaries, who live within that 15 miles, may only have two choices: a single retail pharmacy 15 miles away and maybe the plan-owned, PBM-affiliated mail order service. Simply put, there is no real choice for the beneficiary and there is no competition in the market.

For the plans that meet the Part D Convenient Access Standards, what percentage of service areas have more than 1 pharmacy meeting the distance standard?

What data is available that details how many beneficiaries in urban, suburban, and rural areas have access to more than one in-network pharmacy within those distances?

Would tightening the distance requirements and directing plans to partner with more than one brick-and-mortar pharmacy and/or partner with a non-PBM-affiliated mail order pharmacy improve access, increase competition, and help promote drug adherence for beneficiaries?

Answer. CMS is committed to ensuring that Part D sponsors establish a pharmacy network sufficient to ensure access to covered Part D drugs for their enrollees. Part D sponsors must demonstrate that they provide: (1) convenient access to retail pharmacies for all enrollees; (2) adequate access to home infusion pharmacies for all enrollees; (3) convenient access to LTC pharmacies for enrollees residing in LTC facilities; and (4) convenient access to I/T/U pharmacies for American Indian/Alaska Native (AI/AN) enrollees.

The convenient access standards are applied to different types of Part D sponsors. Regional MA-PD and PDP sponsors must meet or exceed the convenient access standards across urban, suburban, and rural areas, respectively, in each State in which they operate. To the extent that a regional MA-PD or PDP sponsor operates in a multi-region or national service area, it will be required to meet the convenient access standards in each State in that multi-region or national service area; the sponsor may not meet the convenient access standards by applying those standards across the entire multi-State geographic area it services. Local-MA-PD sponsors must meet or exceed the convenient access standards across urban, suburban, and rural areas, respectively, in each service area (including multicounty service areas) in which they operate. Cost plans must meet or exceed the convenient access standards across urban, suburban, and rural areas, respectively, in each geographic area in which they operate. Part D sponsors may count I/T/U pharmacies and pharmacies operated by FQHCs and RHCs toward the standards for convenient access to retail pharmacies detailed above. CMS reviews Part D sponsors' pharmacy network submissions to ensure that inclusion of I/T/U, FQHC, and RHC pharmacies in contracted pharmacy networks does not substitute for the inclusion in Part D plan networks of retail pharmacies.

MA-PD plans or cost plans that provide access (other than via mail order) to qualified prescription drug coverage through retail pharmacies owned and operated by the MA organization that offers the plan or the cost plan are not required to meet the retail pharmacy access standards. MA-PD plans and cost plans may receive waivers from meeting these standards. However, in order for the pharmacy access standards to be waived, the MA-PD plan or cost plan in question must have a pharmacy network that, per CMS' determination, provides comparable pharmacy access to its enrollees as provided under 42 CFR 422.112 or 42 CFR 417.416(e), as appropriate. This waiver is automatically granted when the MA-PD plan or cost plan provides Part D drugs predominantly through plan-owned and operated retail pharmacies (i.e., more than 50 percent of prescriptions are provided through owned and operated retail pharmacies). While this waiver of the convenient retail access standards is automatically granted to plans that meet this criteria, MA-PD and cost plans using this waiver must initially submit information to CMS about the number of prescriptions filled at plan-owned retail pharmacies and at contracted pharmacies, and the percentage of prescriptions provided through plan-owned retail pharmacies during the last complete year prior to the contract year when the waiver applies. Part D sponsors that have been granted this waiver are required to provide CMS with data on an annual basis on prescriptions filled at plan-owned and operated retail pharmacies.

CMS conducts quarterly analyses of all Part D plan networks for the contract year to identify Part D sponsors that are not meeting the pharmacy access standards as required by §423.120(a)(1). CMS uses Medicare Plan Finder data to determine whether sponsors meet pharmacy access requirements on a quarterly basis. Sponsors that do not meet the standards receive compliance actions as described in §423.505(n). Compliance with pharmacy access standards is generally high among the Part D plans and no sponsor has failed to meet access standards for multiple consecutive quarters.

Question. Unfortunately, nearly three decades ago, Members of Congress decided that telehealth had great potential. . . but only for certain patients in certain settings and in certain geographic locations. They did not know then what the 21st century would bring and how telehealth and technology would evolve to be something as convenient as pressing a button. We now have the opportunity to fix mistakes and empower patients and their providers to decide when and where telehealth works.

Secretary Becerra, I understand healthcare providers are regulated at the state level and held accountable by their licensure boards; state laws also dictate things like what types of telehealth modalities can be used (audio vs video vs message). At the Federal level, HHS's OIG, CMS, the FTC, and even the DEA all have policies and mechanisms in place to help contain fraud/waste/abuse, ensure patient safety, and decide the appropriateness of individual covered services.

Do we really need Federal Medicare statute-on top of all of these mechanisms and guardrails -to restrict access to care based on something as arbitrary as the patient's location?

Answer. HHS and CMS continually consider how to best ensure access to medically necessary items and services and makes changes where appropriate and permissible under our statutory authority. We recognize the vital role that telehealth can play in the delivery of care, particularly among populations that are underserved. We implemented Section 4113 of the Consolidated Appropriations Act, 2023, which extended many telehealth flexibilities adopted during the public health emergency for COVID-19 through December 31, 2024. Additionally, through notice-and-comment rulemaking, the CMS solicited public comment and implemented regulatory changes that have permanently expanded certain telehealth policies that are within the agency's authority to modify. Some changes to Medicare telehealth policy would require legislative action to amend the statute, and we look forward to our continued work with Congress on this crucial issue.

Question. As we stated in the hearing, in 2003, Congress established the Rural Community Hospital Demonstration Program to test an alternative payment model for rural hospitals that were facing financial constraints with Medicare's inpatient prospective payment system (IPPS). Congress has extended the program several times, most recently in the Consolidated Appropriations Act of 2021.

Mississippi ranks among the states with the highest rates of hospitals at risk of closing. This demonstration program could serve as a means to keeping their rural hospital doors open to serve their communities in need of high-quality healthcare. However, CMS has not solicited applications since 2017 despite, as I understand it, there being a handful of open spots in the program.

Do you believe this program has been helpful to rural hospitals facing closure and we should extend the program when the time comes?

The program allows for 30 hospitals to participate, how many spots are currently open in the program?

Can you commit to working with me to solicit applications for the program and to find ways to help hospitals keep their doors open in rural areas?

Answer. The Rural Community Hospital Demonstration (RCHD) was authorized under the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 "to test the feasibility and advisability of the establishment of rural community hospitals to furnish covered inpatient hospital services to Medicare beneficiaries." The goal of the RCHD is to strengthen the financial condition of small, rural community hospitals and help them to meet the needs of Medicare beneficiaries who reside in their market areas by providing the potential for higher Medicare payments for covered inpatient hospital services.

In an evaluation of the RCHD, CMS found that prior to joining the demonstration, RCHD hospitals tended to have lower Medicare inpatient margins than eligible non-participant hospitals. Once hospitals joined the RCHD, they received payments for inpatient services that were, in general, much higher than they would have received under either IPPS or SNF PPS. For the cohort of hospitals that joined in FY 2018, results show that, on average, participation in the RCHD resulted in large, positive, and statistically significant increases in their Medicare inpatient and combined margins, bringing hospitals closer to the break-even point. For continuing RCHD hospitals, results show that, on average, the RCHD did not result in any additional changes in their Medicare inpatient and combined margins relative to the changes they already experienced. In 2024, 22 hospitals are participating in the demonstration. We are happy to work with you on the important issue of access to hospital care in rural areas.

Question. On February 13, 2024, HHS OIG released an audit that demonstrated that even during the height of the pandemic when everyone was using telehealth and providers were only starting to figure out how to bill for the services, there was no evidence of fraud and no reason for policies that restrict access to telehealth.

As Congress considers permanently extending telehealth flexibilities for Medicare, do you agree with your OIG that fraud should not be a main concern? Do CMS and OIG have the appropriate authorities and tools to catch potential fraud—regardless of modality (in-person, via telehealth, etc.)?

Answer. HHS and CMS continually consider how to best ensure access to medically necessary items and services and makes changes where appropriate and permissible under our statutory authority. We recognize the vital role that telehealth can play in the delivery of care, particularly among populations that are underserved. We implemented Section 4113 of the Consolidated Appropriations Act, 2023, which extended many telehealth flexibilities adopted during the public health emergency for COVID-19 through December 31, 2024. Additionally, through notice-and-comment rulemaking, the CMS solicited public comment and implemented regu-

latory changes that have permanently expanded certain telehealth policies that are within the agency's authority to modify. Some changes to Medicare telehealth policy would require legislative action to amend the statute, and we look forward to our continued work with Congress on this crucial issue.

CMS recognizes the importance of analyzing the impact of these changes, and, as such, immediately evaluated the waivers and flexibilities issued by the Agency to determine the potential for fraud, waste, and abuse in the Medicare program. This process included identifying program integrity risks and vulnerabilities associated with the waivers and flexibilities; prioritizing those with the largest potential for financial loss, beneficiary harm and/or likelihood of occurrence; and creating mitigations that addressed these program integrity risks and vulnerabilities, including those related to telehealth.

One such mitigation strategy was the continued use of data analytics to identify potential program integrity risks. During and after the PHE, CMS has continued to analyze claims data to monitor, trend, and respond to existing telehealth fraud schemes and to detect and respond to potential new emerging fraud schemes. CMS uses a robust program integrity strategy to reduce and prevent Medicare improper payments, which includes the use of the Fraud Prevention System (FPS). The FPS is a predictive analytics technology that runs sophisticated algorithms against Medicare Fee-For Service (FFS) claims nationwide. When FPS models identify aberrant activity or patterns, the system automatically generates and prioritizes leads for further review and investigation by Unified Program Integrity Contractors (UPICs). Based on the results of all information collected, the UPICs coordinate with CMS and the Medicare Administrative Contractors in taking appropriate administrative action to recover improper payments and prevent future loss of funds, or the UPICs refer the case to law enforcement.

Additionally, CMS has supported our Federal law enforcement partners during and after the PHE on various fraud schemes including those related to telehealth. CMS continues to meet regularly with law enforcement to discuss new cases, fraud referrals, active UPIC and law enforcement cases, and paths for various administrative actions.

CMS has also taken action to prevent improper Medicare payments by educating healthcare providers and suppliers on proper billing. For example, CMS has undertaken a number of stakeholder calls including open door forums and Medicare Learning Network calls, as well as published numerous pieces of subregulatory guidance designed to educate practitioners on the additional telehealth flexibilities, including how to appropriately bill for these services.

Question. A bipartisan coalition of State Attorneys General raised serious concerns over the past several years about the incumbent grant recipient for the human trafficking hotline, Polaris, declining to forward tips about trafficking to law enforcement. The AGs note that proper reporting of these tips plays a vital part in achieving our national goals of disrupting human trafficking operations and helping victims recover from the trauma and abuse they suffered. They say, for example:

Attorney General Rob Bonta (D-CA): "Utilizing Polaris effectively and to its full potential is crucial in gathering intelligence to combat trafficking, which should include forwarding third-party tips as originally intended. Law enforcement relies on third-party tips to determine if a vulnerable victim is at risk from a trafficker. Even the smallest tip from a concerned citizen can play a significant role in an investigation, leading to the dismantling of a trafficking ring, rescuing trafficking victims from a life of violence, and providing critical support for victims through shelters and service providers. This intelligence is instrumental in ensuring the safety of those affected by trafficking, allowing survivors to rebuild their lives with assistance from dedicated organizations."

Attorney General Josh Kaul (D-WI) says, "Getting information to law enforcement can make it possible for officers to hold traffickers accountable. Ensuring that law enforcement receives third-party tips about potential human trafficking can make communities safer."

The ACF FY 2025 Congressional Justification report appears to indicate that the Administration agrees that such reporting is important, agrees that it is a key function of the National Human Trafficking Hotline, and has taken the concerns of these Attorneys General and other law enforcement seriously. It notes that the Administration has been providing more oversight, technical assistance, and monitoring of the Hotline's operations. However, according to the Attorneys General, there is a serious disconnect between what you are reporting—or what Polaris is reporting to you—and what these Attorneys General are experiencing because they report no actual change in reporting, no apparent change in protocols, and no known outreach.

Can you please provide further information on the updates in your justification, specifically:

Has Polaris provided any data on its “concerted efforts to improve coordination and provide tips to law enforcement about all potential trafficking incidents.” For instance, can you provide the number of third-party tips (that is, called in by an individual who is not the victim), the number of those tips forwarded to law enforcement, and the breakdown of each by the age of the possible victim?

Answer. The National Human Trafficking Hotline (Hotline or NHTH) grant recipient is making concerted efforts to improve coordination and provide tips to law enforcement about potential trafficking incidents. The Hotline grant recipient has also conducted a review and update of its protocols for providing tips to law enforcement, convened meetings with law enforcement partners in its database, developed a Public Service Announcement about the Hotline services and coordination with law enforcement for use in law enforcement training on human trafficking, and made efforts to clarify the types of information necessary to make a report law enforcement.

Hotline data are dynamic. All data reflects a single point in time and figures are subject to change as the Hotline engages in continuous data validation and cleansing efforts. For example, multiple individuals, including potential victims, may contact the Hotline one or multiple times regarding the same potential trafficking situation, which complicates computation of “tips forwarded to law enforcement” by contactor type. Additionally, the specific ages of potential victims are frequently not known or reported, particularly among third-party contactors.

In calendar year (CY) 2023, the NHTH reported 2,442 likely situations of trafficking to law enforcement, 552 of which were situations in which the potential victim was the initial signaler to contact the NHTH.²⁴ The initial signaler to contact the NHTH in the remaining 1,890 likely situations of trafficking reported to law enforcement was someone other than the potential victim.

—Of the 552 likely situations of trafficking reported to law enforcement in which the potential victim was the initial signaler, 172 situations involved minors. Of the 1,890 likely situations of trafficking reported to law enforcement where the initial signaler was not the potential victim, 1,439 situations involved minors.

Question. Please provide the updates made to “its protocols for providing tips to law enforcement.” Is the clarification about the “types of information necessary to make a report [to] law enforcement” part of these updates? If not, please share that as well.

Answer. The following updates were made to the Hotline law enforcement protocols: a) removals of specific officers from protocol contact lists in response to turnover or reassignment; b) updates of existing law enforcement information; c) any enhancement made; d) new protocols created; f) comprehensive restructuring of report recipients; g) specialist in human trafficking added; h) reorganized by victim type; i) new agency added; j) emergency contact added; and k) human trafficking coordinator added.

The Hotline updates do not reflect new information about how to make a report to law enforcement. ACF has required that the Hotline grant recipient consult with law enforcement regarding the information needed and the appropriate format for transmitting tips from the Hotline. ACF plans to consult independently with law enforcement officials regarding the same. This information will inform requirements incorporated in the next Notice of Funding Opportunity (NOFO).

Question. Has Polaris provided a list of the meetings it has convened with “law enforcement partners” or the “16 community-based awareness events,” which included law enforcement, or a list of the “more than 1,000 new contacts” made to its law enforcement points of contact database? Can you share what jurisdictions these cover?

Answer. ACF maintains regular contact with the Hotline grant recipient, which includes discussions about meetings, community awareness conferences, and events it initiates or participates in. Such convenings include Federal, state, and local law enforcement including those from the Departments of Justice, FBI Prosecution Units, Human Trafficking Task Force representatives, and child protection services professionals in CA, CT, DE, FL, IL, MI, MO, NC, TX, VA, and WI.

Question. As you noted, Polaris receives the final year of funding for its current grant cycle in FY 2024. Can you please share the steps that ACF intends to take to ensure that whatever recipient is awarded the Hotline grant next will operate the Hotline in a more cooperative manner with law enforcement? Further, please

²⁴ The initial signaler is the first person who communicates with the hotline about the situation and includes people directed to call on behalf of the potential victim, service providers with consent to contact, and other third parties. Some situations of trafficking may have more than one signaler; in some of these cases we may also have heard from the potential victim after the initial signaler contacted the Trafficking Hotline.

share the timeline ACF will pursue for awarding funds for the next five-year project.

Answer. ACF convenes bi-weekly meetings with the Hotline grant recipient to monitor hotline operations. During those meetings the grant recipients describe ongoing efforts with law enforcement and provide updates about any concerns raised by law enforcement representatives. In addition, ACF is incorporating additional language in the next NOFO outlining specific coordination requirements with law enforcement.

ACF is in the process of drafting the NOFO to solicit proposals to operate the National Human Trafficking Hotline. The award of a new cooperative agreement will be made in 2025. ACF anticipates issuance of the NOFO in December 2024, with applications anticipated to be due in March 2025 and grants awarded anticipated in April 2025.

Question. How many Part D plans have a mail-order pharmacy in-network?

How many of those are vertically integrated?

How many of these plans offer more than 1 mail-order pharmacy as in-network options?

Is there any data available detailing how long it takes for mail order pharmacies to get prescriptions to a Part D patient?

Can you locate the “statement of work of solicitation (#MDA906—03—R—0002) of the Department of Defense under the TRICARE Retail Pharmacy (TRRx) as of March 13, 2003” that is the codified benchmark for Medicare convenient access standards?

What is the medication adherence rate of Medicare Part D beneficiaries? Is there any data pointing to how many medications are never picked up? (first fill or refill?)

Are there any metrics—other than geographic distance—that could measure adherence and true access to medications? Anything used by URAC? How about proportion days covered?

Answer. HHS is committed to ensuring Medicare Advantage (MA) and Medicare Part D prescription drug plans best meet the needs of people with Medicare, and this administration has taken action to ensure MA and Part D prescription drug plans remain strong, stable, and affordable. Each Part D plan must give at least a standard level of coverage set by Medicare. Part D plans can vary on which pharmacies they use, prescription drugs they cover, and how much they charge.

Part D sponsors must secure the participation in their pharmacy networks of a sufficient number of retail pharmacies that dispense drugs directly to patients (other than by mail order) to ensure convenient access to covered Part D drugs by Part D plan enrollees. The inclusion of mail-order pharmacies in Part D plan networks is optional. Network mail-order pharmacies do not count toward meeting the retail pharmacy access requirements. Additionally, Part D sponsors that include mail-order pharmacies in their networks must permit enrollees to receive benefits, which may include an extended supply of covered Part D drugs (for example, a 90-day supply), through a network retail pharmacy rather than a network mail-order pharmacy, if they so choose.

CMS publishes the MA and Part D Star Ratings each year to measure the quality of health and drug services received by consumers enrolled in MA and Part D plans. The Star Ratings system includes data on medication adherence and are publicly available online.²⁵

The Monthly Prescription Drug Plan Formulary and Pharmacy Network Information files²⁶ contain formulary and pharmacy network data for Medicare Prescription Drug Plans and MA plans and are publicly available online.

With respect to vertical integration, we know that the increasing level of vertical integration that is occurring among plans, PBMs, and their own pharmacies has the potential to result in anticompetitive behavior and place independent pharmacies at a disadvantage. That is why, in a December 14, 2023 letter to PBMs and plans, CMS urged plans and PBMs to engage in sustainable and fair practices with all pharmacies—not just pharmacies owned by PBMs. CMS also solicited comment in a request for information issued on August 1, 2022 on all aspects of data related to the MA program, including the impact of mergers and acquisitions, high levels of enrollment concentration, and the effects of vertical integration.²⁷ CMS is closely

²⁵ <https://www.cms.gov/files/document/101323-fact-sheet-2024-medicare-advantage-and-part-d-ratings.pdf>.

²⁶ <https://data.cms.gov/provider-summary-by-type-of-service/medicare-part-d-prescribers/monthly-prescription-drug-plan-formulary-and-pharmacy-network-information>.

²⁷ <https://www.Federalregister.gov/documents/2024/01/30/2024-01832/medicare-program-request-for-information-on-medicare-advantage-data>.

monitoring plan compliance with CMS network adequacy standards and other requirements.

Question. MA–PD plans are automatically waived from the convenient access standard requirements if they own their own retail pharmacy and demonstrate that 50% of prescriptions are filled there.

Is there any data on medication adherence in these plans?

Does disregard of the convenient access standard impact beneficiaries' access to medications?

Is there any data capturing the geographic distance of these pharmacies to beneficiaries and if the plans—if not waived—would be able to meet the convenient access standards?

Answer. CMS is committed to ensuring that Part D sponsors establish a pharmacy network sufficient to ensure access to covered Part D drugs for their enrollees. Part D sponsors must demonstrate that they provide: (1) convenient access to retail pharmacies for all enrollees; (2) adequate access to home infusion pharmacies for all enrollees; (3) convenient access to LTC pharmacies for enrollees residing in LTC facilities; and (4) convenient access to I/T/U pharmacies for American Indian/Alaska Native (AI/AN) enrollees.

The convenient access standards are applied to different types of Part D sponsors. Regional MA–PD and PDP sponsors must meet or exceed the convenient access standards across urban, suburban, and rural areas, respectively, in each State in which they operate. To the extent that a regional MA–PD or PDP sponsor operates in a multi-region or national service area, it will be required to meet the convenient access standards in each State in that multi-region or national service area; the sponsor may not meet the convenient access standards by applying those standards across the entire multi-State geographic area it services. Local-MA–PD sponsors must meet or exceed the convenient access standards across urban, suburban, and rural areas, respectively, in each service area (including multicounty service areas) in which they operate.

Cost plans must meet or exceed the convenient access standards across urban, suburban, and rural areas, respectively, in each geographic area in which they operate. Part D sponsors may count I/T/U pharmacies and pharmacies operated by FQHCs and RHCs toward the standards for convenient access to retail pharmacies detailed above. CMS reviews Part D sponsors' pharmacy network submissions to ensure that inclusion of I/T/U, FQHC, and RHC pharmacies in contracted pharmacy networks does not substitute for the inclusion in Part D plan networks of retail pharmacies.

MA–PD plans or cost plans that provide access (other than via mail order) to qualified prescription drug coverage through retail pharmacies owned and operated by the MA organization that offers the plan or the cost plan are not required to meet the retail pharmacy access standards. MA–PD plans and cost plans may receive waivers from meeting these standards. However, in order for the pharmacy access standards to be waived, the MA–PD plan or cost plan in question must have a pharmacy network that, per CMS' determination, provides comparable pharmacy access to its enrollees as provided under 42 CFR 422.112 or 42 CFR 417.416(e), as appropriate. This waiver is automatically granted when the MA–PD plan or cost plan provides Part D drugs predominantly through plan-owned and operated retail pharmacies (i.e., more than 50 percent of prescriptions are provided through owned and operated retail pharmacies). While this waiver of the convenient retail access standards is automatically granted to plans that meet this criteria, MA–PD and cost plans using this waiver must initially submit information to CMS about the number of prescriptions filled at plan-owned retail pharmacies and at contracted pharmacies, and the percentage of prescriptions provided through plan-owned retail pharmacies during the last complete year prior to the contract year when the waiver applies. Part D sponsors that have been granted this waiver are required to provide CMS with data on an annual basis on prescriptions filled at plan-owned and operated retail pharmacies.

CMS conducts quarterly analyses of all Part D plan networks for the contract year to identify Part D sponsors that are not meeting the pharmacy access standards as required by § 423.120(a)(1). CMS uses Medicare Plan Finder data to determine whether sponsors meet pharmacy access requirements on a quarterly basis. Sponsors that do not meet the standards receive compliance actions as described in § 423.505(n). Compliance with pharmacy access standards is generally high among the Part D plans and no sponsor has failed to meet access standards for multiple consecutive quarters.

QUESTIONS SUBMITTED BY SENATOR JOHN BOOZMAN

Question. In 2024 the projected number of new cancer diagnoses in the U.S. will top 2 million for the first time. This number is equivalent to about 5,480 diagnoses each day. Making decisions after receiving a complex medical diagnosis such as cancer is challenging for anyone. Patient navigation services help cancer patients and survivors get the care they need and provide a valuable return on investment by identifying diagnoses at earlier stages, reducing unnecessary resource utilization and increasing adherence to treatment regimens. Yet to date, patient navigation services are still absent or limited in many cancer programs and hospital settings due to cost concerns and lack of clinical reimbursement for some payers.

Would you agree that these services play an important role for cancer patients and survivors in getting the care they need, and we should work to identify pathways to expand access to patient navigation services?

Answer. Patient navigation services play an important role for cancer patients and survivors getting the care they need. It can help improve outcomes for cancer survivors and help prevent cancer when used to get people screened. Screening is an important first step in improving cancer outcomes; for example, precancerous lesions and polyps found during cervical and colorectal cancer screening tests can be removed before they become cancerous. CDC is supporting the use of patient navigation services through its National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and National Comprehensive Cancer Control Program (NCCCP).

Nearly all of the NCCCP programs are implementing patient navigation (PN) and/or community health worker (CHW) activities related to cancer screening and survivorship. For example, CDC has offered supplemental funding to all NCCCP awardees since 2023 to support the widespread adoption of practice-and evidence-based, sustainable, survivorship activities to increase the duration and quality of life of cancer survivors. Additionally, more than 20 programs are implementing a model, developed through a previous demonstration project, to improve wellness of cancer survivors in rural communities. Under the NBCCEDP, awardees like the New Mexico Breast and Cervical Cancer Early Detection Program are using patient navigators to help women get cancer screening, follow-up care, and treatment. Between 2016 and 2022, New Mexico used patient navigation services to help more than 1,300 women in 15 federally qualified health centers get screened for breast and/or cervical cancer, and all of the women diagnosed with breast cancer started treatment.

CDC has hosted training webinars for NCCCP and NBCCEDP programs and coalitions to increase awareness and utilization of these newly covered treatment services. Enabling reimbursement of patient navigation services related to cancer screening, such as those provided by the NBCCEDP and other providers, would be very beneficial to helping adults receive recommended screenings for breast, cervical, colorectal, and lung cancer, especially among people who have little or no access to care.

We are committed to promoting higher quality cancer care and improving outcomes while reducing costs. As part of that effort, the Biden Administration has taken a number of efforts to improve the care of Medicare cancer patients, most notably with the President's cancer agenda and the Cancer Moonshot. The Department of Health and Human Services (HHS) recognizes that patient navigators provide vital support for cancer patients and survivors. Decades of evidence, including studies supported through the National Cancer Institute (NCI) and other HHS operating divisions, that demonstrated clinical benefits—including higher survival rates—for patients who received patient navigation services.²⁸

As part of the CY 2024 Medicare Physician Fee Schedule final rule, CMS finalized coding and payment changes to better account for resources involved in furnishing patient-centered care involving a multidisciplinary team of clinical staff and other auxiliary personnel. These finalized services are aligned with the HHS Social Determinants of Health Action Plan and help implement the Biden-Harris Cancer Moonshot goal of every American with cancer having access to covered patient navigation services. Specifically, we finalized a policy to pay separately for Community Health Integration, Social Determinants of Health Risk Assessment, and Principal Illness Navigation services to account for resources when clinicians involve certain types of healthcare support staff such as community health workers, care navigators, and peer support specialists in furnishing medically necessary care. Community Health Integration and Principal Illness Navigation services involve a person-centered assessment to better understand the patient's life story, care coordination, contextualizing health education, building patient self-advocacy skills, health system

²⁸ ncbi.nlm.nih.gov/pmc/articles/PMC4818009/.

navigation, facilitating behavioral change, providing social and emotional support, and facilitating access to community-based social services to address unmet social determinations of health (SDOH) needs.

The Centers for Medicare & Medicaid Services (CMS) established policies in the calendar year 2024 Medicare Physician Fee Schedule final rule to make separate payment to healthcare providers for patient navigation services related to cancer treatment for Medicare, including for patients diagnosed with cancer. Additionally, in March 2024, President Biden's Cancer Moonshot announced commitments from seven leading health insurance companies, as well as 40 comprehensive cancer centers and community oncology practices nationwide, who are expanding access to navigation services to help patients and their families navigate treatments for cancer. This also includes the Administrations work to collaborate with the American Medical Association (AMA), which issued updated guidance on the appropriate use of CPT codes, which are used by all insurers in reporting clinical navigation services.

Question. In your FY2025 budget, there is a proposal that would penalize hospitals and health systems for not meeting certain cybersecurity requirements. However, a review of the top data breaches in 2023 shows that over 95% of the most significant health sector breaches were related to "business associates" and other non-hospital healthcare entities. Reducing reimbursements when Medicare already underpays providers seems counterproductive to securing the cybersecurity the healthcare system as a whole. The recent Change Healthcare attack taught us that the system is highly interconnected.

Are you considering how to address third-party cybersecurity risk for other entities such as insurers, medical device manufacturers, clearinghouses, and others?

Answer. In 2023, the U.S. Department of Health and Human Services (HHS) released a concept paper that outlines the Department's cybersecurity strategy for the healthcare sector. The concept paper builds on the National Cybersecurity Strategy that President Biden released last year, focusing specifically on strengthening resilience for hospitals, patients, and communities threatened by cyber-attacks. The paper details four pillars for action, including publishing new voluntary healthcare-specific cybersecurity performance goals, working with Congress to develop supports and incentives for domestic hospitals to improve cybersecurity, and increasing accountability and coordination within the healthcare sector.

Hospitals are specifically at risk for ransomware and other types of cyber-attacks because of their scale of operations and the critical nature of their services. However, hospitals have many competing priorities, and investments in cybersecurity do not necessarily result in visible differences to patients or yield financial benefits unless a cyber incident occurs, meaning some hospitals have limited incentive to prioritize cybersecurity efforts at pace with escalating threats.

The FY 2025 President's Budget includes a \$1.3 billion hospital cybersecurity support proposal to ensure care and advance resilience. The proposal would establish two incentive structures leveraging the Medicare Promoting Interoperability Program structure to encourage hospitals to upgrade their cybersecurity practices, steadily increasing expectations from "essential" to "enhanced" to elevate the level of hospital cybersecurity efforts stepwise over time and to evolve with the changing cybersecurity landscape.

The first incentive structure would provide \$800 million total investment payments from the Medicare Hospital Insurance Trust Fund to incentivize approximately 2,000 high-needs hospitals (including CAHs) to adopt essential foundational cybersecurity practices in FY 2027 and FY 2028. The second structure would invest another \$500 million from the Medicare Hospital Insurance Trust Fund to incentivize all Medicare-certified hospitals and CAHs to adopt enhanced cybersecurity practices in FY 2029 and FY 2030. The cybersecurity initiative would leverage the structure of, and provider familiarity with, the Medicare Promoting Interoperability Program to efficiently collect information, make incentive payments to certain hospitals, and increase standards to strengthen the hospital cybersecurity response.

Yes. In the Fall 2023 Unified Agenda, the Department announced plans for OCR to propose modifications to the HIPAA Security Rule. These modifications will improve cybersecurity in the healthcare sector by strengthening requirements for HIPAA regulated entities to safeguard ePHI; and prevent, detect, contain, mitigate, and recover from cybersecurity threats.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule applies to covered entities (CEs), including health plans, healthcare clearinghouses, and most healthcare providers; and business associates, which are persons or entities that generally on behalf of a covered entity create, receive, maintain, or transmit protected health information (PHI) for a covered function; or pro-

vide certain services to or for such CE, where the provision of the services includes the disclosure of PHI.

The HIPAA Security Rule establishes national standards to protect electronic PHI (ePHI) created, received, maintained, or transmitted by covered entities and their business associates. The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and availability of ePHI.

The HHS Office for Civil Rights (OCR) initiates investigations of covered entities' and business associates' compliance with the HIPAA Privacy, Security, and Breach Notification Rules based upon a complaint or breach report filed with OCR. Additionally, OCR may open compliance review investigations based on an event or incident brought to OCR's attention, such as through the media, referrals from other agencies, or based upon patterns identified through multiple complaints alleging the same or similar violations against the same entity.

The HHS OCIO Cybersecurity Program includes the Health Sector Cybersecurity Coordination Center (HC3) to aid in the protection of vital, controlled, healthcare-related information and to ensure that cybersecurity information sharing is coordinated across the health and public health sector. HC3 does this through the development and distribution of comprehensive health and public health sector-specific cybersecurity threat briefs, alerts, on specific threats to the sector, and white papers.

Question. Providers are struggling in the aftermath of the ChangeHealth cybersecurity attack, as many are faced with a staggering financial backlog. I understand many providers had to access private loans to continue providing care to their communities, threatening the viability of our nation's provider network.

Are there additional flexibilities needed from Congress to ensure HHS can make resources available to providers earlier for future incidents?

How can you assure that companies that are breached hold providers and vendors harmless for the impact of the breach?

How will you ensure that patients are informed about how their information was shared?

Answer. OCR enforces the HIPAA Breach Notification Rule, which requires HIPAA covered entities and their business associates to notify individuals affected by a breach of unsecured PHI within 60 calendar days from the date of the discovery of a breach. This breach notification requires important information be provided to affected individuals including: (a) a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known; (b) a description of the types of unsecured PHI that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved); (c) any steps individuals should take to protect themselves from potential harm resulting from the breach; (d) a brief description of what the covered entity involved is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and (e) contact procedures for individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.

However, the Health Information Technology for Economic and Clinical Health (HITECH) Act and the HIPAA Breach Notification Rule do not authorize OCR to compel a covered entity to perform the breach notification requirements. OCR's available remedies for a potential breach notification violation include securing a settlement agreement with a corrective action plan that would include performance of breach notification, or proposing a civil money penalty. OCR may choose to propose a civil money penalty for a violation of the HIPAA Rules when a regulated entity does not resolve a potential violation with a settlement agreement and corrective action plan. When OCR proposes a civil money penalty, the HIPAA covered entity might choose to pay a penalty instead of taking corrective action, or it might proceed to an administrative hearing to adjudicate the violations and related civil money penalties.

Additionally, HIPAA does not authorize HHS OCR to seek injunctive relief, such as going to court to request an order requiring a breach notification. HHS OCR's FY 2025 Congressional Justification to Congress includes a proposed law entitled, *Enhancing HIPAA Protections by Increasing Civil Monetary Penalty Caps and Authorizing Injunctive Relief* as a means of improving compliance with the HIPAA Rules. Authorizing HHS OCR to seek injunctive relief would significantly improve HHS OCR's ability to prevent additional or future harm to individuals resulting from entities' noncompliance with the HIPAA Rules.

QUESTIONS SUBMITTED BY SENATOR KATIE BRITT

Question. Secretary Becerra, the United States' manufacturing capacity for essential medical devices is at serious risk due to organized efforts by Chinese manufacturers to enter the U.S. market in response to inflationary pressures faced by U.S.-based manufacturers, distributors, and providers. Further, many of the devices currently entering the U.S. from China are substandard, with the Food and Drug Administration issuing safety communications in November 2023 and March and April of 2024 warning consumers, healthcare providers, and healthcare facilities to avoid syringes manufactured in China. These products are being widely used throughout the U.S. healthcare system despite the serious risks to patients and the resulting erosion of the domestic manufacturing base. As we have seen with personal protective equipment, the domestic industry for medical products is declining, in certain cases at a rapid pace, with only one domestic manufacturer of needles and syringes remaining.

What steps will CMS take to advance payment policies to support provider procurement of domestic sources of essential medical supplies, expanding on the precedent set with new payment adjustments to hospitals for their share of additional cost incurred for domestically made N95 respirators?

Answer. The COVID-19 pandemic has illustrated how overseas production shut-downs, foreign export restrictions, or ocean shipping delays can jeopardize availability of raw materials and components needed to make critical public health supplies. In the CY 2023 Hospital Outpatient Prospective Payment System (OPPS) final rule, CMS finalized payment adjustments to help sustain a level of domestic supply resilience for surgical N95 respirators that's critical to protect the health and safety of personnel and patients in case of a future pandemic or increase in transmissions of COVID-19. This policy goal—ensuring that quality personal protective equipment is available to healthcare personnel when needed by maintaining production levels of wholly domestically made personal protective equipment—is emphasized in the National Strategy for a Resilient Public Health Supply Chain, published in July 2021 as a deliverable of President Biden's Executive Order 14001 on "A Sustainable Public Health Supply Chain." We received many comments urging CMS to expand this policy to cover other forms of personal protective equipment and critical medical supplies beyond surgical N95 respirators, and will consider these comments for future rulemaking, if appropriate.

Question. On March 29th last year, the FDA Commissioner testified before the House Appropriations subcommittee on Agriculture and was asked about the rise in illegal vapor products imported from China, a problem which has only worsened dramatically since last year. Today, the U.S. nicotine vapor market is dominated by these illegal products, predominately from China and with zero regulation from the FDA. Last year, during that hearing, FDA to a summit with the Justice Department on this issue.

Did the summit with FDA, and hopefully HHS as well, with DOJ to discuss increased enforcement options ever take place?

- If yes, what was the date (or dates) of the summit meetings?
- If yes, what HHS and FDA employees were in attendance?
- If yes, what DOJ employees were in attendance?
- If yes, what enforcement strategies or actions were agreed upon?
- If yes, what enforcement strategies or actions, of those agreed upon, have been acted on?
- If yes, what impact have those actions had on the total illicit market supply chain?
- If yes, what products no longer exist on the U.S. market because of those actions?
- If yes, what reduction or percentage of the illicit market has occurred? Is the illicit market larger today than it was a year ago?

Answer. In response to the recommendations set forth in the Reagan-Udall Foundation evaluation of the FDA's Center for Tobacco Products (CTP), the Center announced plans to convene a summit related to tobacco product enforcement. Senior officials from the U.S. Department of Health and Human Services (HHS) FDA, and the Department of Justice (DOJ) met in July 2023 to continue ongoing discussions and close collaboration on issues related to enforcement.

Looking forward, FDA continues to engage in a comprehensive effort to take action across the supply chain to address unauthorized e-cigarettes, particularly those that are popular among youth, in the United States. CTP monitors for unauthorized tobacco products and takes enforcement action, as appropriate and based on available evidence, across the supply chain— including manufacturers, importers, distributors, and retailers. This work has included many "first of their kind" actions

over the past 2 years in particular, including the first injunctions against e-cigarette manufacturers, the first civil money penalties (CMPs) against manufacturers for manufacturing and selling unauthorized e-cigarettes, and the first seizure of e-cigarette products. In particular, FDA has issued approximately 670 warning letters to firms and issued 57 CMP complaints for manufacturing, selling, and/or distributing new tobacco products without marketing authorization from FDA. FDA has also issued more than 550 warning letters and 130 CMP complaints to retailers for selling unauthorized tobacco products. Further, FDA has established 2 import alerts to detain without physical examination new tobacco products that do not have marketing authorization at the time of import, and FDA has participated in a joint operation with U.S. Customs and Border Protection (CBP) that resulted in the administrative seizure of more than \$18 million worth of illegal e-cigarettes.

FDA continues to work with DOJ and our other Federal enforcement partners. For example, DOJ, on behalf of FDA, has filed seven complaints for permanent injunction in Federal district courts against e-cigarette manufacturers for continued violations relating to the manufacture, sale, and distribution of unauthorized new tobacco products. In April 2024, FDA and DOJ seized tobacco products for the first time in coordination with the U.S. Marshals Service. In total, the joint effort resulted in the seizure of more than 45,000 unauthorized e-cigarettes.

Question. Regarding the Maternal and Child Health Services Block Grants, while I realize that funding has been designated elsewhere towards addressing maternal health and mortality (Special Projects of Regional and National Significance (SPRANS)), the fact remains that funding for the grants to states has been cut in your budget request. In total, States would receive \$10,276,000 less in grant funding to address maternal health and mortality if the President's FY25 budget request were enacted.

Would you clarify how this budget maneuver will help states among worst maternal mortality rates in the country, like Alabama?

Answer. HRSA's FY 2025 Budget includes an increase of \$50.9 million over FY 2024 enacted for investments aimed at reducing maternal mortality and morbidity before, during, and after pregnancy. This includes investments in the Alliance for Innovation on Maternal Health (AIM) program, which will continue to improve maternal health outcomes by promoting safety and quality of care during pregnancy, delivery, and in the postpartum period, increases in the Screening and Treatment for Maternal Mental Health program, and investments in the Advanced Nursing Education and Nurse Education, Practice, Quality and Retention programs to continue efforts to grow and diversify the maternal and perinatal health nursing workforce through the Maternity Care Nursing Workforce Expansion Program and grow the maternal health nursing workforce in rural and underserved community settings, as well as increases in SPRANS.

The FY 2025 President's Budget Request for the Title V Maternal and Child Health (MCH) Block Grant Program is \$831.7 million—which is an increase of \$18 million over FY 2024 Enacted. To clarify, there is no cut in State Grants funding and it remains flat with FY 2024 Enacted. Activities authorized as part of the program include:

- State MCH Block Grant (\$593.3 million; flat with FY 2023 Enacted and FY 2024 Enacted): The FY 2025 President's Budget requests \$593.3 million to support formula awards to states. HRSA will continue to provide formula awards to states and jurisdictions to meet their most pressing public health challenges.
- Community Integrated Service Systems (CISS) (\$10.3 million; flat with FY 2023 Enacted and FY 2024 Enacted): The FY 2025 President's Budget requests \$10.3 million for CISS to help states and communities build a comprehensive, integrated system of care to improve access and outcomes for all children.
- SPRANS (\$228.1 million; +\$16 million above FY 2023 Enacted; +\$18 million above FY 2024 Enacted): The FY 2025 President's Budget requests \$228.1 million for SPRANS, an increase of \$18 million above FY 2024 Enacted, and \$16 million above FY 2023 Enacted amount (after accounting for the shift of the Maternal Mental Health Hotline moving out of SPRANS funding to its own authority in FY 2024). Importantly, this additional funding request supports new and expanded investments in maternal health, including support for the workforce and furthering state maternal health efforts.

QUESTIONS SUBMITTED BY SENATOR MARCO RUBIO

Question. New data from the American Society of Health-System Pharmacists shows there is currently a record number of active drug shortages in the United States— 323 drugs in the first 3 months of 2024. Issues with quality have consist-

ently contributed to a majority of drug shortages for the most basic and lifesaving drugs, including medicines that treat cancer, pain medications, and ADHD medications. Many of the drugs in shortage are due to quality concerns and are sourced from foreign nations, particularly China, who have extensive histories of shameful quality standards. However, FDA data clearly shows that the agency has used its resources to prioritize domestic facility inspections, instead of evaluating sites in countries with concerning quality records. Though agency officials justified the agency's output as based on a "risk-based schedule," it is concerning that the metric does not result in a higher number of foreign inspections as proportionate to the high amount of quality issues reported.

What steps has the agency taken to address the high number of drug shortages in the United States? How will the President's proposed budget add to these efforts?

Answer. HHS has taken steps toward building a better system to respond to drug shortages by proactively monitoring and assessing the risks and vulnerabilities to the supply chain to help protect patients and mitigate the impacts of shortages. These activities include implementing immediate term solutions to improve HHS' ability to respond and working to strengthen supply chain resilience. Building on the Administration's supply chain efforts, on April 2, 2024, the U.S. Department of Health and Human Services (HHS) released a white paper highlighting steps HHS has taken to prevent and mitigate drug shortages and proposing additional solutions for policymakers to consider. In addition to the release of the HHS White Paper, recent steps HHS has taken that are described therein include: using all available tools to the Food and Drug Administration (FDA) to oversee the safety, effectiveness and quality of FDA-regulated products; identifying and securing critical life-saving treatments through tools available to the Administration for Strategic Preparedness and Response (ASPR); and examining the tools available to CMS to curtail shortages and promote adoption of supply chain resilient practices in hospitals. Also, as announced in the November 2023 White House Fact Sheet, HHS has designated a new Supply Chain Resilience and Shortage Coordinator to strengthen the resilience of medical product supply chains and to address related medical product shortages.

The FY 2025 President's Budget includes requests from HHS to address the high number of drug shortages in the US and strengthen medical product supply chains. The FY 2025 President's Budget proposed \$12.3 million to advance FDA's capabilities to help prepare for, build resilience to, and respond to shortages that are supply-driven, demand-driven, or both through improved analytics to identify shortage threats and vulnerabilities, as well as regulatory approaches to assess disruptions and shortages. Through this agency-wide crosscutting initiative, FDA will hire additional investigators to fulfill inspectional needs associated with increased supply chain disruptions and consequent human food and medical product shortages seen in recent years. It will also continue to engage in efforts to promote manufacturing quality across the pharmaceutical industry and develop and implement modernized systems to allow for faster response time to shortages.

Drug shortages remain a significant public health issue in the United States and a top priority for HHS. Through important changes in FDA authorities, and through ongoing FDA actions, progress has been made in preventing many drug shortages from occurring even while FDA works to quickly help resolve shortages when they happen. FDA helps prevent and resolve drug shortages in various ways such as: expediting reviews of new production lines or material sources to increase production; reviewing requests for extensions of product expiration dating; and exercising temporary regulatory flexibility and discretion as appropriate. FDA also works with other stakeholders, including healthcare groups and patient organizations to get information about specific shortages and identify opportunities to resolve them as quickly as possible.

As a result of presidential, congressional, and FDA actions, drug manufacturers are notifying FDA earlier than in the past about certain manufacturing interruptions and discontinuances. These early notifications give FDA additional time to work with manufacturers and other stakeholders to identify ways to maintain treatment options and prevent or mitigate a shortage.

Going forward, FDA is working to identify opportunities to reduce the risks of drug shortages. Examples of these include:

- Gaining fuller insight into the supply chain. Interruptions or problems in the drug supply chain can create or worsen drug shortages. The Coronavirus Aid, Relief, and Economic Security Act amended the Federal Food, Drug, and Cosmetic (FD&C) Act to require manufacturers to notify FDA of discontinuances or interruptions in manufacturing of active pharmaceutical ingredient (API) for certain drugs and also to require firms to report annually the amount of drugs they manufacture. However, reporting when there is an increase in demand that manufacturers likely will be unable to meet without meaningful shortfall

or delay would better position FDA to help prevent and mitigate shortages caused by an increase in demand (in addition to those caused by a disruption in supply).

- Increasing the resilience of the drug supply chain. Drug manufacturing in more than one facility and more than one geographic region can provide flexibility that reduces the risk of drug shortages and helps with resolution of shortages when they occur. For example, if a manufacturing facility needs to temporarily close, or its operations are curtailed by factors such as travel restrictions, quarantines, or natural disasters, it is important to have alternative facilities available to manufacture the drug or its API. FDA is ready to work with manufacturers to address these needs. Furthermore, addition of an express requirement to annual “amount reporting” under section 510(j)(3) of the FD&C Act, such that drug manufacturers provide data identifying the suppliers they relied on to manufacture a listed drug and the extent of such reliance, would help FDA identify vulnerabilities in the supply chain that may be hidden.

Overall, important progress has been made in preventing drug shortages from occurring, and FDA continues to work to ensure that patients in the United States have access to the medicines they need. FDA has put forth several legislative proposals²⁹ in its fiscal year (FY) 2025.

President’s Budget that would address barriers to drug shortage mitigation tactics. If enacted, these proposals would greatly enhance the FDA’s ongoing work to prevent and mitigate drug shortages. The FY 2025 President’s Budget also proposes \$12.3 million for Shortages and Supply Chain, including \$4.8 million for the Human Drugs Program and \$2.0 million for the Biologics Program to advance FDA’s capabilities to help prepare for, build resilience to, and respond to shortages that are supply-, and demand-driven through improved analytics to identify shortage threats and vulnerabilities as well as regulatory approaches to address disruptions and shortages. CDER requests funding for key areas that maintain and advance efforts to combat drug shortages. These include Drug Shortage Data and Analytics to continue to support the surveillance system built during the pandemic. CDER will begin to make investments for a shortage surveillance solution that leverages work already done in other FDA Centers to identify, manage, and track potential and actual shortages.

Using Defense Production Act authorities, HHS, through ASPR, has expanded domestic HHS expanded domestic manufacturing capacity of medical countermeasures to make access to lifesaving drugs and vaccines more reliable and quickly scalable to respond to future threats. The President’s FY 2025 Budget includes \$75 million for ASPR to build on existing progress to invest in manufacturing of more essential medicines, medical countermeasures, and critical inputs in the United States.

Finally, the President’s Budget also includes \$10M to establish an HHS supply chain resilience and shortage office to coordinate Department-wide activities, strategy, and guidance for drugs, biologics, medical devices, and medical foods, including the development and implementation of an action plan to strengthen supply chains and prevent critical shortages. This effort was initiated in FY 2024, by establishing a Supply Chain Coordination team to provide advice, information, and recommendations to the Secretary on HHS-wide supply chain and shortage-related activities. The new funding will allow HHS to institutionalize these efforts in a new office within HHS and establish a 5-year Action Plan to outline concrete goals, milestones, metrics for measuring progress, and associated timelines as it oversees implementation of the Action Plan. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is the location for the new supply chain resilience and shortages office.

Question. What is the agency doing to support domestic pharmaceutical production/producers?

Answer. On June 8, 2021, as part of the Executive Order effort, the Biden-Harris Administration announced a set of actions designed to ensure the U.S. has access to the pharmaceuticals necessary for economic security, health security, and national defense. These actions are centered on four pillars: boosting local production and fostering international cooperation; promoting research and development that establishes innovative manufacturing processes and production technologies to strengthen supply chain resilience; creating robust quality management maturity to ensure consistent and reliable drug manufacturing and quality performance; and leveraging data to improve supply chain resilience.

HHS led the development of the 100-Day Review of Pharmaceuticals and API, which was published in a report (PDF, 6 MB) by the White House on June 8, 2021. HHS and FDA will work with the private sector and Congress to implement the rec-

²⁹ <https://www.fda.gov/media/176924/download?attachment>.

ommendations and develop a strategy to create a robust and resilient pharmaceutical and API supply chain, including facilitating adoption of novel methods for commercial production of pharmaceuticals and biologics.

ASPR has supported the investment in domestic API production via a contract totaling \$491M to date with Phlow Corporation (PHLOW) in Virginia. Originally awarded in 2021, PHLOW is on track to manufacture four of the top APIs identified on the FDA essential medicines list by September 2024. ASPR's FY25 budget request includes \$95 million to expand and accelerate development and domestic production of medical countermeasures and improve visibility and management of medical supply chains to mitigate potential shortages of priority drugs and devices. In addition, ASPR awarded \$35M under the BioMaP Consortium for manufacturing of Key Starting Materials (KSMs) and active pharmaceutical ingredients (APIs) to support domestic production of sterile injectable medicines. More information is available via <https://www.biomap-consortium.org/drug-substances-at-commercial-scale>.

The COVID-19 pandemic has shown the importance of a nimble supply chain that is flexible enough to rapidly change manufacturing volumes and products in response to fluctuations in consumer demand during a crisis. As this review details, the pharmaceutical supply chain is complex, global, and vulnerable to disruptions and is highly influenced by certain market factors that have led to an increasing reliance on foreign countries to manufacture the medicines, API, and their key starting materials (KSMs) that serve the American public.

There are significant economic issues that are out of our purview that have contributed to increased foreign manufacturing, including pricing pressures and labor and regulatory costs.

Within CDER the most important thing we can do to help reduce our reliance on foreign manufacturing is to encourage and facilitate the adoption of advanced manufacturing. Ensuring that both brand and generic drug manufacturers will have access to information regarding advanced manufacturing technologies is vitally important as advanced manufacturing requires a skilled workforce and can help domestic companies operate with lower costs and fewer potential quality issues, improving the global competitiveness of U.S. manufacturing.

CDER's programmatic support for advanced manufacturing includes an Emerging Technology Program, a dedicated effort known as the Framework for Regulatory Advanced Manufacturing Evaluation (FRAME) initiative to address the regulatory framework for advanced manufacturing technologies, the implementation of the advanced manufacturing technologies (AMT) designation program, and a robust extramural and intramural advanced manufacturing research program. CDER's Emerging Technology Program was developed to engage with companies that are pursuing innovative approaches to pharmaceutical product design and manufacturing early in the development process. The Emerging Technology Team (ETT) can help identify and discuss scientific and regulatory challenges prior to a regulatory submission, which can streamline the application submission process. The ETT has facilitated the approval of drugs manufactured using continuous manufacturing (a type of advanced manufacturing) for a range of product types, including solid oral dosage forms, and biotechnology products.

With respect to the implementation of the AMT designation program, FDA published draft guidance on the program on December 13, 2023, in advance of the applicable statutory deadline. The Agency is currently considering comments to the draft guidance and incorporating revisions as necessary with the intent to finalize the guidance in late 2024.

CBER encourages development and adoption of AM technologies to support fewer interruptions in production, fewer product failures, and greater assurance that biologic products will provide the expected clinical performance. The CBER Advanced Technologies Team offers pre-submission regulatory support to meet with prospective innovators and developers of AM technologies to provide informal consultation during early-stage development. CBER also works closely with FDA's ORA on new inspection strategies. To address manufacturing challenges, CBER has made several extramural awards to support research projects that promote the development and adoption of innovative approaches. Results have been communicated to stakeholders in over 17 scientific publications.

Question. Please provide an update on the agency's progress to obtain multi-entry visas or other tools for FDA's pharmaceutical investigators to travel and complete site visits and inspections more frequently in China.

Answer. The Agency remains committed to improve its foreign inspection efficiencies and processes. The Agency has sent U.S.-based FDA investigators on details to FDA's foreign office in China in order to limit travel from the United States to sites located in that country and allow us to accomplish more inspections. We have also worked to obtain six-month two-entry visas for China for many of our pharma-

ceutical investigators, which has saved a significant amount of time and avoided potential delays encountered in having to apply for a visa for each inspection trip to China. Currently, visas for China are valid for 6 months and not to exceed 2 entries.

Question. What actions has the agency taken to maintain a resilient pipeline of safe and effective drugs from foreign manufacturing sites?

Answer. FDA's shortage response focuses on intake of information from various sources to determine if a shortage exists or is expected, for example, receiving and analyzing the potential impact of manufacturer notifications of a discontinuance or interruption in manufacturing of finished products or active pharmaceutical ingredients. FDA can then plan and execute strategies to help mitigate or prevent the impact of shortages. FDA utilizes available tools to help mitigate a drug shortage, including prioritizing review of manufacturing supplements or abbreviated new drug applications (ANDAs) for drugs in shortage or for which there is only one approved application; communicating with manufacturers to understand options for increasing supply; or exercising temporary regulatory discretion to increase supply in certain circumstances. FDA also assesses manufacturers' compliance with reporting requirements enacted and effected through various laws and regulations.

In addition, FDA remains committed to using all available tools to oversee the safety, effectiveness, and quality of FDA-regulated products. As drug manufacturing has globalized over the years, FDA has modernized its programs to help ensure that companies—regardless of where they are located—continue to meet the FDA's standards for producing medicines for U.S. patients that are high quality, safe, and effective. FDA has resumed normal inspection operations and continues to prioritize inspections that were delayed due to the COVID-19 public health emergency, while maintaining its high standards and responsibility for the public health. In Fiscal Year (FY) 2022, FDA conducted 863 human drug inspections, of which close to 70% were domestic firms. In FY 2023, FDA conducted a total of 1,205 human drug good manufacturing practice (GMP) inspections (nearly a 30% increase over FY 2022), with close to 60% including foreign facilities.

Question. Do you believe there should be additional factors added to the "risk-based schedule" to prevent future drug shortages from foreign produced drugs?

Answer. Under current authorities (§510(h)(4) of the FD&C Act) FDA can add risk factors to the Site Selection Model (SSM), as it says:

—(G) Any other criteria deemed necessary and appropriate by the Secretary for purposes of allocating inspection resources.

The governance process for the SSM includes an annual review and, as needed, FDA can add new risk factors and/or change the weighting or data sources for existing risk factors. This provides the agency with suitable flexibility to introduce additional data into the model, if and when, there is a need and we have reliable data sources.

Question. How can Congress and the agency work together to ensure there are enough foreign inspections of drug manufacturing sites to ensure quality standards are being consistently met?

Answer. Timely investigations and inspections are critical to achieving FDA's mission and often require agency staff to undertake extensive travel both within the US and overseas. As a part of reorganization efforts, committees to modernize agency travel practices and procedures for staff members who must travel to conduct inspections and investigations have been developed. These committees will help ensure compliance with applicable policies and regulations, including the Federal Travel Regulation, while at the same time identifying opportunities to reduce complexity and make the travel process as flexible, seamless, and simple as possible.

We also need to ensure adequate, consistent and sustained funding to FDA inspection resources to secure sufficient investigatory staff to conduct inspections and investigations, domestic and foreign, at a travel frequency that is both sustainable by staff and allows for the appropriate volume of inspections to be accomplished.

FDA is exploring various strategies to provide additional support and resources to our staff who conduct foreign inspections, acknowledging the heightened demands associated with international travel. Foreign inspections involve longer travel durations, traveling to different time zones, and potential cultural differences, contributing to a heavier workload for investigators. In addition, the FY2025 President's budget requests additional funding to expand the Agency's foreign office footprint and deployed personnel. This funding would strengthen FDA's knowledge of imported products and expand our ability to quickly complete in-person inspections of foreign facilities in specific countries.

Question. Through the Family Smoking Prevention and Tobacco Control Act, Congress required the FDA to publish a rule requiring foreign manufacturers to register with the FDA if they wanted to sell tobacco products in the U.S. In a public attempt to comply, the FDA committed to issuing the foreign manufacturer registration rule

in 2012. It has been more than a decade and, yet, the FDA has consistently punted the date for issuing the rule. By failing to act on this rule, illegal vapor products from China have flooded our ports and dominated the domestic market. Floridians are particularly impacted by this as our numerous ports of entry and international facilities make our state ripe for the importation. This has caused the state to become the largest market for disposable vaping products in the country. Manufacturers in China are free of registration requirements or any FDA regulatory oversight because your agency has given these bad actors a free pass to infiltrate the American markets.

Is the FDA on track to publish the foreign manufacturer registration rule by the end of this year?

If no, could you provide a realistic timeline for when the rule will be issued?

What obstacles has caused the agency to delay the implementation of the rule?

How does the FDA hope the rule will help the agency, as well as CBP and USPS, enforce the law against these illicit products?

Answer. FDA continues to work on the Establishment Registration and Product Listing for Tobacco Products proposed rule, which appeared in the Fall 2023 Unified Agenda (see: Agency Rule List-Fall 2023 ([reginfo.gov](https://www.fda.gov/regaffairs/ucba/ucba-agenda))). The Unified Agenda lists the estimated date for the proposed rule as November 2024. The proposed regulation would prescribe the format, content, and procedures for establishment registration and tobacco product listings for both domestic and foreign manufacturers of tobacco products.

Taking action against illegal tobacco products across the supply chain—including importation—is a top priority for FDA in coordination with Federal partners. FDA works with U.S. Customs and Border Protection (CBP) to help prevent illegal tobacco products, including e-cigarettes, from entering the country. Additionally, CBP and FDA, as well as the U.S. Postal Service at the International Mail Facilities, work collaboratively to screen products to determine admissibility into the United States.

FDA uses Import Alerts to help flag for its staff products that can be detained without physical examination, including many unauthorized e-cigarettes from China. However, import alerts only help when products are accurately declared at the time of import, and bad actors are not typically inclined to do that. Because CBP and other Federal partners are best suited to identify and interdict inadmissible products, including those products that do not adhere to Federal legal requirements, the Agency continues to coordinate with them. For example, CBP is able to identify and may seize inadmissible products under the appropriate legal authority—such as the 1.4 million units of unauthorized e-cigarettes products seized at LAX airport last year.

FDA is committed to enhancing our communication with CBP, engaging in joint operations with our Federal partners, and prioritizing this work, while maintaining our comprehensive approach along the entire supply chain to address unauthorized products from being imported, manufactured, distributed, and sold domestically.

Question. Last year, on May 1, 2023, HHS' Office of Population Affairs (OPA) released a statement by Deputy Assistant Secretary Rachel Levine on National Adolescent Health Month, which touted new efforts by the Biden Administration to “expand sexual and reproductive health information and services” for teens. Accompanying the press release, OPA launched an official webpage promoting resources and guides for family planning clinics. However, this webpage disturbingly included several resources authored by fringe activist organizations that blatantly undermine parental rights and place vulnerable children at risk. One document praised “creative ways to deliver prescriptions and supplies,” like offering “curbside pickup” at “locations frequented by youth,” and using mobile vans to deliver birth control and contraceptives directly to teens in their neighborhoods. Another “resource” advised clinicians on subversive methods to keep parents in the dark when their children are seeking advice on contraception, or getting tested for a sexually transmitted disease, such as ensuring that children log onto virtual family appointments in a locked bathroom, outside, or in a parked car so parents cannot overhear their conversations. These are the tactics of drug dealers and sexual predators, not reputable medical professionals. Healthy parental involvement is one the most powerful protections for children’s health. Placing HHS’ stamp of approval on resources that promote fringe methods of blocking parents out of some of the most important decisions their children can make does not only recklessly endanger children’s health, it is also against the law. For decades, Congress has included a provision in annual appropriations legislation specifically requiring clinics that receive Title X Family Planning Grants to “encourage family participation” in children’s decisions about sex, relationships, and family formation.

Does the Biden Administration believe it is safe for minors to purchase or receive over-the-counter or prescription drugs without their parents' awareness, consent or supervision?

Does the Biden Administration endorse efforts to give children birth control, contraception, and advice about sex without the input, consent and supervision of their parents?

Will you commit to providing my staff with a complete record of all correspondence between HHS employees and external organizations related to OPA's strategy for National Adolescent Health Month, including Title X clinics, Planned Parenthood, the Reproductive Health National Training Center, the Human Rights Campaign, and any other external organizations?

How does the agency justify OPA's promoting of fringe methods to block parents from participating in vital decisions their children make about family formation, when Federal law specifically requires clinics to "encourage family participation" on these matters?

Answer. The Biden-Harris Administration strongly believes that reproductive healthcare, including access to birth control, is an essential part of health and wellbeing. High-quality contraception improves health outcomes, advances economic stability, and promotes overall wellbeing. As Secretary Becerra stated in 2023, "The professionals at the FDA deserve our gratitude for continuing to foster critical innovation for consumers while achieving the highest standards for safety and scientific review."

Adolescent health involves many aspects of health and well-being, including sexual and reproductive health, mental health, community support, and the role of caring adults. The HHS Office of Population Affairs (OPA) recently released Take Action for Adolescents, the first national action plan to advance adolescent health and wellbeing. Take Action for Adolescents includes eight goals and action steps that can help create coordinated systems, services, and supports that young people need to thrive:

- (1) eliminate disparities to advance health equity,
- (2) increase youth agency and youth engagement,
- (3) ensure access to safe and supportive environments,
- (4) increase coordination and collaboration within and across systems,
- (5) expand access to healthcare and human services,
- (6) strengthen training and support for caring adults,
- (7) improve health information and health literacy, and
- (8) support, translate, and disseminate research.

Parents, legal representatives, and caregivers play a critical role in health and wellbeing of adolescents. Take Action for Adolescents recognizes this role by highlighting how parents and other caregivers can participate to advance each of the eight goals. This year, National Adolescent Health Month encourages families, caregivers, and all stakeholders to make use of resources and ideas to help young people thrive, including those outlined in Take Action for Adolescents.

The Title X Family Planning program provides access to adolescent-friendly care and encourages family participation in the decisions of adolescents. Title X projects are required to encourage family participation to the extent practical.

Question. Polling consistently shows that parents prefer for their child to be cared for by a parent or relative. For example, a 2021 survey from American Compass found that 67 percent of lower- working class families with children under 5 years old prefer to have their child cared for by a parent or relative, while only 14 percent prefer to send their child to a full-time paid childcare facility. In spite of this, your agency—through its \$5 billion request for universal Pre-K—seems more focused on a one-size-fits-all approach rather than providing flexible support for parents to make the best decision for their families.

Why should policymakers only be interested in helping parents place their children in daycare, when this runs directly against the preferences of most families who would prefer to have a mom, dad, or grandparent care for the child at home?

Since your agency states that the Child Care and Development Block Grants (CCDBG), a program that offers greater flexibility and parental choice, only serves one in six eligible children, shouldn't Congress focus our efforts and appropriations on CCDBG than on programs that funnel all children into center-based childcare facilities?

Answer. The Biden-Harris Early Education and Care Plan builds on the current Federal investment in the Child Care and Development Block Grant to ensure working families have a range of affordable options across the mixed delivery system of care, including home-based child care. For the vast majority of families, child care is an economic necessity as two thirds of children who are not yet in school have all available parents in the workforce. This funding would expand choices for par-

ents and provide the ability for families to select care options that are most responsive to their needs and preferences.

The Budget also includes a mandatory funding proposal of \$400 billion to help scale services to more than 16 million children across the country whose parents earn up to \$200,000 per year, and parents could choose from a range of care options available in their state. Child care prices drive parent choices, and limited care options prevent families from finding the care they would prefer for their children. The impact that the lack of affordable child care has on parents' ability to work has been well documented, limiting lifetime earnings for women and costing the economy billions of dollars a year.^{30,31} The Biden-Harris Plan ensures that families don't have to choose between quality care that meets their needs and the types of employment decisions that can lead to economic sustainability for their family.

Quality early education and care is not only beneficial for parents, it also has a long-term impact on children's health, education, and well-being.³² This is why the Biden-Harris Administration proposed \$200 billion in high-quality preschool for 4-year-olds, extending to 3-year-olds over time. This includes investing in compensation so that the early childhood workforce earns fair wages. High quality preschool education has been proven to prepare children for success in school and in life. Building from the foundation of Head Start, the Biden-Harris Plan will grow preschool access beyond the communities furthest from opportunity to ensure all families have access to the types of high-quality preschool in a setting that meets their family's preferences from a range of high-quality options. This investment can ensure that parents are offered choices that can help transform their child's life.

SUBCOMMITTEE RECESS

Senator BALDWIN. And with that, the subcommittee will stand in recess.

[Whereupon, at 11:48 a.m., Tuesday, April 16, the subcommittee was recessed, to reconvene subject to the call of the Chair.]

³⁰ Ready Nation Council for a Strong America, "\$122 Billion: The Growing Annual Cost of the Infant-Toddler Child Care Crisis" Sandra Bishop, Ph.D., February 2023, 05d917e2-9618-4648-a0ee-1b35d17e2a4d.pdf (strongnation.s3.amazonaws.com).

³¹ Urban Institute, "Lifetime Employment-Related Costs to Women of Providing Family Care," Richard W. Johnson, Karen E. Smith, and Barbara A. Butrica, February 2023, Lifetime-caregiving-costs_508.pdf (dol.gov).

³² Davis Schoch, A., Simons Gerson, C., Halle, T., & Bredeson, M. (2023). Children's learning and development benefits from high-quality early care and education: A summary of the evidence. OPRE Report #2023-226. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

**DEPARTMENTS OF LABOR, HEALTH AND
HUMAN SERVICES, AND EDUCATION, AND
RELATED AGENCIES APPROPRIATIONS FOR
FISCAL YEAR 2025**

TUESDAY, APRIL 30, 2024

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, D.C.

The subcommittee met at 10:01 a.m., in room SD-138, Dirksen Senate Office Building, Hon. Tammy Baldwin (chair) presiding.

Present: Senators Baldwin, Murphy, Manchin, Capito, Hyde-Smith, Boozman, Britt, and Collins.

DEPARTMENT OF EDUCATION

OFFICE OF THE SECRETARY

STATEMENT OF HON. MIGUEL CARDONA, SECRETARY

OPENING STATEMENT OF SENATOR TAMMY BALDWIN

Senator BALDWIN. The Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies will come to order.

I am going to start by recognizing myself for an opening statement, followed by Ranking Member, Senator Capito, before turning to you, Secretary Cardona, for your testimony.

Good morning. Today, we are having a hearing on the Biden administration's fiscal year 2025 budget request for the Department of Education, and I am happy to welcome Secretary Cardona to our subcommittee once again.

Mr. Secretary, I am looking forward to working in a bipartisan manner again this year, with Senator Capito, to help develop an LHHS (Labor, Health and Human Services) bill that can pass the Senate, pass the House, and be signed into law by the President.

We did our job last year, but House Republicans' insistence on partisan policy riders and draconian cuts to essential programs that set our children and young people up for success, led to repeated shutdowns—showdowns, and CRs (Continuing Resolutions), that culminated in passing final Appropriations Bills in March that we should have passed months before.

That kind of chaos does nothing to help ensure our Federal resources are used most effectively to serve the people we represent. It causes Federal agencies to waste time and money instead of

working to ensure every dollar we appropriate serves our constituents.

We cannot play politics with our children's future. We need to do better. And Mr. Secretary, this budget is a good first step in that direction. It outlines important investments that are necessary to ensure that all students receive the education and support they need to fulfill their potential and move our Nation forward.

Mr. Secretary, you are aware of the opportunities and challenges across the education spectrum. Child care and preschool are often unaffordable or simply unavailable. There are efforts by lawmakers to ban books from classroom shelves. We are seeing young kids getting bullied and discriminated against in schools and on social media just because of who they are.

POSTSECONDARY EDUCATION

Post-secondary education costs too much for too many families, and leaves some students saddled with insurmountable debt. Career and technical education is not as widely available as it should be, and employers are often unable to find the workers with the skills they need for available jobs. These are some of the concerns I hear across Wisconsin.

All said, we have some challenges; Mr. Secretary, the investments proposed in the President's budget would help tackle many of these issues head-on. There is so much we need to do to improve the quality and affordability of post-secondary education. The President's budget request contains investments to continue this important work, including investments in the cornerstone of our financial aid system, the Pell Grant Program. I look forward to working with you to protect and sustain the Pell Grant Program so it can continue to provide this critical assistance to millions of students around this country.

I am pleased the budget request supports students, parents, and activities to help students complete a post-secondary education to further their careers. A growing number of post-secondary students are nontraditional students, and our colleges need to adapt to help ensure that they can succeed.

The President's budget request for the Child Care Access Means Parents in Schools Program would help parents from low-income backgrounds afford childcare so that they can attend post-secondary education. Additional proposed investments in the Post-Secondary Student Success Program would support evidence-based activities to improve post-secondary persistence and completion rates, particularly among nontraditional students.

The budget also rightly invests in our Nation's HBCUs (Historically Black Colleges and Universities), minority-serving institutions, and Tribal colleges. I have seen firsthand the important educational opportunities Tribal colleges provide to Native students in Wisconsin and know how important it is that we continue to invest in Tribal colleges, HBCUs, and MSIs (Minority Serving Institutions), including, vitally, their research infrastructure.

FREE APPLICATION FOR FEDERAL STUDENT AID

This budget also proposes additional investments for administering Federal Student Financial Aid Programs. This year, a very

challenging rollout of the new simplified FAFSA (Free Application for Federal Student Aid) has upended the financial aid application process around the country, leading to much uncertainty for students and their families. I am deeply concerned about low FAFSA completion rates, particularly given the promise of FAFSA simplification to make it easier for students to apply, and ultimately help more students pursue post-secondary education.

I know you and your staff are working hard to fix these issues, but I cannot emphasize enough how important it is that we get this right. Accessing this aid can mean the difference between someone being able to go to college or not. I am committed to working with you to correct any ongoing issues and improve completion rates of the FAFSA this year. At the same time, we also need to be working to ensure that next year's FAFSA is available on time this fall, and rolled out smoothly to students and their families.

CAREER AND TECHNICAL EDUCATION

Mr. Secretary, because not every student will choose a 4-year pathway, I know you share my interest and passion in career and technical education and the important role that high-quality CTE (career and technical education) can play in preparing students for both college and for careers. The budget's proposed increase in CTE would help States, school districts, and colleges improve the quality of CTE programs and better ensure CTE programs educate students for jobs of the future.

ELEMENTARY AND SECONDARY EDUCATION

Mr. Secretary, I am also pleased to see that this budget continues support for important investments in key Federal, elementary, and secondary education programs, building on the increases we have been able to provide in recent years. The budget doubles down on our commitment to Title I-A programs to provide additional funding to schools serving students from low-income families. And it also builds on our investment in the IDEA (Individuals with Disabilities Education Act) State grants to boost the Federal share of the additional cost of meeting the needs of students with disabilities.

MENTAL HEALTH

I am pleased that your budget also proposes extra investments for school-based mental health programs that will increase access to support students in need. The budget also proposes increased funding for the Full Services Community Schools Program, which can also increase access to needed mental health programs.

While Wisconsin marked 2023 as the Year of Mental Health, we know that much work needs to be done to address the significant mental health challenges facing too many of our youth. A few alarming statistics from Wisconsin's Office of Children's Mental Health 2023 Annual Report make that clear. The report indicates that 34 percent of high school students reported feeling sad or hopeless, 18 percent of teens reported seriously considering suicide, and 48 percent of LGBTQ (lesbian, gay, bisexual, transgender, queer/questioning) youth reported seriously considering suicide.

Each indicator is going in the wrong direction. National reporting tells the same tragic story. We need to do more to ensure that all students receive the support they need to succeed.

COLLEGE CAMPUS PROTESTS AND ANTISEMITISM

Finally, I would be remiss if I did not address the ongoing protests on college campuses across the United States, including in my home State of Wisconsin. Peacefully protesting is a fundamental right that all people in this country are entitled to. It is an important tool for people to have their voices heard and one I support.

However, when these protests turn to threats, intimidation, violence, and in recent cases, anti-semitism, they must be called out and condemned in no uncertain terms, hate has no place in any educational institution in America; full stop.

I am glad to see that the President's budget helps address this head-on and rightly requests an increase in funding for Education's Office for Civil Rights. Every student from early childhood education to our college campuses deserves a safe place to learn, free from hate, bullying, or discrimination. This is a fundamental idea that I am committed to through and through; a key tool in helping make that a reality for educational institutions receiving Federal assistance is the Office for Civil Rights.

In recent months, some have called for increased efforts to root out anti-semitism in educational institutions, which I fully agree we must do. But they have then paradoxically called for cutting of funding for the very office that leads that work. To help eliminate all forms of discrimination we have to put our money where our mouth is. We need to provide OCR, the Office for Civil Rights, with the additional resources it needs to get the job done.

In a moment, I will turn it over to Ranking Member Capito for her opening remarks. Following Senator Capito's opening statement, we will hear from you, Secretary Cardona. And after that, Senators will each have 5 minutes for rounds of questions.

I will now turn it over to Ranking Member Senator Capito.

STATEMENT OF SENATOR SHELLEY MOORE CAPITO

Senator CAPITO. Thank you, Chair Baldwin. And thank you, Secretary Cardona, for coming and being with us today to discuss the Department's budget for 2025.

As our Chair said, last summer, this committee was able to work together to pass 12 bipartisan appropriations bills out of the great hard work of Senator Collins here, and Senator Murray leading the charge for us. And while I regret that it was so very delayed, last month Congress did pass the final bipartisan funding bills for 2024. And we were able to successfully complete the 2024 process because everyone worked together to find some common ground.

Fiscal year 2025 is likely to face similar, if not greater, challenges, but I am hopeful that we will, once again, be able to come together and produce a bipartisan 2025 bill, Labor bill, that prioritizes programs that help provide the opportunity for a high-quality education for all. While the budget proposes to continue spending money on programs and activities that we simply can't afford, I appreciate the somewhat tempered approach this year compared to the previous budgets.

The Fiscal Responsibility Act continues to be the law of the land, and will govern what is possible for moving forward. Just like last year, we are going to have to make some tough choices. So I am concerned that this budget attempts to go around the FRA, the Fiscal Responsibility Act, by proposing \$140 billion in new mandatory spending for programs that this country simply can't afford and that the Congress has consistently rejected. Expensive new Federal programs, like free college, are ill-advised and unlikely to be considered. Pandemic-era spending is over, and we need to get down to business.

The challenges facing K through 12, and I don't need to, as a former educator—or a lifelong educator I should say—facing K through 12 education are downright alarming for the current generation of our students. We are facing a crisis of chronic absenteeism and failing test scores, or falling test scores in this country. The number of kids counted as “chronically absent”, missing at least 10 percent of school days each year, is double what it was before the pandemic.

In West Virginia, my home State, 28 percent of the children in school missed more than 18 days of school last school year. That is almost a month of school. This isn't okay, and when kids don't go to school, they don't learn, they don't thrive, and they don't grow, not just academically, but also socially.

I know you share this concern, and I hope that your Department will continue working to give States and districts the support they need to help get kids back into the classroom. Federal education spending should support States in policies that afford the greatest opportunity for kids to learn and achieve academically. Formula grant funding like Title I, IDEA, Career and Technical Education grants, put education decisions as close to the local schools as we can, to the teachers, the parents, and also provide the crucial flexibility that local communities need to best meet the needs of their students.

CHARTER SCHOOLS

So I am pleased that the budget priorities do that with these essential programs. However, your budget also proposes to slash other funding intending to help public school students succeed. For instance, the Charter School Program, Secretary Cardona, this is your fourth year in front of the committee, so it shouldn't come to you as a surprise to you that a cut to charter school spending does not go over well in a bipartisan environment.

This \$40 million cut is based on false claims of the declining demand for the program, when really the Department's own actions are to blame. The Department's imposition of burdensome new program rules and failure to adequately staff the program office are the real reasons for any challenge in this program. When enrollment in traditional public schools declined following the pandemic, charter school enrollment increased. I think that is a pretty clear indication of increased demand.

FREE APPLICATION FOR FEDERAL STUDENT AID

The budget also includes a \$600 million, or almost 30 percent increase in funding for the Office of Federal Student Aid, yet, the Of-

office of Federal Student Aid already receives more than \$2 billion a year and it is not clear what the American students are getting and people are getting for their investment.

I am particularly concerned by the disastrous rollout of the new FAFSA for the 2025 school year. You know, I don't normally come before folks who are doing the best they can do in the jobs they are in, but this has just got me totally undone, because it has got everybody in my State and across the Nation just appalled at how this could be handled so ineptly.

Congress passed the FAFSA Simplification Act to simplify—and the Chairwoman said this—and improve the process of applying for Federal student aid in December of 2020, more than 3 years ago, yet this administration's implementation of the law has not made things better for students or administrators.

It is not an understatement to say this has been an unmitigated disaster caused by an inexcusable failure of leadership. Implementation of this bipartisan Congressional priority should have been a top priority for the Biden administration. It took us a long time to pass that Simplification Act; we could get Lamar Alexander up here to tell us how long.

The deadline to update the FAFSA should have come as no surprise. In fact, Congress even gave the administration an extra year to complete it. But instead of prioritizing this important work, the political leadership at the Department of Education chose to spend time, resources, and personnel to advance the administration's priorities around cancelling student debt. To me, that is indefensible.

I have spoken with so many West Virginians this past several months, who are angry about the Department's misplaced priorities and feel discouraged about their future because of the bungled FAFSA implementation. FAFSA completions are down 36 percent nationally compared to this time last year. In my home State of West Virginia, the number of high school students that have completed FAFSA is down almost 40 percent compared to this time last year. For nontraditional age students in West Virginia, students age 25 and up, FAFSA completion rates are down 35 percent. Maybe students put off post-education to work or to care for a family member, and now because of this mess, they have to delay their goal of furthering their education. Some students may never end up enrolling in post-secondary education because the hurdles to complete the FAFSA are just too high.

And many of those who have managed to overcome the difficulties and submit their FAFSAs are still left in the dark about what financial aid they are eligible for in the fall. This is obviously a huge issue for students and their families, but it is a challenge for our colleges and universities. Because of the delays and challenges concerning the rollout of the new FAFSA, \$482 million is hanging in the balance for students in West Virginia, severely jeopardizing college access and affordability for those students, and many of whom would be the first in their families to go to college.

Tomorrow is May 1, traditionally known as College Decision Day. In a typical year, high school graduates across America will be finalizing their decisions as to which college or university to attend. But this year, your Department, just yesterday, sent colleges and the correct information they need to package those aid awards. So

students are still unable to make plans, and informed financial decisions, what is likely to be one of the most expensive and consequential choices that they will make in their lives.

I agree with your statement that there is nothing more important right now at the Department of Education, and I hope moving forward you will be singularly focused on addressing outstanding issues and ensuring that these problems are not repeated in the 2025–2026 FAFSA cycle. Our students do deserve better.

REGULATIONS

On that note, I am concerned with all the regulations coming out of the Department right now are expected to be, including the new Plan B Student Loan Forgiveness Title IX, new cash management rules that would increase the cost of educational materials for our students. I urge you to abandon these efforts.

COLLEGE CAMPUS PROTESTS AND ANTISEMITISM

Finally, I would ask you to take action to protect our Jewish students and restore order on college campuses across America. Discrimination based on national origin violates Title VI of the Civil Rights Act, and your Department is required to enforce the law, that no student should have to fear for their safety while attending school. Last week, 26 of my Republican colleagues and I sent you a letter on this topic, and I look forward to your response.

Mr. Secretary, we have a lot of important issues to discuss today, so I want to thank you so much for being here with us.

Senator BALDWIN. I see we are joined by the Vice-Chair of the Full Committee. Senator Collins, would you like to make an opening statement?

Senator COLLINS. Thank you.

Senator BALDWIN. You are recognized.

STATEMENT OF SENATOR SUSAN M. COLLINS

Senator COLLINS. Thank you, Madam Chair. I am just going to make a few comments because Senator Capito has raised many of the issues, as has the Chair.¹⁸⁹Free Application for Federal Student Aid

But I have to tell you, Secretary Cardona, how disappointed I am in your leadership. What happened with the FAFSA System is simply inexcusable and inexplicable. As our ranking member, Senator Capito, has said, the Department had 3 years to implement the revisions and then another year to simplify the revisions to the Federal Financial Aid application. And I have heard from countless families, students, financial aid counselors, and administrators who have expressed their extreme frustration with the system, and I believe the Department owes them an apology.

This is inexcusable. This wasn't something that was dropped on the Department at the last moment. It goes back 4 years, so there was plenty of time to get this right. And the fact is that students in my State have been up in the air about, what do they do. They don't know what package of assistance they are going to receive. And as Senator Capito points out, May 1 is usually Decision Day,

yet the colleges just got the information they needed, yesterday. This is just inexcusable.

COLLEGE CAMPUS PROTESTS AND ANTISEMITISM

I am also extremely concerned about the treatment of some Jewish students and faculty on far too many of our college campuses. As has been pointed out under the Civil Rights Law, the Department has the authority to act on the complaints, and there are more than a hundred investigations that have been filed since October 7th of last year. Every day, we hear from Jewish students who tell me that they are frightened on campus.

I just cannot believe the rise of anti-semitism on our college campuses. That is not to say that people don't have the right to peacefully protest; they do, but that is not what is happening in far too many areas.

RURAL EDUCATION ACHIEVEMENT PROGRAM

I am very concerned about the budget for rural education. In Maine, the majority of our schools are small and rural, which is why back in 2002 I co-authored the Rural Education Achievement Program known as REAP. We got a \$5 million increase in the program the last fiscal year, but the administration's budget level funds it back—actually, doesn't level fund it; that would be okay, instead, the Department is going back to fiscal year 2023 levels.

And finally, although there are so many other issues that I would love to touch on in my opening statement, including the TRIO Program, which is a wonderful program, and I am pleased there is an increase there, IDEA, what we need to start getting those numbers up.

TITLE IX REGULATIONS

But a concern that I have is the return to a single investigator model under your new Title IX regulations when that model has been ruled by multiple courts as unlawful. So I just don't understand why the Department would ignore those court rulings and go back to a model that has been so heavily criticized.

Again, I think there are a lot of issues to cover today, and I very much appreciate the opportunity to touch on some of them. Thank you.

Senator BALDWIN. Thank you, Senator Collins.

Our witness today is Miguel Cardona, the Secretary of the Department of Education. Secretary Cardona, thank you for joining us. You will have 5 minutes for your opening remarks. And you may begin.

SUMMARY STATEMENT OF HON. MIGUEL CARDONA

Secretary CARDONA. Thank you. Thank you, Chair Baldwin, Ranking Member Capito, and Vice-Chair Collins, and distinguished Members of the Committee. Thank you for the opportunity to testify today on President Biden's fiscal year 2025 budget request for the United States Department of Education.

And thank you for your leadership and continued partnership. I am proud of how we have worked together in a bipartisan fashion

during this administration to raise the bar for American education. Together, we have prioritized substance over sensationalism, defending public education instead of defunding it, and recognizing that investing in education is investing in a better future for all of us.

It is in that spirit that I come here today to discuss a budget that is not only about our priorities at the Department of Education, but about what we are hearing directly from parents and others all over this country, in red and blue States alike, about where we have common ground when it comes to our hopes for our children. This budget is about making responsible choices, together, to invest in the foundation of American opportunity and raise the bar for our nation's future.

It is about sustaining academic recovery from the impacts of the pandemic through \$82.4 billion in calculated investments to accelerate learning and success at a crucial time for our students to regain lost ground, while also adhering to the Bipartisan Fiscal Responsibility Act. It is about investing in a stronger future for all Americans by boosting funding to close achievement gaps in low-income communities through Title I, support for students with disabilities through IDEA, support multilingual learners through Title III, and retain, recruit, and develop great teachers.

It is about investing in safer schools and the mental health of our students by making more funding available for more school counselors and mental health professionals and more full-service community schools. It is about giving more young people access to the American Dream by building more pathways to rewarding careers and opening doors to higher education for all students, by improving college affordability, retention, and completion, including through free community college and increased student supports. It is about making these investments in our Nation's future while fully honoring the caps under the bipartisan agreement to reduce the deficit.

Make no mistake. When we look beyond the headlines and all the noise, there is so much common ground in our country about what matters for our students. Whether it is getting all students to read by third grade, providing mental health supports in the midst of a youth mental health crisis, opening career and college pathways so more students have options for rewarding lives and careers, or making higher education more affordable and accessible for those who choose that path.

And I know we are going to continue to work together to build on that common ground, prioritizing results over rhetoric. We can raise the bar for our nation together. And I look forward to working with you to do so. Thank you.

[The statement follows:]

PREPARED STATEMENT OF MIGUEL CARDONA

Chair Baldwin and Ranking Member Capito and distinguished Members of the Committee. I am pleased to join you today, and I am proud to testify on President Biden's fiscal year (FY) 2025 Budget Request for the Department of Education. As an educator and a father, I know that nothing unites America's families more than the hopes we share for our children, and that is why the Biden-Harris Administration continues to push for increased investments to ensure all students have equitable access to schools, colleges, and educators that welcome and support them, in-

spire their love of learning, and prepare them to succeed in whichever career they choose.

The President's FY 2025 Budget continues the historic progress made since the President took office—with nearly 15 million jobs created and inflation down two-thirds—by lowering costs for working families; protecting and strengthening Social Security and Medicare; investing in America and the American people; and reducing the deficit by cracking down on fraud, cutting wasteful spending, and making the wealthy and corporations pay their fair share. This is a budget that unapologetically strives to raise the bar for education in America and position our nation to lead the world for years to come. Even in an era of relative restraint, where we currently find ourselves operating within the discretionary caps of the Fiscal Responsibility Act (FRA), we're continuing to push for additional, critical resources that will: (1) Achieve Academic Excellence; (2) Boldly Improve Learning Conditions; (3) Create Pathways for Global Engagement; and (4) Expand Access to Higher Education by Reducing Costs for Students and Investing in Student Supports.

DEPARTMENT OF EDUCATION TOPLINE REQUEST AND BASELINE

The discretionary request for Department of Education programs is \$82.4 billion, an increase of \$3.3 billion over the FY 2024 enacted level. However, since final appropriations were not completed by the time of the budget release, the baseline for our FY 2025 request levels was the FY 2023 enacted level, and the FY 2025 request submitted does not reflect final FY 2024 appropriations action. We look forward to working with Congress to provide technical assistance during upcoming FY 2025 appropriations action for appropriate review of the Administration's proposal, including how FY 2025 requests compare with final FY 2024 enacted levels.

ACHIEVING ACADEMIC EXCELLENCE

Title I funding is absolutely essential to our efforts to ensure every student achieves academic excellence. To date, and in partnership with Congress, the Biden-Harris Administration has grown Title I funding for schools supporting students from low-income backgrounds by \$1.9 billion—expanding the base of this crucial funding to close opportunity and achievement gaps in our nation's schools and sustain our academic recovery from the impacts of the pandemic. Our request, operating within the constraints of the FRA, calls for a \$200 million increase in FY 2025 over FY 2023 and \$180 million more than the FY 2024 level, for a total request of \$18.6 billion. The Request also includes critical updates to ensure States have the resources they need to effectively administer the Title I program and ensure every student receives an excellent education.

The President and I remain committed to ensuring that children and youth with disabilities receive the services and support they need to thrive in school and graduate ready for college and career. The Budget Request reflects that commitment through a significant boost in support for children with disabilities. We are requesting \$15.7 billion for special education programs, a more than \$200 million increase above the FY 2023 enacted level and \$190 million more than FY 2024 enacted. This includes \$14.4 billion for IDEA Part B Grants to States, \$200 million more than FY 2023 enacted (\$180 million more than FY 2024 enacted), and \$425 million for Preschool Grants, \$5 million more than FY 2023 and FY 2024 enacted. Our request also includes \$545 million for the IDEA Part C Infants and Families program, \$5 million more than FY 2023 and FY 2024 enacted. However, despite these requested increases there remains a nearly \$31 billion annual gap between current funding levels and what is widely considered to be full funding of IDEA, and that is why the Administration continues to support legislation that achieves full funding over the next 10 years such as the IDEA Full Funding Act.

With the obligation deadline for the last of COVID-19 supplemental education funding in September 2024, we are proposing a new Academic Acceleration and Achievement Grants program, which would help bridge the gap between the crucial recovery work that American Rescue Plan dollars provided to sustained academic acceleration and achievement efforts in the long run. This mandatory proposal would provide \$8 billion over years to help Title I and Title I-eligible schools—including those in an improvement status and especially hard hit by the COVID-19 pandemic—to improve opportunities and outcomes for underserved students through a variety of proven, evidence-based strategies, including: increasing student attendance and engagement; providing high-quality, high-dosage tutoring; and expanding summer, extended, or afterschool learning time.

The Budget proposes a new \$25 million demonstration program to incentivize school districts to expand high-quality public preschool in schools and community-based settings, including by leveraging existing Federal investments like Head Start

and Title I. This new investment complements the mandatory funding proposal also included in the President's Budget (at the Department of Health and Human Services, in partnership with the Department of Education), which would provide assistance to every State to establish and expand high-quality free preschool, through a Federal-state partnership.

BOLDLY IMPROVING LEARNING CONDITIONS

Every student should have access to outstanding, well-prepared, well-supported educators who reflect the rich diversity of our nation. Our budget makes significant investments in educator recruitment, preparation, retention, and professional learning, improving resources and support for America's teachers and school leaders to expand their impact within and beyond their classrooms. This includes \$2.9 billion in educator preparation, development, and leadership—an increase of nearly \$100 million over FY 2023 levels and \$200 million over FY 2024 levels—including \$30 million in Hawkins and \$95 million in Teacher Quality Partnerships to build a diverse and well-prepared teacher pipeline, and \$125 million to address shortages of special education teachers and providers. The Budget also supports an expansion of \$17 million in the National Professional Development program to help shore up the pipeline of bilingual educators, as well as \$5 million in graduate fellowships for faculty in high-need areas.

Improving learning conditions also means acknowledging that communities with high rates of poverty need comprehensive services to support and sustain student well-being and improved academic outcomes. Schools are ideally situated to provide such supports, which is why I am requesting \$200 million to expand Full-Service Community Schools, an increase of \$50 million over FY 2023 and FY 2024 enacted levels, to meet increasing demand for the program. I am requesting a total of \$216 million for School Safety National Activities, which will provide \$40 million in new funding to meet the mental health needs of our students, school staff, and teachers and build on the Administration's historic progress in increasing the number of school counselors, school psychologists, social workers, and other health professionals serving our students within schools. Already, the Department has obligated \$571 million in mental health programs for K-12 schools, enabled through partnership with Congress on the Bipartisan Safer Communities Act—helping accelerate our nation towards the President's ambitious goal of doubling the number of mental health professionals in our nation's schools. Our budget also includes a new \$25 million investment in the Fund for the Improvement of Postsecondary Education (FIPSE) to help colleges and universities develop campus-wide strategies and improve institutional and systemwide capacity to address student mental health needs and other non-academic barriers to student success, including hiring additional providers on their campuses.

CREATING PATHWAYS FOR GLOBAL ENGAGEMENT

I strongly believe that being bilingual is a superpower. It is why we are requesting \$940 million for English Language Acquisition grants, an increase of \$50 million over FY 2023 and FY 2024 enacted. This increase would not only strengthen capacity for schools to meet the needs of English Learners and their teachers, it would also provide \$75 million to build multilingual teacher pipelines and provide professional development in multilingual education and \$5 million for postsecondary education fellowships to include the quality of multilingual teacher preparation and preparation in other critical educator shortage areas.

To further prepare our students for global success, our high schools should evolve to meet the career and college demands of today and tomorrow. Reimagining traditional educational pathways is a critical piece of the President's vision to increase successful outcomes for all students and help them compete internationally. Accordingly, our budget request includes \$1.5 billion for Career and Technical Education (CTE) state grants, an increase of \$40 million above FY 2023 enacted and \$30 million above FY 2024 enacted, to invest in workforce development and build the capacity of existing CTE programs. We are also requesting \$64.4 million for CTE National Programs (an increase of \$32 million over FY 2023 enacted and \$52 million over FY 2024 enacted), which includes a \$57 million investment in the Career Connected High Schools program to redesign our high schools to build career and college pathways and align with our postsecondary education system. This program will provide competitive grants to partnerships among school districts, institutions of higher education (including community colleges), and employers. Key activities would include dual enrollment, work-based learning, career-related credentials, career-navigation support, and educator development to support effective integration of academic and career-connected instruction across grades 11–14. Further, our re-

quest includes \$12 billion in mandatory funding over 10 years for the new Reducing the Costs of College Fund—and this proposal includes over \$7 billion in the Classroom to Career program, which reduces costs for students by providing funds to States to expand student access to free, career-connected dual enrollment programs.

MAKING POSTSECONDARY EDUCATION INCLUSIVE AND AFFORDABLE

Most well-paying jobs today require some education beyond high school. But as college costs continue to rise, too many students and families are finding it harder to afford that path. And despite all the progress we have made, we still face serious gaps in college completion and attainment based on race and income. Our budget request invests in postsecondary success for all students, improving college affordability, retention, and completion.

To expand equitable and affordable access to an education beyond high school, the Budget proposes to increase the maximum Pell Grant by \$100 for the 2025–2026 award year building on successful efforts to raise the discretionary maximum award by \$900 since the beginning of the Biden-Harris Administration. The Budget also increases the mandatory Pell add-on by \$650 for a total maximum award of \$8,145 for students attending public and non-profit institutions. This increase keeps the Administration on its path to double the maximum Pell Grant at such institutions by 2029. The Administration continues to support expanding all Federal student aid to students who are Dreamers—and we are committed to working with Congress to advance this goal.

The Budget also proposes to create partnerships between the Federal government and States to make 2 years of community college free for first-time students and workers wanting to reskill. The Budget proposes mandatory funding for 2 years of subsidized tuition up to \$4,500 per year for students from families earning less than \$125,000 enrolled in an eligible four-year Historically Black College or University (HBCU), Tribally Controlled College or University (TCCU), or Minority Serving Institution (MSI).

In addition to the aforementioned Classroom to Career program, the Reducing the Costs of College Fund proposal includes \$5 billion for awards to colleges and universities that: (1) provide an excellent education at an affordable price to expand the number of students served and to share best practices, and (2) scale evidence-based strategies that increase college completion rates, reduce cost burdens for students, and lower costs per graduate.

The Budget also builds on President Biden's historic actions to reduce student debt and college costs by eliminating origination fees charged to borrowers on every new Federal student loan.

In addition to improving college affordability, it is critical to help students obtain the resources they need to persist in and complete a postsecondary education. The Budget supports innovative and promising strategies to improve student success and degree completion, including:

- Enhancing institutional capacity at HBCUs, TCCUs, MSIs, and low-resourced institutions, including at community colleges, by requesting \$1.3 billion in institutional support under Titles III and V of the Higher Education Act. Additionally, the Request includes a \$100 million initiative in the FIPSE program to expand research and development infrastructure at four-year HBCUs, TCCUs, and MSIs.
- \$100 million for the Postsecondary Student Success Grant Program, which provides competitive grants to States, nonprofits, institutions of higher education (IHEs), and systems of IHEs to implement, expand, and evaluate evidence-based, data driven completion and success strategies to improve student outcomes.
- \$80 million to colleges and universities providing affordable childcare for low-income student parents, a \$5 million increase over FY 2023 and FY 2024 enacted levels to the Child Care Access Means Parents in School Program, or CCAMPIS.
- Increased funding for Federal TRIO programs and GEAR UP, \$20 million and \$10 million, respectively, above FY 2023 and FY 2024 enacted levels to expand services that promote access and completion in postsecondary education for underserved individuals.
- \$15 million to support a new Statewide Reform Grants program that awards grants to States and state higher education governing, policy, and coordinating entities to implement statewide improvements and reforms to the entire spectrum of postsecondary education—from access to career outcomes and student success.

- \$10 million to support a new Postsecondary Advancement and Success Technical Assistance Center to improve access to equitable college inclusion, completion, and retention opportunities.
- \$12 million for the Open Textbooks Pilot to create new open textbooks and expand their use, in alignment with the Administration's goal of lowering the cost of college and eliminating unnecessary junk fees.

The Budget will improve the services we provide students and families to help them pay for college through an essential investment in Student Aid Administration. With limited resources, this Administration has been engaged on multiple fronts to improve the student aid experience, including on actions that are Congressionally directed. Some of these efforts include implementing an entirely new student aid formula, revamping a 40-year-old student aid application system, navigating a successful return to repayment from the pandemic-driven payment pause, and overhauling a broken student loan servicing system. We are requesting \$2.7 billion to administer the Federal student aid programs in FY 2025, an increase of \$625 million and \$600 million, respectively, over FY 2023 and FY 2024 enacted, to support students and student loan borrowers as they navigate these modernized financial aid application and student loan repayment processes. The increase will allow the Office of Federal Student Aid (FSA) to effectively operate the student aid programs, and additionally protect against cybersecurity breaches to ensure protection of borrowers' personal information, implement critical improvements to student loan servicing, continue to modernize its digital infrastructure, and ensure successful administration of the financial aid programs through a simplified application process for students and borrowers.

EDUCATION RESEARCH, ASSESSMENT, AND STATISTICS

Education research and data are important because high-quality information about effective practices and trends in student achievement can help improve teaching and learning, student outcomes, and the return on the public investment in education at the Federal, State, and local levels. Our Budget requests \$816 million for the Institute of Education Sciences, an \$8 million increase above the FY 2023 enacted level and \$22 million above the FY 2024 enacted level, to conduct, provide and share research and scientific evidence in education.

ENFORCEMENT OF CIVIL RIGHTS LAWS

Finally, we prioritize efforts to enforce the Nation's civil rights laws, as they relate to education, by providing \$162 for the Office for Civil Rights, a \$22 million increase above FY 2023 and FY 2024 enacted. The increase would be primarily used to expand staffing capacity to address a complaint workload that has tripled since 2009 and has included alarming reports of rising Antisemitism and anti-Arab discrimination in our Nation's schools and college campuses.

CLOSING REMARKS

I want to thank the Committee for inviting me to discuss the President's FY 2025 Budget for the Department of Education. I have often said that a budget is a statement of values. As you review and consider our budget request, I hope you see how committed President Biden and I are to boldly raising the bar in education—to transform our education system to better serve the needs of all students. Our Budget is dedicated to achieving that goal. Our children and our country deserve it. Thank you, and I will do my best to respond to any questions you may have.

Senator BALDWIN. We are going to now begin rounds of 5-minute questioning. And I will start that out.

FREE APPLICATION FOR FEDERAL STUDENT AID

Secretary Cardona, like many of my colleagues, I am troubled by the ongoing FAFSA implementation issues, and I am also deeply concerned that the number of our high school seniors, who have fully completed their FAFSA, is down nearly 30 percent from last year, and even lower among students in low-income schools.

I know that your staff is working hard to fix this, but as I said earlier, the Department has to get this right, and fast. Can you briefly describe what you and your staff are doing, right now, to get

FAFSA back on track, including increasing completion rates this year so students don't lose access to financial aid?

Secretary CARDONA. Yes. Thank you, Senator. I can assure you that this issue is something that I take very seriously, very personally, and I acknowledge the frustration and challenges that families and schools are facing. Thirty years ago, when I was ready to make decisions about higher education, I never filled out the FAFSA. I was probably eligible, but it was such a big task that I was intimidated by it, and I didn't want to put that pressure on my family to go through that process. It felt too difficult.

And for far too long in this country, too many students that have potential have missed out on Federal aid dollars to chase their dreams. So, I recognize the frustration and the challenge, but the problem that hasn't been touched in 40 years. The rollout of the Better FAFSA has been riddled with delays and challenges, and it has been something that we have prioritized at the Department of Education.

We are doing everything every day to make it right. We are holding FAFSA clinics. We are providing daily communication to colleges. We have sent information out over a month ago to schools, and we are on daily calls with college presidents, financial aid directors, hundreds of webinars in different languages. We are visiting States and helping with clinics for families. If you visit Ed.gov, and there is a spot right there where you can see resources for Better FAFSA.

Just yesterday, I was on the call with national community-based organizations who have signed up to hold clinics to make sure that they are connecting the dots with schools, and we are providing day-to-day support to educators, parents, students based on what we are hearing. We recognize the importance of this, and we are doing everything in our power to make sure we are providing more opportunities for students to fill out the Better FAFSA.

At the end of the day, we are expecting the Better FAFSA can open the doors to an additional 600,000 students for higher education, and that is a huge difference for the potential of our country and the potential of our students.

Senator BALDWIN. Thank you for that answer. While we are still working on FAFSA, this cycle, we know that next year is right around the corner, and students cannot bear another year of delays. So, can you commit to an on-time launch for the 2025—2026 FAFSA by October 1 of this year? And will you commit that colleges will get all the data that they need from the FAFSA as soon as the FAFSA is launched?

Secretary CARDONA. Thank you. Yes. This is something that we have been focusing on while we are rolling out this year's FAFSA, thinking about next year's FAFSA. And I commit to make sure that we are moving all of our resources to make sure that we adhere to the time lines and do everything in our power to make sure not only that we are staying true to the time lines but also communicating with parents, students, and schools.

Senator BALDWIN. Okay. So will you be able to reach the October 1 deadline?

Secretary CARDONA. That is our expectation to reach the October 1 deadline.

MENTAL HEALTH

Senator BALDWIN. Okay. Mr. Secretary, I appreciate the work of the Department and administration on increasing access to mental health services for children and youth, and related proposals in the President's budget. While we have made some progress—certainly more needs to be done to overcome challenges that I hear about in Wisconsin, frankly every day. What I hear about is kids—getting kids the support they need. And I am also aware of the interest back home in the Department's school-based mental health programs funded out of the School Safety National Activities Program.

We provided \$216 million for that program in the budget that we just passed and directed the Department to use any funds not needed for current activities for new school-based Mental Health Grants. Do I have your commitment to use every available dollar from the School Safety National Activities Program for new Mental Health Grants, just as we directed in the recently passed budget?

Secretary CARDONA. Yes, we are committed to adhering to that.

Senator BALDWIN. Thank you. And can you describe how this budget request would expand and improve school-based Mental Health Services for kids?

Secretary CARDONA. Absolutely. I have to tell you that one of the things that I feel pretty strongly about, as an educator who has had experience, even before the pandemic, addressing mental health needs in our schools, is that if the disruption of the pandemic results in us going back to the systems that we had for providing mental health for our students, we are failing our students.

We are in a youth mental health crisis, and unfortunately across the country we have emergency room models of mental health support, meaning, after the trauma. We are committed to ensuring that funding and support for schools are available to make sure that students have the proactive support that they need.

I have to say thanks to the Bipartisan Safer Communities Act. We have invested already \$571 million in mental health services for students in K–12. We are committed to continuing to provide support funding for—in our budget proposal that is geared toward community—full-service community schools, will also bring in community providers to help students and families with mental health needs. There is a \$40 million Grant to K–12 Mental Health Services.

What we are seeing is that some of it is proactive, just helping students understand how they are feeling, and communicate emotions. And we are also seeing an increase in support providers. There has been a 40 percent increase in school social workers; that is significant given where we are as a country. We have seen an increase of 25 percent of school nurses, which is again something that I know for the families and students that have benefited from that, they are thankful.

So, we are committed to keeping that trajectory moving, recognizing that a strong system of mental health support for students is the foundation for academic progress and students reaching their potential.

Senator BALDWIN. Thank you. Senator Capito.

ANTISEMITISM AND CIVIL RIGHTS ENFORCEMENT

Senator CAPITO. Thank you. Mr. Secretary. I mentioned in my opening statement the Title VI of the Civil Rights Act of 1964 prohibits discrimination on race, color, or national origin in programs and activities that receive Federal financial assistance. No student should feel unsafe on their campus, yet just last week Columbia University had to move classes online, and Jewish students were told by a campus Rabbi to go home, because it was no longer safe for them on their campus.

And late last night, protesters took over Hamilton Hall on campus, and the University is locked down today with access limited to only residential students, if there— whoever is left there. I would imagine some parents have said, you must leave, and essential personnel. This is just totally unacceptable.

So, Secretary Cardona, do you believe what his happening to Jewish students at Columbia and in other colleges and universities across this country, is okay?

Secretary CARDONA. Absolutely not. I think what is happening on our campuses is abhorrent, hate has no place in our campuses, and I am very concerned with the reports of anti-semitism. I have spoken to Jewish students who have feared going to class as a result of some of the harassment that they are facing on campuses.

It is unacceptable. And we are committed, as a Department of Education to adhering to Title VI enforcement. We have 137 open cases. We take this very seriously. We have increased the number of communications to college campuses to make sure that they have what they need in terms of the law and best practices on how to make sure they are protecting students.

Look, as an educator, lifelong educator, protecting students is our number one responsibility. We take that seriously, and you know the anti-semitism that we have seen on campus is unacceptable.

Senator CAPITO. Unacceptable, we agree. So you have 136 cases you said. How long does a case take? I mean, by the time this goes through the system, quite frankly, it is either going to be all over, or one way or the other. To me that is sort of an—I mean, that is good.

Secretary CARDONA. Yes.

Senator CAPITO. I am glad you are doing that, but you have more immediate means at your disposal, for instance, removing Federal funds from institutions that get Federal funds, which I imagine most all of them—well they all do—

Secretary CARDONA. Right.

Senator CAPITO [continuing]. If they are in violation of Title VI.

Secretary CARDONA. You are absolutely right.

Senator CAPITO. Are you intending to do that?

Secretary CARDONA. You are absolutely right, investigating the cases is the enforcement part of it, but we do have on our website, Ed.gov, there is a button there Supporting Campus Safety, with guidance and regulations around how to do that. And this is why in our budget we are proposing a \$22 million increase to increase the number of investigators so we can move on those investigations that are open. And ultimately if a school refuses to comply with Title VI, yes, we would remove Federal dollars.

Senator CAPITO. Well, I mean a school can refuse. I mean, can go ahead and say they are going to abide by Title VI, but they are not doing anything. I would commend to you, our former member of the Senate, who is now the President at the University of Florida, he is not taking a light touch here. I mean, he is saying, for many days we have patiently told protesters, many of whom are agitators, or outsiders that they were able to exercise their right to free speech and free assembly.

We also told them that, clearly, prohibited activities would result in trespassing order from the University Police. This is not complicated, the University of Florida is not a daycare, and we do not treat protesters like children, they know the rules, they break the rules, and they will face the consequences.

I mean, I would recommend this, put this on the front of your page on best way to deal with anti-semitism on campus.

Secretary CARDONA. We do have a statement that I have updated after the campus protest, that makes it very clear that being unsafe on campus is not going to be tolerated, and that we do not condone, and we definitely reject any calls for genocide, or any calls for anti-semitism—or any anti-semitism on campus. And that is something that I have been pretty adamant about even before October 7.

Senator CAPITO. Do you have people at Columbia right now on the scene to see what is going on there? Do you have staff there to watch?

Secretary CARDONA. I do not have staff at the moment.

Senator CAPITO. Does the Civil Rights Office have somebody up there?

Secretary CARDONA. I do not have staff at the Columbia University. And I should share with you that we do have an open investigation at Columbia University.

FREE APPLICATION FOR FEDERAL STUDENT AID

Senator CAPITO. All right. Okay. I want to move to the FAFSA because I brought that up in my opening statement, the data that I used I put up here on a chart just so everybody could see. 36 percent down among freshmen nationally, in West Virginia down 40 percent, and I can tell you, Sarah Tucker, who heads up our Higher Education has been a wonderful resource for me on data, but also trying to help us find a way to get this going.

This is disturbing as well. I talked to somebody who works at—a career and technical, she has more adult students, they are totally confused, so students that are amongst West Virginia students, age 25 and up, down 35 percent.

Now, if you said, we are going to get 600,000 more students because of the simplification. You have lost all these students this year, think about that in terms of what that does going forward for the next four—the chances are for the next 4 years those students may not, some of them, maybe the majority of them—you are already going to lose students in that year, and maybe life gets in the way and they decide, I can't move forward on this, I am not even going to fill this out. It took too long. I don't understand it. I don't know what is going on.

We have got to be more aggressive here. And I honestly get tired. I am on the Appropriations Committee, and it is all about money. But it seems like the only solution we ever hear is: I need more money for staff.

Well, this could have been done a lot better. We should have heard from—what you said today we should have been hearing that a year ago, so that we could have been prepared for where we are. And I am sure you feel the same way; that you would have liked to have had that conversation a year ago.

Is there any way—I mean is there—you know Senator Collins asked for an apology. Have you apologized? Have you said: We know we have really screwed this up and we need to make it better for, not just the students, but the institutions as well?

Secretary CARDONA. Yes. Absolutely.

Senator CAPITO. I will give you a chance to—

Secretary CARDONA. Absolutely. I have spoken to parents and students directly. I have sat with them while they are filling out FAFSA. We, at the FSA have worked to return 28 million borrowers to repayment, we changed servicers under FAFSA—Better FAFSA—

Senator CAPITO. You have also worked on forgiving a whole lot of student debt, that has diverted a lot of your resources into this, while you are not focusing on the fundamentals of people trying to go to college for the first time.

Secretary CARDONA. I would welcome an opportunity to engage with folks in West Virginia to share the strategies that we are doing. And I would love to work together with you to make sure that the West Virginians have access to higher education. The form is now about 15 minutes, we are processing. If a student in West Virginia applies today, by Friday the colleges are going to have the information. We have processed over 8.2 million of—

Senator CAPITO. Are you accurately processing now?

Secretary CARDONA. Yes, we are accurately processing.

Senator CAPITO. That was an issue too.

Secretary CARDONA. We made those corrections, and we are accurately processing information. And to be very frank with you, I have been hearing students are getting their letters. Look, we are on the same team here, we want to get as many students connected.

Senator CAPITO. Right.

Secretary CARDONA. And I look forward to working with you to make sure we can do that in your State.

Senator CAPITO. Thank you.

Secretary CARDONA. Thank you.

Senator BALDWIN. Senator Murphy.

Senator MURPHY. Thank you very much, Madam Chair.

Secretary, good to see you.

Secretary CARDONA. Yes.

BIPARTISAN SAFER COMMUNITIES ACT

Senator MURPHY. Meriden says, hello. I want just to take a moment to thank members of this committee for the work that they put in, now, almost 2 years ago to make the Bipartisan Safer Communities Act a reality, we have already referenced it a number of

times in this hearing. \$13 billion much of it going to our schools to help build in-school Mental Health resources and build support services around children in need.

But the data, the numbers, are really compelling. Since we passed the Bipartisan Safer Communities Act we have seen a stunning drop in gun crime in this country from 2022 when we passed the bill to 2023, we saw a 12 percent reduction, in urban gun homicides, that is the biggest 1 year drop in the history of the country. While we are still collecting information on 2024, it looks as if there is going to be another massive drop in gun crime in 2024, in the 200 biggest cities in the country.

The first 3 months of this year, compared to the first 3 months of last year have seen a 20 percent average drop in crime. That is really something to celebrate.

CHRONIC ABSENTEEISM

But I want to talk to you, Mr. Secretary, about a concerning development in our schools that, if unaddressed, potentially threatens to interrupt some of this really tremendous progress. And that is the increasing amounts of chronic absenteeism that we are seeing.

There is a direct line between kids who are chronically out of school, and at-risk behaviors. And so, we want to continue to build on this remarkable success, because the story of this drop in crime is connected to the work that we are doing in our schools. You have a billion dollars in BSCA (Bipartisan Safer Communities Act) to use for building positive school climates, and then you have got a new \$8 billion initiative in this budget, that amongst other things, is dedicated to trying to build—tackle chronic absenteeism, and try to build increasing safer and welcoming schools. Can you just talk a little bit about the importance of reversing this post-pandemic trend?

Secretary CARDONA. Absolutely. Thank you, Senator. You know, throughout my career, whether I was a fourth-grade teacher or school principal, we would track the absenteeism of our students, and it was a clear correlation between students who were missing school and students who were struggling to get ahead, academically.

So we often refer to absenteeism as a symptom of something greater. So the work that we are doing, and this budget reflects the priority that we take, that we are making with addressing chronic absenteeism, and introducing additional strategies across the country, because after the pandemic, it has gotten worse. In many States, they are much worse now than they were before the pandemic.

We are holding a convening at the White House in a bipartisan fashion on May 15, to address strategies to improve chronic absenteeism. We recognize that if we don't address chronic absenteeism, all the strategies, and the tutoring, and the supports we provide in school, won't have the effect that it is supposed to have.

It is all hands-on-deck, we are working with State chiefs, we are working with superintendents, teachers groups, to make sure that this message is one that we can all get behind. Students need to be in school. Part of this strategy is also increasing Full-Service

Community Schools, because as I said earlier, attendance is a symptom of something else.

When we have full-service community schools that are meeting the needs of the students and families, they are more likely to attend school.

FOSTERING DIVERSE SCHOOLS PROGRAM

Senator MURPHY. Let me ask one additional question. You have a really interesting demonstration grant program that you have used Title IV–A funds for, and this is the Fostering Diverse Schools Program. Listen, I am a believer that we should be in the business of helping give our students more access to diverse schools. The data just tells us that if you are in a diverse school, racially and economically diverse school, you are going to be more ready to learn—to succeed as an adult.

Do you have data, yet, to understand how those demonstration grants are succeeding? I think you have made about ten 2-year planning grants, and four 5-year implementation grants. And if you don't, when are we going to know the impact that those grants have had?

Secretary CARDONA. Sure. You know, let me just comment. You know, as someone who grew up in an environment where I was able to attend diverse schools, and really learn how to navigate people from different cultures, and understand people with different perspectives, I think that helped me in my career, and I do believe all students benefit from that.

So, this is something that we do stand behind, and I would be happy to follow up with you, and have my team follow up with you on some data to support that, whether it is through our grants or grants that we—or programs that we have seen across the country.

Senator MURPHY. I always tell the story. And I will turn it back to you, Madam Chair. The merit in public schools—you know, Connecticut does not have as many diverse school districts as we should. Meriden is one of them. And the level of engagement from those students, they know what they have, they know how special their experience is, and you feel it when you walk into any of these Meriden schools. So I appreciate that context that you bring.

Thank you, Madam Chair.

Senator BALDWIN. Thank you. Vice-Chair Collins.

Senator COLLINS. Thank you, Madam Chair.

FREE APPLICATION FOR FEDERAL STUDENT AID

Mr. Secretary, I want to ask you a very basic question, and that is, after all the time the Department had to implement the bill that Congress enacted to simplify the Federal financial aid forms, why wasn't it ready when it went live? I just don't understand, why, given that the Department had more than 3 years, given the fact that Congress was very specific on what should be done, no more hundred questions on the form, for example?

Secretary CARDONA. Right.

Senator COLLINS. What happened?

Secretary CARDONA. Yes. Thank you for that. And Congress—Senator, I do share the frustration you share. Our kids deserve better, and we are working around the clock to make sure it improves.

We have had delays. We had issues with some of the coding that we had to make changes to. And you know, it is an overhaul, it is not just a new website, it is an overhaul of a new formula, it required engaging with tax information differently.

So, look, there is no excuse. Our students deserve better, and I am committed to making sure the process works to make sure that more students have access to higher education, and into a simpler FAFSA. A FAFSA process that encourages families to engage, and gives students an opportunity for higher ed.

Senator COLLINS. I have worked at a college in Maine, Husson University in Bangor, and I know how critical Federal financial aid and other support are for students. In many cases it makes a difference between whether they go to college or not. And this is particularly true with first-generation college students. And back when I worked at Husson, the majority of students were first-generation.

One reason that I wanted to help Lamar Alexander and others simplify the process, is I heard so many complaints about it. And the statistics that Senator Capito showed you about what is happening in West Virginia, I am sure could be applied to the State of Maine. So the problem is that the ineptitude here has real-life consequences. And I am curious whether you considered testing the new system with a small group of schools to ensure that it worked before it went live?

Secretary CARDONA. Yes. Thank you for that. And thank you for sharing that perspective. I am in agreement with you, we have to get it right for our students, and this is going to have an impact for generations. And yes, the process did involve testing and getting information from colleges. We have been in constant communication with financial aid directors across the country, with college presidents, hundreds of—I have been in those conversations myself, to test out processes, to hear from them what needs adjustments, and we have been adjusting.

So, I recognize the strain it has put on colleges, on financial aid offices, and they have bent over backwards to really meet students' needs, and we are appreciative of that. And we are listening to them as we are making decisions moving forward.

COLLEGE CAMPUS PROTESTS AND ANTISEMITISM

Senator COLLINS. I want to turn to the issue of the incidents of anti-semitism on far too many of our college campuses. The Anti-Defamation League has said that in the country, as a whole, that anti-semitic incidents are up 360 percent since October 7, so it isn't just our college campuses, it is a problem nationwide, and a very disturbing one.

But you do have the authority to investigate these incidences, and I am curious what specific communications you have had with institutions of higher education regarding anti-semitism, regarding Jewish students not feeling safe, not feeling like they can attend classes? And when did you post any communications on this issue?

Secretary CARDONA. Okay. Thank you for that. And we are in agreement, Senator, it is unacceptable. I have spoken to Jewish students who have shared with me that they have had to take a different route to class, or that their parents don't feel safe sending them to school. And while you know safe and peaceful protests are

protected by the First Amendment Right, not when they are unsafe, violent, or they are attacking students on campus.

Look, I have a student in college myself, a child. I wouldn't want to send my child to a campus if I feel that they are not safe. That is the most important thing to me, to make sure that our kids are safe on campus.

If you look on Ed.gov, there is a safer—supporting campus safety, it is—I repeat it because I want people to look at it. We have over a hundred resources and tools that many of them were put up after October 7th. But as you mentioned, this was an issue before October 7, there was a rise in anti-semitism before. And I have met with Jewish leaders at the Department of Education, I have met with students, I have been on college campuses talking to students, professors, presidents, who are struggling with it, and I have been on campuses where they are doing it well.

So, if you look on that website, you will see examples of that. And as recently as this week, or late last week we put up updated information to address the issues that college campuses are facing. It is of utmost importance. I agree with you. We need to do better for our students on campus to make sure that they are safe.

Senator COLLINS. And again, there is a big difference between peaceful, legitimate protest, and what we are talking about, harassment—

Secretary CARDONA. Absolutely.

Senator COLLINS [continuing]. Intimidation that cannot be allowed. Thank you.

Senator BALDWIN. Senator Manchin.

Senator MANCHIN. Thank you, Madam Chairman.

And thank you, Secretary, for being here. I reiterate what my colleague, Senator Capito from West Virginia; we are very much getting inundated on people concerning FAFSA. I have another—a problem that I have is the student debt forgiveness.

Secretary CARDONA. Um-hum.

PUBLIC SERVICE LOAN FORGIVENESS

Senator MANCHIN. First of all, we have a bill out called the SMARTER Debt Act, and when people call my office we gave them 50 different variations of how they can reduce their debt without being—and give them a way they can work it off. They get paid, but they can work their debt off. I will give you a perfect example, all these smart, young people that work in our offices, when they come here and they have a 1-year contract, they get basically—we pay since they are working, we need them here, they get paid while they are working, but then we also pay their debt commitment.

After 10 years it is totally forgiven. But you are not tell—no one is doing anything. Do you know how long it took us to find all 50 categories, whether it be in health professions, whether it is in public service, there are so many ways, scientific research, general repayment, everything, there are so many things, but yet we end up giving \$620 billion of debt cancellation, has already been implemented including \$275 billion from President Biden's new income-driven repayment, and then we are talking about doing another \$750.

We are spending more on giving money away than we ever did on education. It makes no sense to me at all. And you all have done nothing as the Department of Education showing me how I can take this burden off of me while I still get paid and I am contributing to society.

STUDENT LOAN FINANCIAL LITERACY

We have no financial requirements whatsoever, literacy, when a student goes into the college, as I am understanding it, you please correct me if I am wrong, they will go there and they say how much—what is your family's income, and do you get the Stafford Loan. So, you can borrow—they said, well, you can borrow up to \$12,000 with your family income.

They might only need \$6,000, but they will take all \$12,000, and then most of them majority fall out in 2 years. They think it is all free money because they have no payments at all, there is no accrued interest whatsoever, but when it comes time to pay the piper it hits them hard, because we don't require any financial literacy on the front end.

DEBT BURDEN

This is stupid. And we just keep piling it on like it is—there is no end to it. Your debt is \$34.5 trillion and growing every day, and we are not going to be able to burn this—education, and we are dumbing down on top of that, students aren't getting any better. And how about the kids who don't go to school? In our little State there is an awful lot of kids that can't go to school. They come to us as: Do you mean, I am working and paying my taxes, and you are giving it away to people who went to college and had a good time, and now they don't want to pay it back. Had a better chance for an opportunity, don't want to pay it back?

We have got to answer. Do you want to know why the rural America, and urban and rural America is getting further and further apart, is because rural America has been being left behind and getting screwed. That is exactly why.

So, sir, I don't know what in the hell you all are doing, but this makes no sense to me. If you would just take a look at our SMARTER Debt Act, we put it all together for you, it will be able—you can put on your website tomorrow and start showing people how to take the burden of high student loan debt off of their back by giving services back that we need in so many areas of our Government.

So many areas of our country, everyone needs it, every State. But you all don't do it. Did you know about what we are talking about, the SMARTER?

Secretary CARDONA. Thank you for your comments, sir. And I think we share the opinion that higher education has been out of reach for too many people, and that we have a broken system. We are proud of the work that we are doing, to provide teachers who are making \$35,000 a year, debt relief after 10 years of service in public service.

So, we are committed to working with you, and others, this to me is about that teacher that I spoke to recently who has \$60,000 in loans because the interest compounded. She took out a \$30,000

loan, and is now owing \$60,000, making under \$40,000. The system is broken, and what we are trying to do is fix it. The Bipartisan Bill that passed —

STUDENT LOAN FINANCIAL LITERACY

Senator MANCHIN. Why don't we just educate a person that basically when they take the debt out, when they sign up for the Stafford Loan, that they think is free money, it is not free money. Explain to them what their budget—so they have a budget when they go to college, this is your budget.

Secretary CARDONA. Um-hum.

Senator MANCHIN. But if you tell a kid that they get \$12,000, I will guarantee they will have a nice apartment and end up buying a car.

Secretary CARDONA. The folks that we are providing debt relief to, sir, are public servants, are veterans that have served our public, and have done it not to become rich, but to make their community better, people who have been taken advantage of by universities or colleges.

Senator MANCHIN. I agree with all that.

Secretary CARDONA. So, we are trying to fix a system to make higher education more affordable.

Senator MANCHIN. We have to—you are in the Education Department, you have to educate people on what is available.

Secretary CARDONA. Right?

Senator MANCHIN. The education of basically the congressionally authorized student loan forgiveness programs. It is out there, 50 different categories where a student can say, oh, I am going to go in this education. I am going to work over here. I am going go in health. I am going go in scientific research, and I will go work over there because that takes care of my debt, to paying for my college tuition.

But no, they go out and whatever happens because they have no idea, it comes back to roost on them. And I don't know. I am done.

Senator BALDWIN. Senator Hyde-Smith.

Senator HYDE-SMITH. Thank you, Chairwoman Baldwin, and Ranking Member.

I want to talk to you today, Mr. Secretary, and thank you for being here—

Secretary CARDONA. Of course.

TITLE IX

Senator HYDE-SMITH [continuing]. On something that is very near and dear to me in the State of Mississippi. On April the 19th, the Department of Education released its Omnibus Title IX Rule, which frankly flies in the face of the original intent for Title IX.

I have been around a long time. I have followed this, and it is amazing what this new rule is doing. There are many troubling aspects of it, like its weakening of due process protections. You know, in your own comments, in your own words, as you said here today, you said protecting students is the number one priority for you. Then you said: The most important thing for me is student safety. So I am glad to know that you have stated that for us today.

SCHOOLS SHARING GENDER STATUS WITH PARENTS

Redefining the word “sex” to include gender identity and compelling speech is part of this. You are redefining the definition of “sex”. Does the rule require schools to share information with parents regarding their children’s gender status?

Secretary CARDONA. As an educator I can tell you that engaging with families and communicating with families regularly is an important part of the work.

Senator HYDE-SMITH. But does it require the schools to share information with parents? Does this rule require schools to share the information with parents regarding their children’s gender status? Does it require it?

Secretary CARDONA. Whether this rule does or not, parents and schools should be working together, and that is an expectation of educators, and that is what they have been doing. I have to tell you the rule strengthens protections for students. It is about keeping students——

Senator HYDE-SMITH. I don’t necessarily agree with that. And I only have 5 minutes, so I am going to continue on. Do you investigate schools that socially transition children without notifying students’ parents? Do you investigate those schools?

Secretary CARDONA. I do not investigate the schools that do that.

Senator HYDE-SMITH. So if they don’t follow the rule, there are no consequences, and there is no investigation?

Secretary CARDONA. If there is a Title IX investigation request, we look at the merits of the request.

Senator HYDE-SMITH. So you do investigate schools that socially transition children without their parents’ knowledge?

Secretary CARDONA. Depending on what the request is, I defer that to the investigators at OCR whether or not to take a case.

IMPACT OF TITLE IX REGULATIONS ON FEMALES

Senator HYDE-SMITH. With the new rule redefining the word “sex”, what does your Department have to say about how this rule will impact biological females? I am thinking specifically about how it will allow transgender students to choose any bathroom, any locker room they wish, therefore eliminating the safe spaces for women and even pushing women out of athletics altogether? Do you agree that they are eliminating those safe spaces when they allow transgenders to choose the bathroom and the locker room that they want to go in?

Secretary CARDONA. I don’t. And I will tell you why. I have been an educator for about 25 years, and it is the role of educators to make sure that students have the safety and privacy that they need, and that we take into account the perspectives of different students. You know, Senator, we cannot pick and choose which students we want to protect. All students deserve protection in our schools, and what this Title IX Rule does is ensure that all students, including our LGBTQI students, are protected.

Senator HYDE-SMITH. So when a biological male goes into the locker room with biological females, you think that that is a safe space for those young girls?

Secretary CARDONA. When girls walk into bathrooms, that is—you may not be recognizing students who are transgender, but because you don't recognize them doesn't mean that I don't protect them.

Senator HYDE-SMITH. But biological males going into a girl's locker room, and a girl's bathroom, you have no problem with that whatsoever, and you consider them being safe in all circumstances?

Secretary CARDONA. Again, I think the line of questioning is trying to create division. What we are trying to do is protect all students.

Senator HYDE-SMITH. I am not trying to create division. You just said protecting students is my number one priority.

Secretary CARDONA. Yes. All students.

Senator HYDE-SMITH. So do you feel like that those biological females are protected in that setting to the best of your ability, you are protecting them?

Secretary CARDONA. The Title IX regulations that we have protect all students, and give them access to the same opportunities that all other students have in our schools. As I said before, we can't pick and choose which students we want to protect, and for partly—

Senator HYDE-SMITH. I totally agree all students need protecting. But there is a difference in boys and girls and where they change clothes and undress. Do you agree with that?

Secretary CARDONA. Schools make rules on how to make sure students are safe and have privacy in our schools. We have been doing this, educators have been doing this, and the Title IX Rules just reinforce the work that they have to do to also protect students who are LGBTQ who have, unfortunately, historically in our country been under attack, and we need to protect those—

Senator HYDE-SMITH. No one is attacking anyone right now. We are talking about school safety and girls' locker rooms and bathrooms. Nobody is trying to attack anyone. We want all students safe.

Secretary CARDONA. We do.

Senator HYDE-SMITH. So you don't need to change the conversation that somebody is attacking someone. So your position is that they still have the safe spaces that they deserve when biological girls are undressing? That is your position?

Secretary CARDONA. It is my honor as an educator to protect students who have been marginalized in our community and because of that require additional mental health supports. These students, I am not saying you are attacking them. I am saying they are under attack in this country, and as Secretary of Education, it is my responsibility to protect all students, not just some.

Senator HYDE-SMITH. In the same breath that you say safety is number one.

Thank you, Madam Chairman.

Senator BALDWIN. Senator Boozman.

Senator BOOZMAN. Thank you, Madam Chair.

FREE APPLICATION FOR FEDERAL STUDENT AID AND FARM ASSETS

Thank you, Mr. Secretary, for being here. I want to associate myself again with the problems of the FAFSA rollouts, you have heard

so much about that. And it truly is a huge problem. One of the things that has come up is the farm and small business reporting requirement Question 22 Form. This question requires students to report the net worth of the family's business or for-profit agriculture operations.

Given the fluctuation in revenue year-over-year operating a farm, Question 22 misunderstands how farm families operate. Farm assets cannot be cashed out to support a loan in the same capacity as traditional investments.

Throughout the process of drafting this requirement, and I understand this is not something you have done, this is something Congress did. Okay. But it has unintended consequences that nobody realized. Has the Department engaged in conversations with farming stakeholders to understand the impacts of such a requirement? I think it is going to be very, very difficult for any farm family to actually be able to get, you know, the student aid that they have, in the past, in the future under this requirement.

Secretary CARDONA. Thank you for sharing that, Senator. And I am committed to making sure we are talking in—and yes to answer your question, our team has talked to farm families, and we recognize the challenge that they are under. We are committed to working with them, and to making sure that they have access. I was in Arkansas recently, in the last 2 weeks, working on increasing FAFSA completion. I want to work with you, and everyone in Arkansas to get those numbers up.

I think one of the things that we don't really talk about a lot is that across our country, we have normalized a 60 percent completion, 70 percent completion of FAFSA. It is our expectation, as we work together, to get those numbers closer to 90–95 percent of students filling it out. And we recognize that in rural communities, farm families have challenges and concerns with it, and we are committed to working with them, and you, to identify those issues and support them in the process.

ANTISEMITISM

Senator BOOZMAN. You know, and that is exactly what, we want you to do, work with us, work with Congress to make sure that this really isn't going to be a very, very negative thing. Surveys tell us that over 50 percent of the Jewish students, you know, feel threatened.

Secretary CARDONA. Yes.

Senator BOOZMAN. You have got lots of levers, and the only thing I would say is that we really do expect you to use those levers.

Secretary CARDONA. Yes.

Senator BOOZMAN. Nobody needs to be bullied; everyone needs to be safe, not only Jewish students, but students in general. And again, you are going to need to step up and use some of those levers. Some of them you can do it outwardly; others, you know, you have got a lot of ability to put pressure on institutions. And then transparency, you know, identifying these institutions——

Secretary CARDONA. Right.

STUDENT LOAN FINANCIAL LITERACY

Senator BOOZMAN [continuing]. That we are hearing, you know, report after report about, people need to understand what is going on. The other thing is I, you know, in listening to Senator Manchin, I think what he was saying really is really important. You know, you have students that simply are not financially literate when they get out of high school. I would be interested.

You gave the example of the lady that had the \$30,000 loan that ballooned to \$60,000. The question is, did she know that was going to happen? And I suspect she didn't. I suspect that she had no idea that what she was signing, there is no incentive for the higher ed. institutions to provide that knowledge because this is a cash cow for them.

You know that it is to their advantage for students to take these loans out. They don't care if they pay them back or not. They don't have any really advantage of explaining that, you know, this is money that is going to need to be paid back. The interest rate is going to be a burden, and looking at their potential, you know, income in the future, how are you going to cash flow all this out?

So I would really encourage you. Let us help you with that. But that is something that I think would really, you know, we can debate the student loan thing. I agree with Senator Manchin on that also, but regardless of that, as far as eliminating the problem in the future, you know, if you want to have a real impact on people's lives and not getting them in the situations going forward, that really would have a tremendous impact.

Secretary CARDONA. Thank you.

Senator BOOZMAN. Thank you, Madam Chair.

Senator BALDWIN. Thank you. Senator Britt.

Senator BRITT. Thank you, Madam Chair.

COLLEGE CAMPUS PROTESTS AND ANTISEMITISM

Mr. Secretary, thank you for being here today, I greatly appreciate it. As you are aware and have heard from a number of my colleagues, the large anti-semitic demonstrations and encampments that have broken out on college campuses nationwide are simply unacceptable. This has become, you know, some of our "elite institutions", quote/unquote. To me, it is just a national disgrace, and it is a disservice to America's future.

Going back to November, Republican Senators, myself included, have written multiple letters urging you to uphold Title VI of the Civil Rights Act, and ensure that a safe learning environment exists for Jewish students. I know the Department has opened investigations, and I have heard you reference that today, into some of these institutions, including Columbia.

However, things have clearly not gotten better over the last 5 or 6 months. And in fact, in recent weeks and even days, it has proven that they have gotten significantly worse.

So Mr. Secretary, does the Biden administration really believe that it is effectively upholding Title VI, and ensuring a safe learning environment for Jewish students right now; just a simple yes or no?

Secretary CARDONA. Thank you, first of all, Senator. Because I agree with you, the anti-semitism that students are experiencing on campus is unacceptable.

Senator BRITT. Thank you.

Secretary CARDONA. We are committed to making sure we investigate Title——

Senator BRITT. And so investigation is one thing, but do you think right now that this Administration is upholding Title VI?

Secretary CARDONA. We are, with the resources that we have, we are here to request additional investigators. You know, in 2009, the number of cases has tripled since 2009, and we have 58 less people in the——

Senator BRITT. But how long does this have to go on? I mean, if you look at these, the absurdity of some of this, just rhetoric on these campuses when they are saying: We are Hamas. I mean, do you think that is acceptable for a Jewish student to have to hear that, or “from the river to the sea”, or “go back to Poland”, or “kill the Jews”? My question is, do you think that that type of rhetoric is acceptable, and do you think that that allows for Jewish students to feel safe on campus, yes or no? Yes or no?

Secretary CARDONA. Absolutely not.

Senator BRITT. Thank you. I really appreciate that. Do you think that it is okay to link arms and keep Jewish students from attending class? Do you think that is okay?

Secretary CARDONA. Absolutely not.

Senator BRITT. Thank you. I am afraid that this administration is not learning the lessons from the past. When you look at the history, it wasn't okay to do that in the 1960s, do you understand, and it is not okay to do that now. This is the United States of America, we have to uphold the laws in front of us. We have to make sure that different groups based on their race or ethnicity are not discriminated against. We have to have safe learning environments, and it is my thought that the Biden administration is utterly failing the American people right now, and failing the Jewish community across this Nation. And I ask you to do more.

I don't know what investigation it takes. I don't know where the bar is. But to me, all of the things I just referenced are enough, and I hope that you hold these institutions accountable, and I hope you create a safe space across this Nation for Jewish students to learn, to grow, and to be fostered on these college campuses, and anything less is unacceptable.

TITLE IX

I would like to ask you about your new Title IX proposal. So this weekend, I sat at track sectionals watching my daughter run. I was so proud of her. She wanted to get her PR, which I have had to learn what that meant, but when I saw the difference and the disparities between the top female athletes, and then the top male athletes, they were significant.

I am reminded, as we look back over history here, and I want to make it very clear, I believe we are all made in the image of God, and I believe each and every person should be treated with dignity and respect. But Title IX was created to create fairness, to create a level playing field, to give young women the opportunity

to strive, to grow, and to succeed. And when I look at the reality of your new Title IX proposal, it clearly shows that that playing field is about to be tilted.

You can look back to 1988, when you had Ms. Joyner, known as Flo-Jo, who created a record in both the 100 and 200 meter dash that still stands today, you can look in 2019 though that very record that stands would have been beaten by 76 high school biological males. And my question to you is how are we going to continue to create fairness if you are tilting the playing field and underneath this current proposal, is it true that a biological man could receive a scholarship designated for a woman for Collegiate Athletics?

Secretary CARDONA. Thank you for your passion. And I just want to clarify the Biden administration has over three times the number of investigations on Title VI than the Trump administration in 4 years, so we are committed.

Senator BRITT. Sir, an investigation though, is very different than action. And I appreciate the opportunity to look into it, but now is the time for action.

Secretary CARDONA. We have closed more cases also.

COLLEGE CAMPUS PROTESTS AND ANTISEMITISM

Senator BRITT. And so what are you doing right now on Columbia's Campus?

Secretary CARDONA. On campus, the situation?

Senator BRITT. Yes. Um-hum.

Secretary CARDONA. We are doing a lot. You know, we have updated guidance, we have a letter in draft right now, we have increased the Title VI investigations, we have open investigations that—

Senator BRITT. So when you see what happens on GW's Campus—and Madam Chairwoman, I understand my time has expired—and you see that they have actually asked for, you know, public safety have asked the Mayor to send in police to help them with that situation, and she has refused. Do you stand by the Mayor, or do you stand by GW?

Secretary CARDONA. I stand by the students who deserve to be safe on campus. As a father, that is what I expect for my children, I expect that for children all across—

Senator BRITT. Absolutely.

Secretary CARDONA. I agree with you on that. Let us work together to make sure that the message is clear, that while the First Amendment is their freedom, when it crosses the line and makes students feel unsafe or harmed on campus, that is where we draw the line. I have spoken to Jewish students who have had anti-semitic comments made at them, it is—

Senator BRITT. It is disgusting and despicable.

Secretary CARDONA [continuing]. Unacceptable I agree with you.

Senator BRITT. Absolutely. Well, let us work together. And let us not just talk about it, let us do something now. Thank you.

ADDITIONAL COMMITTEE QUESTIONS

Senator BALDWIN. Thank you, Mr. Secretary. Thank you for your presence here today.

This will end our hearing. I would like to thank my fellow committee members. And thank you, Secretary Cardona.

For any Senators who wish to ask additional questions, questions for the record will be due on May 7. The hearing record will also remain open until then for members who wish to submit additional materials for the record.

[The following questions were not asked at the hearing, but were submitted to the Department for response subsequent to the hearing:]

QUESTIONS SUBMITTED TO HON. MIGUEL CARDONA

QUESTIONS SUBMITTED BY CHAIR TAMMY BALDWIN

Question. Mr. Secretary, you are aware of the significant resource disparities between schools serving more students from families with low-incomes and their wealthier peers, including disproportionate access to experienced educators, advanced coursework, and more. These resource discrepancies contribute to the achievement gap between students of color—who represent more than half of students served in Title I schools—and white students. In fact, Education's National Center for Education Statistics School Pulse Survey recently reported that 84 percent of high schools with fewer than 25 percent students of color offered advanced academic courses but just 65 percent of high schools serving 75 percent or more of student of color did the same.

As you know, an important provision included in the reauthorization of the Elementary and Secondary Education Act requires a review of resource inequities in schools which have been identified for support and improvement. However, recent reporting by the GAO shows just about half of schools required to conduct those reviews did so.

This and other findings from the GAO report supported our direction to your Department to conduct additional monitoring and support, including through the Comprehensive Centers program, to strengthen implementation of school improvement requirements.

While the Department has taken some actions, would you please share your thoughts on implementation of the school improvement requirements to date and commitment to implement direction in our recently-passed budget and take additional actions to improve this situation?

Answer. The Department agrees that the requirement to identify and address resource inequities in comprehensive support and improvement (CSI) and additional targeted support and improvement (ATSI) plans is an essential element of the Title I accountability and school improvement system. The Department reviews these requirements each year in State educational agencies through our comprehensive consolidated monitoring of the ESEA formula grants programs, which includes a comprehensive review of the State's implementation of Title I. We know, however, that we can only conduct a handful of consolidated monitoring activities each year. That is why, in 2022, the Department conducted a targeted monitoring of the requirements related to resource inequities, as well as the requirement for each State to conduct a periodic resource allocation review in local educational agencies (LEAs) that serve a significant number of identified schools. Of the nine States that were included in the review, seven States did not meet this requirement. The Department issued a corrective action letter to each State that did not meet the requirement to provide evidence of how it ensured that all identified CSI and ATSI schools include the resource inequities requirement in approved support and improvement plans. This typically included revised CSI plan templates or revised monitoring protocols that ensured the SEA was reviewing CSI plans for this requirement prior to approving such plans. Further, the Department issued a Dear Colleague letter on July 11, 2023, that addresses key findings and highlights best practices from our targeted monitoring review. This letter (available at: [DCL-Title-I-Resource-Equity-for-posting.pdf](#)) includes four recommendations for ensuring that all CSI and ATSI plans identify and address resource inequities. In addition, the Department continues to provide technical assistance to States regarding these important provisions, including recent presentations to over 45 States at the National Association of ESEA State Program Administrators annual conference and to over 40 States at the Council of Chief State School Officers. In addition, the Department plans to fund a new Comprehensive Center this year that will focus on providing technical assistance on fiscal equity, as well as ongoing support around ESEA implementation.

The Department continues to focus on State compliance with school improvement requirements. This summer, the Department is conducting targeted monitoring of five States (which includes a discussion with one LEA in each of those States) of the school improvement funding requirements in ESEA section 1003. Similar to prior targeting monitoring efforts, the Department will share the results of its review, including common findings, recommendations, and best practices, with all States.

Question. How would the budget support improved compliance and a reduction in these disparities?

Answer. The Administration's FY2025 budget request provided a \$200 million increase from FY2023 enacted under Title I, Part A Grants to LEAs. In addition, the request proposed appropriations language to increase the Title I administrative cap, which would result in SEAs having more resources to provide technical assistance and oversight to LEAs to meet these important requirements. Furthermore, the funding for the Comprehensive Centers program will also provide important technical assistance to States. In particular, in addition to the National Center and the Regional Centers, this year's Notice Inviting Applications includes a competition for a new Fiscal Equity Center.

Question. Mr. Secretary, you are well aware of the challenges public schools have experienced over the last couple of years. Our public schools have faced the major disruption of the pandemic and communities divided by what our students should learn and whether they should be accepted for who they are.

As you know, the Title I-A grant program supports roughly half of all schools and includes a requirement that generally requires these schools to spend at least 1 percent of their grant award on parent and family engagement activities. Of course, any reduction to this program like that Proposed by House Republicans last year would significantly cut funding for this important work.

Please share how the Department is supporting efforts to strengthen these critical connections needed to support students in their learning and school success. How does the budget propose to further strengthen these efforts?

Answer. We agree that parent and family engagement is vital to fostering strong connections between communities and schools and supporting all students to reach their full potential. The Department is currently working on technical updates to its Parent Involvement: Title I, Part A, Non-Regulatory Guidance (April 2004) to reflect changes to requirements in section 1118 of the reauthorized Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act, which we aim to release later this year. This guidance will reiterate the importance of parent and family engagement and remind States, districts, and schools about their responsibilities to provide timely, useful information to parents and families and meaningfully engage them in planning for how best to use Federal funds to meet local needs.

The Department also continues to annually review State and local report cards to ensure that States are making key information publicly available to aid local decision-making. We conducted targeted monitoring of State and local report cards in summer 2023 to conduct oversight and inform our technical assistance. Based on our observations and findings, we will be providing additional guidance and technical assistance to make recommendations for improving the timeliness, usefulness, and quality of data on State and local report cards so they are valuable tools for parents and families.

In addition, the President's FY 2025 budget includes an increased request of \$200 million for the Full-Service Community Schools program to provide comprehensive social, health, and academic services in school settings for students, students' family members, and community members by integrating existing school and community programs, among other evidence-based features. The budget request also includes \$1.3 billion for 21st Century Community Learning Centers, which provides funds for before- and afterschool and summer programs designed to support students from low-income backgrounds and provide programs that offer their families opportunities for active and meaningful engagement in their children's education. The budget also includes \$91 million for Promise Neighborhoods, which provides competitive grants to support distressed communities in improving the developmental and academic outcomes for children, youth, and their families from birth through college. Finally, the budget request includes \$20 million for Statewide Family Engagement Centers, which provides funding to statewide organizations to establish statewide centers that promote parent and family engagement in education and provide comprehensive training and technical assistance to SEAs, LEAs, schools, and organizations that support partnerships between families and schools.

Question. The President's budget rightly requests an increase of \$22 million for Education's Office for Civil Rights. Every student, from early childhood education

to our college campuses, deserves a safe place to learn, free from any hate and discrimination. In recent months, some have called for increased efforts to root out antisemitism in educational institutions which I fully agree we must do but they have paradoxically called for cutting funding for the very office that leads that work. In fact, House Republicans advanced a bill last year that would have cut funding for OCR by \$35 million/25%.

How would that reduction impacted OCR's ability this year to timely and thoroughly process complaints of discrimination of all types, including those based on shared ancestry or ethnic characteristics, and establish corrective measures for the educational institutions to implement to provide all students a school environment free from discrimination?

Answer. If Congress cuts OCR's funding by \$35 million in FY 2025, the average caseload per investigative staff would rise from 33 cases per staff, as of May 2024, to an estimated 120 cases in FY 2025, which is not manageable. OCR would not be able to support the current full-time employees on board. The budgeted number of staff would require cutting approximately 167 full-time employees—from 563 FTE to 396 FTE. This cut in funding would severely hamper OCR's ability to timely process complaints and increase OCR's case backlog significantly. A \$35 million cut in OCR's funding, which is equivalent to a 25% reduction, would disproportionately impact OCR's enforcement workforce, which represents more than 80% of OCR's full-time equivalents (FTEs). Consequently, the enforcement workforce would be most severely impacted by the reduction.

Question. How would that reduction impact OCR's ability to initiate based on shared ancestry or ethnic characteristics, and establish corrective measures for educational institutions to implement to provide all students a school environment free from discrimination?

Answer. If Congress cuts OCR's funding by \$35 million to \$105 million, OCR will have to cut the investigative staff by approximately 150 full-time employees (90% of the total 167 FTE cut). Such a cut would significantly jeopardize OCR's ability to conduct and conclude all investigations.

Question. How would additional resources requested in the President's budget for fiscal year 2025 enable OCR to better fulfill its mission to ensure school environments are free from discrimination for all students?

Answer. The additional \$22,359,000 requested for fiscal year 2025 would enable OCR to hire at least 77 additional investigative staff to help process the 22,179 complaints projected to be received in FY 2025. The additional investigative staff the average caseload per staff from 51 to 47 cases per investigator, which is still a very high yet incrementally lower caseload.

Question. Both the Government Accountability Office (GAO) and Education's Inspector General have raised concerns about the risks to Federal funds posed by certain types of charter schools from virtual schools to those with contracts with for-profit management organizations, and the need for effective oversight of the Charter School Program.

Please provide an update on actions taken and planned to address recommendations made by the GAO in GAO-22-10444 and recommendations 1.2 and 1.3 of IG ED-OIG/A21IL0034. How does the budget request support full and timely implementation of all corrective actions and recommendations?

Answer. Regarding GAO-22-10444, the Department initiated a review process for the data that States submitted via EDFacts for the 2021-2022 school year to examine participation rates of students attending public virtual schools on required state standardized tests. Consistent with the prior year, a letter will be sent to each State with a virtual charter school that assessed less than 95 percent of its students. The letter will include both the 2020-2021 and 2021-2022 school year participation data. Additionally, the Department provides technical assistance and support to states regarding their submission of data via the EDFacts data initiative. Each state submits data and provides an assurance that the data are complete and accurate. The Department's expectation for the submission of chronic absenteeism data is that the data are collected from each school using a uniform definition, as stated in our file specifications (see here for the 2021-2022 school year—file specification 195 (data group 814): <https://www2.ed.gov/about/inits/ed/edfacts/eden/non-xml/fs195-18-0.docx>). As noted in that document, the state is required to include a student absent "when not physically on school grounds and were not participating in instruction or instruction-related activities at an approved off-grounds location for at least half the school day." As further specified in the file specification, the state should "include all students in grades Kindergarten through Grade 12, and comparable ungraded levels, who were enrolled in the school for at least 10 school days at any time during the school year, and who were absent 10% of the school days in the school in which they were enrolled." Any student enrolled for 10 school days or more in the school

must be included in the file. We believe the guidance we have provided results in comparable data across virtual and brick-and-mortar schools. We have no indication at this time that the data are less reliable for virtual schools compared to brick-and-mortar schools. The Department further notes that attendance data does not impact funding decisions for Federal funds. Lastly, through new CSP regulations issued in July 2022, the Department has strengthened requirements to improve grantee reporting and increase transparency with respect to funded charter schools that are operated or managed through contracts with management organizations.

Regarding recommendation 1.2 in ED-OIG/A21IL0034, The Charter School Program Office (CSP) is currently working with our data collection contractor to streamline all reporting requirements for CSP grantees through the development of a performance management platform. The platform entitled, the Charter Online Management Performance System (COMPS) will combine the current data collection tables, APR and FPR reporting requirements for the SE, CMO, and Developer grant programs and other business processes into one system that serves as a repository for grantee implementation data. Full development of COMPS is intended to be completed by December 2024.

Regarding Recommendation 1.3 in ED-OIG/A21IL0034, The COMPS system will serve as a clearinghouse of implementation information for each grant. The system will allow for data to be examined by grant and program, to allow the CSP leadership and program officers to view the data at multiple levels, and to aggregate to see trends across the entire program.

The FY25 budget request includes \$16 million for national activities including actions such as monitoring and technical assistance that can, in part, address GAO and IG concerns. The request also includes appropriations language to ensure, consistent with statutory intent, that new awards do not support schools that are operated or managed by a for-profit education management organization or other similar for-profit entity, including through a contract with such an organization or entity. This language would not limit the ability of a newly funded charter school to contract with a for-profit entity for purposes other than managing or operating the school, such as providing food services or payroll services.

Question. Research has found consistently that students of color and students growing up in poverty are disproportionately more likely to be taught by teachers who are inexperienced, less effective or teaching out-of-field. Recent research from the Education Trust on access to experienced teachers found Black and Latinx students are more likely to attend schools that have higher percentages of novice teachers. In 2015, Congress reauthorized the Elementary and Secondary Education Act, with a new requirement for States to submit plans to the Federal government describing how low-income and minority children enrolled in Title I-A schools are not served at disproportionate rates by ineffective, out-of-field, or inexperienced teachers, and what States will do to report on this data to the public.

What steps will the Department take to ensure public reporting by all States include multiple years of publicly available and readily understandable data demonstrating progress in addressing any disproportionate rates of access to ineffective, inexperienced, or out-of-field teachers by low-income and minority children in Title I, Part A schools and that all States have a plan and timeline for regular updates of these data that are frequent enough to demonstrate progress being made?

Answer. The Department's monitoring of this requirement has consistently identified noncompliance with ESEA's requirement on reporting on ensuring low-income and minority children enrolled in Title I schools are not served at disproportionate rates by ineffective, out-of-field, or inexperienced teachers. The Department reviews compliance with this requirement in our annual consolidated monitoring of ESEA programs, which includes a comprehensive review of implementation of provisions under Title I, Part A (Title I) in a handful of State educational agencies each year. However, given the importance of this requirement and public reporting in general, in 2023, the Department conducted Title I targeted monitoring of the public reporting requirements in ESEA sections 1111(h) and 1111(g)(1)(B) of nine States. This included the requirement for all States to publicly report their progress in addressing any disproportionate rates of access to ineffective, out-of-field, and inexperienced teachers by low-income and minority children in Title I schools. To meet requirements, each State must have reported at least two data points to reflect progress in addressing any disproportionate rates of access for these students. The Department chose to focus on these public reporting requirements in 2023 Title I targeted monitoring because we identified a pattern of non-compliance in prior monitoring efforts. As expected, all nine States received findings because they had not reported all required components of ESEA section 1111(g)(1)(B). For example, some States reported data for some of the teacher categories, but not all. Some reported statewide data but did not specifically report on data for students in Title I, Part A

schools. The Department issued a letter to each State identifying the areas of non-compliance and we will follow up with each State to ensure it satisfactorily addresses the issue in order for us to close the monitoring finding.

Following our Title I targeted monitoring of public reporting requirements, the Department is working on guidance and technical assistance for all States related to this requirement. For example, the Department will release later this year a Dear Colleague Letter that provides recommendations to States on these requirements. The Dear Colleague Letter will recommend that States post this educator equity data on their State and local report card for transparency and ease of access for stakeholders and that they publish at least every 2 years their progress reducing gaps in educator equity. In addition, the Department is making technical updates to its non-regulatory guidance, “Opportunities and Responsibilities for State and Local Report Cards (March 2019)” to reflect common questions and findings and provide examples of how the educator equity report requirements differ from the educator reporting requirements in ESEA section 1111(h). The Department will continue to provide technical assistance to States on this provision to States at national meetings.

Question. The Department collects required information on professional qualifications of educators through its EDFacts collection. The Department notes in its Fiscal Year 2025 Congressional Justification that a number of States have not reported complete data, limiting the Department’s ability to report on measures on the differences between the lowest and highest LEA poverty quartiles in the percentages of teachers with provision credentials or teaching out of field.

Please describe the assistance provided and planned to be provided to support complete reporting of these important data?

Answer. The Department agrees that having timely, complete, and accurate data across all ESEA programs, including on the professional qualifications of educators, is essential. The Department has taken a number of actions following the submission of incomplete, inaccurate, or missing data. The Department typically begins with a technical assistance call with any State that has missing data or significant data issues. If the issue persists for a second year, the Department typically issues a warning letter to the State. If the issue persists for a third year, the Department can place a grant condition on the associated ESEA grant that cannot be removed until the State is in compliance with the reporting requirement. Currently, one State has a grant condition related to this specific data requirement.

Question. The Student Support and Academic Enrichment [SSAE] Grants program provides formula grants to States based on each State’s share of title I—A grants, which then sub-grant to LEAs, to help support activities that provide students with a well-rounded education, ensure safe and supportive learning environments, and use technology to improve instruction.

Please describe the Department’s plans and timeline for reporting on State and local expenditures, outlined by specific authorized activities, and provide detailed information about the most common uses of funds, as well as information about how LEAs plan to evaluate the effectiveness of their SSAE-funded activities.

Answer. The Department is conducting an implementation study of the Student Support and Academic Enrichment grant program (Title IV, Part A). The purpose of this study is to evaluate how this program is being carried out across the country, focusing on assessing how states and districts are using Title IV, Part A funds; how states and districts make decisions about how to use funds, and the use of evidenced-based programs and practices.

Question. The Statewide Longitudinal Data System program supports competitive grants to State Educational Agencies to enable such agencies to develop, expand or improve Statewide, longitudinal data systems; improve data access and use that improves student outcomes; enable research and evidence-based policy-and decision-making; and build capacity in States to secure and protect data.

Please describe FY23 and FY24 actions and FY25 plans, including in coordination with the Departments of Labor and Health and Human Services to provide guidance on and support the integration of data source systems across all levels of education, workforce and related areas, including implementation of data governance policies and enhancement of data privacy and security measures.

Answer. The Department made 27 new Statewide Longitudinal Data Systems (SLDS) grant awards in FY23 and one in FY24. These grants are supporting State developments in Infrastructure and Interoperability (22), College and Career (3), State Policy Questions (3) and School Finance (2). The program has supported States and territories with data governance through data governance-related webinars and briefs to support States in governance activities. Topics have included but are not limited to: “Partnering for Success: Key Elements of Effective ECIDS [Early Childhood Integrated Data System] Data Governance,” “Improving Data

Quality and Data Use Through the Critical Data Issues Process,” “Cross-Agency Data Sharing, Governance, and Practice,” and “Sustaining Core Processes for Data Governance.”

The program also focused on data security and privacy through webinars and/or briefs including “Preparing for an SLDS Security Audit,” “Securing Your SLDS,” and “Overcoming Challenges of Reporting Publicly Available Data.” The SLDS program collaborates closely with the Privacy Technical Assistance Center, which reviews and provides feedback on states’ data and security and privacy documentation required as part of the SLDS grant application process. Updated documentation is reviewed again as part of grant monitoring, both in Annual Performance Reports and as part of site visits.

Our technical assistance plan includes collaboration with the Preschool Development Grant Birth through Five (PDG B–5) program in HHS. Many of the states participating in our Early Childhood Integrated Data System working group also have or have had PDG B–5 grants, and program staff from the SLDS and PDG B–5 grant program meet to discuss grantee progress and needs. The SLDS team also coordinates with the Department of Labor’s Workforce Data Quality Initiative (WDQI) grants. Representatives from the WDQI program have been included in conversations about how to link workforce data to kindergarten-grade 12 (K–12) data accurately and securely, resulting in issue briefs such as “Sources and Linking Strategies for Employment Data.” Most recently, the WDQI grant team participated in the SLDS Best Practices Conference in May and hosted a round table to discuss developments in workforce data, linking, and usage.

We expect that these technical assistance and collaboration activities will continue through FY25, reflecting the needs in the field.

Question. Please describe how current funding levels and those requested in the FY25 budget justification will adequately support the plans described in 8a.

Answer. The President’s budget requested \$38.5 million for SLDS in FY 2025 and proposed a rescission of \$10 million from unobligated FY 2024 SLDS funds expected to be carried over into FY 2025. Due to the \$10 million reduction to the FY 2024 SLDS appropriation we no longer propose a rescission of SLDS unobligated carry-over (the \$10 million SLDS reduction in FY 2024 fully offsets the proposed \$10 million SLDS rescission from the FY 2025 request).

If the program is level-funded at the FY 2024 level and the proposed rescission of \$10 million of funds carried over from FY 2024 is enacted, the program is projected to experience a \$7 million shortfall in FY 2025. The IES appropriations bill language has historically provided the Department with the authority for IES to utilize up to \$6 million from the SLDS appropriation SLDS to support activities to improve data coordination, quality, and use at the local, State, and national levels. The cost of supporting technical assistance to States and districts on these issues is approximately \$8.3 million annually, including \$1.8 million to support the Privacy Technical Assistance Center, which is administered through the Department’s Student Privacy and Policy Office, \$5 million to support the SLDS Education Data Technical Assistance Program, and \$1.5 million to support the Common Education Data Standards. As the cost of supporting these activities increased, the National Center for Education Statistics (NCES) used funding from the Statistics budget to make up the difference and ensure continued support for these activities. NCES has paused or reduced the scope and frequency of several Statistics data collections recently due to funding issues, so continued support for these activities with Statistics funds is likely not sustainable beyond FY 2025.

Additionally, the success of these technical assistance activities depends on States and territories continuing to receive SLDS grant funding. With a shortfall of \$7 million, NCES would likely not be able to provide full continuation awards in FY 2025 to SLDS grantees.

Question. The Uniform Grants Guidance 2024 Revision makes clear that recipients may use Federal funds for data costs including (but not limited to) the expenditures needed to gather, store, track, manage, analyze, disaggregate, secure, share, publish, or otherwise use data to administer or improve the program, such as data systems, personnel, data dashboards, cybersecurity, and related items. Data costs may also include direct or indirect costs associated with building integrated data systems—data systems that link individual-level data from multiple State and local government agencies for purposes of program improvement, management, research, and evaluation.

Please describe the Department’s plans to operationalize the 2024 revision and assist grantees in the effective and appropriate use of funds for evaluation-related activities, including data infrastructure and integrated data systems?

Answer. The Department will release resources and provide support to applicants and grantees relating to the 2024 revisions to the Uniform Guidance, including

those clarifying the use of funds for data and evidence-building, in the coming months.

Question. Mr. Secretary, please describe the Department's plans to work with the Department of Health and Human Services to encourage more states to expand Medicaid School-Based Services and allow them to be reimbursed by Medicaid for school-based physical and behavioral health services.

What are the obstacles that you're hearing about, given that two-thirds of States including Wisconsin have failed to utilize this option to pay for the mental health services eligible students need?

Answer. Secretary Becerra and I have teamed up to improve the delivery of school-based health services through Medicaid and CHIP. Medicaid funding is a new frontier for our schools, allowing them to extend the reach of mental health programs to more students and provide on-site physical and mental health services. In 2022, schools received more than \$6 billion in reimbursement for Medicaid school-based services. To date, a total of 13 states have expanded coverage to all Medicaid enrolled students by working with CMS on an approved state plan amendment.

ED is working closely with HHS to increase the number of States and schools that offer school-based services for children enrolled in Medicaid and ensure that schools are equipped to bill Medicaid for eligible services. In the past year, our Departments released comprehensive guidance to make it easier for schools to bill Medicaid and launched the new Medicaid Technical Assistance Center to help schools leverage this critical funding. My team will continue to support the Technical Assistance Center and provide subject matter expertise to the SEAs and LEAs engaged with the Center.

Since BSCA's 2022 passage, ED and CMS actively engaged with more than 40 States and 1,200 local education leaders (through convenings, webinars, meetings, and technical assistance) to raise awareness about the availability of Medicaid funds for crucial school-based health services and ensure Medicaid can reach and benefit more students. This includes 8 individual conversations I had with Governors and ED meetings with state health and education leaders in more than 20 states. My team is actively engaged in helping states and districts address challenges they face, including concerns related to LEA capacity and resources, student privacy, and more, by sharing resources, providing technical assistance, and developing guidance to clarify laws and policies related to the delivery of school-based services.

Secretary Becerra and I also issued a joint letter to governors, emphasizing how BSCA grant funding will make it easier to provide health services, including mental health supports, for millions of students across the nation. In June, CMS awarded \$50M to 18 states to increase and improve access to school-based services through Medicaid. Our agencies will continue to collaborate and support these and all states to develop the infrastructure to access Medicaid dollars for school-based services.

Additionally, the President's FY25 Budget requested funding for 3 additional FTE to provide technical assistance to States and districts, develop guidance, and coordinate with CMS to support increased access to school-based services through Medicaid.

Question. The FY25 Congressional Justification indicates the Institute of Education Sciences (IES) plans to allocate \$14.041 million in FY24 and \$15 million in FY25 to the What Works Clearinghouse.

How will the additional resources planned to be allocated to the What Works Clearinghouse improve the timely and reliable delivery of information education stakeholders need to implement evidence-proven approaches to important questions of policy and practice?

Answer. What Works Clearinghouse Practice Guides are routinely cited by educators, district and state education administrators, educator preparation program faculty, and providers of professional development to classroom teachers as one of IES's most actionable and important publications for driving evidence-based practices. As such, IES is prioritizing their production. Requested resources are expected to support the development of new What Works Clearinghouse practice guides in 8 areas: (1) behavioral interventions, (2) college and career readiness, (3) STEM, (4) English Language Arts and literacy, (5) student success in secondary school, (6) supporting young children with disabilities, (7) improving school attendance, and (8) improving educator recruitment, retention, performance, and well-being. In 2024 and 2025, IES plans to release 2 new practice guides for educators each year. Starting in 2026, supported by the higher level of funding (starting in FY 2025), IES plans to release 3 new practice guides for educators annually.

Question. How did IES solicit feedback from the educators and other key stakeholders in identifying focal domains for completed systematic reviews?

Answer. IES identified topics by meeting with organizations representing educators in various content areas such as mathematics education, teacher preparation,

and special education. IES also leveraged the need-sensing activities of the Regional Educational Laboratories and formed panels of practitioners and researchers with relevant content expertise to inform and guide systematic reviews.

Question. What policies and processes will it adopt going forward for stakeholder engagement on such reviews and increased awareness and use of the clearinghouse?

Answer. IES plans to support broader, more frequent, and more systematic engagement with stakeholders to identify high-priority topics for future reviews, publications, and products that could strengthen evidence-based classroom practice and improve student outcomes. IES also plans to deepen its capacity to constantly monitor the supply of existing education research to detect innovative policies, programs, and practices more rapidly. Between FY 2025 and FY 2028, IES intends to launch six “Evidence Hub” contracts to support this work in the following broad domains: (1) English Language Arts and literacy in K–12 education; (2) supporting K–12 student success and well-being; (3) K–12 science, technology, engineering, and mathematics (STEM) education; (4) postsecondary and adult education; (5) preschool and pre-kindergarten education; and (6) teacher policies and school systems. IES will also partner with stakeholders to disseminate existing practice guide resources.

Question. According to the Department’s FY25 Congressional Justifications, the Administration is requesting a \$15 million rescission in the FY24 funding appropriated for the RELs. The Justifications state that this rescission “As a significant amount of carryover funding has built up over time, a \$15 million rescission would not have an impact on planned continuation awards.” However, The FY24 appropriations act reduced funding for the RELs by \$5 million.

Given that fact, is it still the Administration’s position that significant carryover has built up and the \$15 million rescission would not have an impact on planned continuation awards?

Answer. The President’s budget requested \$58.7 million for the RELs in FY 2025 and proposed a rescission of \$15 million from unobligated FY 2024 RELs funds expected to be carried over into FY 2025.

Given that, in FY 2024, the REL Program was funded at \$53.7 million instead of the \$58.7 million requested by the President for FY 2024, a \$15 million rescission of FY 2024 carryover funds would impact planned continuation awards and likely result in a reduction of direct REL supports to states, districts, schools, and students.

IES staff have carefully considered potential measures to spare direct REL services from being discontinued while fulfilling statutory requirements related to independent peer review of research and providing an independent evaluation of each of the regional laboratories. Since we submitted an FY 2024 operating plan to the Appropriations Committees, we have determined that we can scale back the REL evaluation and still meet the statutory requirement, which could save as much as \$1 million in FY 2024 and FY 2025. However, even with those savings, we have concluded that it is not possible for the program to sustain a \$15 million rescission combined with the FY 2024 cut without reducing the amount available for the RELs.

It is also important to stress that the strategic use of carryover funds allows IES to provide uninterrupted funding for the REL contracts during fiscal years in which multiple short continuing resolutions are enacted. Strategic use of carryover funding allows IES to gradually build up sufficient funding during the 5-year contract award period to ensure that sufficient funding is available during the final year of the contracts to continue support for REL activities while also meeting Federal procurement requirements for the availability of funds for the next cycle of awards.

Question. All of the funds appropriated for the RELs are used for the contracts for the RELs, and associated activities like web development and evaluation.

Isn’t it the case that a \$15 million rescission in FY24 funding would result in a reduction in the amounts that the RELs receive through their contracts and in the activities they can carry out during FY24 or FY25 or both?

Answer. When combined with the reduction of \$5 million in the enacted FY 2024 appropriation for the REL program, a rescission of \$15 million in unobligated funds carried over from FY 2024 to FY 2025 would reduce the amount available for REL contracts in FY 2025 by approximately \$700,000 if the President’s budget request of \$58.7 million in FY 2025 is not enacted.

Question. Please provide a table that displays the amount of funding that will go into the REL contracts by individual REL, into web development, into evaluation, and into any other activities in FY 2024, with and without a rescission of \$15 million.

Answer. As requested, we have provided a table showing the amount of funding each REL contract will receive in FY 2024. However, as the proposed rescission

would apply to any unobligated funds carried over from FY 2024 to FY 2025, effects would not be felt until FY 2025.

Regional Educational Laboratories	FY 2024 Amount (\$)
Regional Educational Laboratory West	5,699,896
Regional Educational Laboratory Northwest	4,746,534
Regional Educational Laboratory Midwest	5,800,000
Regional Educational Laboratory Appalachia	4,787,391
Regional Educational Laboratory Mid-Atlantic	4,785,540
Regional Educational Laboratory Central	4,699,484
Regional Educational Laboratory Northeast & Islands	5,451,572
Regional Educational Laboratory Pacific	4,702,259
Regional Educational Laboratory Southeast	5,963,713
Regional Educational Laboratory Southwest	5,500,000
Associated Regional Educational Laboratory Program Activities:	
Evaluation of the Regional Educational Laboratory program	1,000,000
Peer Review of Regional Educational Laboratory products	2,503,200
Regional Educational Laboratory Website	883,558
Technical and Administrative Support for the Regional Educational Laboratory program	331,354
Contractor Security Clearance Support	90,106

Those effects would be realized in FY 2025 through the end of the current REL contract awards. As noted in our response to the previous question, we would have a shortfall of approximately \$700,000 for REL contracts in FY 2025, even after IES reduced planned amounts for associated activities in FYs 2024 and 2025. REL contract activities are not directed by IES, but rather proposed by the RELs based on needs identified by stakeholders at the State and local level. For this reason, IES cannot provide estimates of the amount of funding that would be available in FY 2025 for each REL contract with and without a rescission prior to consulting with the RELs. IES cannot determine for each REL what work would be stopped or otherwise curtailed should funding levels decrease. The direct technical assistance and applied research supports RELs provide States, districts, and schools are proposed by each REL as part of a 5-year plan of work. As such, they represent multi-year commitments to design, launch, sustain, and evaluate programs and services, often with complex dependencies.

For example, REL Southeast's Mississippi Adolescent Literacy Partnership seeks to ensure Mississippi educators beyond grade 3 can integrate evidence-based literacy strategies into a wide range of academic courses. The partnership began with REL Southeast developing and piloting a series of trainings for grade 6–12 content area leaders in partner districts to support classroom implementation of the evidence-based recommendations of two literacy-focused WWC Practice Guides. Data collected during these pilot trainings will inform the development of a year-long professional learning resource that will be scaled up statewide in 2025 and 2026. Were REL program funding to be reduced in, those trainings for educators would be at risk of being cut, and the benefits of the direct supports REL Southeast provided to their three partner districts would not be shared across the State.

As noted above, the combined effects of reduced appropriations, particularly if sustained in FYs 2025–2027, and the proposed rescission would also affect IES ability to carry over REL funds to avoid disruption to funding during prolonged continuing resolutions and ensure sufficient funding is available to fulfill procurement requirements for the next REL contract cycle while also supporting REL activities in the final year of this cycle.

Question. Please describe how additional resources requested for IES program administration would support duties of the Evaluation Officer and support implementation of Title I of the Foundations for Evidence-based Policymaking Act.

Answer. Optimal staffing of program evaluation functions, as described in Title I of the Evidence Act, leverages the subject matter and methodological expertise of senior staff (GS-14/15) to conceptualize, design, and oversee high-quality, policy-relevant evaluations while delegating day-to-day responsibility for their execution to qualified junior staff (GS-12/13). In addition to using Program Administration funds more efficiently, this approach promotes thoughtful succession planning and brings new, innovative talent into IES. The Evaluation Officer will use the additional resources requested for IES Program Administration in FY25 to hire 2 full-time equivalent (FTE) employees at the GS-12/13 level, freeing existing senior staff for high-leverage work including but not limited to the design of rigorous evaluations of programs authorized by the Higher Education Act of 1965, as amended.

Question. Please provide a table and narrative showing FTE and budget amounts supported by IES program administration for fiscal years 2022, 2023, 2024, and 2025 for each of IES's centers.

Answer.

OFFICE	OD & SCIENCE	ADMIN & POLICY	NCSE	NCES	NCER	NCEE
FY 22						
FTE	8	14	8	91	18	25
Budgeted Amount	\$1,128,145	\$1,899,766	\$1,020,960	\$12,967,901	\$2,591,591	\$3,644,552
FY23						
FTE	8	15	7	93	17	25
Budgeted Amount	1,584,115	2,945,237	1,261,894	18,560,067	3,594,366	5,139,993
FY24						
FTE	8	13	8	97	19	30
Budgeted Amount	1,718,348	2,737,262	1,709,167	20,562,344	4,143,509	6,472,793
FY25						
FTE	12	12	10	106	21	38
Budgeted Amount	2,602,692	2,602,692	2,168,910	22,990,446	4,554,711	8,241,858

Question. The Department's FY25 Congressional Justification states "Beginning in fiscal year 2024, the Department will be undertaking a comprehensive review of all technical assistance offerings, including those offered under this [Comprehensive Centers] program, for reach and effectiveness for SEAs, LEAs, and schools."

Please describe this review process and scope, including the quantitative and qualitative information to be used to assess the quality and quantity of technical assistance services and products offered; the quantitative and qualitative information to be used to assess recipient usage of technical assistance services and products; and the quantitative and qualitative information to be used to assess the impact of technical assistance services and products on recipient organizational change and improved capacity, SEA and LEA policy changes, including those needed to address applicable requirements of Federal law, and SEA and LEA practice change, including those needed to address applicable requirements of Federal law.

Answer. The Department is developing a thoughtful, Department-wide approach to the review of technical assistance activities to best support the education community. We are considering how best to measure the usage and value of technical assistance resources. As part of this effort, we will review the topic areas covered under current investments to identify lessons learned and opportunities to best serve those who can and could benefit from technical assistance. We will discuss project data and program performance measures and available customer feedback, among other sources of information as we undergo our review.

Question. Please provide the amount of funding allocated to individual regional content centers and in total in FY23 at the appropriation level of \$55,000,000 and the amount of funding expected to be allocated to individual regional content centers in FY25 at the request level of \$50,000,000. Please describe the impact of this funding reduction on the services and products that the regional content centers are able to provide to SEAs, LEAs, and schools.

Answer. Fiscal Year 2023 was the final year in the previous Comprehensive Centers competition and included 19 Regional Centers and 1 National Center. There was also a single content center funded in FY 2021 that is on a separate 5-year track. For FY 2023, the total amount awarded to Regional Centers was \$45,387,357. The individual amounts to Regional Centers were as follows:

Regional Centers	FY 2023 Amount (\$)
Region 1 (ME, MA, NH, VT)	1,000,000
Region 2 (CT, NY, RI)	2,360,643
Region 3 (PR, USVI)	1,000,000
Region 4 (DE, DC, MD, NJ, PA)	2,557,246
Region 5 (KY, TN, VA, WV)	2,444,033
Region 6 (GA, NC, SC)	3,356,125
Region 7 (AL, FL, MS)	3,378,769
Region 8 (IN, MI, OH)	3,212,089

Regional Centers	FY 2023 Amount (\$)
Region 9 (IL, IA)	1,722,122
Region 10 (MN, WI)	1,302,719
Region 11 (NE, ND, SD, WY)	1,243,525
Region 12 (CO, KS, MO)	1,963,421
Region 13 (BIE, NM, OK)	1,647,431
Region 14 (AR, LA, TX)	5,413,464
Region 15 (AZ, CA, NV, UT)	6,472,657
Region 16 (AK, OR, WA)	3,313,113
Region 17 (ID, MT)	1,000,000
Region 18 (FSM, GU, CNMI, PW)	1,000,000
Region 19 (AS, HI, RMI)	1,000,000

For Fiscal Year 2025, the estimated amount available for Regional Centers at the budget request level is \$37,500,000. This amount will be for continuation awards to 14 Regional Centers. The estimated awards for Regional Centers in Fiscal Year 2025 will range from \$1,000,000 to \$5,300,000. The remaining funds will be for continuation awards for a National Center and five Content Centers. The FY 2024 appropriation for Comprehensive Centers was \$50,000,000.

As a result of the reduction in funding in the Fiscal Year 2024 appropriation as well as ED's decision to fund four new Content Centers in the new competition, the Regional Centers will receive a reduced share of total program funds as well as reduced individual amounts which will impact their capacity to provide services.

Question. Please describe the Department's key actions completed and plans for ensuring States and school districts comply with ESSA's policy requiring the reporting of actual personnel and non-personnel expenditures, disaggregated by Federal, state and local source of funds for each school and school district and such information is reliable and made available to the public in an accessible and understandable manner.

Answer. The Department is taking several steps to ensure that SEAs meet the report card requirements in ESEA section 1111(h), including the requirement to post per pupil expenditures that include actual personnel and non-personnel expenditures, disaggregated by Federal, State, and local source of funds for each school and school district and that such information is made available to the public in an accessible and understandable manner.

For each of the past 5 years, the Department has conducted an annual review in January of each State's website to check whether the State has posted State and local report cards. Each year we review a subset of the requirements. The Department selects different elements each year; due to the importance of the per-pupil expenditure information (as well as the fact that this was a new requirement in the latest reauthorization of the ESEA), the Department has reviewed for this information each of the past 5 years. Each year, we follow up with the State if it is missing any of the elements that we have reviewed, including sending a letter that requires each State to address the issue in a timely manner, until the State shows evidence that the information has been publicly reported on State and local report cards.

In addition, in summer of 2023, the Department conducted Title I targeted monitoring of nine States of all public reporting requirements in Title I, Part A including all requirements in ESEA section 1111(h) and the public reporting requirement on disproportionate rates of access to ineffective, out-of-field, or inexperienced teachers for low-income and minority students in Title I, Part A schools. The Department issued corrective action letters to each State that was missing any report card requirements; these letters are available at <https://oese.ed.gov/offices/office-of-formula-grants/school-support-and-accountability/key-documents/> (note: filtering the year for 2023 will help you identify these letters). Following its Title I targeted monitoring of public reporting requirements, the Department is drafting a Dear Colleague Letter that provides recommendations to States on these requirements; the Department is also making technical updates to its non-regulatory guidance document, "Opportunities and Responsibilities for State and Local Report Cards (March 2019)" to reflect common questions and findings. Finally, the Department continues to provide technical assistance to States on this provision at national meetings. Most recently, at the National Association of ESEA State Program Administrators meeting, the Department conducted a professional development session that reviewed key findings from the Title I targeted monitoring across States and hosted a panel with two States that have strong report cards.

In addition, a complete review of State and local report cards is included in the Department's Title I, Part A consolidated monitoring, which we conduct for four States each year. The full Title I monitoring protocols can be found at: <https://oese.ed.gov/offices/office-of-formula-grants/school-support-and-accountability/performance-review/>. An important aspect of our consolidated monitoring is a thorough review, for each State monitored in a particular year, of the State's report card to ensure that it includes all required elements.

Question. How many competitive grant programs will include an evidence priority in fiscal years 2024 and 2025? For programs in which the evidence requirement of demonstrates a rationale, how is the Department supporting ongoing efforts of grantees to evaluate the effects of such activities, interventions or strategies?

Answer. In fiscal year 2024, the Department is running 30 grant competitions that include an evidence priority. The Department is still in the process of planning FY 2025 competitions.

The Department supports grantee evaluation through regular contact and monitoring activities. Additionally, the Department uses portions of national activities funding for technical assistance contracts that assist grantees in the implementation of their grants including in evaluation activities, as applicable.

Question. Please also describe the ways in which the Department is supporting or plans to support evidence building and use in ESEA formula grant programs.

Answer. The Department released updated guidance to support state and local use of evidence-based approaches to supporting teaching and learning, including for ESEA formula programs. The guidance, Non-Regulatory Guidance: Using Evidence to Strengthen Education Investments (PDF), provides information on using and building evidence along a cycle that includes identifying local needs, selecting relevant and evidence-based approaches, planning for implementation, implementing, examining and reflecting. The Department widely disseminates this guidance to the field and highlights it further during formula grant director convenings. In addition, IES promotes use of evidence at various formula grant director convenings, explains how the field can identify evidence-based approaches on the IES website, and aligns its resources and studies with the evidence levels in the ESEA.

Question. Please provide an update on how the Department is using the funding Congress provided for assessment development in fiscal year 2021, 2022 and 2023 to encourage states to improve their statewide assessments to provide more timely and relevant data to educators and stakeholders that can improve the timely use of assessment data needed to improve teaching and learning and accountability for high quality educational opportunities for all students.

Answer. In September 2022, the Department made 11 awards totaling over \$29 million to SEAs under the Competitive Grants for State Assessments (CGSA) program with FY2021 and FY2022 funds appropriated for this program. The 2022 CGSA competition focused on two priorities as directed by Congress: assessments based upon multiple measures and comprehensive assessments based on competency-based educational frameworks. The focus of the program is on improving State assessment systems and we hope these projects will provide models not only for these 11 States but for all States. (Abstracts for these 11 awards are available at <https://oese.ed.gov/files/2022/08/CGSA-2022-Abstracts.pdf>.)

In March 2024, the Department announced a new CGSA competition for FY 23 funds (approximately \$19 million). The 2024 competition once again includes a priority for assessments based upon multiple measures or comprehensive assessments based on competency-based educational frameworks. This competition also includes a priority for funds for SEAs planning to submit an application under the Innovative Assessment Demonstration Authority authorized in ESEA section 1204. The Department expects to make these awards by September 2024. The announcement for the current CGSA competition can be viewed at <https://www.Federalregister.gov/d/2024-04972>.

Question. Please describe the challenges Education is hearing about that led to the FY25 budget proposal to increase the amount of funds States may reserve for administration purposes under section 1004 of the Elementary and Secondary Education Act (ESEA).

Answer. The current cap has been in place since the 2001 reauthorization of the Elementary and Secondary Education Act (No Child Left Behind) and has not been adjusted to account for inflation or the additional demands that have been placed on State educational agencies (SEAs) in the intervening 23 years. The current threshold was first exceeded in FY 2008 so it has been almost two decades since SEAs have been able to reserve a full 1 percent of their allocations for administration. During meetings with the Department, SEAs have shared that the current administrative cap limits them from:

- Having sufficient resources to conduct extensive oversight or provide technical assistance to LEAs and schools to ensure compliance with all ESEA requirements.
- Attracting the most qualified staff to administer Title I programs, including to:
 - Provide robust technical assistance to subgrantees
 - Effectively monitor subgrantees
 - Implement complex accountability systems
 - Support LEAs' implementation of equitable services
 - Allocate funds consistent with requirements
 - Collect and report extensive data, including publicly reporting data on State and local report cards and to the Department through EDFacts
- Developing their staff through high-quality professional development opportunities.
- Retaining qualified staff (to the detriment of students served by Title I programs some very strong State staff have left their positions in recent years.)

The Council of Chief State School Officers (CCSSO) has also shared similar concerns with the Department. The National Association of ESSA State Program Administrators (NAESPA) has recently instituted a new director training series to provide support for new SEA staff due to the very large number of new staff in SEAs across the country. The lack of experienced SEA staff means more technical assistance must be focused on the basics of administering the grant programs and less time and attention is able to be spent on helping districts and schools use their Federal funds in new and innovative ways to support needed school reforms.

Question. How would the proposal further implementation of accountability requirements of the law?

Answer. The proposal would make available additional resources for SEAs to help implement Title I, Part A requirements, including accountability reporting, and school improvement requirements; conduct oversight of LEAs; and provide additional technical assistance. Funds would help expand the capacity of SEAs to implement the complex accountability system required to meaningfully differentiate and identify comprehensive support and improvement (CSI) schools; targeted support and improvement (TSI) schools; and additional targeted support and improvement (ATSI) schools, by providing additional resources to hire, train, and retain staff; monitor LEA implementation of program requirements; collect, analyze, review data on a timely basis; and provide support and technical assistance to LEAs.

Question. How does the National Center on Improving Literacy support improved services for the significantly higher share of students with disabilities, including the likely higher share with dyslexia, served through the Title I–D neglected and delinquent program?

Please describe completed actions and plans to improve transition and re-entry supports for students served in this program.

Answer. The National Center on Improving Literacy (NCIL) develops products and services to increase (1) access to, and use of, evidence-based approaches to screen, identify, and teach students with literacy-related disabilities, including dyslexia and (2) individual and organizational capacity to assess students' literacy-related skill, identify students with disabilities or those at risk of disabilities, and fully implement evidence-based literacy programs and professional development. NCIL does not target students served by the Title I–D neglected and delinquent program; however, the products and services are appropriate for a variety of students including those served through the Title I–D neglected and delinquent program.

Question. The FY25 Congressional Justification states that the request for Program Administration includes additional resources to establish the position of Chief Artificial Intelligence Officer with one supporting staff. Education has named its Deputy Chief Information Officer, Gary Stevens, to the position as of May 2024.

Please elaborate on how much funding is being requested in total and for each of the Chief AI Officer and supporting staff position.

Answer. A total of \$415,000 is being requested for two positions (SES \$224,000 & GS- 15 \$191,000).

Question. Does Education intend to hire an additional person to fill the Chief AI Officer position and relieve the Chief Technology Officer of the additional AI responsibilities?

Answer. Yes, ED intends to hire a dedicated CAIO/Digital Services lead and a Sr. Technologist experienced in AI Management and the Solutioning of AI technologies and Digital Services.

Question. What key activities does Education plan to initiate and/or complete in FY24?

Answer. In alignment with the Executive Order 14110, ED has initiated and is working to:

- Complete phases 1 & 2 for the Development and delivery of an Enterprise Technology Platform to support AI technology development and insertion.
- Continue the maturity of AI governance through the establishment of working groups and evaluation boards.
- Finalize the Department's AI policy.
- Complete the development of process guidance to administer Generative AI (GenAI) request.
- Collaborate with our business owners on the development of AI use-cases.
- Continue the evaluation of existing AI systems for compliance with EO principles.
- Continue to define needs to establish a qualified Red Team
- Partner with the National Science Foundation on AI Data inventories for shared services.

Question. What would the funding level identified in 26(a) enable Education to initiate and/or complete in FY25?

Answer. In 2025, the Department will utilize these funds to complete the establishment of an AI program to meet the requirements of Executive Orders 14110 and 13960—to promote the safe, secure, and trustworthy development and use of Artificial Intelligence. We plan to focus on targeting resources to establish and implement policies, practices, and plans to acquire AI technologies and continue to build out the necessary infrastructure to house and manage such technologies consistent with EO requirements and OMB mandates. We will also leverage resources to train and upskill our workforce to bolster institutional competencies and capabilities to ensure we are postured to address AI vulnerabilities and threats to the mission. We are looking to acquire resources to complete the Red Team.

Question. When will the Department launch the public comment period for the 2025-26 FAFSA?

Answer. To ensure a smooth user experience during the upcoming FAFSA cycle, the 2025-26 FAFSA form will remain consistent with the 2024-25 form. As a result, and similar to previous years when we have not had major shifts in functionality, the 2025-26 form will not be made available for public comment. However, we will continue to focus our efforts on improving the user experience for students, families, and our partners and will collect feedback to inform our efforts through a series of listening sessions and a Request for Information (RFI) this summer to solicit feedback from those not able to attend the sessions.

The Department will request specific feedback on ways to improve the help text on the form, student tip sheets, or other direct communication to students to ensure students can successfully complete and submit the form. The Department will also request feedback from financial aid administrators, counselors and others on ways the Department can provide additional support to them in their work. The listening sessions and RFI will also lead to the development of a new Better FAFSA Better Future Roadmap—to be released in late summer—that will outline new tools the Department is making available, such as additional trainings, webinars, counselor guides, and student tip sheets.

Question. When will the Department post 2022-23 and 2023-24 FAFSA Data by Demographic Characteristics on the FSA Data Center?

Answer. The Department has posted the 2022-23 FAFSA Data by Demographic Characteristics on the FSA Data Center, available here. This report is posted approximately 6-8 months after the end of a FAFSA cycle. As the 2023-2024 FAFSA application cycle does not end until June 2024, this report is expected to be posted in early 2025.

Question. When does the Department anticipate that all data resulting from 2025-26 FAFSA submissions, including the Institutional Student Information Records (ISIRs), will begin flowing to institutions once the 2025-26 FAFSA launches? Please provide an estimated number of days after the public availability of the 2025-2026 FAFSA.

Answer. We have heard from students, families, institutions, states, and those that support them that it is important for the FAFSA form to launch on October 1. The Department is working toward this goal and toward launching other functionality to ensure students receive timely aid offers for the 2025-26 award year as quickly as possible.

Question. Please provide all relevant information on the scope of the consumer or user testing that was conducted for 2024-2025 FAFSA cycle, including but not limited to:

- the number of users who participated in consumer testing;
- how users were selected for consumer testing;
- the applicable numbers of users who met the categories described in the Higher Education Act, such as prospective first-generation college students, rep-

representatives of students (including low-income students, English learners, first-generation college students, adult students, veterans, servicemembers, and prospective students), and students' families (including low-income families, families with English learners, families with first-generation college students, and families with prospective students;

the specific dates when such consumer testing was conducted; 28e. if and how users were compensated for such testing;

which contractors involved were involved in any aspect of consumer testing, and the scope of their contract;

which Federal agencies and offices were involved in providing input or receiving the results of such testing; and

any other applicable details related to the consumer testing process.

Answer. To enhance the 2024–25 FAFSA form experience, Federal Student Aid (FSA) and its Office of Student Experience and Aid Delivery have conducted 21 comprehensive user experience research studies to date with over 300 participants. This consumer testing, which began in March 2022,¹ included 1:1 usability testing observing participants engaging with early designs before development, as well as usability testing once the form went live in late December 2023. The participant selection was aligned to the FAFSA Simplification Act's consumer testing requirement and outreach to required audiences. In addition, FSA ensured participants were recruited from a wide audience, including students, parents, financial aid advisors, and high school counselors. Participants were also drawn from various specialized groups, such as first-generation college students, English learners, veterans, service members, low-income families (earning \$50,000 and below), incarcerated students, adult students over the age of 25, homeless students, and others. Students and parents were recruited from all over the United States and sessions were predominantly held online via video conference.

The testing methodologies were extensive, covering roles and taxonomy surveys, stakeholder interviews, cognitive walk-throughs, card sorting exercises, customer feedback surveys, email content testing, and co-creation workshops. This approach enabled a detailed evaluation of various elements of the application system, including the main form, embedded questions, dashboard, summary page, my activity feature, the FAFSA Submission Summary, and the overall user experience.

The FSA design team within SEAD collaborated with various teams within FSA to manage and deliver the FAFSA user experience research. Individual studies were managed by FSA's vendor, Accenture Federal Services (AFS). Participants were recruited from a third-party recruitment platform along with partner organizations and school contacts to assemble the participant groups. AFS compensated each participant an average of \$50 for their valuable input. This meticulous approach ensured that the insights obtained were thorough and aligned with FSA's broader objectives to optimize the application process to meet the needs of the millions of students and parents who interact with the FAFSA form.

Question. When the 2025–2026 FAFSA launches, will all contributors who do not have a Social Security Number (SSN) be able to create an FSA ID and fill out the form at the same time as contributors and applicants who do have an SSN?

Answer. Yes.

Question. The Department created an incarcerated student application for the 2024–2025 FAFSA cycle. Does the Department acknowledge that students who are incarcerated, or whose parent(s) are incarcerated, can fill out a FAFSA online as a provisionally independent student using FAFSA On the Web?

Answer. An applicant or contributor who is incarcerated can complete an application online if they have access to the Internet and the ability to complete the necessary multi-factor authentication. These applicants can be considered for all of the same professional judgment reviews as any other student. Applicants can proceed through the form as a provisional independent student but will be subject to financial aid administrator review to confirm that status.

Question. Please describe the Department's plans to help applicants accurately fill out the FAFSA questions related to family size, such as divorce, marriage, death, births, or older siblings no longer living at home, and especially circumstances where family size changes may increase students' eligibility for aid.

Answer. Data to support the determination of family size are provided directly via the IRS FA-DDX. If an applicant needs to manually enter family size or update the reported family size due to a change in circumstances, the Department provides help to applicants via the FAFSA application as well as separate help pages includ-

¹ Several user experience research activities were completed for the 2023–24 FAFSA form, which included implementing certain elements of the FAFSA Simplification Act. That testing began in November of 2021.

ing, <https://studentaid.gov/2425/help/family-size>, <https://studentaid.gov/2425/help/family-size-changed>, and <https://studentaid.gov/2425/help/parent-family-size>.

Question. Under Section 483 (a)(2)(B)(ii)(XVII) of the Higher Education Act (HEA), the Secretary is authorized to add “any other means-tested program determined by the Secretary to be appropriate” to the list of information to be considered before determining eligibility for Federal financial aid. Therefore, will the Department consider adding the following means-tested programs to the list of benefits on the 2025–2026 FAFSA, please answer yes or no and provide a brief rationale:

Low Income Home Energy Assistance Program (LIHEAP)

Unemployment Insurance (UI)

Child Tax Credit (CTC)

American Opportunity Tax Credit (AOTC) and/or Lifetime Learning Credit (LLC)

Answer. Yes, the Department will consider adding other means-tested benefits, such as the ones listed, to future releases of the FAFSA form.

Question. Please describe the Department’s views on adding an affirmative consent “check box” to the 2025–2026 FAFSA to provide applicants with the option to share their FAFSA information with applicable agencies that handle applications for means-tested Federal benefit programs, in accordance with Section 483(a)(2)(D)(ii) of the Higher Education Act.

Answer. The Department is assessing when the consent box can be added to the FAFSA form, including planning for both adding it to the development cycle and computer matching agreements with other Federal agencies to share the data once it is collected.

Question. Please indicate whether the Department currently maintains data-sharing Agreements under Section 483(c)(3) of the Higher Education Act for the purpose of connecting students to means-tested benefits, or the estimated timeline for establishing any such data-sharing agreements, with the following agencies:

Treasury

Labor

Health and Human Services 42d. Agriculture

Housing and Urban Development 42f. Commerce

Veterans Affairs; and 42h. Interior

Answer. The Department does not currently have data sharing agreements with these agencies for the purposes under 483(c)(3). We are assessing when these agreements can be established.

Question. When does the Department anticipate updating GEN–22–02 guidance for institutions of higher education regarding the use of FAFSA data to connect students to public and tax benefit programs?

Answer. The Department will be issuing updated guidance in the coming weeks.

Question. Please describe the Department’s efforts to comply with the requirements of Section 483(b)(1) of the Higher Education Act regarding the disclosure, in a consumer-tested format, of information to students regarding potential adjustments of their financial aid eligibility, including examples of such communications provided directly to students, and how such communications were tested with consumers.

Answer. General usability testing of the application form pages was conducted in October 2022. This testing included the interstitial pages that display at the beginning of every section of the FAFSA form.

The interstitial page that displays at the beginning of each Finances section (student’s, parent’s, student spouse’s and parent spouse’s) includes a general overview of the information we’ll collect in that section. Almost all usability study participants mentioned appreciating the explanation of why the questions are asked. The text on the (student version of the) page says: “The FAFSA form helps determine your ability to pay for school. In this section, we ask about your financial information.” This is followed by the hyperlink: “What if you have special financial circumstances?” (which links to <https://studentaid.gov/help/reporting-special-financial-circumstances>). The linked help topic provides some examples of special circumstances as well as guidance to submit the FAFSA form as instructed and then reach out to the financial aid office.

Question. In October 2023, the Department issued new “administrative capability” regulations which, among other things, strengthen financial aid communications with students by requiring institutions to include the institution’s cost of attendance, the source and type of aid offered, whether aid must be earned or repaid, the net price, and deadlines for accepting, declining, or adjusting award amounts on their financial aid offers. Please provide the following information:

Whether these new requirements are applicable to award offers being sent to students now, for award year 2024–2025;

Answer. New provisions in 34 CFR 668.16(h) take effect on July 1, 2024. Financial aid counseling and communications occurring prior to that date are not subject to the new rule, without regard to the award year to which they pertain, but will be evaluated under existing regulations. In determining (as part of an overall assessment of administrative capability) whether an institution's counseling and financial aid communications advise students and families to accept the most beneficial types of financial assistance available to them and include the information stipulated in new 34 CFR 668.16(h), we will look at financial aid counseling and communications that occur on or after July 1, 2024, again without specific regard to award year.

Question. If the answer to (45a) is no, will the requirements be in place for the 2025–2026 award year?

Answer. As discussed above, compliance with the new regulations is not keyed to the award year for which the student will receive Title IV assistance. Financial aid counseling and communications to a student who enrolled on say August 1, 2024 (having occurred after July 1, 2024) would be subject to evaluation under the new rule though that student's initial period of enrollment would be during the 2024–2025 award year.

Question. How the Department plans to enforce the provisions added to § 668.16

Answer. Enforcement of this provision will be through the program review and annual compliance audit functions.

Question. Whether the Department plans to issue any additional guidance or best practices related to this provision, beyond the College Financing Plan.

Answer. Currently, the Department has no plans to issue further guidance on this rule. We believe the regulatory language is clear and that schools are well familiar with the terms and practices referenced therein. However, we will monitor compliance with the new rule as well as requests for technical assistance to determine if additional guidance is needed.

Question. Accrediting agencies and state authorizers make up critical aspects of the program integrity triad and are expected to ensure adequate oversight of institutions of higher education participating in the Federal financial aid programs. What is the Department's expected timeline for proposing regulations regarding each of the issues discussed in the January–March 2024 negotiated rulemaking related to accrediting agencies and state authorizers?

Answer. The Department expects to release proposed regulations for accreditation and state authorization this fall.

Question. Now that funding has been awarded for the Career Connected High School Program, what evidence and data will the Department collect from grantees, how will the Department measure the success of the program, and how will the Department use lessons learned from these grantees to help school districts and technical colleges around the country improve their CTE programs?

Answer. We are collecting data about Career-Connected High School (CCHS) grant implementation and student outcomes so that we can learn from and share the results with States, LEAs, and community colleges. The statute requires grantees to report on the core indicators of performance established for the Perkins State formula grant program, but we decided to collect more comprehensive outcome data from the grantees beyond the formula grant indicators. Furthermore, each grantee is supporting an independent evaluation that will collect and report on the number and percentage of students who graduated from high school having:

- Earned through dual or concurrent enrollment 12 or more postsecondary credits that are part of a program of study that culminates with an associate, bachelor's, or advanced degree, or completion of a Registered Apprenticeship Program.
- Completed 40 or more hours of work-based learning for which they received wages or academic credit, or both.
- Attained an industry-recognized credential that is in-demand in the local, regional, or State labor market and associated with one or more jobs with median earnings that exceed the median earnings of a high school graduate.
- Met, in each year of high school, with a school counselor, college adviser, career coach, or other appropriately trained adult for education and career counseling during which they reviewed and updated a personalized postsecondary educational and career plan.

These outcomes must be disaggregated by major racial and ethnic groups, sex, and special population status, as well as by each CTE program and program of study. Additionally, each grantee will report annually on the extent to which CTE participants and CTE concentrators in each CTE program or program of study reflect the demographics of the school, including sex, major racial and ethnic groups, and special populations status.

We will disseminate what we learn from this program to States and subrecipients of Carl D. Perkins Career and Technical Education Act funds to inform and, we hope, propel more systemic reforms to expand access to career-connected learning.

We are also excited to learn from the 13 CCHS grants that are predominantly serving rural communities that often do not have the resources to implement wide-scale reforms in career-connected learning. The CCHS investment in these communities may demonstrate new strategies for improving opportunities in rural communities that can inform State and Federal policymaking on CTE and rural economic development.

Question. Earlier this year, the National Center for Education Evaluation of the i3 Fund, the program upon which the Education Innovation and Research was largely based, found that just more than half of scale-up grantees—those with the most rigorous prior research findings of effectiveness—reported positive effects on student outcomes from their grants. The report also noted that those scale-up evaluations included little reporting on what was learned about effective approaches to scaling.

The FY25 Congressional Justification indicates the Department would reserve up to \$13.45 million in fiscal year 2025 Education Innovation and Research appropriation for technical assistance, including technical assistance to help grantees develop and implement rigorous evaluations, and dissemination. How will these funds and other resources be used to increase the percentage of scale-up grantees with positive effects on student outcomes, expand and disseminate knowledge about effective implementation and approaches to scaling, and further learning from findings of no effect?

Answer. The Department's Office of Elementary and Secondary Education and Institute of Education Sciences are collaborating on how best to utilize an increase in the Department's reservation for national activities under Education Innovation and Research (EIR) to improve grantee performance. Among the Department's efforts may be expanded technical assistance on performance measurement and analysis; studying conditions that make grantees with certain characteristics more or less likely to succeed in their EIR projects; pre-application evaluation design webinars to improve initial evaluation design; and support to grantees on dissemination strategies, including how to translate findings to non-scientific audiences.

Question. The Institute of Education Sciences budget includes \$2.2 million for joint work with the National Science Foundation on a new AI Institute on Intelligent Tutoring.

How much funding is requested within the NSF budget for this joint work?

Answer. Each NSF Artificial Intelligence Research Institute is funded at up to \$4.0 million per year for up to 5 years. Additional information on NSF's FY 2025 Request for these AI Research Institutes is located on the NSF Centers website.

Across the 5 years of the grant, NSF and IES will be investing approximately \$20M to support the AI Institute on Inclusive and Innovative Intelligent Technologies for Education (INVITE AI Institute). NSF and IES will split 50% of the costs to support the joint work (approximately \$2M per FY/per agency).

Question. Please describe how this new institute would build on the Digital Learning Platforms Research Network and develop AI-driven innovations that will reduce achievement gaps and address the needs of all learners, especially those from historically underserved student populations and diverse learners, including Native American students.

Answer. The INVITE AI Institute is developing AI tools and approaches to track and promote skills that underlie successful learning and contribute to academic success: persistence, academic resilience, and collaboration. Fostering such skills can help improve academic achievement for learners from historically marginalized groups and close persistent achievement gaps. INVITE will also form a national community of practice with a shared mission to advance diversity, equity, and inclusion in computer science, as a pathway to participation in AI. Primary activities will focus on engaging members of the community of practice in taking action to deliver equitable and inclusive K–12 learning experiences in computing and introductory AI; providing K–12 teachers with knowledge of CS and AI provides an opportunity to introduce concepts to K–12 students. INVITE will collaborate with the STARS Computing Corps, which includes 53 institutional members, including nine Historically Black Colleges and Universities (HBCUs) and engages higher education computing around a shared commitment to take action to advance diversity, equity, and inclusion in computing. Through this collaboration with STARS Computing Corps, the INVITE Institute will offer the INVITE Teaching Fellows program, which aims to equip K–12 teachers with K–12 computing education materials and practices that value the cultural wealth of Black and LatinX students and connect them with undergraduate students.

The Digital Learning Platforms Research Network (also known as SEERNet) is a separate IES program that is part of IES's Accelerate, Transform, Scale (ATS) Initiative. The goal of this network is to leverage existing, widely used digital learning platforms for rigorous education research. Five digital learning platforms have developed tools and processes to support research, and IES is now providing funding to research teams to use those platforms to conduct their studies. NSF has recently funded the SafeInsights project through the Mid-scale Research Infrastructure program, which builds on and extends infrastructure development in this area. A more comprehensive overview of IES's investments in AI can be found [here](#).

Question. The Department's latest regulatory agenda identified plans to amend the Family Educational Rights and Privacy Act regulations. The agenda further indicated a Notice of Proposed Rulemaking was expected in 5/2024. Please provide an update on whether and when such action is expected.

Answer. The Department plans to amend the Family Educational Rights and Privacy Act (FERPA) regulations to implement amendments to the FERPA contained in the Healthy, Hunger-Free Kids Act of 2010 (Public Law 111296) and the Uninterrupted Scholars Act of 2013 (Public Law 112278); to provide needed clarity regarding the of terms definitions and other key provisions of FERPA; and to make necessary changes identified as a result of the Department's experience administering FERPA and the current regulations. For an updated timeline on the expected Notice of Proposed Rulemaking, please see the Spring 2024 regulatory agenda once it is published by the Office of Management and Budget.

QUESTIONS SUBMITTED BY SENATOR PATTY MURRAY

Question. The FAFSA form was supposed to be cut by two-thirds. Millions of additional students were supposed to get more money for college. Students experiencing homelessness, incarcerated students, justice-involved students, parenting students, and many others were to gain access to college aid through a new and streamlined process. Yet, continued technical challenges and another 6 months of delays from when the form should usually launch in October have left students, families, and institutions of higher education uncertain of their future. In the face of these shortcomings, one of the Department of Education's (Department) main contractors running the FAFSA, General Dynamics Information Technology (GDIT), received \$122 million to modernize FAFSA systems.

Have you been informed of potential shortcomings with this contractor?

Answer. Senior leadership within the Department became aware of challenges with the FAFSA timeline, including what contractors held responsibility for different FAFSA components, in fall 2022. We have been working closely with Federal Student Aid and other offices within the Department since that time to set priorities, oversee project planning and implementation, and ensure accountability for the development and launch of the 2024–25 FAFSA. This detailed and frequent oversight will continue leading up to and through the 2025–26 FAFSA.

How much in Federal funds has GDIT received to date under its June 2022 FAFSA contract with the Department?

Question. As of May 23, 2024, the Department had paid \$17,262,821.63 to GDIT.

What accountability metrics were in place to ensure that GDIT completed the FAFSA form modernization in a timely manner?

Answer. GDIT's contract has contained various service level agreements intended to measure their performance focused across several areas including testing, security, system development and architecture, and system performance.

Question. One important way that other government agencies and the private sector pilot major new systems is through user testing. The FAFSA Simplification Act, requires the Department to put the new FAFSA through rigorous consumer testing before it was launched. This could have helped avoid some of the bugs and data errors we see today. In your FY25 request for Student Aid Administration, the Department cites that consumer testing is still one of the "remaining provisions" of the law that must still be implemented.

Please confirm that user-testing of the FAFSA was done in advance of this year's launch as required by law, and provide details about the size and scope.

Answer. To enhance the 2024–25 FAFSA form experience, Federal Student Aid (FSA) and its office of Student Experience and Aid Delivery have conducted 21 comprehensive user experience research studies to date with over 300 participants. This

consumer testing, which began in March 2022,² included 1:1 usability testing observing participants engaging with early designs before development, as well as usability testing once the form went live in late December 2023. The participant selection was aligned to the FAFSA Simplification Act's consumer testing requirement and outreach to required audiences. In addition, FSA ensured participants were recruited from a wide audience, including students, parents, financial aid advisors, and high school counselors. Participants were also drawn from various specialized groups, such as first-generation college students, English learners, veterans, servicemembers, low-income families (earning \$50,000 and below), incarcerated students, adult students over the age of 25, homeless students, and others. Students and parents were recruited from all over the United States and sessions were predominantly held online via video conference.

The testing methodologies were extensive, covering roles and taxonomy surveys, stakeholder interviews, cognitive walk-throughs, card sorting exercises, customer feedback surveys, email content testing, and co-creation workshops. This approach enabled a detailed evaluation of various elements of the application system, including the main form, embedded questions, dashboard, summary page, my activity feature, the FAFSA Submission Summary, and the overall user experience.

The FSA design team within SEAD collaborated with various teams within FSA to manage and deliver the FAFSA user experience research. Individual studies were managed by FSA's vendor, Accenture Federal Services (AFS). Participants were recruited from a third-party recruitment platform along with partner organizations and school contacts to assemble the participant groups. AFS compensated each participant an average of \$50 for their valuable input. This meticulous approach ensured that the insights obtained were thorough and aligned with FSA's broader objectives to optimize the application process to meet the needs of the millions of students and parents who interact with the FAFSA form.

Question. Please describe what steps you are taking to ensure that a beta version of the online form will be available in September 2024.

Answer. The Department will make a prototype of the form available several weeks prior to launch. The Department recently announced that, to ensure a smooth user experience during the upcoming FAFSA cycle, the 2025–26 FAFSA form will remain consistent with the 2024–25 form. This mitigates the need for a beta version of the 2025–26 form.

Question. New data from the Office of Federal Student Aid reveals a significant drop in the number of FAFSA completions for the 2024–2025 school year for high school seniors. This decrease shows that only about 29 percent of the class of 2024 completed a FAFSA form compared to 46.8 percent of the class of 2023 through the same date last year.

What action steps will the Administration be taking later this spring and summer to get FAFSA completions back on track compared to last year?

Answer. The Department has already received over 12.22 million FAFSA forms, 11.68 million of which have been processed as of July 9, 2024. The Department has made significant progress in closing the gap in FAFSA submissions to 5.7 percent as of July 9 compared to this time last year, down from nearly 40 percent in March. Submissions from high school seniors are currently less than 12 percent behind last year, as of July 2, 2024.

In addition to the Department's existing messaging and media, the Department launched the Student Support Strategy in May to distribute \$50 million to organizations on the ground supporting current cycle FAFSA completion efforts, specifically targeting this year's high school senior class. Organizations receiving funding are implementing projects such as paying for additional summer staffing, developing supportive resources, and working directly with students and families.

This spring and summer the Department is taking significant action to get FAFSA completions at the levels of previous cycles. Over the summer months the Department is implementing four primary strategies to close completion gaps:

1. Updating key messaging and asks by stakeholder group for the summer months.
2. Maximizing first-time FAFSA submissions and completions through a community college specific campaign, adult learner campaign, and territories-specific support.
3. Converting students who have started but not submitted the FAFSA to completed status through direct emails and text campaigns from FSA, as well as other initiatives like additional trainings for counselors.

²Several user experience research activities were completed for the 2023–24 FAFSA form, which included implementing certain elements of the FAFSA Simplification Act. That testing began in November of 2021.

4. Ensuring that all returning students have completed the FAFSA through tactics focused on students who may have stopped out of higher education and/or who may be transfer students.

The Deputy Secretary is hosting office hour sessions for state officials working on statewide FAFSA initiatives. The office hours have three objectives: (1) share information,

(2) get feedback/open communication, (3) answer questions from the field.

Finally, the Department has launched a Summer Resources campaign to new stakeholder groups who oversee locations that students frequent over the summer. These groups will provide a folder of promotional materials and resources to remind students to complete the FAFSA and offer support. The campaign includes more than 30 new stakeholder groups including: public recreation centers, gyms, movie theaters, libraries, supermarkets, one-stop centers, food pantries, malls, summer sports orgs, volunteer sites, etc.

Question. What steps is the Department taking to ensure that the FAFSA form will launch on time in October 2024 in time for the 2025–2026 academic school year?

Answer. We have heard from students, families, institutions, states, and those that support them that it is important for the FAFSA form to launch on October 1. The Department is working toward this goal and toward launching other functionality to ensure students receive timely aid offers for the 2025–26 award year as quickly as possible.

The Department has announced Jeremy Singer, president of the College Board, as a new FAFSA Executive Advisor. He will lead FSA's overall strategy on the 2025–26 FAFSA form, working closely with the Department's leadership and the FAFSA implementation team to strengthen internal systems and processes, bolster technical capabilities, and drive innovation to help ensure optimal performance leading to the launch of the 2025–26 FAFSA form.

Senior leadership at the Department will continue to work closely with career staff to ensure the 2025–26 FAFSA is launched and ready for students to submit applications on an expected timeline of October 1, 2024.

To ensure a consistent and smooth user experience during the upcoming FAFSA cycle, the 2025–26 FAFSA will remain consistent with the 2024–25 form. As a result, and similar to previous years when we have not had major shifts in functionality, the 2025–26 form will not be made available for public comment.

However, we will continue to focus our efforts on improving the user experience for students, families, and our partners and will collect feedback to inform our efforts through a series of listening sessions and a Request for Information (RFI) this summer to solicit feedback from those not able to attend the sessions.

The Department will request specific feedback on ways to improve the help text on the form, student tip sheets, or other direct communication to students to ensure students can successfully complete and submit the form. The Department will also request feedback from financial aid administrators, counselors and others on ways the Department can provide additional support to them in their work.

The listening sessions and RFI will also lead to the development of a new Better FAFSA Better Future Roadmap—to be released in late summer—that will outline new tools the Department is making available, such as additional trainings, webinars, counselor guides, and student tip sheets.

Question. The FY25 budget request includes appropriations language to increase to 10 percent the amount of grant funds States are allowed to reserve for evaluation of the comprehensive literacy development grants program.

Please describe the justification for this proposal and how it would further the purpose of this program.

Answer. ESEA section 2222(f) allows a State educational agency (SEA) receiving a CLSD grant to reserve not more than 5 percent for State level activities, including evaluation. Grantees have repeatedly expressed to the Department the need for a higher reservation of CLSD grant funding for such State level activities as supporting funding of literacy personnel, professional development, subgrantee monitoring, and evaluation.

Additionally, current applicants have expressed concern with the 5 percent cap and their ability to cover SEA expenses to administer the grant.

Question. Please describe planned activities to support cross-program efforts to help States and LEAs better serve students experiencing homelessness.

Answer. The Department is committed to taking a cross-program approach to implementing programs for students experiencing homelessness, including the Education for Homeless Children and Youth (EHCY) program and the American Rescue Plan funding for Homeless Children and Youth (ARP-HCY) program, and programs focused on other highly mobile student populations. For example, the Department

presented at the 2024 National Association of ESEA State Program Administrators (NAESPA) conference on the importance of supporting highly mobile students through cross-systems efforts. The Department's 2024 annual meeting for State Coordinators of EHCY programs also featured discussions with staff from career and technical education (CTE) programs and Head Start programs, underscoring the need for cross-program collaboration to address the unique needs of both young children and older youth experiencing homelessness. Finally, the May 2024 convening for State Coordinators of Title I, Part D programs included a session focused on addressing the unique needs of students who move between the juvenile justice, child welfare, and homelessness systems.

The Department also worked with our National Center for Homeless Education (NCHE), to release a suite of resources focused on the importance of cross-program coordination to effectively identify and support students in foster care. For example, NCHE conducted webinars focused on cross-program implementation strategies, including webinars focused on support for English learners experiencing homelessness (<https://nche.ed.gov/supporting-english-learners-els-experiencing-homelessness-an-ar-p-hcy-implementation-spotlight/>), migratory students experiencing homelessness (<https://nche.ed.gov/serving-migrant-students-experiencing-homelessness/?highlight=migrant>), and students with disabilities experiencing homelessness (<https://nche.ed.gov/strengthening-the-provision-of-special-education-services-for-children-with-disabilities-and-their-families-experiencing-homelessness/>). NCHE has also focused its technical assistance on cross-systems efforts to support students experiencing homelessness, such as providing a suite of resources related to using program funds for systems navigation, including. For example, NCHE published a brief in April 2023 on systems navigators (see: <https://nche.ed.gov/leveraging-systems-navigators-brief/?highlight=systems%20navigator>).

Additionally, the fiscal year 2025 request also includes a proposal to improve coordination of services for students who face multiple risk factors and, as a result, are eligible for multiple Federal programs, including students experiencing homelessness. Each of these programs is designed to support the unique needs of students through coordination with multiple agencies and systems, such as state and local child welfare agencies, housing agencies and providers, and community-based organizations. The number of students who qualify for services provided under multiple Federal programs and deal with life circumstances that jeopardize their educational stability and success is significant. The Administration is requesting appropriations language under General Provisions to authorize a limited demonstration project to provide additional resources to SEAs and LEAs to address the challenge of coordinating services for students. The proposal would authorize the Department to reserve up to one-half of 1 percent of funds appropriated for the Migrant Education, Neglected and Delinquent, and Education for Homeless Children and Youths program for the Department to make competitive grants to SEAs to improve service delivery and coordination for at-risk students who are eligible to receive services under multiple Federal education programs. SEAs would have the authority to make subgrants to LEAs to carry out these activities. Ultimately, this authority would support better coordination of services across funding streams, help ensure more effective and efficient use of Federal resources for benefitting students, reduce duplication in services, ensure service continuity, and provide improved service delivery and direct student support. Funding could support personnel, training and professional development, data collection and analysis, and documentation of best practices to shore up SEA and LEA capacity to address needs of students that qualify for multiple programs (like migratory students and students experiencing homelessness) across ED grant funds.

Question. Please also describe what actions are planned to work with State Title I directors and State Coordinators for Education of Homeless Children and Youths on effectively using a sufficient amount of Title I-A funds for identifying and meeting the needs of students experiencing homelessness.

Answer. In the past 2 years, the Department has increased both our oversight and technical assistance with respect to the requirement that LEAs reserve a portion of their Title I-A funds to meet the needs of students experiencing homelessness. For example, we recently revised our monitoring protocols for the EHCY program to include a section focused on the Title I-A set-aside. We have issued findings in several States regarding this requirement and have required the SEAs to address this issue by providing guidance and technical assistance to LEAs. We have presented on the monitoring findings at several national conferences in 2024, including sharing both the common findings and how SEAs have addressed the finding. In addition, the Department has taken steps to improve the transparency of SEA data. In February 2024, for the first time, the Department required each State to submit data on LEA reservations of Title I-A funds, including the amount reserved for students experi-

encing homelessness. The Department is currently reviewing these data, after which we will make the data public. Having these data will help the Department compare the Title I–A homeless set-aside to the homeless count. The analysis will inform our monitoring and technical assistance in FY 2025.

Question. What is the Department’s plan to ensure that applicants who indicate homelessness on the FAFSA, but do not have documentation from authorized entities, receive timely and accurate information on the process for the determination of their unaccompanied homeless youth status, including the responsibility of the FAA to make determinations based solely on a written statement from the student or a documented interview?

Answer. While completing the FAFSA form, applicants can obtain assistance in answering the question regarding being unaccompanied and homeless or at risk of homelessness via a tool tip located next to the question. Upon selecting the tool tip icon, applicants are taken to <https://studentaid.gov/2425/help/unaccompanied-homeless>.

Additionally, we communicate the impacts of selecting “None of these apply” after the applicant indicates they are unaccompanied and homeless or at risk of homelessness in several ways. First on the Dependency Results page, we say:

“Based on your answers, you’re a provisionally independent student. This means you don’t need to answer questions about your parents to submit your application. To complete your application, you’ll need to contact your college’s or career school’s financial aid office and provide documentation to verify your circumstances.

We won’t be able to calculate your Student Aid Index (SAI) until you confirm your circumstances with your financial aid office. Until then, we will provide only an estimate of your Federal student aid eligibility as an independent student.”

Then on the confirmation page, we explain the provisional independent status again with similar language.

Once the FAFSA form is processed, the applicant receives this additional guidance on the FAFSA Submission Summary:

“You didn’t report information about your parents because you indicated that you are an unaccompanied youth and homeless, or an unaccompanied youth at risk of homelessness. You need to follow up with your college’s or career school’s financial aid office before your eligibility for Federal student aid can be determined. A financial aid administrator may request documentation of your status in order to complete their review of your FAFSA form.”

As follow-up, the processed results are made available to applicants. The Department has emailed all FAFSA applicants who answer the FAFSA question on whether the student was unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless in the affirmative. These emails are sent weekly to over 50,000 FAFSA applicants and have included information on what students should expect from the process and working with their FAAs.

Question. What is the Department’s plan to ensure that its FAFSA outreach initiatives, materials, and campaigns include tailored strategies for reaching homeless and foster youth, as well as the educators and service providers who work with them?

Answer. In its April 2023 guidance on unaccompanied homeless youth, the Department stated that “In all situations, institutions should be able to show that their Policies for reviewing and making homeless youth determinations are compliant with statutory requirements.” The Department will also continue to collaborate with advocates of vulnerable unaccompanied and foster youth as part of our outreach strategy. We will also explore clarifications and update to existing guidance around supporting unaccompanied homeless and foster youth.

Question. What is the Department’s plan for oversight and monitoring institutions’ compliance with these requirements?

Answer. The Department will continue to ensure that institutions comply with all statutory and regulatory requirements through program reviews and other regular oversight activities.

Question. How does the Department plan to ensure that unaccompanied youth at-risk of or currently experiencing homelessness are routed correctly on the FAFSA through a path that is separate and distinct from provisionally independent students on the 2025–2026 FAFSA?

Answer. Currently, unaccompanied youth at-risk or currently experiencing homelessness with a designation are routed through the independent path. Students who need an administrator to confirm their designation are directed to a page that alerts them of the action needed by the institutional administrator but are then routed

through the independent path where they will receive a provisional SAI pending their determination.

Question. Public comments have previously suggested that the Department change the FAFSA questions for students who are experiencing homelessness, or at risk of homelessness, to inquire about whether student applicants were in such status during the previous 2 years (e.g. 2022 or 2023) instead of the previous year, consistent with the use of “prior- prior year” windows elsewhere throughout the form. Please indicate whether the Department will change the 2025–2026 FAFSA homeless filtering question (question 6 on the current form) to ask whether students were experiencing homelessness or at risk of homelessness, in 2023 or 2024, or the previous 2 years.

Answer. To ensure a smooth user experience during the upcoming FAFSA cycle, the 2025–26 FAFSA form will remain consistent with the 2024–25 form. The Department is assessing suggested changes to the user experience that do not require the public comment process, such as those impacting students experiencing or at risk of homelessness, to determine if changes can be implemented in 2025–26.

Question. Based on the most recent data calculated by the Department, nearly 44,000 FAFSA applicants in the 2022–23 cycle indicated that they were, or were at risk of becoming, unaccompanied homeless youth, but had a status was “unknown” because no determination was made in response their requests for schools to consider their special circumstance of being homeless.

What actions has the Department taken, and what steps will it take going forward to communicate directly with these applicants to make sure they have the information and resources needed to obtain financial aid?

Answer. The Department’s weekly email to students who indicate they are unaccompanied and experiencing homelessness or are unaccompanied and at risk of experiencing homelessness contains information on what students should do if their school has not already contacted them to determine eligibility for Federal student aid. This email makes clear that a student’s financial aid administration is required to make a determination of the student’s status based on a written statement from the student or a formal interview.

QUESTIONS SUBMITTED BY SENATOR RICHARD J. DURBIN

Question. Over the past few years, the Department has provided widespread relief to defrauded students through group borrower defense discharge. This relief has totaled nearly \$12 billion for 891,000 borrowers. I applaud the Department for taking steps to offer group borrower defense discharge to students, including former students of Corinthian Colleges (Corinthian), ITT Technical Institute, Inc. (ITT Tech), Westwood College (Westwood), Ashford University, the University of Phoenix, the Arts Institutes, DeVry University (DeVry), and Marinello Schools of Beauty. These students were misled by unscrupulous for-profit colleges, and they are not the only students who are crippled with student loan debt and a worthless degree. Since June 2018, the Department has released borrower defense data on a quarterly basis:

Please provide a breakdown of “total denied” borrower defense claims to date by institution.

Please provide a breakdown of “total ineligible” borrower defense claims to date by institution.

Please provide a breakdown of “total closed” borrower defense claims to date by institution.

Answer. Provided in attached Excel.

Please note that denied or ineligible have been used interchangeably in the past.

Total Denied Cases By Primary School

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Heald College	430
Altierus Career College	130
Everest College	70
Everest Institute	70
Clark Atlanta University	60
Galen Health Institutes	60
Northern Illinois University	60

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
St. Petersburg College	60
WyoTech	50
Arizona College	40
Belhaven University	40
Collin County Community College District	40
Everest University	40
Faulkner University	40
Henry Ford College	40
Midlands Technical College	40
Stark State College	40
University of South Florida	40
Ball State University	30
LeMoyne-Owen College	30
Middle Tennessee State University	30
Peirce College	30
Regency Beauty Institute	30
Roosevelt University	30
South College	30
St. George's University, School of Medicine	30
Texas Woman's University	30
University of Houston—Downtown	30
University of North Texas	30
University of Southern Mississippi	30
Virginia Commonwealth University	30
Academy for Nursing and Health Occupations	20
Altierus Career Education	20
Amridge University	20
Arlington Career Institute	20
Auburn University Montgomery	20
Austin Peay State University	20
Bridgewater State University	20
Brightpoint Community College	20
California Baptist University	20
California State University—Sacramento	20
California State University, Long Beach	20
Central State University	20
Clark State College	20
Cleveland State University	20
Cuyahoga Community College	20
Dallas Baptist University	20
Darton State College	20
Dowling College	20
Eastern College of Health Vocations	20
Eastern Illinois University	20
Florida State University	20
Full Sail University	20
George Mason University	20
Georgia Career Institute	20
Gwinnett Technical College	20
Indiana Institute of Technology	20
Indiana University—Bloomington	20
Iowa Central Community College	20
Jacksonville University	20
Kirkwood Community College	20
LA College International	20
Lane College	20
Lincoln College	20
Louisiana State University in Shreveport	20
Metropolitan State University of Denver	20
Miami University	20
Mid-America Christian University	20

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Midwestern Career College	20
National Louis University	20
Oakland University	20
Ohio Valley University	20
Palm Beach State College	20
Park University	20
Pikes Peak State College	20
Saint John's University	20
Saint Xavier University	20
San Diego State University	20
Santa Fe College	20
Seminole State College of Florida	20
Specs Howard School of Media Arts	20
Springfield College	20
Strayer University	20
Tarrant County College District	20
Thomas Edison State University	20
Tyler Junior College	20
University of Nevada , Reno	20
Wake Technical Community College	20
Washtenaw Community College	20
Western Illinois University	20
Winston-Salem State University	20
Allen University	10
Allied American University	10
American Musical & Dramatic Academy	10
Ashland University	10
Auburn University	10
Baker University	10
Central Carolina Technical College	10
Central Florida Institute	10
Central Texas College District	10
Clafin University	10
College of Charleston	10
CUNY John Jay College of Criminal Justice	10
Dade Medical College	10
Daytona State College	10
Eastern Iowa Community College District	10
Eastern Kentucky University	10
Edward Waters University	10
Everest University—Pompano Beach	10
Felician University	10
Francis Marion University	10
Frontier Nursing University	10
Gateway Community and Technical College	10
Generations College	10
Georgia Gwinnett College	10
Grand Rapids Community College	10
Hocking Technical College	10
Houston Christian University	10
Indiana University—Purdue University Indianapolis	10
International Air & Hospitality Academy	10
Jarvis Christian University	10
Laurus Technical Institute	10
Lewis University	10
Limestone University	10
Livingstone College	10
Macomb Community College	10
Metropolitan College of New York	10
Midwestern State University	10
Mississippi University for Women	10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Mountain State University	10
MTI College of Business and Technology	10
Nashville College of Medical Careers	10
National Paralegal College	10
Newbridge College—San Diego East	10
Newbury College	10
North Carolina Wesleyan University	10
Northeastern Illinois University	10
Northwest Career College	10
Ottawa University	10
Owens Community College	10
Palm Beach Atlantic University	10
Pfeiffer University	10
Philander Smith College	10
Rowan University	10
Saint Joseph's University	10
San Francisco State University	10
San Jacinto Community College District	10
Southeastern College (Jacksonville)	10
Southwestern Illinois College	10
St. Joseph's University New York	10
Stephen F Austin State University	10
Tallahassee Community College	10
Trumbull Business College	10
Tulsa Community College	10
University of Advancing Computer Technology	10
University of Alabama	10
University of Bridgeport	10
University of Denver	10
University of Massachusetts—Dartmouth	10
University of North Florida	10
Western Hills School of Beauty & Hair Design	10
Wichita State University	10
Wilmington University	10
Winthrop University	10
A & W Healthcare Educators	<10
Aaron's Academy of Beauty	<10
ABC Technical & Trade Schools	<10
Abcott Institute	<10
Abdill Career College	<10
Abraham Lincoln University	<10
Academy College	<10
Academy Di Capelli	<10
Academy of Aesthetic Arts	<10
Academy of Art University	<10
Academy of Career Training	<10
Academy of Massage and Bodywork	<10
Academy of Salon and Spa	<10
AccuTech Career Institute	<10
Ace Institute of Technology	<10
ACT College	<10
Adams State University	<10
Adelphi Business College	<10
Adelphi University	<10
Adirondack Community College—SUNY Office of Community Colleges	<10
Advanced Institute of Hair Design	<10
Advantage Career Institute	<10
Agnes Scott College	<10
Aiken School of Cosmetology and Barbering	<10
Aiken Technical College	<10
Aims Community College	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Akron Institute of Herzog University	<10
Alabama State University	<10
Alaska Career College	<10
Alaska Pacific University	<10
Albany Law School of Union University	<10
Albany State University	<10
Albright College	<10
Alcorn State University	<10
Alfred University	<10
All Beauty College	<10
Allan Hancock College	<10
Allen County Community College	<10
Alliant International University	<10
Allied Medical and Technical Institute	<10
Allure School of Cosmetology	<10
Alma College	<10
Alpine College	<10
Altoona Beauty School	<10
Alverno College	<10
Ambria College of Nursing	<10
American Academy McAllister Institute	<10
American Academy of Art College	<10
American Beauty Academy	<10
American Business Institute (Closed)	<10
American Career Academy	<10
American Career Training Travel School	<10
American Careers Institute	<10
American College of Acupuncture & Oriental Medicine	<10
American College of Business	<10
American College of Healthcare and Technology	<10
American Institute	<10
American Institute of Alternative Medicine	<10
American Institute of Beauty	<10
American Institute of Medical Sciences & Education	<10
American Institute of Medical Sonography	<10
American Jewish University	<10
American Medical Academy	<10
American Public University System	<10
American Transportation College	<10
American University (The)	<10
American University of Antigua College of Medicine	<10
AmesEd	<10
AMG School of Nursing	<10
Andrew College	<10
Andrews University	<10
Angeles College	<10
Angelo State University	<10
Angley College	<10
Anne Arundel Community College	<10
Anoka Technical College	<10
Antelope Valley College	<10
Anthem Institute	<10
Antioch University	<10
Antonelli Medical & Professional Institute	<10
Apollo Business & Technical School	<10
Apollo College of Medical & Dental Careers	<10
Appalachian College of Pharmacy	<10
Aquinas College	<10
Arcadia University	<10
Aristotle College of Medical and Dental Technology	<10
Arizona Culinary Institute	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Arizona State University	<10
Arkansas Tech University	<10
Arkansas Technical School	<10
Arlington Medical Institute	<10
Armstrong State University	<10
Art Center College of Design	<10
Artisan College of Cosmetology (The)	<10
Artistic Nails & Beauty Academy	<10
ASA College	<10
Asheville Buncombe Technical Community College	<10
ASPIRA City College	<10
Associated Technical Institute	<10
Assumption University	<10
ATA Career Education	<10
Atelier Esthetique Institute of Esthetics	<10
Athens State University	<10
Atlanta College of Art	<10
Atlanta School of Massage	<10
Atlanta Technical College	<10
Atlantic Cape Community College	<10
Augsburg University	<10
Augusta State University	<10
Augusta University	<10
Augustana College	<10
Aurora University	<10
Austin Community College	<10
Avalon School of Cosmetology	<10
Avalon Vocational Technical Institute	<10
Avant Gard The School	<10
Ave Maria School of Law	<10
Aveda Institute—Fort Myers	<10
Aveda Institute—South Florida	<10
Aviation Institute of Maintenance	<10
Avila University	<10
Award Beauty School	<10
Azusa Pacific University	<10
Baker College	<10
Balin Inst of Techlgy	<10
Baltimore Studio of Hair Design	<10
Baptist Bible College	<10
Baptist College of Florida (The)	<10
Barat College	<10
Barber—Scotia College	<10
Barclay College	<10
Barnes Business College	<10
Barry University	<10
Barton College	<10
Baton Rouge School of Computers	<10
Bay Area Legal Academy	<10
Bay De Noc Community College	<10
Bay Path University	<10
Beauty Academy of South Florida	<10
Beauty Institute Schwarzkopf Professional (The)	<10
Beck School of Practical Nursing	<10
Becker College	<10
Bel—Rea Institute of Animal Technology	<10
BELBO Beauty Institute	<10
Bella Capelli Academy A Paul Mitchell Partner School	<10
Bellarmino University	<10
Bellefonte Academy of Beauty	<10
Bellevue University	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Bellus Academy	<10
Belmont Abbey College	<10
Belmont College	<10
Belmont University	<10
Beloit College	<10
Bemidji State University	<10
Benedict College	<10
Benedictine College	<10
Benedictine University	<10
Bene's Career Academy	<10
Benjamin Franklin Cummings Institute	<10
Berkeley School of Theology	<10
Berklee College of Music	<10
Berry College	<10
Best Care College	<10
Bethany College	<10
Bethune Cookman University	<10
Beulah Heights University	<10
Big Sandy Community and Technical College	<10
Binghamton University	<10
BioHealth College	<10
Biola University	<10
Birmingham-Southern College	<10
Black Hawk College	<10
Blackburn University	<10
Blake Austin College	<10
Blue Ridge Community and Technical College	<10
Blue Ridge Community College	<10
Bluefield College	<10
Bluefield State University	<10
Bluegrass Community & Technical College	<10
Bob Jones University	<10
Boca Beauty Academy	<10
BOCES Rensselaer School of Practical Nursing	<10
Boise State University	<10
Bos-Man's Barber College	<10
Boston Conservatory	<10
Boston Graduate School of Psychoanalysis	<10
Bowling Green State University	<10
Brandeis University	<10
Branell Institute	<10
Brensten Education	<10
Brescia University	<10
Bridgewater College	<10
Brillare Hairdressing Academy	<10
Brookline College	<10
Brown College of Court Reporting	<10
Bryant & Stratton College	<10
Bryant University	<10
Bryman College	<10
Bryman School of Arizona (The)	<10
Bryn Mawr College	<10
Bucknell University	<10
Buckner Barber School	<10
Bucks County Community College	<10
Bucks County School of Beauty Culture	<10
Buena Vista University	<10
Burlington College	<10
Business Career Training Institute	<10
Business Informatics Center	<10
Butler Business School	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Butler County Community College	<10
Butler Technology and Career Development Schools	<10
Butler University	<10
Cabot College	<10
Cains Barber College	<10
Caliber Training Institute	<10
California Career Institute	<10
California College of the Arts	<10
California College of Vocational Careers	<10
California Hair Design Academy	<10
California Healing Arts College	<10
California Intercontinental University	<10
California Nurses Educational Institute	<10
California Polytechnic State University	<10
California State Polytechnic University, Humboldt	<10
California State Polytechnic University, Pomona	<10
California State University Channel Islands	<10
California State University, Bakersfield	<10
California State University, Chico	<10
California State University, East Bay	<10
California State University, Fullerton	<10
California State University, Los Angeles	<10
California State University, Monterey Bay	<10
California State University, San Marcos	<10
California State University, Stanislaus	<10
Calumet College of Saint Joseph	<10
Calvin University	<10
Cambridge Junior College	<10
Cambridge Techl Inst	<10
Cameo Beauty Academy	<10
Cameron University	<10
Campbellsville University	<10
Canadian College of Naturopathic Medicine	<10
Canisius University of Buffalo, New York	<10
Canton City School District Adult Career & Technical Education	<10
Capital Area Career Center	<10
Capital University	<10
Capitol City Careers	<10
Capitol City Trade & Technical School	<10
Capitol Court Reporting & Captioning Institute	<10
Capitol Technology University	<10
Capri Beauty College	<10
Cardiac and Vascular Institute of Ultrasound	<10
Career & Technology Education Centers of Licking County	<10
Career College of Northern Nevada	<10
Career Colleges of America	<10
Career Institute of Health and Technology	<10
Career Networks Institute	<10
Career Point Business School	<10
Career Quest Learning Centers	<10
Career School of NY	<10
Career Technical College	<10
Career Technical Institute	<10
Career Training Academy	<10
Carl Albert State College	<10
Carlow University	<10
Carmichael Beauty College	<10
Carnegie Career College	<10
Carnegie Institute	<10
Carnegie Mellon University	<10
Carolina Beauty College	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Carolina Christian College	<10
Carolina University	<10
Carousel Beauty College	<10
Carroll College	<10
Carroll University	<10
Carson—Newman University	<10
Carthage College	<10
Carthage R–9 School District/Carthage Technical Center	<10
Casa Loma College	<10
Casper College	<10
Catholic University of America (The)	<10
Cazenovia College	<10
CBT Technology Institute	<10
CCIC Beauty College	<10
CDE Career Institute	<10
CDI Career Development Institute	<10
Cecil College	<10
Cedar Crest College	<10
Celebrity School of Beauty	<10
Centenary University	<10
Center for Allied Health Education	<10
Central Alabama Community College	<10
Central Arizona College	<10
Central Baptist College	<10
Central California School of Continuing Education	<10
Central Career School	<10
Central Christian College of Kansas	<10
Central City Business Institute	<10
Central College	<10
Central Connecticut State University	<10
Central Georgia Technical College	<10
Central Nursing College	<10
Central Oregon Community College	<10
Central Piedmont Community College	<10
Central Susquehanna LPN Career Center	<10
Central Washington University	<10
Centura College	<10
Centura Institute	<10
Century Schools	<10
Chaffey Community College	<10
Chaminade University of Honolulu	<10
Champlain College	<10
Chancellor University	<10
Charles A. Jones Career and Education Center	<10
Charles R. Drew University of Medicine and Science	<10
Charleston Cosmetology Institute	<10
Charter College	<10
Chatham University	<10
Chattanooga College—Medical, Dental and Technical Careers	<10
Chemeketa Community College	<10
Chester Career College	<10
Chester County Intermediate Unit Practical Nursing Program	<10
Chicago ORT Technical Institute	<10
Chicago State University	<10
Chippewa Valley Technical College	<10
Chowan University	<10
Christian Brothers University	<10
Cincinnati State Technical & Community College	<10
Cisco College	<10
Citadel, The Military College of South Carolina	<10
Citrus College	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
City College	<10
City College of San Francisco	<10
City Colleges of Chicago Harry S Truman College	<10
Clarion University of Pennsylvania	<10
Clark College	<10
Clark University	<10
Clarke University	<10
Clarkson College	<10
Clarkson University	<10
Clayton State University	<10
Clearwater Christian College	<10
Cleary University	<10
Clemson University	<10
Cleveland Institute of Art (The)	<10
Cleveland University-Kansas City	<10
Clinton College	<10
Coalition of African American Nurses	<10
Coastal Bend College	<10
Coba Academy	<10
Cochise College	<10
Cochran School of Nursing—St. John's Riverside Hospital	<10
Coe College	<10
Colleen O'Hara's Beauty Academy	<10
College for Creative Studies	<10
College of Central Florida	<10
College of Court Reporting	<10
College of Eastern Idaho	<10
College of Idaho (The)	<10
College of Lake County	<10
College of Mount Saint Vincent	<10
College of New Jersey (The)	<10
College of Our Lady of the Elms	<10
College of Saint Benedict	<10
College of Saint Joseph	<10
College of Saint Mary	<10
College of Southern Idaho	<10
College of Southern Maryland	<10
College of Southern Nevada	<10
College of the Florida Keys (The)	<10
College of the Holy Cross	<10
College of the Siskiyous	<10
College of Visual Arts	<10
College of Wilmington	<10
Collins School of Cosmetology	<10
Colorado Christian University	<10
Colorado Mountain College	<10
Colorado School of Trades	<10
Colorado State University-Pueblo	<10
Columbia—Greene Community College—SUNY Office of Cmnty Colleges	<10
Columbia College	<10
Columbia College Chicago	<10
Columbia College Hollywood	<10
Columbia International University	<10
Columbia School of Broadcasting, Home Study	<10
Columbus State Community College	<10
Commercial Programming Unlimited	<10
Commonwealth University of Pennsylvania	<10
Community College of Aurora	<10
Community College of Philadelphia	<10
Compass Career College	<10
Compass College of Cinematic Arts	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Computer Dynamics Institute	<10
Computer Learning Center of Alexandria	<10
Concord University	<10
Concordia College—Moorhead	<10
Concordia University	<10
Connecticut College	<10
Connors State College	<10
Contra Costa Medical Career College	<10
Cooper Career Institute	<10
Copiah-Lincoln Community College	<10
Coppin State University	<10
Corcoran College of Art and Design	<10
Cornell College	<10
Cornerstone University	<10
Corning Community College—SUNY Office of Community Colleges	<10
Cornish College of the Arts	<10
Cosmetic Arts Institute	<10
Cosmetology and Spa Academy	<10
Cosmetology Career Institute	<10
Cottey College	<10
County College of Morris	<10
Covenant College	<10
Covenant School of Nursing and Allied Health	<10
Cowley County Community College & Area Vocational Technical School	<10
Cox College	<10
Coyne College	<10
Creative Images Institute of Cosmetology	<10
Creighton University	<10
Crowder College	<10
Crown College	<10
Culinary Tech Center	<10
Culver-Stockton College	<10
CUNY Bernard Baruch School of Business	<10
CUNY Borough of Manhattan Community College	<10
CUNY Graduate School & University Center	<10
CUNY Hunter College	<10
CUNY School of Law	<10
Curry College	<10
Cuyamaca College	<10
Dakota College at Bottineau	<10
Dakota Wesleyan University	<10
Dallas Christian College	<10
Dallas College	<10
Dallas Theological Seminary	<10
Dana College	<10
Daniel Webster College	<10
Danville Area Community College	<10
Daoist Traditions College of Chinese Medical Arts	<10
Davis College	<10
Dawn Career Institute	<10
Daytona College	<10
DCI Career Institute	<10
De Anza Community College	<10
Dean Institute of Technology	<10
Debbie's Alabama Beauty College	<10
Decker College	<10
Del Mar College	<10
Delaware County Technical School	<10
Delaware State University	<10
Delaware Valley Academy of Medical & Dental Assistants	<10
Delaware Valley University	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Delgado Community College	<10
Delta College	<10
Delta College of Business & Technology	<10
Delta Junior College	<10
Demarge College	<10
DePaul University	<10
Des Moines Area Community College	<10
Destination Academy for Spa and Salon Professionals	<10
Detroit Business Institute—Downriver	<10
Dickinson College	<10
Dickinson Warren College	<10
Digital Media Arts College	<10
Doane University	<10
Dominican University	<10
Dominion School of Hair Design	<10
Don Roberts School of Hair Design	<10
Donnelly College	<10
Drake College of Business	<10
Drake School of the Bronx	<10
Drake School of Westchester	<10
Drake University	<10
Draughons College	<10
Drexel University	<10
Drury University	<10
DuBois Business College	<10
Dudley Hall Car Inst	<10
Duke University	<10
Duluth Business University	<10
Dunwoody College of Technology	<10
Duquesne University of the Holy Spirit	<10
Durham Technical Community College	<10
D'Youville University	<10
Eagle Rock College	<10
East Carolina University	<10
East Central Community College	<10
East Coast Bible College	<10
East Ohio College	<10
East Texas Baptist University	<10
Eastern Florida State College	<10
Eastern Hills Academy of Hair Design	<10
Eastern International College	<10
Eastern New Mexico University	<10
Eastern Oklahoma State College	<10
Eastern Oregon University	<10
Eastern Virginia Career College	<10
Eastern Virginia Medical School	<10
Eastern Washington University	<10
Eastwick College—Hackensack Campus	<10
eClips School of Cosmetology and Barbering	<10
ECPI University	<10
Edgewood College	<10
Edison State Community College	<10
Edmondson Junior College	<10
El Paso Community College	<10
Elaine Steven Beauty College	<10
Electronic Program Institute of Omaha	<10
Elgin Community College	<10
Elite School of Cosmetology	<10
Elizabeth City State University	<10
Elizabethtown College	<10
Elizabethtown Community and Technical College	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Elmhurst University	<10
Elmira College	<10
Embry-Riddle Aeronautical University	<10
Emerson College	<10
Emory & Henry College	<10
Empire College	<10
Empire State University	<10
Employment Solutions	<10
Emporia State University	<10
Endicott College	<10
Ensign College	<10
Epic Bible College	<10
Erie Institute of Technology	<10
Erikson Institute	<10
Erskine College	<10
ETI Technical College of Niles	<10
Eureka College	<10
Evangel University	<10
Everest College Phoenix	<10
Everett Community College	<10
Evergreen State College (The)	<10
Fairleigh Dickinson University	<10
Fairmont State University	<10
Ferrum College	<10
FINE Mortuary College	<10
Finger Lakes Community College—SUNY Office of Community Colleges	<10
First Institute	<10
Fitchburg State University	<10
Five Branches University	<10
Flagler College	<10
Flathead Valley Community College	<10
Florence—Darlington Technical College	<10
Florida Agricultural & Mechanical University	<10
Florida Atlantic University	<10
Florida Gulf Coast University	<10
Florida Institute of Technology	<10
Florida International Training Institute	<10
Florida Memorial University	<10
Florida National University	<10
Florida School of Traditional Midwifery	<10
Florida Southern College	<10
Florida State College at Jacksonville	<10
Fontbonne University	<10
Fordham University	<10
Forest Institute of Professional Psychology	<10
Forsyth Technical Community College	<10
Fort Valley State University	<10
Fountain of Youth Academy of Cosmetology	<10
Fountainhead College of Technology	<10
Four-D College	<10
Fox Valley Technical College	<10
Framingham State University	<10
Francis Tuttle Technology Center School District No. 21	<10
Franciscan Missionaries of Our Lady University	<10
Franciscan University of Steubenville	<10
Franklin College	<10
Franklin Pierce University	<10
Franklin Technology Center	<10
Frederick Community College	<10
Freed-Hardeman University	<10
Friends University	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Fullerton College	<10
Furman University	<10
FVI School of Nursing and Technology	<10
Galiano Career Academy	<10
Gannon University	<10
Garden State Science and Technology Institute	<10
GateWay Community College	<10
General Communications	<10
Genesee Community College	<10
Genesis Vocational Training	<10
Geneva College	<10
George Fox University	<10
Georgetown University	<10
Georgia College & State University	<10
Georgia Institute of Cosmetology	<10
Georgia Military College	<10
Georgia School of Bartending	<10
Georgian Court University	<10
Glen Dow Academy of Hair Design & Salons	<10
Glenville State University	<10
Glitz School of Cosmetology	<10
Global Tech College	<10
Gogebic Community College	<10
Goldie-Beacom College	<10
Goldfarb School of Nursing at Barnes-Jewish College	<10
Good Samaritan College of Nursing and Health Science	<10
Gordon College	<10
Gould's Academy	<10
Governors State University	<10
Grabber School of Hair Design	<10
Grace Christian University	<10
Grace College and Theological Seminary	<10
Grace School of Theology	<10
Grambling State University	<10
Grand Valley State University	<10
Grand View University	<10
Great Basin College	<10
Great Falls College Montana State University	<10
Great Lakes Institute of Technology	<10
Great Oaks Career Campuses-Scarlet Oaks	<10
Greater Altoona Career & Technology Center	<10
Green Mountain College	<10
Guilford College	<10
Guilford Technical Community College	<10
Gulf Coast State College	<10
Hair Academy	<10
Hair Academy II	<10
Hair Design Institute at Livingston Street	<10
Hair Expressions—Paul Mitchell Partner School	<10
Hair Professionals School of Cosmetology	<10
Hamline University	<10
Hammel College	<10
Hampden Sydney College	<10
Hannibal—LaGrange University	<10
Harding University	<10
Hargest Vocational Technical College	<10
Harper College	<10
Harris—Stowe State University	<10
Harrisburg Area Community College	<10
Harrison Career Institute	<10
Harrison College	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Hartford School of Music (The)	<10
Hartwick College	<10
Hawaii College of Oriental Medicine	<10
Hawaii Community College	<10
Hawkeye Community College	<10
Headmasters School of Hair Design	<10
Headquarters Academy of Hair Design (The)	<10
Head's West Kentucky Beauty College	<10
Heald Business College	<10
Heald College, School of Business	<10
Heald College-School of Business	<10
Heald Institute of Technology	<10
Healing Arts Center	<10
Heidelberg University	<10
Henderson Community College	<10
Henderson State University	<10
Heritage College	<10
Heritage Institute	<10
Hickey College	<10
High Desert Medical College	<10
High Point University	<10
Highland Community College	<10
Hilbert College	<10
Hill College	<10
Hillsborough Community College	<10
Hiram College	<10
Hofstra University	<10
HoHoKus School of Trade and Technical Sciences	<10
Hollins University	<10
Hollywood Beauty College	<10
Hollywood Institute	<10
Holy Names University	<10
Holyoke Community College	<10
Hood College	<10
Hopkinsville Community College	<10
Hospitality Institute	<10
Hoss Lee Academy	<10
Houston Allied Health Careers	<10
Houston Community College	<10
Howard Community College	<10
Howard County Junior College District	<10
Howard University	<10
Hunter Business School	<10
Huntington Junior College	<10
Huston—Tillotson University	<10
Hutchinson Community College	<10
ICDC College	<10
Idaho State University	<10
Illinois College	<10
Illinois Institute of Technology	<10
Illinois School of Health Careers	<10
Illinois State University	<10
Illinois Valley Community College	<10
Indian Hills Community College	<10
Indian River State College	<10
Indiana Barber/Stylist College	<10
Indiana County Technology Center	<10
Indiana State University	<10
Indiana University—Northwest	<10
Indiana University—South Bend	<10
Indiana Wesleyan University	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Infinity College	<10
Institute of Audio Research	<10
Institute of Hair Design	<10
Institute of Medical Education	<10
Institute of Technical Arts	<10
InterCoast Colleges	<10
International Beauty Education Center	<10
International Beauty School	<10
International Business College-	<10
International College of Broadcasting	<10
International Cosmetology Academy	<10
International Institute of Chinese Medicine	<10
International Institute of Cosmetology	<10
International Salon and Spa Academy	<10
International School of Beauty	<10
International School of Skin and Nailcare	<10
Iowa Lakes Community College	<10
Itawamba Community College	<10
Ithaca College	<10
Iverson Institute	<10
Ivy Tech Community College of Indiana	<10
Ivy Tech Community College of Indiana—Region 1	<10
Ivy Tech Community College of Indiana—Region 12	<10
Ivy Tech Community College of Indiana—Region 5	<10
J. Everett Light Career Center	<10
Jackson State University	<10
Jacksonville State University	<10
Jefferson Community and Technical College	<10
John Brown University	<10
John Wesley University	<10
Johns Hopkins University	<10
Johnson & Wales University	<10
Johnson County Community College	<10
Johnston Community College	<10
Jones County Junior College	<10
Jones International University	<10
Jordan College	<10
JPS Institute for Health Career Development	<10
Judson College	<10
Juniata College	<10
Kalamazoo Valley Community College	<10
Kankakee Community College	<10
Kansas City Art Institute	<10
Kansas City University	<10
Kansas State University	<10
Kansas Wesleyan University	<10
KD Conservatory College of Film and Dramatic Arts	<10
Kellogg Community College	<10
Kelsey—Jenney College	<10
Kendall College	<10
Kennesaw State University	<10
Kenneth Shuler School of Cosmetology & Hair Design	<10
Kenneth Shuler School of Cosmetology & Nails	<10
Kent State University	<10
Kentucky Christian University	<10
Kentucky State University	<10
Kettering University	<10
Keuka College	<10
Keune Academy by 124	<10
Key College	<10
Keystone Technical Institute	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Kilian Community College	<10
Kings College	<10
King's College	<10
King's University (The)	<10
Kirtland Community College	<10
Kishwaukee College	<10
Knox County Career Center	<10
KRS Computer & Business School	<10
La Roche University	<10
La Salle University	<10
La Sierra University	<10
Lackawanna College	<10
Lacy Cosmetology School	<10
Lake Erie College	<10
Lake Erie College of Osteopathic Medicine	<10
Lake Forest Graduate School of Management	<10
Lake Land College	<10
Lakeland University	<10
Lakeside School of Massage Therapy	<10
Lake-Sumter State College	<10
Lambuth University	<10
Lancaster Bible College	<10
Lane Community College	<10
Lansing Community College	<10
Larry's Barber College	<10
Las Vegas College	<10
LaSalle Tech	<10
Lasell University	<10
Latin Beauty Academy	<10
Lawrence Technological University	<10
Lawton School for Medical and Dental Assistants	<10
Le Moyne College	<10
Lebanon County Career and Technology Center	<10
Lee University	<10
Lenoir-Rhyne University	<10
Lesley University	<10
LeTourneau University	<10
Lexington Baptist College	<10
Lexington College	<10
Lexington Healing Arts Academy	<10
Liberty University	<10
Life Chiropractic College West	<10
Life Pacific University	<10
Lighthouse Career Institute	<10
LIM College	<10
Lincoln Christian University	<10
Lincoln Land Community College	<10
Lindenwood University	<10
Linn-Benton Community College	<10
Lionel University	<10
Lipscomb University	<10
Logan University	<10
Lone Star College System	<10
Long Island Beauty School	<10
Long Island University	<10
Longwood University	<10
Lorain County Community College	<10
Loras College	<10
Louisburg College	<10
Louisiana School of Professions	<10
Louisiana State University & Agricultural & Mechanical College	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Louisiana Tech University	<10
Lourdes University	<10
Loyola Marymount University	<10
Lubbock Christian University	<10
Luther College	<10
Luther Rice College & Seminary	<10
Macon Beauty School	<10
Macon State College	<10
Magna Inst	<10
Maharishi International University	<10
Maine College of Art	<10
Malone University	<10
Manchester University	<10
Mandl School	<10
Manhattan Beauty School	<10
Manhattan College	<10
Manor College	<10
Mansfield Business College	<10
Margaret's Hair Academy	<10
Marian Court College	<10
Marian University	<10
Marietta College	<10
MarJon School of Beauty	<10
Marquette University	<10
Marshall University	<10
Marycrest International University	<10
Marygrove College	<10
Maryland Institute College of Art	<10
Maryland University of Integrative Health	<10
Marymount California University	<10
Marymount College	<10
Marymount University	<10
Maryville College	<10
Marywood University	<10
Massachusetts College of Art and Design	<10
Massachusetts Maritime Academy	<10
Massachusetts School of Law at Andover	<10
Masters Institute	<10
Masters of Cosmetology College	<10
Mattia College	<10
May Technical College	<10
Mayfield College	<10
Maysville Community and Technical College	<10
MBTI Business Training Institute	<10
McDaniel College	<10
MCI Institute of Technology	<10
McKendree University	<10
McLennan Community College	<10
McNally Smith College of Music	<10
McPherson College	<10
Mech Tech College	<10
Med Help Training School	<10
Medical Careers Institute	<10
Medical Training College	<10
Medical University of South Carolina	<10
Medtech Health Care Training	<10
Memphis College of Art	<10
Mercer County Community College	<10
Mercer University	<10
Meredith College	<10
Meridian Institute of Surgical Assisting	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Merit College	<10
Merryfield Academy of Animal Technology	<10
Mesa Community College	<10
Messiah University	<10
Methodist College	<10
Methodist University	<10
Metro Barber College	<10
Metropolitan Community College	<10
Metropolitan State University	<10
Miami Dade College	<10
Miami Lakes Educational Center and Technical College	<10
Miami Technical Institute	<10
MIAT College of Technology	<10
Michael's School of Beauty	<10
Michigan Career Institute	<10
Michigan Computer Institute	<10
Michigan Jewish Institute	<10
Michigan State University	<10
Michigan Technological University	<10
Mid Michigan College	<10
MidAmerica Nazarene University	<10
Middlesex College	<10
Middlesex Community College	<10
Midland College	<10
Mid-State Technical College	<10
Midway University	<10
Midwest College of Oriental Medicine	<10
Midwest Institute	<10
Milan Institute	<10
Mildred Elley	<10
Miles College	<10
Millerhawkins Business College	<10
Millikin University	<10
Millsaps College	<10
Milwaukee Area Technical College	<10
Milwaukee Career College	<10
Milwaukee College of Business	<10
Milwaukee Institute of Art & Design	<10
Milwaukee School of Engineering	<10
Mineral Area College	<10
Minneapolis Technical College	<10
Minnesota North College	<10
Minnesota State University, Mankato	<10
MiraCosta College	<10
Misericordia University	<10
Mississippi College	<10
Mississippi State University	<10
Mississippi Valley State University	<10
Missouri Baptist University	<10
Missouri State University	<10
Missouri Technical School	<10
Missouri Valley College	<10
Missouri Western State University	<10
Mitchell Hamline School of Law	<10
Moberly Area Community College	<10
Modern College of Design (The)	<10
Mohave Community College	<10
Moler Barber College	<10
Molloy University	<10
Monmouth College	<10
Monroe College	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Montana State University—Billings	<10
Montana State University Bozeman	<10
Montana Technological University	<10
Monterey Peninsula College	<10
Montgomery Beauty School	<10
Montserrat College of Art	<10
Moore Career College	<10
Moravian University	<10
Morehead State University	<10
Morehouse College	<10
Morehouse School of Medicine	<10
Morgan State University	<10
Morningside University	<10
Morris Brown College	<10
Mount Aloysius College	<10
Mount Mary University	<10
Mount Mercy University	<10
Mount Saint Mary College	<10
Mount Saint Mary's University	<10
Mount San Antonio College	<10
Mount Vernon Nazarene University	<10
Mountain State College	<10
Mr. Bela's School of Cosmetology	<10
Ms Roberts Academy of Beauty Culture	<10
MSTA Business College (Closed)	<10
MTI College	<10
Mueller College	<10
Murray State University	<10
Muskegon Community College	<10
Muskingum University	<10
Nashville Auto-Diesel College	<10
Nassau Community College	<10
National Academy of Beauty Arts	<10
National American University	<10
National College of Technology	<10
National Education Center—Capitol Hill Campus	<10
National Education Center Kee Business College Campus	<10
National Education Center-Bauder College Campus	<10
National Graduate School of Quality Management (The)	<10
National Hispanic University (The)	<10
National Massage Therapy Institute	<10
National Technical Institute	<10
National University	<10
Nazarene Bible College	<10
Nebraska Wesleyan University	<10
Neosho Beauty College	<10
Neumont College of Computer Science	<10
Nevada Career School	<10
New Age Training	<10
New England College	<10
New England Conservatory of Music	<10
New England School of Photography	<10
New Jersey Institute of Technology	<10
New Mexico Junior College	<10
New Mexico State University	<10
New River Community College	<10
New School Center for Media	<10
New York Automotive & Diesel Institute	<10
New York College of Podiatric Medicine	<10
New York Conservatory For Dramatic Arts (The)	<10
New York Film Academy	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
New York Institute of Technology	<10
New York Medical Career Training Center	<10
New York School of Interior Design	<10
New York University	<10
Newman University	<10
Nicholls State University	<10
Nightingale Medical Institute	<10
North Adrian's College of Beauty	<10
North American College	<10
North American Trade Schools	<10
North Central Missouri College	<10
North Central State College	<10
North Central University	<10
North Dakota State University—Fargo	<10
North Florida Cosmetology Institute	<10
North Hills School of Health Occupations	<10
North Iowa Area Community College	<10
North Lake College	<10
North Park University	<10
North Technical Education Center	<10
Northcentral Technical College	<10
Northcoast Medical Training Academy	<10
Northeast College of Health Sciences	<10
Northeast Community College	<10
Northeast Iowa Community College	<10
Northeast Texas Community College	<10
Northeastern State University	<10
Northern Essex Community College	<10
Northern Oklahoma College	<10
Northern Tier Career Center	<10
Northern Wyoming Community College District	<10
North-West College	<10
Northwest College of Art & Design	<10
Northwest Iowa Community College	<10
Northwest Missouri State University	<10
Northwest Nazarene University	<10
Northwest Regional Technology Institute	<10
Northwest University	<10
Northwestern College	<10
Northwestern Health Sciences University	<10
Northwestern Michigan College	<10
Northwestern Oklahoma State University	<10
Northwestern State University	<10
Northwestern Technological Institute	<10
Norwich University	<10
Notre Dame of Maryland University	<10
Nova Southeastern University	<10
NRI Institute of Health Sciences	<10
NTMA Training Centers of Southern California	<10
Oak Point University	<10
Oakland City University	<10
Oakland College of Dental Medical Assistants	<10
Oakton Community College	<10
Ocean (The)	<10
Ocean County Vocational—Technical Schools	<10
Ogle School Hair Skin Nails	<10
Ohio Christian University	<10
Ohio Dominican University	<10
Ohio Institute of Allied Health	<10
Ohio Institute of Health Careers	<10
Ohio School of Financial Education	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Ohio State University (The)	<10
Ohio Technical College	<10
Oklahoma Christian University	<10
Oklahoma City University	<10
Oklahoma Health Academy	<10
Oklahoma Junior College	<10
Oklahoma School of Photography	<10
Oklahoma State University	<10
Oklahoma State University—Oklahoma City	<10
Oklahoma State University Institute of Technology—Okmulgee	<10
Old Dominion University	<10
Old Town Barber College	<10
Olivet Nazarene University	<10
Olympian Academy of Cosmetology	<10
Omnitech Institute	<10
Onondaga Community College	<10
Oral Roberts University	<10
Orange County Community College	<10
Oregon College of Oriental Medicine	<10
Oregon Institute of Technology	<10
Oregon State University	<10
Orion Technical College	<10
Orleans Technical College	<10
Otis College of Art and Design	<10
Otterbein University	<10
Owensboro Community & Technical College	<10
Ozarks Technical Community College	<10
Pace Institute	<10
Pace University	<10
Pacific College	<10
Pacific Lutheran University	<10
Pacific Northwest College of Art	<10
Pacific University	<10
Palladium Technical Academy	<10
Palmer College of Chiropractic	<10
Palo Alto University	<10
Panola College	<10
Paris II Educational Center	<10
Parisian Beauty Academy Paul Mitchell Partner School	<10
Parisian Spa Institute	<10
Park West Barber School	<10
Parker University	<10
Parkland College	<10
Pasco—Hernando State College	<10
Passaic County Community College	<10
Patsy And Rob's Academy of Beauty	<10
Patten University	<10
Paul Mitchell The School Costa Mesa	<10
Paul Mitchell the School Dallas	<10
Paul Mitchell The School New Orleans	<10
Paul Mitchell The School Overland Park	<10
PB Cosmetology Education Centre	<10
PC Age	<10
PCI Health Training Center	<10
Pearl River Community College	<10
Pennco Tech	<10
Pennsylvania Academy of the Fine Arts	<10
Pennsylvania College of Art & Design	<10
Pennsylvania College of Technology	<10
Pennsylvania Highlands Community College	<10
Pennsylvania State University (The)	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Pennsylvania Western University	<10
Penrose Academy	<10
Pensacola School of Massage Therapy & Health Careers	<10
Pensacola State College	<10
Pentecostal Theological Seminary	<10
Pepperdine University	<10
Performance Training Institute	<10
Peru State College	<10
Phillips College Inland Empire Campus	<10
Phillips College of Atlanta	<10
Phillips Graduate University	<10
Phillips Junior College of Spokane	<10
Phoenix College	<10
Pierpont Community & Technical College	<10
Pike County Career Technology Center	<10
Pillar College	<10
Pima Medical Institute	<10
Pinnacle College	<10
Pioneer Pacific College	<10
Pittsburg State University	<10
Pittsburgh Technical College	<10
Plaza Beauty School	<10
Point Loma Nazarene University	<10
Pontifical Catholic University of Puerto Rico (The)	<10
Post University	<10
Pratt Community College	<10
Pratt Institute	<10
Premiere Career College	<10
Prescott College	<10
Prince George's Community College	<10
Princeton Theological Seminary	<10
Printing Trades School	<10
Prism Career Institute	<10
Pro Way Hair School	<10
Professional Business School	<10
Professional Culinary Academy	<10
Professional Golfers Career College	<10
Professional Hands Institute	<10
Profile Institute of Barber-Styling	<10
Providence College	<10
PSI Institute	<10
PSI Institute of Washington	<10
Pueblo Community College	<10
Purdue University Fort Wayne	<10
Queens University of Charlotte	<10
Quincy University	<10
Quinsigamond Community College	<10
Radford University	<10
Randall University	<10
Randolph—Macon College	<10
Randolph College	<10
Randy Rick Beauty Academy	<10
Ranken Technical College	<10
Rasmussen College	<10
Rasmussen College—Mankato	<10
Rasmussen University	<10
Real Barbers College (The)	<10
Red Rocks Community College	<10
Redlands Community College	<10
Reed College	<10
Refrigeration School (The)	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Regency Beauty Institute—Cleveland	<10
Regina's College of Beauty	<10
Regis University	<10
Reinhardt University	<10
Rend Lake College	<10
Rhode Island College	<10
Rhodes College	<10
Richland Community College	<10
Rider University	<10
Ridgewater College	<10
Riggs Lemar Beauty College	<10
Riley College	<10
Ringling College of Art and Design	<10
Rio Grande Valley College	<10
Rio Salado Community College	<10
Riverland Community College	<10
Riverside County Office of Education	<10
Riverside School of Aeronautics	<10
Rivertown School of Beauty, Barber, Skin Care and Nails	<10
Rizzieri Aveda School for Beauty and Wellness	<10
Robert Fiance Beauty Schools	<10
Rochester Institute of Technology	<10
Rochester University	<10
Rockford University	<10
Rockland Community College	<10
Rocky Mountain College of Art + Design	<10
Roger Williams University	<10
Rollins College	<10
Rome Academy of Cosmetology	<10
Rosalind Franklin University of Medicine and Science	<10
Rosedale Technical College	<10
Roseman University of Health Sciences	<10
Rosemont College	<10
Rowan College of South Jersey	<10
Royal Beauty Careers	<10
Royal College of Surgeons in Ireland	<10
Royale College of Beauty and Barbering	<10
Ruben's Five Star Academy	<10
Ruesing University Of Beauty	<10
Russell Sage College	<10
Rutgers, the State University of New Jersey	<10
Saba University School of Medicine	<10
SABER College	<10
Sacred Heart University	<10
SAE Expression College	<10
Sage College	<10
Saginaw Valley State University	<10
Saint Augustine's University	<10
Saint Charles Community College	<10
Saint Elizabeth School of Nursing	<10
Saint Francis College	<10
Saint Gregory's University	<10
Saint Johns River State College	<10
Saint Joseph's College	<10
Saint Leo University	<10
Saint Louis University	<10
Saint Martin's University	<10
Saint Mary of the Woods College	<10
Saint Mary's University of Minnesota	<10
Saint Olaf College	<10
Saint Paul's College	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Saint Peter's University	<10
Saint Thomas University	<10
Salem State University	<10
Salem University	<10
Salon Professional Academy—Melbourne, The	<10
Salon Professional Academy (The)	<10
Salon Success Academy	<10
Sam Houston State University	<10
Samford University	<10
Samuel Merritt University	<10
San Antonio Court Reporting Institute	<10
San Diego College	<10
San Francisco Art Institute	<10
San Joaquin College of Law	<10
San Joaquin Valley College	<10
San Juan College	<10
Santa Barbara and Ventura Colleges of Law (The)	<10
Santa Barbara City College	<10
Santa Clara University	<10
Santa Fe Community College	<10
Santa Monica College	<10
Santa Rosa Junior College	<10
Savannah College of Art and Design	<10
Sawyer College	<10
Sawyer School	<10
Sawyer School (The)	<10
Schilling—Douglas School of Hair Design	<10
School of Court Reporting (The)	<10
School of Hair Design	<10
School of the Art Institute of Chicago	<10
School of Visual Arts	<10
Schoolcraft College	<10
Schuylkill Technology Centers	<10
Scientific College of Beauty / Barbering	<10
Scioto County Career Technical Center	<10
Searcy Beauty College	<10
Seattle Film Institute	<10
Seattle Institute of East Asian Medicine	<10
Seattle Pacific University	<10
Seneca College of Applied Arts & Technology	<10
Sessions College for Professional Design	<10
Seton Hill University	<10
Shawnee State University	<10
Shear Excellence Hair Academy	<10
Sheldon Jackson College	<10
Shenandoah University	<10
Sherman College of Straight Chiropractic	<10
Shirley Baker Career Institute	<10
Shore Beauty School	<10
Shorter College	<10
Sierra Nevada College	<10
Simpson College	<10
Slippery Rock University	<10
Sojourner-Douglass College	<10
Soma Institute—The National School of Clinical Massage Therapy	<10
Sonoma State University	<10
Sonoran Desert Institute	<10
South Arkansas College	<10
South Coast College	<10
South Hills School of Business & Technology	<10
South Plains College	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Southeast Arkansas College	<10
Southeast Community College	<10
Southeast Kentucky Community and Technical College	<10
Southeast Texas Career Institute	<10
Southeastern Bible College	<10
Southeastern Community College	<10
Southeastern Louisiana University	<10
Southeastern University	<10
Southern College	<10
Southern Connecticut State University	<10
Southern Maine Community College	<10
Southern Nazarene University	<10
Southern New Hampshire University	<10
Southern Oregon University	<10
Southern State Community College	<10
Southern University at Shreveport—Bossier City	<10
Southern Vermont College	<10
Southern Virginia University	<10
Southern Vocational Technical Institute	<10
Southern West Virginia Community and Technical College	<10
Southwestern Christian College	<10
Southwestern College	<10
Southwestern Michigan College	<10
Southwestern Professional Institute	<10
Southwestern University	<10
Spalding University	<10
Sparks College	<10
Spartan College of Aeronautics and Technology	<10
Spartanburg Community College	<10
Spartanburg Methodist College	<10
Special School District of St. Louis County	<10
Spelman College	<10
Sperthus College of Judaica	<10
Spoon River College	<10
Spring Arbor University	<10
Spring Garden College	<10
St Norbert College	<10
St. Catharine College	<10
St. Clair County Community College	<10
St. Edward's University	<10
St. George's University, School of Veterinary Medicine	<10
St. John Fisher University	<10
St. Lawrence University	<10
St. Mary's University	<10
St. Matthew's University School of Medicine	<10
St. Paul's School of Nursing	<10
Standard Healthcare Services, College of Nursing	<10
Stanford University	<10
State College of Florida, Manatee-Sarasota	<10
State Fair Community College	<10
State University of New York at Albany	<10
State University of New York at New Paltz	<10
State University of New York at Oneonta	<10
State University of New York at Stony Brook	<10
State University of New York College at Potsdam	<10
State University of New York Polytechnic Institute	<10
Stefans Beauty College	<10
Stevens—The Institute of Business & Arts	<10
Stevenson University	<10
Stillman College	<10
Stockton University	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Stone Academy	<10
Stratford University	<10
Stylemasters College of Hair Design	<10
Styletrends Barber and Hairstyling Academy	<10
Suffolk University	<10
Sullivan County Community College—SUNY Office of Community Colleges	<10
SUM Bible College & Theological Seminary	<10
Summit College	<10
Summit Institute	<10
Summit Salon Academy—Gainesville	<10
Sumner College	<10
SUNY Buffalo State University	<10
SUNY College at Purchase	<10
SUNY College of Environment Science & Forestry	<10
SUNY Cortland	<10
SUNY Fulton-Montgomery Community College	<10
SUNY Old Westbury	<10
SUNY Westchester Community College	<10
Super Shapes College of Cosmetology	<10
Superior Training Services	<10
Susquehanna University	<10
Sussex County Community College	<10
Swansea University	<10
Sylvain Melloul International Hair Academy	<10
Taft University System (The)	<10
Talladega College	<10
Teachers College, Columbia University	<10
Technical Career Institutes	<10
Technical Education Center	<10
Temple College	<10
Temple University	<10
Tenaj Salon Institute	<10
Tennessee Career Institute	<10
Tennessee State University	<10
Tennessee Temple University	<10
Texas A&M International University	<10
Texas A&M University	<10
Texas A&M University—Corpus Christi	<10
Texas Aero Technology	<10
Texas Barber College	<10
Texas Christian University	<10
Texas College	<10
Texas Healthtech Institute	<10
Texas Lutheran University	<10
Texas Southern University	<10
Texas Tech University Health Sciences Center	<10
Thaddeus Stevens College of Technology	<10
Thomas Jefferson School of Law	<10
Three Rivers Community College	<10
Tidewater Community College	<10
Tiffin University	<10
Toledo Public Schools Adult and Continuing Education	<10
Tompkins Cortland Community College	<10
Total Transformation Institute of Cosmetology	<10
Tougaloo College	<10
Touro University	<10
Towson University	<10
Trainco Bus School	<10
Transformed Barber & Cosmetology Academy	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Travel & Trade Career Institute	<10
Travel Institute	<10
Travel Institute of the Pacific	<10
Treasure Valley Community College	<10
Trend Barber College	<10
Trend Benders Academy	<10
Trend College	<10
Trend Setters' Academy of Beauty Culture	<10
Trend Setters School	<10
Trevecca Nazarene University	<10
Tri-County Technical College	<10
Trident Technical College	<10
Trine University	<10
Trinidad State College	<10
Trinity College of Florida	<10
Trinity University	<10
Troy State University Montgomery	<10
Troy University	<10
Truett McConnell University	<10
Trumbull Career and Technical Center-Adult Training Center	<10
Tufts University	<10
Tulsa Welding School	<10
U.S. Truck Driver Training School	<10
Ultimate Medical Academy	<10
Union College	<10
Union Institute & University	<10
United Schools	<10
United States Sports Academy	<10
United Theological Seminary	<10
Unity Environmental University	<10
Universal Spa Training Academy	<10
Universal Technical Institute	<10
Universal Training Institute	<10
Universidad Ana G. Méndez—Cupey Campus	<10
Universidad Central del Este	<10
Universidad Politecnica de Puerto Rico	<10
University of Akron (The)	<10
University of Alabama at Birmingham	<10
University of Alaska Anchorage	<10
University of Arizona (The)	<10
University of Arkansas	<10
University of California, Irvine	<10
University of California, Los Angeles	<10
University of California, Riverside	<10
University of California, San Francisco	<10
University of California, Santa Cruz	<10
University of Central Arkansas	<10
University of Central Florida	<10
University of Central Missouri	<10
University of Central Oklahoma	<10
University of Charleston	<10
University of Chicago (The)	<10
University of Cincinnati	<10
University of Colorado Boulder	<10
University of Colorado Colorado Springs	<10
University of Connecticut	<10
University of Dallas	<10
University of Dayton	<10
University of Detroit Mercy	<10
University of Dubuque	<10
University of Findlay (The)	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
University of Hartford	<10
University of Hawaii—West Oahu	<10
University of Hawaii at Manoa	<10
University of Houston—Victoria	<10
University of Idaho	<10
University of Illinois Chicago	<10
University of Kansas	<10
University of Limerick	<10
University of Louisiana at Monroe	<10
University of Louisville	<10
University of Lynchburg	<10
University of Management and Technology (The)	<10
University of Mary	<10
University of Mary Washington	<10
University of Maryland—Baltimore County	<10
University of Maryland—Eastern Shore	<10
University of Maryland Global Campus	<10
University of Massachusetts—Amherst	<10
University of Massachusetts—Lowell	<10
University of Massachusetts at Boston	<10
University of Miami	<10
University of Minnesota—Twin Cities	<10
University of Minnesota Duluth	<10
University of Missouri—Kansas City	<10
University of Missouri—Saint Louis	<10
University of Mobile	<10
University of Montana Western (The)	<10
University of Nebraska	<10
University of Nebraska—Kearney	<10
University of New Hampshire School of Law	<10
University of North Carolina—Chapel Hill	<10
University of North Carolina—Charlotte	<10
University of North Carolina Asheville	<10
University of North Carolina at Pembroke	<10
University of North Dakota	<10
University of Northern Colorado	<10
University of Pennsylvania	<10
University of Pikeville	<10
University of Rhode Island	<10
University of Rio Grande	<10
University of Saint Andrews	<10
University of Saint Francis	<10
University of Saint Mary	<10
University of Scranton	<10
University of South Carolina Upstate	<10
University of South Dakota	<10
University of Southern California	<10
University of Southern Indiana	<10
University of Southernmost Florida	<10
University of Tennessee	<10
University of Tennessee—Martin	<10
University of Tennessee Southern	<10
University of Texas at Arlington	<10
University of Texas at Austin	<10
University of Texas at Dallas	<10
University of the Arts (The)	<10
University of the Incarnate Word	<10
University of the Ozarks	<10
University of the Southwest	<10
University of Tulsa (The)	<10
University of Utah	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
University of Virginia	<10
University of Virginia's College at Wise (The)	<10
University of Washington—Seattle	<10
University of West Los Angeles	<10
University of Wisconsin—Parkside	<10
University of Wisconsin—Stevens Point	<10
University of Wisconsin—Stout	<10
University of Wisconsin—Whitewater	<10
Unlimited Cosmetology School	<10
Ursuline College	<10
Utah State University	<10
Utica School of Commerce	<10
Utica University	<10
Valencia College	<10
Valley Forge Military College	<10
Vantage College	<10
Vaughn College of Aeronautics and Technology	<10
VEEB Nassau County School of Practical Nursing	<10
Ventura College	<10
Vernon College	<10
Verve College	<10
Vibe Barber College	<10
Vicksburg School of Cosm	<10
Victoria College	<10
Victory University	<10
Video Symphony EnterTraining	<10
Video Technical Institute	<10
Vincennes Beauty College	<10
Virginia Intermont College	<10
Virginia Polytechnic Institute & State University	<10
Virginia State University	<10
Virginia Union University	<10
Virginia University of Lynchburg	<10
Vista College	<10
Vogue Beauty and Barber School	<10
Vogue College School of Hair Design #16	<10
Voorhees University	<10
Wade College	<10
Wade Gordon Hairdressing Academy	<10
Wagner College	<10
Wake Forest University	<10
Walla Walla Community College	<10
Walnut Hill College	<10
Walsh College of Accountancy & Business Administration	<10
Walsh University	<10
Warner Pacific University	<10
Warren County Career Center	<10
Wartburg College	<10
Washington Adventist University	<10
Washington Bible College	<10
Washington University in St. Louis	<10
Watkins College of Art, Design & Film	<10
Wayne State College	<10
Wayne State University	<10
Waynesburg University	<10
Waynesville Career Center	<10
Webb's Barber School of Arts	<10
Wentworth Institute of Technology	<10
Wesleyan College	<10
West Coast University	<10
West Liberty University	<10

Total Denied Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.	
Primary School	Case Count
West Texas A&M University	<10
West Virginia Business College	<10
West Virginia University	<10
West Virginia University—Parkersburg	<10
Westech College	<10
Western Area Career & Technology Center	<10
Western Beauty Institute	<10
Western Connecticut State University	<10
Western Governors University	<10
Western Nevada College	<10
Western Oregon University	<10
Western Piedmont Community College	<10
Western Seminary	<10
Western University of Health Sciences	<10
Western Washington University	<10
Westfield State University	<10
WestMed College	<10
Westminster University	<10
Westmoreland County Community College	<10
Wharton County Junior College	<10
Wichita State University Campus of Applied Sciences and Technology	<10
Wichita Technical Institute	<10
Willamette University	<10
William James College	<10
William Peace University	<10
William Penn University	<10
Williams Baptist University	<10
Wilmington College	<10
Wingate University	<10
Wisconsin Lutheran College	<10
Wittenberg University	<10
Wolford College	<10
Women's Techl Institute	<10
Woodbury University	<10
Worcester Polytechnic Institute	<10
Worcester State University	<10
Xavier University	<10
Xavier University of Louisiana	<10
Yakima Valley College	<10
Yale University	<10
Yavapai College	<10
Yeshiva University	<10
York College of Pennsylvania	<10
Yorktowne Business Institute	<10
Grand Total	7,700

Total Closed Cases By Primary School

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.	
Primary School	Case Count
ITT Technical Institute	1,830
Heald College	1,700
Altierus Career College	1,530
Everest College	1,510
University of Phoenix	790
Everest Institute	710
WyoTech	630

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
DeVry University	590
Everest University	280
Sanford-Brown College	210
Altierus Career Education	170
Argosy University	170
Purdue University Global	170
Marinello School of Beauty	150
University of Arizona Global Campus (The)	150
Bryman College	110
Le Cordon Bleu College of Culinary Arts	110
American InterContinental University	100
Brightwood College	100
Virginia College	100
Westwood College—Denver North	100
Art Institute of Las Vegas (The)	90
Brooks Institute	90
South University	90
Westwood College—Los Angeles	90
Everest College Phoenix	80
Walden University	80
Art Institute of Pittsburgh (The)	70
Capella University	70
Colorado Technical University	70
Everest University—Pompano Beach	70
Florida Coastal School of Law	70
Grand Canyon University	70
Illinois Institute of Art (The)	70
Keller Graduate School of Management	70
Art Institute of Atlanta (The)	60
Ross University, School of Medicine	60
Anthem College	50
Strayer University	50
Art Institute of California—Los Angeles (The)	40
Daniel Webster College	40
DeVry Institute of Technology	40
Keiser University	40
Las Vegas College	40
Lincoln Technical Institute	40
Miami International University of Art & Design	40
New England Institute of Art (The)	40
Vatterott College	40
American Career Institute	30
Art Institute of California—San Diego	30
Art Institute of Philadelphia (The)	30
Art Institutes International Minnesota (The)	30
ATI Career Training Center	30
Bryman School of Arizona (The)	30
Career Point College	30
Carrington College	30
Chamberlain University	30
Charlotte School of Law	30
Empire Beauty School	30
Fortis College	30
Heritage College	30
Lincoln College of Technology	30
Medtech College	30
Minnesota School of Business	30
Regency Beauty Institute	30
Ross University School of Veterinary Medicine	30
Star Career Academy	30
Westwood College—O'Hare Airport	30

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Westwood College—South Bay	30
Wright Career College	30
American College for Medical Careers	20
American National University	20
Art Institute of Colorado (The)	20
Art Institute of Fort Lauderdale (The)	20
Art Institute of Portland (The)	20
Art Institute of Seattle (The)	20
Brightwood Career Institute	20
Brown Mackie College-Cincinnati	20
Chicago School of Professional Psychology	20
Concorde Career College	20
Florida Career College	20
Full Sail University	20
Globe University	20
Harrison College	20
Independence University	20
ITT Technical Institute	20
Kaplan College	20
Le Cordon Bleu College of Culinary Arts in Chicago	20
Liberty University	20
Remington College	20
United Education Institute	20
Universal Technical Institute	20
American Career College	10
American Public University System	10
American University of the Caribbean	10
Anthem Institute	10
Arizona Summit Law School	10
Art Institute of California-Hollywood (The)	10
Art Institute of Houston (The)	10
Art Institute of New York City (The)	10
Baker College	10
Berkeley College	10
Brooks College	10
Brown Mackie College	10
Brown Mackie College-South Bend	10
Centura College	10
Collins College	10
Dade Medical College	10
Daymar College	10
Drake College of Business	10
ECPI University	10
Florida Technical College	10
Hallmark Institute of Photography	10
Harris School of Business	10
ICDC College	10
Kaplan Career Institute	10
Katharine Gibbs School	10
Le Cordon Bleu Institute of Culinary Arts	10
McCann School of Business & Technology	10
Miller-Motte Technical College	10
Sanford-Brown Institute	10
Southern New Hampshire University	10
Ultimate Medical Academy	10
Western International University	10
Westwood College—DuPage	10
Wilfred Academy Of Hair & Beauty Culture	10
A. T. Still University of Health Sciences	<10
Abraham Baldwin Agricultural College	<10
Academy College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Academy for Nursing and Health Occupations	<10
Academy of Art University	<10
Academy of Business Careers	<10
Academy of Cosmetology	<10
Academy of Court Reporting and Technology	<10
Academy of Esthetics and Cosmetology	<10
Academy of Stenographic Arts	<10
ACT College	<10
Adams State University	<10
Adelphi Business College	<10
Adelphi Technical Institute	<10
Adelphi University	<10
Advance Beauty Techs Academy	<10
Advanced College	<10
Advanced Technology Institute	<10
Alabama Agricultural & Mechanical University	<10
Alabama State University	<10
Alameda Technical College	<10
Albany College of Pharmacy and Health Sciences	<10
Albany State University	<10
Albany Technical College	<10
Albert Merrill School	<10
Albizu University	<10
Alfred University	<10
All American Career College	<10
Allegheny College	<10
Allen School	<10
Alliance University	<10
Alliant International University	<10
Allied American University	<10
Allied Medical and Technical Institute	<10
All-State Career	<10
Alvareita's College of Cosmetology	<10
Alverno College	<10
American Academy of Art College	<10
American Academy of Cosmetology	<10
American Academy of Hair Design	<10
American Academy of Personal Training	<10
American Bartenders School	<10
American Beauty Academy	<10
American Beauty College	<10
American Business Institute	<10
American Business Institute (Closed)	<10
American Career Academy	<10
American Career Training Travel School	<10
American Center for Technical Arts & Sciences	<10
American College	<10
American College of Barbering	<10
American College of Education	<10
American College of Hairstyling-Des Moines	<10
American College of Medical Technology	<10
American Commercial College	<10
American Health Institute	<10
American Institute	<10
American Institute of Alternative Medicine	<10
American Institute of Trucking	<10
American International College	<10
American National College	<10
American River College	<10
American School of Cosmetology	<10
American School of Technology	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
American University (The)	<10
American University of Antigua College of Medicine	<10
American Vocational Center	<10
Amridge University	<10
Ams College Home Study Division	<10
Anamac College	<10
Anne Arundel Community College	<10
Antelope Valley College	<10
Antioch University	<10
Antonelli College	<10
Antonelli Institute	<10
Apex Technical School	<10
Appalachian State University	<10
Arizona Academy of Beauty	<10
Arizona Automotive Institute	<10
Arizona Institute of Electrolysis Div Unif School of AM	<10
Arizona State University	<10
Arkansas Baptist College	<10
Arkansas Beauty College	<10
Arkansas Tech University	<10
Art Institute of Charlotte (The)	<10
Art Institute of Dallas (The)	<10
Art Institute of Tucson (The)	<10
Art Institute of York (The)—Pennsylvania	<10
Art of Beauty College	<10
Arthur's Beauty College	<10
Artistic Nails & Beauty Academy	<10
ASA College	<10
Ashland University	<10
Aspen University	<10
ASPIRA City College	<10
Associated Business Careers	<10
Associated Technical College	<10
ATA College	<10
ATI- Career Training Center	<10
ATI College of Health	<10
ATI Technical Training Center	<10
Atlanta Medical Institute	<10
Atlanta Metropolitan State College	<10
Atlanta University	<10
Atlanta's John Marshall Law School	<10
Auburn University	<10
Auburn University Montgomery	<10
Augusta Technical College	<10
Aurora University	<10
Austin Business College	<10
Austin College	<10
Austin Community College	<10
Avalon Institute	<10
Ave Maria School of Law	<10
Ave Maria University	<10
Aveda Arts & Sciences Institute Covington	<10
Aveda Institute—Fort Myers	<10
Aveda Institute Boise	<10
Aviation Institute Of Maintenance	<10
Avtech Institute	<10
Bacone College	<10
Bailie School of Broadcast	<10
Bainbridge State College	<10
Baker University	<10
Baldwin Wallace University	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Ball State University	<10
Baltimore City Community College	<10
Barber—Scotia College	<10
Barclay Career School	<10
Barclay College	<10
Barnard College	<10
Barry University	<10
Barstow Community College	<10
Barton County Community College	<10
Baton Rouge Community College	<10
Bauder College	<10
Bauder College Specializing in Career Education	<10
Bay Area Medical Academy	<10
Bay State College	<10
Baylor University	<10
Beaufort County Community College	<10
Beauty Institute (The)	<10
Beauty Institute Schwarzkopf Professional (The)	<10
Beauty Schools of America	<10
Becker College	<10
Beckfield College	<10
Bel—Rea Institute of Animal Technology	<10
Bellevue College	<10
Bellevue University	<10
Belmont University	<10
Benedict Business Institute	<10
Bene's Career Academy	<10
Benjamin Franklin Cummings Institute	<10
Bentley University	<10
Berks Technical Institute	<10
Bethel University	<10
Big Bend Community College	<10
Big Sandy Community and Technical College	<10
BioHealth College	<10
Black Hills State University	<10
Blackhawk Technical College	<10
Blinn College	<10
Bloomfield College	<10
Blue Cliff Career College	<10
Blue Cliff College	<10
Blue Ridge Community and Technical College	<10
Blue Ridge Community College	<10
Boca Beauty Academy	<10
Boise State University	<10
Bonnie Joseph Academy of Cosmetology & Barbering	<10
Boricua College	<10
Bossier Parish Community College	<10
Boston College	<10
Boston University	<10
Boulder Valley Region #2 Public School District	<10
Bowie State University	<10
Bowling Green State University	<10
Bradford College	<10
Bradford School	<10
Bradley University	<10
Bramson ORT College	<10
Branell Institute	<10
Branford Hall Career Institute	<10
Braxton School of Business	<10
Brazosport Junior College	<10
Briarcliffe College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Brittany Beauty Academy	<10
Brittany Beauty School	<10
Broadview College	<10
Brookline College	<10
Brookstone College of Business	<10
Broward College	<10
Brown Mackie College (the -)	<10
Brown Mackie College-Findlay	<10
Brown Mackie College-Louisville	<10
Brown Mackie College-Merrillville	<10
Brown Mackie College-North Canton	<10
Bryan College	<10
Bryan Institute	<10
Bryan University	<10
Bryant & Stratton Business Institute—Rochester	<10
Bryant & Stratton College	<10
Bryant and Stratton College	<10
Bryman School	<10
Buchanan Beauty College	<10
Buckner Barber School	<10
Bunker Hill Community College	<10
Burlington College	<10
Business Career Training Institute	<10
Business Etcetera Institute of Technology	<10
Business Informatics Center	<10
Butler Business School	<10
Butler County Community College	<10
Cabot College	<10
CALC, Institute of Technology	<10
Caldwell Community College & Technical Institute	<10
Calhoun Community College	<10
Caliber Training Institute	<10
California Aeronautical University	<10
California Baptist University	<10
California College of the Arts	<10
California College of Vocational Careers	<10
California College San Diego	<10
California Northstate University	<10
California Polytechnic State University	<10
California School of Court Reporting	<10
California State University—Sacramento	<10
California State University Channel Islands	<10
California State University, East Bay	<10
California State University, Fresno	<10
California State University, Long Beach	<10
California State University, Los Angeles	<10
California State University, Northridge	<10
California State University, San Marcos	<10
Cambria-Rowe Business College	<10
Cambridge College of Healthcare & Technology	<10
Cambridge TechI Inst	<10
Cameo College of Essential Beauty	<10
Campbell University	<10
Canada College	<10
Canisius University of Buffalo, New York	<10
Cape Fear Community College	<10
Capitol City Careers	<10
Capitol City Junior College	<10
Capitol City Trade & Technical School	<10
Capri Institute of Hair Design	<10
Cardinal Stritch University	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Career Academy of Beauty	<10
Career Care Institute	<10
Career Colleges of America	<10
Career Colleges of Chicago	<10
Career Institute of Health and Technology	<10
Career Point Business School	<10
Career Quest Learning Centers	<10
Career Technical College	<10
Career Training Academy	<10
Career Training Center	<10
Careercom College of Business	<10
Careers Unlimited	<10
Carlow University	<10
Carnegie Career College	<10
Carnegie Institute	<10
Carousel Beauty College	<10
Carson City Beauty Academy	<10
Case Western Reserve University	<10
Cashier Training Institute	<10
Casper College	<10
Cayuga Community College	<10
Cazenovia College	<10
CBM Education Center	<10
CCIC Beauty College	<10
CDA Technical Institute	<10
CDE Career Institute	<10
CDI Career Development Institute	<10
Cedar Valley College	<10
Center for Employment Training	<10
Central Alabama Community College	<10
Central Carolina Technical College	<10
Central Community College	<10
Central Florida Institute	<10
Central Georgia Technical College	<10
Central Michigan University	<10
Central New Mexico Community College	<10
Central Ohio Technical College	<10
Central State University	<10
Central Texas College District	<10
Central Washington University	<10
Century College	<10
Cerritos Community College	<10
Chancellor University	<10
Chapman University	<10
Charles A. Jones Career and Education Center	<10
Charles Stewart Mott Community College	<10
Charmayne Beauty Academy	<10
Charter College	<10
Chase College	<10
Chattahoochee Technical College	<10
Chattanooga College—Medical, Dental and Technical Careers	<10
Chemeketa Community College	<10
Chesapeake Business Inst of Virginia	<10
Chester Career College	<10
Chester College of New England	<10
Cheyney University of Pennsylvania	<10
Chicago State University	<10
Chowan University	<10
Chris' Beauty College	<10
Christine Valmy International School forEsthetics, Skin Care & Make-up	<10
Cincinnati Metropolitan College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Cincinnati State Technical & Community College	<10
CIT College of InfoMedical Technology	<10
City College	<10
City College of San Francisco	<10
Clark Atlanta University	<10
Clark College	<10
Clark State College	<10
Clearwater Christian College	<10
Cleveland Chiropractic College	<10
Cleveland Clinic Educational Fndtn School of Radiologic Therapy Techlgy	<10
Cleveland Institute of Art (The)	<10
Cleveland Institute of Technology	<10
Cleveland University-Kansas City	<10
Clover Park Technical College	<10
Coast Career Institute	<10
Coastal Alabama Community College	<10
Coastal Pines Technical College	<10
Cobb Beauty College	<10
Coconino County Community College	<10
Coleman University	<10
College of Court Reporting	<10
College of Eastern Idaho	<10
College of Health Care Professions (The)	<10
College of New Rochelle (The)	<10
College of Office Technology (The)	<10
College of Saint Mary	<10
College of Saint Rose	<10
College of Southern Idaho	<10
College of Southern Nevada	<10
College of Staten Island/CUNY	<10
College of the Mainland	<10
CollegeAmerica—Flagstaff	<10
CollegeAmerica Denver	<10
Collin County Community College District	<10
Colorado Mesa University	<10
Colorado State University	<10
Columbia College	<10
Columbia College Chicago	<10
Columbia Southern University	<10
Columbia State Community College	<10
Columbia University in the City of New York	<10
Columbus College of Art & Design	<10
Columbus State Community College	<10
Commercial College of Shreveport	<10
Commercial Trades Inst	<10
Commonwealth International University	<10
Commonwealth University of Pennsylvania	<10
Community College of Baltimore County	<10
Community College of Philadelphia	<10
Compass College of Cinematic Arts	<10
Computer Learning Center	<10
Computer Learning Center of Alexandria	<10
Computer Learning Center of Anaheim	<10
Computer Learning Centers Chicago	<10
Computer Learning Centers Los Angeles	<10
Computer Systems Institute	<10
Concho Career Institute	<10
Concord Law School	<10
Concorde Career Institute	<10
Concordia College Alabama	<10
Concordia University	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Concordia University—Saint Paul	<10
Connelley Technical Institute & Adult Education Center	<10
Consolidated School of Business	<10
Consumer Electronics Training Center	<10
Continental School of Beauty Culture	<10
Cornell College	<10
Cornerstone University	<10
Cortiva Institute	<10
Cortiva Institute—Seattle	<10
Cosumnes River College	<10
County Schools Home Study	<10
Court Reporting Institute of St Louis	<10
Court Reporting Institute, Inc	<10
Covenant College	<10
Coyne College	<10
Crandall Junior College	<10
Creighton University	<10
Crescent City School of Gaming & Bartending	<10
Crowder College	<10
Crown College	<10
Cuesta College	<10
Culinary Institute of New Orleans	<10
Cumberland County College	<10
CUNY Borough of Manhattan Community College	<10
CUNY Bronx Community College	<10
CUNY Brooklyn College	<10
CUNY John Jay College of Criminal Justice	<10
CUNY Lehman College	<10
CUNY Medgar Evers College	<10
Curry College	<10
Cutting Edge Hairstyling Academy	<10
Cuyahoga Community College	<10
Dakota State University	<10
Dalenas College of Beauty	<10
Dallas Baptist University	<10
Dallas College	<10
Dallas Court Reporting College	<10
Dallas Institute of Funeral Service	<10
Dallas Theological Seminary	<10
Darton State College	<10
Davenport University	<10
Day Spa Career College	<10
Dayton Barber College	<10
Daytona College	<10
Daytona State College	<10
De Anza Community College	<10
Debbies School of Beauty Culture	<10
Decker College	<10
Del Mar College	<10
Delaware County Community College	<10
Delaware County Institute of Training	<10
Delaware State University	<10
Delta Career Institute	<10
Delta College of Business & Technology	<10
Delta School of Business and Technology	<10
Delta State University	<10
Demarge College	<10
Denver Technical College	<10
DePaul University	<10
Des Moines Area Community College	<10
DeSales University	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Detroit Engineering Institute	<10
Detroit Institute Of Commerce	<10
DeVry College of Technology	<10
Diablo Valley College	<10
Diesel Truck Driver Train School	<10
Divers Academy of the Eastern Seaboard	<10
Dominican College	<10
Dominion College	<10
Dorsey College	<10
Douglas J Aveda Institute	<10
Dover Business College	<10
Dowling College	<10
DPT Business School	<10
Drake School of Westchester	<10
Draughon Business College	<10
Draughons Business College	<10
Draughons College	<10
Dret School	<10
Drexel University	<10
Duke University	<10
Duluth Business University	<10
Dunwoody College of Technology	<10
Durham Beauty Academy	<10
Durham Technical Community College	<10
D'Youville University	<10
East Carolina University	<10
East Mississippi Community College	<10
East Ohio College	<10
East Tennessee State University	<10
Eastern Florida State College	<10
Eastern International College	<10
Eastern Kentucky University	<10
Eastern Mennonite University	<10
Eastern Michigan University	<10
Eastern Technical School	<10
Eastern University	<10
East-West University	<10
Education America-Topeka Technical College	<10
Edutek Professional College	<10
Edutek Professional Colleges	<10
El Camino College	<10
Eldorado College	<10
Electronic Computer Programming Inst	<10
Elegance International	<10
Elite College of Cosmetology	<10
Elizabethtown Community and Technical College	<10
Elkin's Inst in Dallas	<10
Elmira College	<10
Elon University	<10
Embry-Riddle Aeronautical University	<10
Emerson College	<10
Emory University	<10
Empire Beauty Schools	<10
Empire State University	<10
Empire Technical School	<10
Empire Technical School of New Jersey	<10
Erie Community College	<10
ESS College Of Business	<10
Essex Community College	<10
Estrella Mountain Community College	<10
ETI Technical College of Niles	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Eugenio Maria De Hostos School of Law	<10
Eureka Institute of Health and Beauty	<10
Everglades University	<10
Evergreen State College (The)	<10
Excelsior University	<10
Expert Solutions Technical College	<10
Fairfield University	<10
Fairleigh Dickinson University	<10
Faith International University	<10
Fashion Institute of Design & Merchandising	<10
Fashion Institute of Technology	<10
FastTrain of Fort Lauderdale	<10
FastTrain of Miami	<10
FastTrain of Tampa	<10
Faulkner University	<10
Federal Truck Driving School	<10
Felician University	<10
Ferris State University	<10
Fielding Graduate University	<10
Finger Lakes School of Massage (The)	<10
First School for Careers	<10
Fisher College	<10
Five Towns College	<10
Flagler College	<10
Flamingo Beauty College	<10
Florence—Darlington Technical College	<10
Florida Agricultural & Mechanical University	<10
Florida Atlantic University	<10
Florida College of Careers	<10
Florida International University	<10
Florida National University	<10
Florida SouthWestern State College	<10
Florida State College at Jacksonville	<10
Forrest College	<10
Fort Hays State University	<10
Fort Scott Community College	<10
Fortis Institute	<10
Fortis Institute—Towson	<10
Fosbre Academy of Hair Design	<10
Fountainhead College of Technology	<10
Four-D College	<10
Fox College	<10
Framingham State University	<10
Francis Tuttle Technology Center School District No. 21	<10
Franciscan Missionaries of Our Lady University	<10
Franklin College	<10
Franklin University	<10
Fremont University	<10
French Fashion Academy	<10
Fresno City College	<10
Fresno Technical College	<10
Frontier Nursing University	<10
Frostburg State University	<10
G Skin & Beauty Institute	<10
Gaither & Company Beauty College	<10
Galaxy Medical College	<10
Galen Health Institutes	<10
Galiano Career Academy	<10
Gallaudet University	<10
GateWay Community College	<10
Gateway Electronics Inst	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Gateway Technical College	<10
Gene Juarez Academy	<10
Genesee-Livingston-Steuben-Wyoming BOCES	<10
Genesis Career College	<10
George Mason University	<10
George Washington University	<10
Georgia Beauty Academy	<10
Georgia Gwinnett College	<10
Georgia Military College	<10
Georgia Perimeter College	<10
Georgia Piedmont Technical College	<10
Georgia School of Bartending	<10
Georgia Southern University	<10
Georgia State University	<10
Germanna Community College	<10
Gibbs College	<10
Gibson's Barber & Beauty College	<10
Gino Robair Beauty College	<10
Glendale Career College	<10
Glenwood Beauty Academy	<10
Globe Institute of Technology	<10
God's Bible School & College	<10
Golden State School	<10
Goodwin University	<10
Governors State University	<10
Grambling State University	<10
Grand Rapids Community College	<10
Grand Valley State University	<10
Great Lakes Techl Inst	<10
Green River College	<10
Greenville Technical College	<10
Gretna Career College	<10
Griffin Bellevue Business College	<10
Grossmont College	<10
Guilford College	<10
Guilford Technical Community College	<10
Gwinnett College	<10
Gwinnett College-Sandy Springs	<10
Gwinnett Technical College	<10
Hair Design Institute at Livingston Street	<10
Hallmark University	<10
Hamilton College	<10
Hamline University	<10
Hannibal—LaGrange University	<10
Harcum College	<10
Hardin-Simmons University	<10
Harford Community College	<10
Hargest Vocational Technical College	<10
Harrington College of Design	<10
Harris—Stowe State University	<10
Harrisburg Area Community College	<10
Harrison Career Institute	<10
Hartford Techl Inst	<10
Hartwick College	<10
Harvard University	<10
Hausman Computer Associates School of Computer Programming	<10
Hawkeye Community College	<10
HCI College	<10
Heald Business College	<10
Heald College, School of Business	<10
Heald Institute of Technology	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Healthy Hair Academy	<10
Helene Fuld College of Nursing	<10
Helms Career Institute	<10
Hennepin Technical College	<10
Henry Ford College	<10
Heritage Institute	<10
Herkimer County Community College—SUNY Office of Community Colleges	<10
Herzing University	<10
Hill College	<10
Hillsborough Community College	<10
Hinds Community College	<10
Hofstra University	<10
Hollywood Beauty College	<10
Hollywood Institute of Beauty Careers	<10
Holyoke Community College	<10
Hondros College of Nursing	<10
Honolulu Community College	<10
Hope International University	<10
Horry—Georgetown Technical College	<10
Houston Christian University	<10
Houston Community College	<10
Houston Training Schools	<10
Howard University	<10
Humphreys University	<10
Hunter Business School	<10
Hutchinson Community College	<10
Hypnosis Motivation Institute	<10
IBMC College	<10
Idaho State University	<10
Idea Career Training	<10
Illinois CareerPath Institute	<10
Illinois School of Commerce	<10
Illinois School of Health Careers	<10
Illinois State University	<10
Illinois Wesleyan University	<10
Indian Hills Community College	<10
Indian River State College	<10
Indiana Institute of Technology	<10
Indiana University—Bloomington	<10
Indiana University—Kokomo	<10
Indiana University—Northwest	<10
Indiana University—Purdue University Indianapolis	<10
Indiana Wesleyan University	<10
Institute for Business & Technology	<10
Institute for Health Education (The)	<10
Institute For Therapeutic Massage	<10
Institute of Allied Medical Professions	<10
Institute of Business & Technology	<10
Institute of Culinary Education	<10
Institute of Medical Education	<10
Institute of Production and Recording (The)	<10
Institute of Technical Arts	<10
Institute of Technology	<10
IntelliTec College	<10
Inter American University of Puerto Rico—San German Campus	<10
Interactive College of Technology	<10
Interboro Institute	<10
InterCoast Colleges	<10
Interdenominational Theological Center	<10
Interface College	<10
International Academy of Design and Technology	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
International Aviation & Travel Academy	<10
International Beauty School	<10
International Business College	<10
International Business College-	<10
International Culinary Center	<10
International Dealers School	<10
International Renowned Beauty Academy	<10
International School of Health, Beauty & Technology	<10
International Technical Institute	<10
International Training	<10
International Training Center (Closed)	<10
Interstate Tech Inst	<10
Iowa Central Community College	<10
Iowa State University of Science & Technology	<10
Itawamba Community College	<10
Iverson Institute	<10
Ivy Tech Community College of Indiana	<10
Ivy Tech Community College of Indiana—Region 4	<10
Ivy Tech Community College of Indiana—Region 5	<10
Ivy Tech Community College of Indiana—Region 7	<10
Ivy Tech Community College of Indiana—Region 3	<10
J Sargeant Reynolds Community College	<10
Jackson State Community College	<10
Jackson State University	<10
Jacksonville Business and Careers Institute	<10
Jacksonville University	<10
James Albert School of Cosmetology	<10
James Madison University	<10
Jamestown Community College	<10
Jarvis Christian University	<10
Jay Truck Driving Training Center	<10
Jay's Technical Institute	<10
Jefferson Business College (Closed)	<10
Jefferson College	<10
Jefferson Community and Technical College	<10
Jett College of Cosmetology	<10
John Amico School of Hair Design	<10
John Carroll University	<10
John F. Kennedy University	<10
John Hopkins University	<10
Johns Hopkins University	<10
Johnson C. Smith University	<10
Johnson County Community College	<10
Jolie Health and Beauty Academy	<10
Joliet Junior College	<10
Jon Louis School of Beauty	<10
Jones International University	<10
Kankakee Academy Of Hair Design	<10
Kansas City Business College	<10
Kansas City Kansas Community College	<10
Kasturba Medical College	<10
Katherine Gibbs School	<10
Kean University	<10
Keene Beauty Academy	<10
Kelsey—Jenney College	<10
Kemper Military School and College	<10
Kennesaw State University	<10
Kenneth Shuler School of Cosmetology & Hair Design	<10
Kenny's Academy of Barbering	<10
Kent State University	<10
Keuka College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Keystone Technical Institute	<10
Kilgore College	<10
King University	<10
Kings College	<10
King's College	<10
Kingsborough Community College/CUNY	<10
Knoxville Institute of Hair Design	<10
Krissler Business Institute	<10
L T International Beauty School	<10
LA College International	<10
La' James International College	<10
La' James International College—Des Moines	<10
La Jean's Beauty & Etiquette College	<10
Lab Paul Mitchell Partner School (The)	<10
Labour College of Healthcare	<10
L'Academie de Cuisine	<10
Lackawanna College	<10
Lacy Cosmetology School	<10
Lakes Region Community College	<10
Lakeside School of Massage Therapy	<10
Lamar University	<10
Lambuth University	<10
Lamson College	<10
Lander University	<10
Lane College	<10
Lane Community College	<10
Langston University	<10
Lansing Community College	<10
Laramie County Community College	<10
Latin Beauty Academy	<10
Lawrence Technological University	<10
Lawton School for Medical and Dental Assistants	<10
Lehigh University	<10
Lehigh Valley College	<10
Lenoir-Rhyne University	<10
Lesley University	<10
LeTourneau University	<10
Levittown Beauty Academy	<10
Life University	<10
Lighthouse Career Institute	<10
LIM College	<10
Limestone University	<10
Lincoln College of New England	<10
Lincoln Technical Institute—Hartford	<10
Lipscomb University	<10
Livingstone College	<10
Logan University	<10
Lone Star College System	<10
Long Beach City College	<10
Long Island Beauty School	<10
Long Island University	<10
Long Technical College	<10
Lorain County Community College	<10
Los Angeles Business College	<10
Los Angeles City College	<10
Los Angeles Community College District Office	<10
Los Angeles Film School (The)	<10
Los Angeles Mission College	<10
Los Angeles Pacific College	<10
Los Angeles Pierce College	<10
Los Angeles Trade-Technical College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Los Angeles Valley College	<10
Louisiana Delta Community College	<10
Louisiana State University at Eunice	<10
Louisiana Technical College—Morgan Smith Campus	<10
Loyola University Chicago	<10
Loyola University New Orleans	<10
Lu Ross Academy	<10
Luzerne County Community College	<10
Macomb Community College	<10
Madison Area Technical College	<10
Madison Media Institute	<10
Madison Schools	<10
Madisonville Community College	<10
Manchester Community College	<10
Mandl School	<10
Manhattan Beauty School	<10
Manhattan School of Music	<10
Manor College	<10
Mansfield Business College	<10
Marian Health Careers Center	<10
Maric College	<10
Marinello Schools of Beauty	<10
Marlon School of Beauty	<10
Martinsburg College	<10
Mary Holmes College	<10
Marycrest College	<10
Marygrove College	<10
Maryland University of Integrative Health	<10
Marylhurst University	<10
Marymount Manhattan College	<10
Marywood University	<10
Mason Anthony School of Cosmetology Arts & Sciences	<10
Massage Therapy Institute of Colorado	<10
Massasoit Community College	<10
Massey Business College	<10
Masters Institute	<10
Masters of Cosmetology College	<10
Mattia College	<10
Maurice Charles Academy of Hair Styling	<10
Mayville State University	<10
MCI Institute of Technology	<10
McIntosh College	<10
McKendree University	<10
McLennan Community College	<10
McNally Smith College of Music	<10
McNeese State University	<10
MCPHS University	<10
MDT College of Health Sciences	<10
Mech Tech College	<10
Med Help Training School	<10
MediaTech Institute	<10
Medical Career College	<10
Medical Institute of Palm Beach	<10
Medical University of the Americas	<10
Memphis Institute of Barbering	<10
Menlo College	<10
Mercer University	<10
Mercy University	<10
Meridian Institute of Surgical Assisting	<10
Merit College	<10
Merrillville Beauty College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Mesa Community College	<10
Mesabi Range College	<10
Methodist University	<10
Metro Business College	<10
Metropolitan College	<10
Metropolitan College of New York	<10
Metropolitan Community College	<10
Metropolitan Learning Institute	<10
Metropolitan State University of Denver	<10
Miami—Jacobs Career College	<10
Miami Dade College	<10
Miami Media School	<10
Miami Regional University	<10
Miami Technical Institute	<10
Miami University	<10
MIAT College of Technology	<10
Michigan Computer Institute	<10
Michigan State University	<10
Michigan Technological University	<10
Micropower Career Institute	<10
Mid-America Christian University	<10
MidAmerica Nazarene University	<10
Mid-Continent University	<10
Middle Georgia State University	<10
Middle Tennessee State University	<10
Middlesex College	<10
Middlesex Community College	<10
Middlesex University	<10
Midland Career Institute	<10
Midland College	<10
Midlands Technical College	<10
Midwest Technical Institute	<10
Midwestern State University	<10
Midwestern University	<10
Milan Institute	<10
Milan Institute of Cosmetology	<10
Miles College	<10
Miles Community College	<10
Miller—Motte Technical College	<10
Miller-Motte College	<10
Millersville University of Pennsylvania	<10
Milwaukee Area Technical College	<10
Mineral Area College	<10
Minneapolis Business College	<10
Minneapolis Community and Technical College	<10
Minnesota State University Moorhead	<10
Minnesota State University, Mankato	<10
Mississippi College	<10
Mississippi Gulf Coast Community College	<10
Mississippi State University	<10
Mississippi Valley State University	<10
Missouri Baptist University	<10
Missouri College	<10
Missouri School of Barbering & Hairstyling	<10
Missouri Valley College	<10
Missouri Vocational Center	<10
Missouri Western State University	<10
Mitchell Technical College	<10
Mohawk Valley Community College—SUNY Office of Community Colleges	<10
Moler Beauty College	<10
Molloy University	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Monmouth University	<10
Monroe College	<10
Monroe Community College	<10
Montana State University—Billings	<10
Montclair State University	<10
Montefiore School of Nursing	<10
Montgomery College	<10
Morehouse College	<10
Morgan State University	<10
Morris Brown College	<10
Morris College	<10
Mount Ida College	<10
Mount Washington College	<10
Mountain State University	<10
Mountain States Technical Institute	<10
Mt. Hood Community College	<10
Mt. Sierra College	<10
MTA School, Resident School	<10
MTI Business College	<10
MTI College	<10
MTI College of Business and Technology	<10
Muir Technical College	<10
Municipal Training Center	<10
Murray State College	<10
Murray State University	<10
MyComputerCareer at Indianapolis	<10
MyComputerCareer at Raleigh	<10
MyrAngel Beauty Institute	<10
Nairobi College	<10
Nashua Community College	<10
Nashville Auto-Diesel College	<10
Nashville Career School	<10
Nashville College of Medical Careers	<10
Nashville State Community College	<10
Nassau Community College	<10
Nassau Technological Center	<10
Nasson Institute	<10
National Academy For Paralegal Studies	<10
National Academy of Beauty Arts	<10
National American University	<10
National Broadcasting School	<10
National College	<10
National Education Center Bryman Campus	<10
National Education Center Kee Business College Campus	<10
National Education Center National Institute of Tech Campus	<10
National Education Center National Institute of Technology Campus	<10
National Education Center Temple School Campus	<10
National Education Center, Bryman Campus	<10
National Education Center-Bauder College Campus	<10
National Graduate School of Quality Management (The)	<10
National Holistic Institute	<10
National Louis University	<10
National Park College	<10
National Polytechnic College	<10
National School of Health Technology	<10
National Training	<10
National Training Systems—Correspondence School	<10
National University	<10
National University College-IBC Institute	<10
National University of Health Sciences (The)	<10
Naugatuck Valley Community College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Navarro College	<10
Neumont College of Computer Science	<10
New College of California	<10
New England College	<10
New England College of Business and Finance	<10
New England Institute of Technology	<10
New England School of Acupuncture	<10
New Jersey City University	<10
New Life Business Institute	<10
New Mexico State University	<10
New School, The	<10
New York Career Institute	<10
New York College of Health Professions	<10
New York Institute of Massage	<10
New York Institute of Technology	<10
New York Medical Career Training Center	<10
New York School Of Dog Grooming	<10
New York University	<10
Newberry Schools of Beauty	<10
Newbridge College	<10
NHTI—Concord's Community College	<10
Nichols College	<10
Norfolk State University	<10
North American Trade Schools	<10
North Carolina Agricultural and Technical State University	<10
North Carolina Central University	<10
North Carolina Wesleyan University	<10
North Central College	<10
North Central Missouri College	<10
North Hennepin Community College	<10
North Iowa Area Community College	<10
North Park University	<10
Northampton County Area Community College	<10
Northcentral Technical College	<10
Northcentral University	<10
Northcoast Medical Training Academy	<10
Northeast Institute	<10
Northeast Iowa Community College	<10
Northeast Texas Community College	<10
Northeastern Technical College	<10
Northern Illinois University	<10
Northern Oklahoma College	<10
Northern Virginia Community College	<10
Northwest—Shoals Community College	<10
NorthWest Arkansas Community College	<10
North-West College	<10
Northwest Hair Academy	<10
Northwest Missouri State University	<10
Northwest Schools	<10
Northwestern College	<10
Northwestern Institute of Health and Technology	<10
Northwestern State University	<10
Northwestern University	<10
Northwood University	<10
Norwich University	<10
Notre Dame of Maryland University	<10
Nova Institute of Health Technology	<10
Nova Southeastern University	<10
NTMA Training Centers of Southern California	<10
NUC University	<10
O/E Learning Center	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Oakland Community College	<10
Oakland University	<10
Oakwood University	<10
Odessa College	<10
Ohio Christian University	<10
Ohio College of Podiatric Medicine	<10
Ohio Dominican University	<10
Ohio Media School	<10
Ohio State University (The)	<10
Ohio University	<10
Oklahoma City Community College	<10
Old Dominion University	<10
Olympian Academy of Cosmetology	<10
Olympic College	<10
Omnitech Institute	<10
Onondaga Community College	<10
Onondaga Cortland Madison BOCES	<10
Orange Coast College	<10
Orange County Business College	<10
Orangeburg—Calhoun Technical College	<10
Oregon Polytechnic Institute	<10
Orion College	<10
Orion Technical College	<10
Our Lady of The Lake University	<10
Owens Community College	<10
Ozarks Technical Community College	<10
PACE UNIV ALL CAMPUSES	<10
Pace University	<10
Pacific Coast College	<10
Pacific College of Health and Science	<10
Pacific Oaks College	<10
Pacific Travel Trade School	<10
Paine College	<10
Palm Beach State College	<10
Palomar College	<10
Paris Junior College	<10
Park Avenue School of Cosmetology	<10
Park University	<10
Park West Barber School	<10
Parkland College	<10
Pasadena City College	<10
Pasco—Hernando State College	<10
Passaic County Community College	<10
Pat Goins Benton Road Beauty School	<10
Patsy And Rob's Academy of Beauty	<10
Paul Mitchell the School—Little Rock	<10
Paul Mitchell the School—Louisville	<10
Paul Mitchell The School Costa Mesa	<10
Paul Mitchell the School Green Bay	<10
Paul Mitchell the School Roanoke	<10
Paul Mitchell The School Tinley Park	<10
PCCenter	<10
PCI Health Training Center	<10
Pearl River Community College	<10
Pellissippi State Community College	<10
Pennco Tech	<10
Pennsylvania College of Technology	<10
Pennsylvania Highlands Community College	<10
Pennsylvania School Of Business	<10
Pennsylvania State University (The)	<10
Pensacola School of Massage Therapy & Health Careers	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Pensacola State College	<10
Pepperdine University	<10
Phillips Business School	<10
Phillips College of Chicago	<10
Phillips Colleges	<10
Phillips Junior College	<10
Phillips Junior College At Birmingham	<10
Phoenix Educational Systems of Pensacola	<10
Piedmont Technical College	<10
Piedmont University	<10
Pierce College	<10
Pierpont Community & Technical College	<10
Pikes Peak State College	<10
Pima County Community College	<10
Pima Medical Institute	<10
Pinchot University	<10
Pinellas Technical College—Clearwater Campus	<10
Pinnacle College	<10
Pitt Community College	<10
Pittsburgh Career Institute	<10
Pittsburgh Technical College	<10
Pivot Point Academy	<10
Platt College	<10
Platt College—San Diego	<10
Plaza Beauty School	<10
Plaza College	<10
Plaza Three Academy	<10
Point Park University	<10
Point University	<10
Polytechnic Institute	<10
Pontiac Business Institute	<10
Porter and Chester Institute	<10
Porterville College	<10
Portland Community College	<10
Post University	<10
Poteau Beauty College	<10
Prairie View Agricultural & Mechanical University	<10
Praxis Institute	<10
Presbyterian College	<10
Prince George's Community College	<10
Printing Trades School	<10
Prism Career Institute	<10
Pro Career Center	<10
Professional Business School	<10
Professional Career Centers	<10
Professional Career College	<10
Professional Careers Institute	<10
Professional Skills Institute	<10
Prospect Hall School of Business	<10
PSI Institute	<10
PSI Institute of Washington	<10
PTC Career Institute of Washington	<10
PTC Career Institute	<10
Pulse Beauty Academy	<10
Purdue University	<10
Purdue University Northwest	<10
Quincy College	<10
Quinebaug Valley Community College	<10
Quinnipiac University	<10
Radians College	<10
Rancho Arroyo Vocational Technical Institute	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Rasmussen College	<10
Rasmussen University	<10
Real Barbers College (The)	<10
Refrigeration School (The)	<10
Regency Beauty Institute—Cleveland	<10
Regent University	<10
Regina's College of Beauty	<10
Regis University	<10
Remington College—Cleveland Campus	<10
Remington College—Mobile Campus	<10
Remington College—New Orleans Campus	<10
Remington College—Tampa Campus	<10
Reno Junior College of Business	<10
Revell Training Center	<10
Richard Bland College	<10
Richard J Daley College-City Colleges of Chicago	<10
Ridgewater College	<10
Ridley-Lowell Business & Technical Institute	<10
Ridley-Lowell School of Business	<10
Robert Fiance Hair Design Inst	<10
Robert Fiance Institute of Florida	<10
Robert Morris College	<10
Robert Morris University	<10
Robert Morris University Illinois	<10
Roberts Walsh Business School	<10
Rochester Community and Technical College	<10
Rocky Mountain College of Art + Design	<10
Roger Williams University	<10
Rogers State University	<10
Rollins College	<10
Roosevelt University	<10
Rosedale Technical College	<10
Ross Medical Education Center	<10
Rosston College	<10
Roswell College of Cosmetology	<10
Rowan University	<10
Roxbury Community College	<10
Roy Jorgensen Associates Truck Driving School	<10
Royal Beauty Careers	<10
Royale College of Beauty and Barbering	<10
RTP Hispanic American College	<10
Rutgers, the State University of New Jersey	<10
SABER College	<10
Saddleback College	<10
SAE Expression College	<10
SAE Institute of Technology, Los Angeles	<10
SAE Institute of Technology, New York	<10
Saginaw Valley State University	<10
Saint Ambrose University	<10
Saint Augustine's University	<10
Saint Elizabeth University	<10
Saint Francis College	<10
Saint Gregory's University	<10
Saint John's University	<10
Saint Joseph's College	<10
Saint Joseph's University	<10
Saint Leo University	<10
Saint Louis Community College	<10
Saint Paul College—A Community & Technical College	<10
Saint Peter's University	<10
Saint Thomas University	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Saint Vincent College & Seminary	<10
Saint Xavier University	<10
Salem State University	<10
Salem University	<10
Salon Academy (The)	<10
Salon Professional Academy (The)	<10
Salt Lake Community College	<10
Sam Houston State University	<10
Samford University	<10
San Antonio College	<10
San Bernardino Beauty College	<10
San Bernardino Valley College	<10
San Diego Christian College	<10
San Diego Miramar College	<10
San Diego State University	<10
San Francisco Art Institute	<10
San Francisco State University	<10
San Joaquin Valley College	<10
Santa Ana College	<10
Santa Barbara Business College	<10
Santa Barbara City College	<10
Santa Fe College	<10
Santa Fe University of Art and Design	<10
Sanz Secretarial School	<10
Sarasota School of Massage Therapy	<10
Savannah College of Art and Design	<10
Savannah River College	<10
Savannah State University	<10
Savannah Technical College	<10
Sawyer College at Ponomo	<10
Sawyer School	<10
Sawyer School (The)	<10
Sawyer School of Business	<10
Saybrook University	<10
SBI Campus—an affiliate of Sanford-Brown	<10
Schenectady County Community College	<10
School of Communication Arts of North Carolina	<10
School of Visual Arts	<10
Schreiner University	<10
Scioto County Career Technical Center	<10
SCS Business and Technical Institute	<10
Seattle Pacific University	<10
Seminole State College of Florida	<10
Seton Hall University	<10
Shear Finesse Beauty Academy	<10
Shepherd University	<10
Sierra Valley College of Court Reporting	<10
Simdex Techn Inst	<10
Simmons University	<10
SIT	<10
Skagit Valley College	<10
Skelly Beauty Admy	<10
Skyline College	<10
Skyline College—Richmond	<10
Smith Chason College	<10
Sojourner-Douglass College	<10
Somerset Community College	<10
South Bay Trade School	<10
South Carolina State University	<10
South College	<10
South College-Asheville	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
South Texas College	<10
Southeast Community College	<10
Southeast Kentucky Community and Technical College	<10
Southeastern Academy	<10
Southeastern Baptist Theological Seminary	<10
Southeastern Bible College	<10
Southeastern College	<10
Southeastern Louisiana University	<10
Southeastern University	<10
Southern Career Institute	<10
Southern Careers Institute	<10
Southern Illinois University at Carbondale	<10
Southern Illinois University Edwardsville	<10
Southern Institute of Cosmetology	<10
Southern New Jersey Technical School	<10
Southern Technical College	<10
Southern Technical Institute	<10
Southern University and Agricultural & Mechanical Colg at Baton Rouge	<10
Southern University at New Orleans	<10
Southern University at Shreveport—Bossier City	<10
Southern West Virginia Community and Technical College	<10
Southwest College	<10
Southwest Institute of Healing Arts	<10
Southwest School of Business & Technical Careers	<10
Southwest School of Medical Assistants	<10
Southwest University at El Paso	<10
Southwest University of Visual Arts	<10
Southwestern College of Business	<10
Southwestern Community College	<10
Southwestern Community College District	<10
Southwestern Illinois College	<10
Southwestern Indian Polytechnic Institute	<10
Southwestern Law School	<10
Spartan College of Aeronautics and Technology	<10
Spartanburg Methodist College	<10
Specs Howard School of Media Arts	<10
Spelman College	<10
Spencerian College	<10
Spokane Community College	<10
Spokane Falls Community College	<10
Spoon River College	<10
Spring Arbor University	<10
Springfield College	<10
St. Catharine College	<10
St. Joseph's University New York	<10
St. Louis College of Health Careers	<10
St. Mary's University	<10
St. Paul's School of Nursing	<10
St. Petersburg College	<10
Stage One The Hair School	<10
Stanbridge University	<10
Stanly Community College	<10
Star Technical Institute	<10
Stark State College	<10
State University of New York at Albany	<10
State University of New York at Buffalo	<10
State University of New York at Farmingdale	<10
State University of New York at New Paltz	<10
State University of New York at Oswego (SUNY Oswego)	<10
State University of New York at Stony Brook	<10
Stautzenberger College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Stenotype Institute of Jacksonville	<10
Stenotype Institute of Springfield	<10
Stephen F Austin State University	<10
Stevens Henager College All Campuses	<10
Stevens Institute of Technology	<10
Stevenson University	<10
Stockton University	<10
Stone Academy	<10
Stratford School	<10
Stratford University	<10
Suburban Technical School	<10
Suffolk County Community College	<10
Sullivan and Cogliano Training Centers	<10
Sullivan College of Technology and Design	<10
Sullivan University	<10
SUM Bible College & Theological Seminary	<10
Summit Academy Opportunities Industrialization Center	<10
Summit Beauty School	<10
Summit College	<10
SUNY Broome Community College	<10
SUNY College at Geneseo	<10
SUNY College of Agriculture & Technology at Morrisville	<10
Superior Training Services	<10
Talladega College	<10
Tallahassee Community College	<10
Tarleton State University	<10
Tarrant County College District	<10
Taylor Business Institute	<10
TDDS Technical Institute	<10
Technical Career Institutes	<10
Temple University	<10
Tenaj Salon Institute	<10
Tennessee Career Institute	<10
Tennessee College of Applied Technology—Murfreesboro	<10
Tennessee State University	<10
Tennessee Temple University	<10
Tennessee Wesleyan University	<10
Texarkana College	<10
Texas A&M University	<10
Texas A&M University—Kingsville	<10
Texas Barber College	<10
Texas Chiropractic College	<10
Texas Schools	<10
Texas Southern University	<10
Texas State University	<10
Texas Tech University	<10
Texas Tech University Health Sciences Center	<10
Texas Vocational School	<10
Texas Woman's University	<10
Texcel Career Center	<10
Thomas College	<10
Thomas Edison State University	<10
Tidewater Community College	<10
Tiffin University	<10
TIGI Hairdressing Academy Legacy	<10
Tompkins Cortland Community College	<10
TONI&GUY Hairdressing Academy	<10
Touro University	<10
Trainco Bus School	<10
Transwestern Inst	<10
Treasure Valley Community College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Trebas Institute of Rec Arts	<10
Trend Beauty College	<10
Trend Benders Academy	<10
Trend College	<10
Triangle Tech	<10
Tribeca Flashpoint College	<10
Tricoci University of Beauty Culture	<10
Tri-County Technical College	<10
Trident Technical College	<10
Trident University International	<10
Trinity International University	<10
Tri-State College of Acupuncture	<10
Tri-State Institute of Hair Design	<10
Tri-State Semi Driver Training	<10
Troy University	<10
Truckee Meadows Community College	<10
Tucson College	<10
Tufts University	<10
Tulsa Community College	<10
Tulsa Welding School	<10
Tunxis Community College	<10
Tuskegee University	<10
Twin City Beauty College	<10
Tyler Junior College	<10
UEI (United Education Institute)	<10
UEI College	<10
Ultissma Beauty Institute (CLOSED)	<10
Unified Schools of America-Compton Campus	<10
Union Adventist University	<10
Union Institute & University	<10
Unitech Training Academy	<10
United Career Center	<10
United College	<10
United College of Business	<10
United Schools	<10
United States International Univ	<10
Unitek College	<10
Universal Career School	<10
Universidad Ana G. M ndez—Gurabo Campus	<10
Universidad Ana G. Méndez—Cupey Campus	<10
Universidad Ana G. Méndez—Gurabo Campus	<10
Universidad del Sagrado Corazon	<10
University of Advancing Computer Technology	<10
University of Akron (The)	<10
University of Alabama at Birmingham	<10
University of Arizona (The)	<10
University of Arkansas	<10
University of Arkansas—Grantham	<10
University of Arkansas—Pulaski Technical College	<10
University of Arkansas at Fort Smith	<10
University of Arkansas at Monticello	<10
University of Arkansas for Medical Sciences	<10
University of Bridgeport	<10
University of California, Berkeley	<10
University of California, Irvine	<10
University of California, Los Angeles	<10
University of California, Riverside	<10
University of California, San Diego	<10
University of Central Arkansas	<10
University of Central Florida	<10
University of Central Missouri	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
University of Central Oklahoma	<10
University of Cincinnati	<10
University of Colorado Colorado Springs	<10
University of Colorado Denver	<10
University of Connecticut	<10
University of Dayton	<10
University of Denver	<10
University of Detroit Mercy	<10
University of Florida	<10
University of Glasgow	<10
University of Hartford	<10
University of Hawaii at Manoa	<10
University of Health Sciences and Pharmacy in St. Louis	<10
University of Houston	<10
University of Houston—Clear Lake	<10
University of Houston—Downtown	<10
University of Illinois Chicago	<10
University of Illinois Urbana-Champaign	<10
University of Indianapolis	<10
University of Iowa	<10
University of Kentucky	<10
University of La Verne	<10
University of Louisiana at Lafayette	<10
University of Louisiana at Monroe	<10
University of Louisville	<10
University of Lynchburg	<10
University of Maine	<10
University of Maine—Farmington	<10
University of Management and Technology (The)	<10
University of Mary Hardin-Baylor	<10
University of Maryland—Baltimore County	<10
University of Maryland—Eastern Shore	<10
University of Maryland Global Campus	<10
University of Maryland, Baltimore	<10
University of Massachusetts—Dartmouth	<10
University of Massachusetts—Lowell	<10
University of Massachusetts at Boston	<10
University of Medicine & Dentistry of New Jersey	<10
University of Memphis (The)	<10
University of Miami	<10
University of Michigan	<10
University of Michigan—Dearborn	<10
University of Minnesota—Crookston	<10
University of Minnesota Duluth	<10
University of Minnesota—Twin Cities	<10
University of Mississippi	<10
University of Missouri—Columbia	<10
University of Missouri—Kansas City	<10
University of Missouri—Saint Louis	<10
University of Mobile	<10
University of Montevallo	<10
University of Nevada , Reno	<10
University of New Haven	<10
University of North Alabama	<10
University of North Carolina—Charlotte	<10
University of North Florida	<10
University of North Georgia	<10
University of North Texas	<10
University of Northwestern Ohio	<10
University of Oregon	<10
University of Oxford—St Catherine's College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
University of Portland	<10
University of Rio Grande	<10
University of Sarasota	<10
University of Scranton	<10
University of Silicon Valley	<10
University of South Alabama	<10
University of South Carolina—Columbia	<10
University of South Carolina Upstate	<10
University of South Dakota	<10
University of South Florida	<10
University of Southern California	<10
University of Southern Maine	<10
University of Southern Mississippi	<10
University of Southernmost Florida	<10
University of St. Augustine for Health Sciences	<10
University of Sydney	<10
University of Tampa (The)	<10
University of Tennessee	<10
University of Tennessee—Martin	<10
University of Texas at Arlington	<10
University of Texas at Austin	<10
University of Texas at Tyler	<10
University of Texas Rio Grande Valley	<10
University of the Cumberlands	<10
University of the District of Columbia	<10
University of the Incarnate Word	<10
University of the Pacific	<10
University of the Rockies	<10
University of the Virgin Islands	<10
University of Toledo	<10
University of Utah	<10
University of Virginia	<10
University of Washington—Seattle	<10
University of West Florida (The)	<10
University of West Georgia	<10
University of Wisconsin—Milwaukee	<10
University of Wisconsin—River Falls	<10
University of Wisconsin—Stout	<10
University of Wisconsin—Whitewater	<10
University of Wisconsin Colleges	<10
University of Wyoming	<10
Unknown—School—Name	<10
Urbana University	<10
USA Training Academy Home Study	<10
Utica School of Commerce	<10
Utica University	<10
Valdosta State University	<10
Valencia College	<10
Valley Commercial College	<10
Valor Christian College	<10
Vanderbilt University	<10
Vantage College—San Antonio	<10
VEEB Nassau County School of Practical Nursing	<10
Velvatex College of Beauty Culture	<10
Vernon College	<10
Verve College	<10
Vet Tech Institute of Houston	<10
Victory University	<10
Video Symphony EnterTraining	<10
Video Technical Institute	<10
Villanova University	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.

Primary School	Case Count
Vincennes University	<10
Virginia Institute of Technology	<10
Virginia Intermont College	<10
Virginia Polytechnic Institute & State University	<10
Virginia State University	<10
Virginia University of Lynchburg	<10
Vista College	<10
Vocational Training Center	<10
Wake Technical Community College	<10
Walsh College of Accountancy & Business Administration	<10
Walter Jay M.D. Institute, An Educational Center	<10
Wards Corner Beauty Academy	<10
Warner Pacific University	<10
Washington School of Secretaries	<10
Washington State University	<10
Washington University in St. Louis	<10
Washtenaw Community College	<10
Watterson College Pacific	<10
Waubonsee Community College	<10
Wayland Baptist University	<10
Wayne County Community College District	<10
Wayne State University	<10
Webster Career College	<10
Webster University	<10
Wesleyan College	<10
West Chester University of Pennsylvania	<10
West Coast University	<10
West Virginia Junior College	<10
West Virginia Northern Community College	<10
West Virginia University	<10
Westech College	<10
Western Career College	<10
Western Governors University	<10
Western Illinois University	<10
Western Michigan University	<10
Western New Mexico University	<10
Western Oregon University	<10
Western Piedmont Community College	<10
Western State University College of Law	<10
Western Suffolk BOCES	<10
Western Technical College	<10
Westfield State University	<10
Wharton County Junior College	<10
Wheeling University	<10
White Mountains Community College	<10
Whittier College	<10
Widener University	<10
Wilberforce University	<10
Wilbur Wright College	<10
Wiley College	<10
Wilfred Academy	<10
Wilfred Academy of Hair and Beauty Culture	<10
Wilfred Academy of Hair Design & Beauty Culture	<10
Wilfred's Frederic Hairstyling	<10
William Paterson University of New Jersey	<10
William Penn University	<10
William Woods University	<10
Williams Beauty Academy	<10
Willsey Institute	<10
Wilmington University	<10
Wilson Community College	<10

Total Closed Cases By Primary School—Continued

As of May 31, 2024

Case counts and totals are rounded to the nearest ten and redacted for values less than 10.	
Primary School	Case Count
Wingate University	<10
Winthrop University	<10
Wolford College	<10
Wood Tobe—Coburn School	<10
Woodbridge Business Institute	<10
Wooster Business College	<10
Worcester State University	<10
Wright State University	<10
Wyoming County Career and Technical Center	<10
Wytheville Community College	<10
Xavier University of Louisiana	<10
Yakima Valley College	<10
York Institute	<10
York St John University	<10
York Technical College	<10
Yorktowne Business Institute	<10
Youngstown State University	<10
YTI Career Institute—Altoona	<10
(blank)	3,660
Grand Total	20,840

Question. Please provide the top five reasons that borrower defense claims are placed in “total denied,” “total ineligible,” and “total closed.” Please also provide the number and corresponding percentage for borrower defense claims placed in each category.

Answer.

As of May 31, 2024, the top five reasons applications have been closed were as follows (numbers have been rounded to the nearest 5):

- No Loans Pre-Adjudication (e.g., no federal loans; loans paid in full; no loans at the applicable school) (14,475 applications or 69%);
- No Response from Customer (2,275 applications or 11%);
- Borrower Received an Automatic Closed School Discharge (965 applications or 5%);
- Borrower Requested Case Closure (785 applications or 4%).
- Incomplete Application (685 applications or 3%)

As of May 31, 2024, the top five reasons applications were denied/deemed ineligible were as follows (numbers have been rounded to the nearest 5):

- Post-Class Denial* (5,765 applications or 75%);
- Sweet Initial Denial** (1,925 applications or 25%);
- Sweet Resubmit Denial*** (<10 applications or <1%)

Note:

Post Class Denial*—Have been reviewed and do not meet the regulatory standard for approval under the 2016 regulation.

Sweet Initial Denial**—Sweet class members whose application when through the streamline adjudication process as defined in the Sweet settlement, received a revise and resubmit notice, but failed to revise and resubmit within the 6 month period.

Sweet Resubmit Denial***—Sweet class members who filed a revise and resubmit application, but did not meet the streamline standard as defined by the Sweet settlement.

Question. The for-profit college industry drastically increased its enrollment during the Great Recession. In many cases, low-value colleges preyed on out-of-work adults, promising them an education that would lead to well-paying jobs—only to leave those students with a mountain of debt and no credential of value. Enrollment peaked in 2011 at more than three million students in the for-profit sector. The Harkin investigation, which was conducted by the Senate Committee on Health, Education, Labor, and Pensions, showed that students were “churned” through these schools, with more than 50 percent of for-profit students leaving within 4 months. Schools like Westwood, Corinthian, and ITT Tech lied to prospective stu-

dents about their employment outcomes and took their money, only to shutter precipitously, leaving those students without good options to complete their degrees. The Biden Administration has taken some important steps to right those wrongs, discharging student loans for borrowers who were not able to graduate. I particularly appreciate that the students from Westwood, which closed in 2016, finally have been granted relief. However, many other borrowers from many other institutions that similarly closed after taking advantage of students have not seen the relief they deserve, even when there have been investigations of those schools that have found widespread predatory conduct.

When can borrowers who attended but could not graduate from colleges like Charlotte School of Law, Vatterott, schools run by the Center for Excellence in Higher Education, schools run by the Dream Center, and schools run by Education Corporation of America expect to receive the same group relief as students from Westwood?

Answer. The Department continues to review evidence available to it to determine whether additional group discharges are appropriate and unfortunately cannot provide additional detail at this time. The Department is evaluating evidence while also prioritizing work to timely adjudicate the applications as is required by the Sweet settlement.

Question. The Department granted borrower defense discharges for borrowers who attended Westwood in August 2022, more than 7 years after Westwood precipitously shuttered its doors. While I applaud the Department's actions to provide this deserved relief to former Westwood students, the notices to Westwood borrowers were not sent out until the end of March 2023, 7 months after the Department initially made its announcement. As of March 2024—19 months after the announcement—the Department reports having processed about 80 percent of those discharges.

Please describe the steps the Department is taking to complete the discharges for remaining Westwood borrowers.

Answer. Federal Student Aid (FSA) provided a list of approved borrowers and loans to servicers related to the Westwood group discharge with instructions to discharge, refund any payments, and delete credit tradelines for approved loans. FSA is working with the servicers to complete the remaining Westwood discharges, among other approved discharge populations. FSA is also working to reconcile any outstanding borrowers to ensure all borrowers receive full relief.

Question. Please describe any steps the Department has taken to communicate with borrowers who have been promised, but have not yet received, a loan discharge.

Answer. Federal Student Aid has not provided any additional communications to borrowers beyond the original approval notice sent under the group approval for Westwood.

Question. Please provide an estimated date by which you expect these discharges to be completed.

Answer. Federal Student Aid does not currently have an estimated date when we expect remaining discharges to be completed, but we are monitoring the situation closely with the loan servicers. Borrowers' eligible loans will remain in forbearance until the discharges are completed.

Question. Last month, a court in San Francisco held a hearing on the delayed resolution of borrower defense to repayment claims under the Department's settlement under Sweet v. Cardona. Under this agreement, nearly 300,000 defrauded borrowers are entitled to student debt relief because they were defrauded by predatory institutions like for-profit colleges.

Please provide the Department's efforts to use all available legal authorities to come into compliance with the Sweet settlement.

Answer. We believe the declaration provided by Richard Cordray in that hearing lays out in significant detail our efforts to ensure that borrowers receive the relief to which we have committed. A copy of that declaration can be found [here](#).

Question. In 2021, the Department announced the re-establishment of the Office of Enforcement within Office of Federal Student Aid, which had been deprioritized under the previous Administration. Over the last several months, the Department has been in the process of reorganizing the Office of Enforcement and the Office of the Ombudsman to ensure adequate oversight of student loan servicers and enforcement of borrower rights.

What is the status of these reorganization efforts? Please provide detailed plans of when the Department plans to finalize these efforts.

Answer. The Department is working to finalize the pending Federal Student Aid reorganization as quickly as possible.

Question. Please provide a list of all institutions for which the Department currently holds a letter of credit or other surety and the amount of such letter of credit or other surety.

Answer. A list of financial protections held as of December 31, 2023, is attached. [The Department provided the attachment to the Committee.]

Question. In March 2022, the Department announced that it would begin requiring some private institutions to require signatures from their corporate owners on their Program Participation Agreements (PPAs) with the Department, particularly for institutions that have a demonstrated financial risk. The signatures would ensure that the owner remains on the hook for potential taxpayer liabilities, even if the institution itself is shuttered. In March 2023, the Department broadened the requirement to individual owners of private institutions.

Has the Department exercised its authority as described in either of these electronic announcements (GEN-22-16 and GEN-23-11)? If so, has it exercised the authority with respect to any institution that shuttered after obtaining the signatures? Were liabilities assessed against the individual or corporate owner in any such case?

Answer. Since issuing electronic announcements GEN-22-16 and GEN-23-11, the Department has exercised its authority pursuant to 20 U.S.C. 1099c(e) to require the assumption of liability by owners of institutions to protect the financial interest of the United States. Because the Department has only recently begun requesting additional signatures in new participation agreements, it is not currently aware of any recent closures where additional parties signed the agreement and for which there are unpaid liabilities.

Question. Has the Department produced a list of institutions that are exempt pursuant to the statute (i.e., private institutions that have not been subjected to a limitation, suspension, or termination action; have not had an audit finding resulting in a liability of more than 5 percent of Title IV program funds in the two most recent audits; that meet and have met for the preceding 5 years the Department's financial responsibility requirements under Subpart L; and that have not been cited for failure to submit timely audits in the preceding 5 years)? If so, please provide the list to the Committee.

Answer. The Department has not produced a list of institutions for which 20 U.S.C. 1099(e)(4) prohibits it from seeking the assumption of liability or financial guarantees from owners as authorized by 20 U.S.C. 1099c(e)(1). The Department's March 23, 2022, electronic announcement on signature requirements for entities exercising substantial control over non-public institutions noted that "the Department may require additional signatures on an institution's PPA when an institution seeks initial certification or recertification, or when it undergoes a change of ownership under 34 CFR § 600.31(a)." It is at these events that the Department, as part of its analysis of whether an additional signature should be required, would evaluate the institution against the criteria contained in 20 U.S.C. 1099c(e)(4). On March 1, 2023, the Department provided additional guidance related to establishing personal liability requirements. That announcement notes that "the Department will consider, on a case-by-case, individualized basis, a variety of factors in evaluating whether requiring an individual exercising substantial control over an institution to assume personal liability is necessary to protect the financial interest of the United States." Likewise, as part of that analysis, the Department would evaluate the institution against the criteria contained in 20 U.S.C. 1099c(e)(4).

Question. The Department issued new gainful employment regulations in October 2023. While those were scheduled to take effect on July 1, 2024, the Department noted that it would delay reporting requirements until October 1, 2024, due to the challenges with the Free Application for Federal Student Aid (FAFSA) form; that date is likely to slip further. In the meantime, the Department has been working on implementation by publishing FAQs and issuing an information collection request of the data elements it will require to be reported, but it has yet to stand up the new data reporting, leaving institutions further behind. Please provide a detailed implementation timeline for the gainful employment and financial value transparency regulations, including the timelines for: expected reporting; updates to the Department's data systems; the establishment of an agreement to produce earnings data with a Federal agency with earnings data; the production of completer lists; the production of debt-to-earnings rate and the earnings premium metric; and the launch of the disclosure website.

Answer. As noted in the electronic announcement, institutions will have the ability to start reporting as soon as July 1, 2024, but they must complete all reporting by October 1, 2024. Updates to the National Student Loan Data System are being made prior to July 1 so that functionality is ready. We anticipate sharing the data reported by institutions with the Federal agency after October 1, 2024, with the earnings data returned to the Department a few weeks later. We anticipate the first publication of rates in January 2025. The launch of the disclosure website is not scheduled until July 1, 2026.

The Department is in the process of negotiating a memorandum of understanding that we anticipate finalizing early this summer.

Question. The Department is required to review and, if appropriate, approve the changes in ownership of institutions for those institutions to continue receiving Federal student aid. A recent Government Accountability Office investigation into the Department's and Internal Revenue Service's processes, especially for conversions from for-profit to nonprofit tax status and new regulations finalized in Fall 2022, set the stage for a more robust process than the Department has previously used. However, the extent to which the Department is prepared to place conditions on, or even deny, conversions for for-profit colleges is unclear. One example already underway is the University of Arizona Global Campus (UAGC, formerly Ashford University), which was acquired by the public University of Arizona (UA) but has since apparently become a major source of taxpayer liabilities.

Answer. The Department agrees that under section 498(i)(1) and (4) of the Higher Education Act of 1965, as amended (HEA) and implementing Federal regulations, an eligible institution of higher education that has had a change in ownership resulting in a change of control shall not qualify to participate the Title IV programs after the change in control unless the institution establishes that it meets the requirements of section 102 of the HEA. The Department may provisionally certify an institution seeking to continue its Title IV participation following a change in ownership based on the preliminary review of a materially complete application that is received by the Department within 10 business days of the change in ownership transaction, and the Department may extend the temporary provisional certification on a month to month basis until a final decision is issued on the institution's application for continued participation. See 20 U.S.C. § 1099c(i), and 34 C.F.R. §§ 600.20(g), 600.20(h), and 668.14(g)(1).

The Department has denied nonprofit conversions for for-profit institutions, including two denials of Grand Canyon University's (GCU's) nonprofit requests and the denial of the American Academy of Art College's nonprofit conversions request that were issued during the prior administration. The current administration has defended the Department's GCU decision in U.S. district court and in the appellate circuit.

Question. Has the Department applied any conditions to the Title IV participation of the University of Arizona Global Campus?

Answer. Yes. The Department currently allows UAGC to participate under a Temporary Provisional Program Participation Agreement (TPPPA) that was executed on July 31, 2023, and an Addendum to the TPPPA that was executed on July 31, 2023, after the public institution UA became the 100% owner of UAGC upon acquiring UAGC's educational assets from the nonprofit UA Foundation in a June 30, 2023, change in ownership transaction. The nonprofit UA Foundation acquired the assets of UAGC (f/k/a Ashford University) from Zovio Inc. (f/k/a Bridgepoint Education, Inc.) in an earlier change in ownership transaction. Copies of UAGC's current TPPPA and TPPPA Addendum, and the December 20, 2021, letter referenced in UAGC's current TPPPA's conditions are provided with this response. UAGC's current TPPPA includes the following conditions:

- UAGC's financial statements must be submitted at the UA level and, upon notification, in accordance with a "school group" to be established by the Department in the Department's records for the receipt of annual audit reports covering UA and UAGC;
- Growth restrictions (new programs, new locations, increase level of offering, change length of programs);
- Biweekly cash balances and monthly reporting of cash budget vs. actual as well as significant events;
- Monthly student roster submissions;
- Required reporting of any class action, accreditation or government actions/investigations;
- Student complaint reporting;
- Heightened Cash Monitoring 1 (HCM1) condition; and,
- The notification condition as specified in the Department's December 20, 2021 letter.



December 20, 2021

Transmitted via email only

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**Re: University of Arizona Global Campus
OPE ID: 00188100**

Dear Dr. Robbins, Mr. Pastorek and Mr. Rocznik:

I am writing in response to the letter dated December 17, 2021 from the University of Arizona ("UA") to Under Secretary James Kvaal ("UA December 17th Letter") and signed by each of you on behalf of UA, the University of Arizona Global Campus's ("UAGC") and the University of Arizona Foundation ("UAF"), respectively (UA, UAGC and UAF are herein collectively referred to as the "UA Parties"). The UA December 17th Letter provides a further response¹ to the U.S. Department of Education's November 29, 2021 letter ("Department November 29th Letter") regarding the Department's requirement that UAGC submit either UAF's audited

¹ Two additional letters from UAGC were submitted to the Department on December 3, 2021. The Department provided a response to those letters on December 6, 2021.

The University of Arizona Global Campus
 OPE ID: 00188100
 Page 2

consolidated Same Day Balance Sheet/Statement of Financial Position and consolidated financial statements, or submit a 25% letter of credit (“New Owner LOC”). The Department November 29th Letter required UAGC to either submit an auditor engagement letter, or notify the Department that it would post the 25% New Owner LOC. The deadline for this requirement was December 13, 2021. As requested by UAGC in a letter dated December 3, 2021, the Department provided an extension of the deadline to December 20, 2021. The UA December 17th Letter sets forth three “options” and requests a further extension until January 31, 2022 for UAGC to notify the Department whether the consolidated SDBS/financial statements or the New Owner LOC were feasible.

Department Options

The Department has considered the options identified by the UA Parties in the UA December 17th Letter, and the implications of UA’s indemnification agreement with UAF. The Department has determined that it will (contingent on reaching agreement on the details of Options C and D), allow UAGC to continue participating in Title IV programs upon UAGC’s selection and the UA Parties’ full implementation on the specified timeline of one of the following Department Options:

Option A. UAGC will submit an auditor engagement letter and audited consolidated SDBS and consolidated annual financial statements at the level of UAF, as more fully described in the Department November 29th Letter. As has been acknowledged in discussions between the Department and UAGC and UA, despite the position taken by UAF’s auditor, other auditing firms have expressed the view that a consolidated SDBS and annual financial statements is appropriate.

Option B. UAF will submit a 25% New Owner LOC, as more fully described in the Department November 29th Letter. The New Owner LOC cannot be reduced to 10% as requested in footnote 2 of the UA December 17th Letter because a 25% New Owner LOC is the Department’s standard requirement when a new owner does not have two years of acceptable audited financial statements.

Option C. UA will add its signature to the Department’s Temporary Provisional Program Participation Agreement (“TPPPA”) with UAGC, and if continued participation is approved following the Department’s review of the change in ownership, the Provisional Program Participation Agreement (“PPPA”) and any future full certification Program Participation Agreement (“PPA”). UA thereby will become jointly and severally responsible with UAF and UAGC for any Title IV liabilities. UA will be required to provide an updated statement of public status. Because the November 16, 2020 Indemnification Agreement does not include the Department as a party or a beneficiary, this option provides for UA’s direct assumption of liability by signing the participation agreement, and does not require the Indemnification Agreement to be amended, as is required by Option D.

Option D. UA and UAF will amend the November 16, 2020 Indemnification Agreement to add the Department as a party, and provide the Department with the right to make a direct claim on

The University of Arizona Global Campus
 OPE ID: 00188100
 Page 3

UA for any losses resulting from UAGC's participation in Title IV programs. The amendment will also contain a representation from UA that its status as a public institution extends to its indemnification to the Department for any Title IV liabilities. The amendment will also include a default provision (or similar protection) in the event that UA reduces or cancels the agreement as described in Paragraph 9, or the agreement ends. However, before the Department agrees to this alternative, it will need additional information, including a copy of any insurance policy that has been procured in respect of UA's obligations under the Indemnification Agreement. In addition, this option will be available only if the Department, UA and UAF can reach agreement on all terms, including acknowledgement of the amendment by any insurance company that provides coverage. UA will be required to provide an updated statement of public status.

Under Option C or D – either of which provides the direct financial backing of UA for Title IV liabilities -- the Department will accept an audited combined SDBS and combined annual financial statements.

Although the UA Parties' Option 3 ("Alternative Path Forward") may ultimately be a viable path forward for the UA Parties to restructure their relationship, the Department does not consider Option 3 a viable option in the near term to cure UAGC's failure to submit the required UAF consolidated SDBS.

Required Timeline and Conditions

The Department cannot agree to an open-ended extension to January 31, 2022 for the UA Parties to select an option. As a condition of UAGC's continued participation, the UA Parties must notify the Department no later than January 4, 2022 of the Department Option that the UA Parties intend to pursue, and describe in detail steps already taken and how they will execute completion of the selected option no later than January 10, 2022.

In footnote 4 of the UA December 17th Letter, the UA Parties state that they would be "willing to accept heightened cash monitoring Level 1 and periodic enrollment and financial status reporting if the Department believes such measures become necessary next year." To protect borrowers and students during this further extension while the selected option is being fully implemented, UAGC will be subject to the conditions set forth below, which include periodic reporting and Heightened Cash Monitoring Method 1 (HCM1). The conditions will apply until the Department releases UAGC from the conditions, which will be no sooner than when the UA Parties are in full compliance with the selected option.

Financial and Enrollment Reporting Condition

The UA Parties must submit the following reports on a monthly or bi-weekly basis as described below:

1. Bi-weekly cash balance submission that outlines available cash on hand, submitted separately for each of the UA Parties. Please provide details of what is included in the cash balance.

The University of Arizona Global Campus
 OPE ID: 00188100
 Page 4

2. Monthly report with the following information contained in a separate report (containing all items) for each of the UA Parties (except as otherwise indicated for UAGC only):
 - i. Actual and projected cash flow statement that breaks-out each anticipated inflow and outflow by line item and amount as indicated on the sample cash flow statement, with business and financial disclosure notes (sample enclosed);
 - ii. Any important financial transaction that has a material effect on that party's financial condition;
 - iii. Explanation of variances as indicated on the enclosed "Cash Receipt & Disbursements Instructions."
 - iv. Any planned mergers, acquisitions, business expansions/contractions, and/or corporate restructuring;
 - v. Any announced or upcoming location expansions and/or closures;
 - vi. Any new programs that UAGC plans to offer within the next 90 days at one or more locations that participate in the federal student aid programs;
 - vii. Any decision by UAGC to cease enrollment in any program(s) and provide the teach out plan/teach out agreement and the schedule for teach out of the program(s); and
3. Monthly Student Roster submission for UAGC in Microsoft Excel (sample format with required information and instructions is enclosed). Documents containing Personally Identifiable Information ("PII") being submitted to the Department via electronic delivery must be password protected. PII is any information about a student, which can be used to distinguish or trace the student's identity.

Please submit Items 1-3 via email to Rhonda.Puffer@ed.gov. Item 1 is due to the Department on alternating Mondays beginning on January 4, 2022, and the monthly submissions (Items 2 and 3 above) are due to the Department by the 20th of each month.

Heightened Cash Monitoring Method 1 (HCM1)² Condition

The Department is immediately placing UAGC on HCM1. As required by 34 C.F.R. § 668.162(d), UAGC must first make disbursements to eligible students and parents and pay any remaining credit balances before it requests or receives funds for the amount of those disbursements from the Department. The funding request may not exceed the amount of the actual disbursements that were made to the students and parents included in the funding request. Providing the student accounts are credited before the funding requests are initiated, UAGC is permitted to draw down funds through the Department's electronic system for grants management and payments, G5, for the amount of disbursements it made to eligible students and

² Please refer to the Federal Register issued on December 11, 2020 for COVID-19 guidance relating to HCM1 for COVID-19 flexibilities.

The University of Arizona Global Campus
 OPE ID: 00188100
 Page 5

parents. All credit balances must be paid prior to draw down of funds, even if the student/parent signed a credit balance authorization in the past. The use of credit balance authorization forms is prohibited.

The Records First requirement also means that institutions on HCM1 that are participating in the Direct Loan (“DL”) program will have their Current Funding Level (“CFL”) reduced to the greater of Net Approved and Posted Disbursements (“NAPD”) or Net Draws (processed payments less all refunds, returns, offsets, and drawdown adjustments). In the event of returning to Advanced Funded status, UAGC must continue processing DL awards as Records First until the next DL global funding increase is processed. See <https://ifap.ed.gov/sites/default/files/attachments/2020-08/2021FSAHbkVol4Ch2.pdf> for additional information.

Notification Condition

UAGC is also required to submit the following notifications to Rhonda.Puffer@ed.gov and via the Document Management System found at the Common Origination and Disbursement Web Site: <https://cod.ed.gov/cod/LoginPage> no later than 10 days after any of the oversight or financial events, as described below, occur. UAGC must also include with the information it submits, written notice that details the circumstances surrounding the event(s) and, if necessary, what steps it has taken or plans to take, to resolve the issue. Please upload your response into the *HCM1 Monitoring* folder. (Please refer to the *Presentation Title: Partner Eligibility and Oversight Services Document Center* training podcast posted to the Knowledge Center web site for specific uploading instructions: [Partner Eligibility and Oversight Services Document Center | Knowledge Center](#).)

- Any adverse action against any of the UA Parties, including probation or similar action, taken against the by its accrediting agency, state or other federal agency;
- Any event that causes any of the UA Parties or any related entity as defined in the Statement of Financial Accounting Standards (SFAS) 57, Accounting Standards Codification (ASC) 850, to realize any liability that was noted as a contingent liability in any of the UA Parties’ or related entity’s most recent audited financial statements;
- Any violation by any of the UA Parties of any loan agreement;
- Any failure of the UA Parties to make a payment in accordance with its debt obligations that results in a creditor filing suit to recover funds under those obligations;
- Any withdrawal of owner’s equity/net assets from any of the UA Parties by any means, including by declaring a dividend;
- Any losses that are unusual in nature or infrequently occur or both as defined in accordance with Accounting Standards Update 2015-01 and ASC 225; or
- Any filing of a petition by any of the UA Parties for relief in bankruptcy court or similar proceeding, including a state or federal receivership.

The University of Arizona Global Campus
 OPE ID: 00188100
 Page 6

Financial Responsibility Letter of Credit

In footnote 3 of the UA December 17th Letter, the UA Parties ask the Department to relieve UAGC from having to post a separate letter of credit as a result of UAGC's 2019 failing financial statements under its former ownership by Zovio Inc. ("Zovio") ("Financial Responsibility LOC"). If the UA Parties select and fully implement Department Option C or D, the Department will relieve UAGC from the Financial Responsibility LOC requirement. If either Option A or B is selected, the Department is unable to relieve UAGC from the requirement of posting the Financial Responsibility LOC. The Department will provide UAGC with its standard Financial Responsibility Letter shortly. The Financial Responsibility LOC must be posted no later than February 28, 2022. Once the Department accepts, reviews, and approves the required audited financial statements for fiscal year end 2020 and 2021 (consolidated for Option A, combined for Option B), the Department will consider reducing or releasing the Financial Responsibility LOC.

Sincerely,

Michael Frola
 Division Chief
 Multi-Regional and Foreign Schools Participation Division

Cc: AZ State Board for Private Postsecondary Education (via email at [REDACTED]@azppse.gov)
 CA Bureau for Private Postsecondary Education (via email at [REDACTED]@dca.ca.gov)
 Western Association of Schools and Colleges - Sr. Colleges & Universities (via email at [REDACTED]@wscuc.org)

Enclosures:

Cash Receipts and Disbursements Instructions and Requirement Disclosures
 Sample Cash Flows
 Sample Student Roster
 Student Rosters Instructions



December 20, 2021

Transmitted via email only

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**Re: University of Arizona Global Campus
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The University of Arizona Global Campus
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 Page 2

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The University of Arizona Global Campus
 OPE ID: 00188100
 Page 3

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The University of Arizona Global Campus
 OPE ID: 00188100
 Page 4

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The University of Arizona Global Campus
 OPE ID: 00188100
 Page 5

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Notification Condition

UAGC is also required to submit the following notifications to Rhonda.Puffer@ed.gov and via the Document Management System found at the Common Origination and Disbursement Web Site: <https://cod.ed.gov/cod/LoginPage> no later than 10 days after any of the oversight or financial events, as described below, occur. UAGC must also include with the information it submits, written notice that details the circumstances surrounding the event(s) and, if necessary, what steps it has taken or plans to take, to resolve the issue. Please upload your response into the *HCM1 Monitoring* folder. (Please refer to the *Presentation Title: Partner Eligibility and Oversight Services Document Center* training podcast posted to the Knowledge Center web site for specific uploading instructions: [Partner Eligibility and Oversight Services Document Center | Knowledge Center](#).)


- Any adverse action against any of the UA Parties, including probation or similar action, taken against the by its accrediting agency, state or other federal agency;
- Any event that causes any of the UA Parties or any related entity as defined in the Statement of Financial Accounting Standards (SFAS) 57, Accounting Standards Codification (ASC) 850, to realize any liability that was noted as a contingent liability in any of the UA Parties’ or related entity’s most recent audited financial statements;
- Any violation by any of the UA Parties of any loan agreement;
- Any failure of the UA Parties to make a payment in accordance with its debt obligations that results in a creditor filing suit to recover funds under those obligations;
- Any withdrawal of owner’s equity/net assets from any of the UA Parties by any means, including by declaring a dividend;
- Any losses that are unusual in nature or infrequently occur or both as defined in accordance with Accounting Standards Update 2015-01 and ASC 225; or
- Any filing of a petition by any of the UA Parties for relief in bankruptcy court or similar proceeding, including a state or federal receivership.

The University of Arizona Global Campus
 OPE ID: 00188100
 Page 6

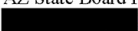


Financial Responsibility Letter of Credit

In footnote 3 of the UA December 17th Letter, the UA Parties ask the Department to relieve UAGC from having to post a separate letter of credit as a result of UAGC's 2019 failing financial statements under its former ownership by Zovio Inc. ("Zovio") ("Financial Responsibility LOC"). If the UA Parties select and fully implement Department Option C or D, the Department will relieve UAGC from the Financial Responsibility LOC requirement. If either Option A or B is selected, the Department is unable to relieve UAGC from the requirement of posting the Financial Responsibility LOC. The Department will provide UAGC with its standard Financial Responsibility Letter shortly. The Financial Responsibility LOC must be posted no later than February 28, 2022. Once the Department accepts, reviews, and approves the required audited financial statements for fiscal year end 2020 and 2021 (consolidated for Option A, combined for Option B), the Department will consider reducing or releasing the Financial Responsibility LOC.

Sincerely,



Michael Frola
 Division Chief
 Multi-Regional and Foreign Schools Participation Division

Cc: AZ State Board for Private Postsecondary Education (via email at
@azppse.gov)
 CA Bureau for Private Postsecondary Education (via email at
@dca.ca.gov)
 Western Association of Schools and Colleges - Sr. Colleges & Universities (via email at
@wscuc.org)

Enclosures:

Cash Receipts and Disbursements Instructions and Requirement Disclosures
 Sample Cash Flows
 Sample Student Roster
 Student Rosters Instructions

Question. Has the Department formally assessed liabilities against UAGC, and if so, at what amount?

Answer. No, the Department has not formally assessed liabilities against UAGC.

Question. Does the Department anticipate future liabilities against UAGC?

Answer. The Department does not comment on potential future oversight actions nor on open oversight actions until the results have been formally communicated to the participating entity.

Question. What is the total of Title IV dollars held by borrowers who have filed a claim for borrower defense to repayment against Ashford University?

Answer. As of June 2024, 13,000 borrowers have filed a claim for borrower defense to repayment against Ashford University and still have open loans for Ashford University or open consolidation loans associated with an Ashford University loan. These borrowers' loans have been disbursed for \$459 million. Loans which have been discharged, forgiven, or paid in full have been excluded. This includes loans from any time frame, including loans before March 2009 or after April 2020.

Question. What is the total of Title IV dollars (not already discharged or repaid in full) held by borrowers who attended Ashford University between March 2009 and April 2020?

Answer. As of June 2024, 291,000 borrowers have open loans for Ashford University or open consolidation loans associated with an Ashford University loan. These borrowers' loans have been disbursed for \$4.99 billion. Loans which have been dis-

charged, forgiven, or paid in full have been excluded. This only includes loans from March 1, 2009 through April 30, 2020.

The following four OPE ID were used to respond to this data request.

OPE ID	SCHOOL NAME	BRANCH NAME
00188100	University of Arizona Global Campus (The)	University of Arizona Global Campus (The)
00188101	University of Arizona Global Campus (The)	University of Arizona Global Campus—Sauk Valley Community College
00188102	University of Arizona Global Campus (The)	Ashford University—Main Campus
00188103	University of Arizona Global Campus (The)	Ashford University—Clinton Campus & On-line Center

Question. This year, the Department is anticipating starting new contracts with student loan companies under the new Unified Servicing and Data Solution (USDS) system. I am concerned that this transition could lead to the transfer of student loans and errors on student loan borrower accounts. What steps is the Department taking to ensure that servicer accountability remains a priority and that borrowers can smoothly resume making payments and access relief programs enacted by Congress?

Answer. One of the major goals of the Unified Servicing and Data Solution (USDS) contract with loan servicers is to increase servicer accountability and improve the borrower experience. Under the new accountability framework, there are detailed mechanisms known as service level agreements to hold servicers accountable for their portfolio performance and incentivize more support for borrowers at risk of delinquency and default. Poor servicer performance under USDS will result in corrective actions and, when appropriate, financial penalties. The contract also empowers the Department to reward servicers who serve borrowers well, especially those borrowers that are at-risk. The USDS servicers began work under the new contract on April 1, 2024.

Question. This month, the Department and MOHELA began notifying borrowers that MOHELA will no longer be the sole servicer charged with administering the Public Service Loan Forgiveness Program (PSLF) and TEACH Grant programs and that administration of such programs will be handled by the Department directly. This is misleading and has caused borrower confusion since the Department's correspondence also says that borrowers "will remain with their existing servicer." Further, MOHELA has notified borrowers that it will no longer be saving their records or keeping track of payments and encouraged borrowers to take "screenshots" of their accounts prior to April 30 to keep track of their progress in anticipation of potential errors.

Answer. The transition of PSLF and TEACH Grant processing from specialty servicers to Federal Student Aid (FSA) is designed to reduce processing time, increase FSA's oversight, and improve the borrower experience. It is accurate that nearly every borrower will stay with their existing loan servicer in USDS, which will handle their day-to-day loan servicing needs (e.g., making student loan payments). What is changing is that the PSLF and TEACH Grant programs and their management are being transitioned to FSA's systems and day-to-day control, meaning borrowers interested in or participating in these programs will interact directly with StudentAid.gov and 1-800-4-FEDAID, not their loan servicer. This is no different from other loan processes that borrowers perform on StudentAid.gov, like signing promissory notes and applying for income-driven repayment plans and consolidation loans. As part of this transition, prior to the processing pause FSA recommended borrowers save screenshots and correspondence from the MOHELA website for their personal records, as that information would no longer be available after April 30, 2024. We encouraged borrowers to do so so that they could validate that the information they saw on MOHELA's website prior to the processing pause conformed with information on StudentAid.gov after the pause, as it is important to us for borrowers to have appropriate documentation if there are any discrepancies that need to be resolved. As of July 1, 2024, the PSLF program has successfully transitioned from MOHELA and now is fully managed by the Department on StudentAid.gov. We have resumed processing of PSLF forms and are currently working to update PSLF payment counts. With the updates to our systems and processes, borrowers can now manage their progress toward forgiveness under PSLF on StudentAid.gov from start to finish, which includes submitting a PSLF form, monitoring the status of their PSLF form on the My Activity section of their StudentAid.gov account, retrieving correspondence relating to their PSLF form, and accessing their payment counts and approved certified employment.

Question. What is the Department doing to ensure that borrowers are made whole if errors are made on their accounts over the course of the PSLF processing pause and transfer to the new USDS system?

Answer. As stated in the previous response, MOHELA transferred borrowers' PSLF records to Federal Student Aid (FSA) during the processing pause. FSA will retain all these records in their original format and convert these records into our systems. FSA also is conducting several data simulation exercises to ensure data integrity. If there are errors, MOHELA will be required to work closely with FSA to research the root cause of any issues uncovered and support any necessary corrections or mitigations. Finally, if a borrower disagrees with their status now that the pause has ended, they can contact FSA at 1-800-4-FEDAID or file a complaint in our feedback system on StudentAid.gov.

Question. How will MOHELA handle borrower records over the course of the PSLF processing transfer and pause?

Answer. MOHELA transferred borrowers' PSLF records to Federal Student Aid (FSA) during the processing pause. This includes all data and images necessary for FSA's systems to populate borrower payment counts and resume processing now that the pause has ended. FSA will retain these records in their original format and will also convert these records into FSA's systems. New applications and supporting documents received but not processed by MOHELA during the pause were forwarded to FSA for processing following the end of the pause.

Question. When a borrower disagrees with a qualifying payment count, how will they be able to address this disagreement?

Answer. If a borrower disagrees with their payment counts, they can upload a Reconsideration request on StudentAid.gov. They can also upload a dispute (in a separate section) on StudentAid.gov.

Question. How will the Department hold MOHELA accountable for any errors that take place during the transfer?

Answer. As part of the data migration process, Federal Student Aid (FSA) conducted multiple production simulation exercises using actual data migrated from MOHELA to catch any data quality or processing errors introduced by MOHELA. MOHELA is under contract to work closely with FSA to research the root cause of any issues uncovered and to support any necessary corrections or mitigations.

Question. Will the unprocessed PSLF applications currently on file with MOHELA be transferred to the Department?

Answer. Federal Student Aid (FSA) continued to collect e-sign and e-submit Forms through the PSLF Help Tool on StudentAid.gov throughout the pause. Any forms received by MOHELA during the pause were forwarded to FSA for processing following the end of the pause.

Question. Our children are facing a literacy crisis, which is worsened by skyrocketing chronic absenteeism. In the 2021–2022 school year, 31 percent of students were chronically absent. In Illinois, 28.3 percent of students were chronically absent in the 2022–2023 school year, compared to 17.5 percent in the last full school year prior to the pandemic.

According to the Illinois Policy Institute, “this rate is 10 percentage points higher among Illinois’ low-income students: 38 percent missed at least 10 percent of their school days in 2023.” This is deeply concerning as chronic absenteeism is connected to lower academic performance in math and reading, negative effects on social and emotional development, and lower graduation rates. Research shows that chronic absenteeism is most detrimental for our nation’s most vulnerable students—students of color, students from low-income families, students with disabilities, English learners, and homeless and foster and youth. I am encouraged by the Department’s agenda to increase student attendance. Under the Every Student Succeeds Act (ESSA), 37 states measure chronic absenteeism as part of their accountability systems to reflect school quality and student success.

How does the Department monitor how states are using this data to inform intervention strategies to create supportive learning environments that foster a sense of belonging? How are states using this data to inform school improvement efforts under ESSA state plans to address chronic absenteeism and improve student outcomes?

Answer. The Department conducts a comprehensive review of an SEA’s implementation of Title I as part of our ESEA consolidated monitoring process. This review evaluates State compliance with all of the requirements in Title I, including:

- Implementation of accountability systems (including the School Quality or Student Success (SQSS) indicators, which includes chronic absenteeism in a majority of States);
- State and local report cards, including reporting on the SQSS indicators;

- State oversight and approval of support and improvement plans for schools identified for comprehensive support and improvement (CSI), including State oversight of the requirement for each CSI school to conduct a needs assessment, review all indicator data, and identify evidence-based interventions;
- State oversight of LEA review, approval, and monitoring processes of plans for schools identified for targeted support and improvement (TSI) and additional targeted support and improvement (ATSI);
- Use of ESEA section 1003 school improvement funds; and
- General monitoring and technical assistance for LEAs and schools.

In addition, in summer 2024, the Department is conducting a Title I targeted monitoring activity focused on the implementation of ESEA section 1003 school improvement funding requirements in five SEAs. This includes how the SEA is awarding funds to LEAs to support identified schools, how it is reviewing LEA applications, and how the SEA is ensuring that ESEA section 1003 funds are used to support evidence-based interventions. As part of this review, the Department is asking States to identify effective evidence-based interventions that LEAs have implemented using section 1003 funds. Several States have provided interventions to address chronic absenteeism. For example, Alabama implemented a Building Assets, Reducing Risks (BARR) program, which is a schoolwide system of strategies focused on building relationships, utilizing real-time data, and enabling schools to improve student outcomes. Schools implementing BARR reported an increase in student attendance and decrease in student misbehavior. Illinois indicated that several schools used 1003 school improvement funds to hire attendance staff to monitor attendance and liaise with families to address chronic absenteeism.

QUESTIONS SUBMITTED BY SENATOR JEANNE SHAHEEN

Question. Free Application for Federal Student Aid (FAFSA): I am extremely concerned about the impact of this year's FAFSA errors and delays on students and their families, as well as on colleges and universities.

What is the Department doing to address the alarmingly low rates of FAFSA completion caused by the Department's catastrophic handling of this situation, and what is the Department's plan to ensure that students in this year's graduating high school class do not permanently lose out on educational opportunities?

Answer. The Department has already received over 12.22 million FAFSA forms, 11.68 million of which have been processed as of July 9, 2024. The Department has made significant progress in closing the gap in FAFSA submissions to 5.7 percent as of July 9 compared to this time last year, down from nearly 40 percent in March. Submissions from high school seniors are currently less than 12 percent behind last year, as of July 2, 2024.

In addition to ED's existing messaging and media, the Department launched the Student Support Strategy in May to distribute \$50M to organizations on the ground supporting current cycle FAFSA completion efforts, specifically targeting this year's high school senior class. Organizations receiving funding are paying for additional summer staffing, developing supportive resources, and working directly with students and families.

This spring and summer the Department is taking significant action to get FAFSA completions at the levels of previous cycles. Over the summer months the Department is implementing four primary strategies to close completion gaps:

1. Updating key messaging and asks by stakeholder group for the summer months.
2. Maximizing first-time FAFSA submissions and completions through a community college specific campaign, adult learner campaign, and territories-specific support.
3. Converting students who have started but not submitted the FAFSA to completed status through direct emails and text campaigns from FSA, as well as other initiatives like additional trainings for counselors.
4. Ensuring that all returning students have completed the FAFSA through tactics focused on students who may have stopped out of higher education and/or who may be transfer students.

Finally, the Department has launched a Summer Resources campaign to new stakeholder groups who oversee locations that students frequent over the summer. These groups will provide a folder of promotional materials and resources to remind students to complete the FAFSA and offer support. The campaign includes more than 30 new stakeholder groups including: public recreation centers, gyms, movie theaters, libraries, supermarkets, one-stop centers, food pantries, malls, summer sports orgs, volunteer sites, etc.

Question. Why am I still hearing from NH colleges and universities that have yet to receive all the information they need from the Department?

Answer. Since rolling out the Better FAFSA, and as of July 9, 2024, the Department has received 12.22 million FAFSA forms. The Department has addressed nearly all known issues with the form and has made significant progress in closing the gap in FAFSA submissions to 5.7 percent as of July 9 compared to this time last year, down from nearly 40 percent in March. Nearly all four-year colleges and universities are packaging aid offers for students who are now making enrollment decisions.

Throughout the launch of the new FAFSA, a top priority of the Department has been providing support to colleges and universities to make sure they have the resources they need to process student records as efficiently as possible, make aid offers to students, and encourage enrollment in higher education. Through the College Support Strategy, we have provided support to every college or university that has reached out to us for help, and last month we launched a new \$50 million program—the Student Support Strategy—to help drive FAFSA completion and increase college enrollment across the country.

The Department will continue to leave no stone unturned in pursuit of our goal of ensuring that every student has the help they need to access the life-changing potential of higher education. We are happy to meet with your office or institutions in your state to provide additional information or support.

Question. With ongoing FAFSA data errors impacting so many students and institutions, how will the Department ensure that students do not have funding clawed back from them if their financial aid packages may have been issued incorrectly as a result of these errors?

Will there be a process for students to submit claims, should they be awarded erroneous amounts of grants and loans due to errors and problems with the FAFSA rollout?

Answer. The Department will continue to assess ways to provide guidance to institutions regarding awards made under the 24–25 FAFSA while maintaining the appropriate improper payment safeguards.

Question. How will the Department hold itself accountable for the harm it has caused institutions, students, families and taxpayers?

Answer. Implementing the FUTURE Act and FAFSA Simplification Act required completely overhauling the entire FAFSA ecosystem. This included updating over 20 systems, some of which were over 50 years old. It required changes to the form itself, the underlying formula, data management and security procedures and working to ensure that institutions, states, and vendors could implement the changes. The Department acknowledges that the expansive scope and timeline of the changes for the 2024–25 FAFSA has been challenging for students, families, institutions, states, and organizations that support them.

Executive leadership at the Department has been working closely with the Office of Postsecondary Education and other offices within ED since fall of 2022 to set priorities, oversee project planning and implementation, and ensure accountability for the development and launch of the 2024–25 FAFSA. This detailed and frequent oversight will continue leading up to and through the 2025–26 FAFSA implementation.

The Department recently outlined comprehensive steps it is taking to improve Federal Student Aid (FSA) for students, families, borrowers, and schools. These efforts will ensure FSA works better and addresses ongoing management and operational challenges. Specifically, the Department has or is taking the following steps:

- Searching for a new Chief Operating Officer (COO) for FSA.
- Conducting a full-scale review of FSA's current and historical organization, management, staffing, workflow structures, business processes, and operations to continue bringing the Federal financial aid system into the 21st century.
- Hired an independent consulting firm to make recommendations to the COO and the Secretary on ways to improve the design, structure, and processes within FSA, with a focus on building an updated organizational structure and workflow.
- Reviewing contracts and acquisition procedures to ensure contracts are appropriately structured to hold vendors accountable for meeting key deadlines, achieving desired outcomes, and providing the best value to the agency and protecting taxpayers' resources.
- Restructuring senior leader reporting protocols to increase accountability and make sure we provide the best value to the agency and protect taxpayers' resources.
- Creating a new IT innovation team empowered to lead information technology design to support the digital transformation of the organization. This new team

will oversee recruitment of top engineers, project managers, and designers who will bring critical information technology expertise and experience to strengthen FSA's work in this area.

—Seeking input from the Office of the Inspector General (OIG) and engaging Members of Congress, whose constituents receive services from FSA.

—Continuing our robust outreach efforts to parents, students, colleges, and community organizations, and conduct listening sessions with them this summer.

Question. Student Loan Repayment: Secretary Cardona, at several previous hearings before this Committee, I asked you repeatedly about the transition back to repayment, and you assured me that the Department was committed to providing clarity for borrowers and facilitating a successful resumption of payments. At last year's hearing, you assured me explicitly that the Department would "work with its contractors and outside partners to ensure that borrowers have the most up-to-date, accurate information on the status of their loans."

Why, then, have borrowers had to deal with incorrect information and confusion as they attempt to make the payments they owe?

Answer. The Department has worked closely with its loan servicers throughout the return to repayment process. This was a herculean task to bring approximately 28 million borrowers back to repayment last October, which is five times more than in an entire typical year. Federal Student Aid has been burdened with flat funding and higher costs, leaving servicers with significantly fewer call center representatives per borrower than they had in 2020. FSA provided updated versions of a communications playbook to servicers to provide smooth communications to borrowers.

Question. How is the Department working to better support borrowers and ensure they have the accurate information they need to successfully make their required payments?

Answer. The Department has changed the way we communicate with borrowers and made it easier for borrowers to reach us through our call centers. The return to repayment was the first time the Department has been able to do direct outreach to borrowers. We emailed and texted millions of borrowers with information about repayment options and directed them to affordable repayment plans and the opportunity to enroll in auto-debit. The Department initiated a one-of-a-kind program developed with academic researchers call the Targeted Early Delinquency Intervention campaign that tested communication models for borrowers who missed payments to get them back on track.

Question. Educator Shortage: Schools in New Hampshire are facing significant challenges with hiring and retaining teachers, staff and school administrators.

How is the Department working to address the educator shortage facing schools across the country?

Answer. The Department is working to help states and districts in their efforts to eliminate educator shortages through programs that expand access to high-quality and affordable educator preparation programs, promote career advancement and leadership opportunities for educators, provide high-quality new teacher induction and professional development throughout educators' careers, and address teacher compensation. The Department has partnered with the Department of Labor to bring Registered Teacher Apprenticeships to 37 states, DC, and PR in an effort to address educator shortages and invest in teacher preparation programs. Registered Apprenticeships are a key strategy in the Administration's plan to raise the bar in education and improve learning conditions in schools by ending the educator shortage and providing all students with great teachers prepared to succeed in the classroom. Additionally, the Administration's FY 2025 Budget requested significant increases for competitive programs that will strengthen and diversify the teacher pipeline by helping states and districts build high-quality pathways into the profession to recruit and prepare educators. The budget request includes:

1. Increase of \$25 million for Teacher Quality Partnerships, to prepare educators through effective programs including teacher residencies and grow-your-own programs.

2. Increase of \$15 million for the Augustus F. Hawkins Centers of Excellence Program, to support a diverse and well-prepared pipeline of effective educators by expanding and strengthening teacher education programs at Historically Black Colleges or Universities (HBCUs), Hispanic-serving Institutions, Tribally Controlled Colleges or Universities (TCCUs), and other Minority-Serving Institutions (MSIs).

3. Increase of \$10 million for the Personnel Preparation Program, an investment designed to bolster the special education educator pipeline.

4. Level support is requested for the State Personnel Development Program, an investment designed to help State educational agencies (SEAs) reform and improve their systems for personnel preparation and professional development

of individuals providing early intervention, educational, and transition services to improve results for children with disabilities.

Question. How is the Department supporting school districts in their efforts to recruit and retain teachers, school leaders and staff?

Answer. In addition to the request for increased funding for teacher preparation programs, the Administration has requested an increase in funding for competitive grant programs that support educators and school leaders to develop, prepare and retain teachers throughout the pipeline. The budget request includes:

1. Increase of \$5 million for Graduate Fellowships, to support the training of more higher education faculty with the knowledge and skills to train the next generation of teachers.
2. \$90 million for the Supporting effective educator development to prepare, develop, and retain an effective and diverse teacher and school leader workforce, that can meet the social, emotional, mental health and academic needs of their students.
3. \$173 million for the Teacher and School Leader Incentive grants, to support school-based models of distributed leadership that give teachers the opportunity to lead beyond the classroom, and be compensated for this work, improving teacher retention.

Question. Pandemic Relief Funds: I am hearing concern from schools across my state about the upcoming expiration of Elementary and Secondary School Emergency Relief (ESSER) funds. I appreciate the guidance the Department has provided for states and school districts that may need additional time to continue liquidating funds, and I continue to urge the Department to work to ensure this process is feasible and not burdensome for school districts to navigate.

Given that some school districts may be interested in submitting their late liquidation applications as soon as possible, whereas others may not be ready until closer to the deadline, can you confirm that states will have multiple opportunities to request late liquidation flexibility on behalf of their school districts?

Answer. A State, as the Department's pandemic-relief grantee, determines both its timeline and process for requesting a late liquidation extension on behalf of itself and its school districts. The Department does, however, require that the submission of a State's request for a liquidation extension include the forecasted amount of funds to be liquidated during the period of extension for both the State and all of its districts. The Department does not review incomplete requests, meaning those requests that do not accurately project the anticipated needs of a grantee and all of the school districts for which the State will extend the liquidation period when its extension is approved. States may amend requests as better State and local fiscal data becomes available. This process ensures that the Department has the necessary fiscal data to provide adequate oversight for the continued implementation of ARP funds during the extended liquidation period.

Question. How is the Department ensuring that districts are aware that they can extend time for contracted services through the late liquidation time period to ensure that tutoring services, mental health services and other effective programs can continue past the obligation deadline?

Answer. The Department has held multiple office hours for grantees, including State education agencies and Governors, to ensure that the timeline and process for seeking an extension is clear. During these sessions, the Department has communicated that activities may continue past the obligation deadline under certain circumstances, namely, if allowable under State and local procurement laws. These office hours are recorded and available on the Department's website. Further, the Department held monthly check-in calls with each State throughout the spring. These calls focused on ensuring that grantees are regularly communicating their timelines and processes for requesting liquidation extensions to their subrecipients within the State. States have also received individual technical assistance to support the State to submit a complete and accurate request as soon as possible.

Question. How is the Department's proposal for new ESSER spending data collection requirements, which the Department expects will require an additional four million personnel hours for school districts to comply with, different from existing data collection requirements on states and school districts, and why are these new requirements needed in addition to the information already provided through state and district plans?

Answer. New ESSER spending data collection requirements include detailed subcategories for the use of funds (e.g., meals for students, tutoring, additional staffing/activities to support social and emotional well-being, community schools, etc.). This will provide the public with more detailed information on ESSER expenditures compared to the broad categories we previously required, which offered little detail

through general accounting code categories. States were notified of this change in 2022, with initial collection of the expanded data set beginning in 2024.

Question. How is the Department working to support school districts facing upcoming budgetary challenges as a result of the expiration of pandemic relief funds?

Answer. The Strategic Planning for Continued Recovery (SPCR), is an ED-funded initiative that began during the summer of 2023, which aims to support insular areas as well as state educational agencies (SEAs) as they work with local educational agencies (LEAs) to sustain effective investments funded by ESSER (Elementary and Secondary School Emergency Relief) and ESF (Education Stabilization Fund). To best support the field, ED compiled a cross-office SPCR Project Team and Advisory Board, with representatives from: the Office of Assistant Secretary, Office of Formula Grants, Program and Grantee Support Services, Office of State and Grantee Relations, Office of School Support and Accountability, Rural Insular and Native Achievement Programs, and the Office of Special Education and Rehabilitative Services.

The SPCR focuses on supporting SEAs (and, by extension, LEAs) to implement six strategies: (1) Determine impact of investments; (2) Prioritize efforts for ongoing recovery & transformation; (3) Achieve sustainability through financial planning; (4) Ensure access & opportunity for all; (5) Communicate impact of investments; and (6) Support/sustain systemic capacity building. Within those strategies, SEAs have engaged LEAs by using five levers: 1) Grantmaking; 2) Monitoring; 3) Policies; 4) Technical Assistance; and 5) Partnerships.

Through the SPCR, SEAs have participated in a variety of activities over the last year, including: attending live or watching a recording of strategy-specific webinars, learning from and sharing with other SEAs through cross-SEA collaboration sessions, and accessing individualized consultations with SPCR initiative content experts. The SPCR also has a robust resource inventory, including the SPCR SEA Sustainability Planning Template. The initiative regularly amplifies materials from SEAs and LEAs—such as North Carolina’s ESSER Funding Cliff Toolkit—to support ED stakeholders with the sustainability of effective ESSER and ESF investments.

Finally, at the start of June 2024, the SPCR team launched three short-term communities of practice. All SEAs and IAs were invited to join. These COPs, focused on return on investment [Participants: DC, Guam, IN, NE, NV, NJ, NY, NC], evaluating trade-offs [Participants: WA, AL, USVI], and planning sustainability of effective internal processes and technical assistance supports provided to LEAs [Participants: CNMI, OK, KS, American Samoa, CA], are convening SEA teams to learn from one another and to receive free coaching from SPCR subject matter experts. All COP participants will meet in Dallas, TX in July 2024 for an in-person institute and in August 2024 for a cross-SEA share-out of lessons learned and best practices as they plan for the expiration of pandemic relief funds.

Question. Given that school districts will be looking for alternative sources of funds to replace pandemic relief funding, how is the Department working to notify school districts about funding opportunities, such as new competitive grant opportunities, that can enable them to sustain personnel and services?

Answer. When the Department opens new grant competitions it publishes a Notice Inviting Applications (NIA) in the Federal Register, which includes information on program purpose, eligible applicants, selection criteria, and award information. The Department promotes these new funding opportunities publicly and shares with relevant stakeholders (e.g., States, districts, professional groups, advocacy groups and others). Information on current open grant competitions, can be found [here](#).

The Department released a factsheet, *Sustaining Investments in Teachers Beyond the American Rescue Plan*, highlighting additional Federal resources available to sustain ARP investments in key strategies focused on attracting, preparing, supporting, and retaining a diverse teacher workforce and address teacher shortages for the long-term. In addition, the Department has released two policy briefs, which discuss specific grants that can be used to support educators.

Finally, the Department’s *Raise The Bar* pages include information about grants and resources that States and districts can leverage to support an array of needs.

Question. Mental Health: I continue to be concerned about the mental health crisis facing school communities.

How is the Department using appropriated funds to help increase access to mental health services in schools?

Answer. The Department has long supported increasing access to school-based mental health services to make it easier for any student struggling with these challenges to get the help they need. It is critical that we recognize psychological distress and ensure access to the support and services needed to diagnose and treat mental illness. The Bipartisan Safer Communities Act (BSCA) authorized \$2 billion

in funding for the Department to expand school-based mental health services and to provide additional support for States and districts to support initiatives to promote safe and healthy learning environments for students and school staff.

Through BSCA and School Safety National Activities funding, the Department has awarded a total of 264 grants under the School-Based Mental Health Services (SBMH) grant program and the Mental Health Service Professional (MSHP) Demonstration grant program to date. The purpose of SBMH is to increase the number of credentialed school-based mental health service providers delivering school-based mental health services to students. Funding for MHSP is used to train school-based mental health services providers for employment in schools and local educational agencies. In FY 2024, we plan to make additional awards under both programs with funding from the School Safety National Activities funding.

In addition, under BSCA, the Stronger Connections grant program provided \$1 billion in funding for State educational agencies to award competitive grants to high-need LEAs to broadly support safe and healthy learning environments, in accordance with section 4108 of the ESEA. This could include additional supports for school-based mental health services.

The FY 2025 budget request builds on these investments through funding under the following programs:

- The School Safety National Activities request would provide approximately \$39.8 million under for new awards under SBMH and MHSP programs.
- Funding under Student Support and Academic Enrichment program can be used to support safe and healthy students and provide school-based mental health services, including through partnerships with mental health or healthcare entities. The request for this program aims to increase access to school-based health services, including mental health services, for students enrolled in Medicaid and the Children's Health Insurance Program (CHIP). The Department is considering using a portion of the FY 2025 funds reserved for technical assistance and capacity building to further assist States and LEAs to implement and expand school-based physical and mental health services. Working in close coordination with the newly launched technical assistance center for school-based Medicaid run by the Centers for Medicare and Medicaid Services, the Department would continue to provide technical assistance and resources for States and LEAs to address physical and mental health needs of students.
- The request for Full-Service Community Schools would support efforts to increase access to school-based health services, including mental health services, for students enrolled in Medicaid and CHIP. Community schools, which often offer mental and physical healthcare services to students, may be well positioned to leverage Medicaid and CHIP funding to expand the school-based services offered to students.

Question. What does the Department see as the primary challenges facing efforts to increase the numbers of school-based mental health professionals?

Answer. Funding and access to licensed mental health professionals appear to be significant challenges to providing school-based mental health services according to results from the NCES School Pulse Survey for the 2023–2024 school year reported in March of 2024. Data from that survey indicated that only 48 percent of public schools agree that they are able to effectively provide mental health services to all students in need. Inadequate funding was identified as a limiting factor for 57 percent of public schools, and inadequate access to licensed mental health professionals was identified as a limiting factor for 53 percent of public schools. A 2022 GAO report documented financial, educational, and workplace challenges for recruiting and retaining behavioral health providers that are relevant to school settings. These challenges include (1) low reimbursement rates and compensation for behavioral services; (2) a lack of a pipeline for recruitment for underserved populations to enter the workforce because many programs designed to recruit diverse behavioral health providers only benefit individuals already studying in a behavioral health field; and (3) a workload for behavioral health providers that is often high, which can lead to providers burning out and leaving the field.

Question. Education Research: I appreciate that the Department is looking to diversify the types of institutions that receive funding from the Institute of Education Sciences (IES).

What is the Department of Education planning to do in FY 2025 to ensure more funding goes out to research institutions that have not traditionally received IES funding?

Answer. The Research Centers at IES (National Center for Education Research (NCER) and National Center for Special Education Research (NCSE)) are also implementing broad outreach strategies to research institutions across the nation. We are working collaboratively with our colleagues in other parts of the Department to

ensure that our funding opportunities are shared broadly. In addition, we have announced our primary competitions with sufficient time so that our program officers can provide technical assistance to new applicants.

Under its Research Training in the Education Sciences grant program (84.305B), NCER has developed opportunities for early career researchers from any research institution to submit applications for smaller grants. These efforts have resulted in NCER providing research grants to two MSIs and one research institution for the first time. NCER continues to reach out to potential early career applicants at institutions that traditionally have not been grantees.

The Research Training in the Education Sciences grant competition also supports our Pathways to the Education Sciences program (<https://ies.ed.gov/ncer/projects/program.asp?ProgID=95>) which are awarded to awarded to minority-serving institutions (MSIs) and their partners. To date, IES has made twelve awards to seven MSIs. IES intends to invite applicants to this program in FY 2025.

NCER has also launched several programs intended to increase the number of applications we receive from a different and wider range of applicants. For example, both our Transformative Research in the Education Sciences and our Using Longitudinal Data to Support State Education Policymaking programs require partnerships with industry (the Transformative program) and with state and local education agencies.

Question. How are you working to facilitate innovative education research at IES?

Answer. IES recently established the Accelerate, Transform, Scale (ATS) Initiative, which supports advanced education research and development (R&D) to create scalable solutions to improve education outcomes for all learners and eliminate persistent achievement and attainment gaps. The ATS Initiative is inspired by the advanced research projects agencies (ARPAs) found throughout the Federal government. ARPAs leverage insights from basic and applied research to develop and scale breakthrough solutions and capabilities in focused areas that research and industry do not traditionally support.

Through this initiative, IES is investing in bold, innovative ideas that come from interdisciplinary, diverse teams that have the potential to make dramatic advances towards solving seemingly intractable problems and challenges in the education field. A central part of IES's innovative education research investments is incentivizing partnerships between research institutions and other important education stakeholders. For example, the California Policy Lab (based at UC Berkeley and UCLA) partnered with the California Community College Chancellor's Office, the University of California Office of the President, the California Department of Social Services, and the California Student Aid Commission. By combining data from these organizations, the researchers can estimate both the number of CA college students eligible for SNAP benefits and the number receiving them. The research is likely to lead to innovations in how the program is provided and disseminated in response to the finding of a wide gap between eligibility and receipt, and differences in how students are treated based on the type of college they attend. (Note: the report will be released tomorrow if we want to link to it).

In the Transformative Research in the Education Sciences program, IES requires teams to include a partnership between a research organization, product development organization, and education agency. Awardees must also establish a cost sharing partner by the start of the second year of their grant to ensure that there is another entity with a vested interest in the sustainability of the project.

Through its Statistical and Research Methods in Education grant program, IES is supporting the development of research methods that allow researchers to do new types of analyses and design new or improved research projects.

QUESTIONS SUBMITTED BY SENATOR JEFF MERKLEY

TRIO and FAFSA

Question. The rollout of the new FAFSA has been difficult for students and colleges across the country. One such population that has been negatively impacted by the new FAFSA is students who might be eligible for TRIO.

TRIO law stipulates that to qualify for the program, students must demonstrate that their family's taxable income did not exceed 150% of the Federal poverty level. However, under the new FAFSA, TRIO programs are unable to automatically access information about whether a student qualifies for TRIO (their family's taxable income).

Now, to obtain the information needed to determine students' eligibility, TRIO programs must ask students to submit a waiver to their financial aid offices consenting to the release of their Federal tax information. The student must then re-

turn to the TRIO office with this information, which the program will then use to determine program eligibility. This is a very cumbersome process that adds additional barriers to students' participation in TRIO.

Secretary Cardona, is the Department of Education doing anything to address this problem or does Congress need to pass legislative language to fix this issues?

Answer. The Department continues to prioritize our work in rolling out the new FAFSA. Specific to TRIO eligibility, we agree that the current definition of low-income in TRIO statute is overly restrictive and creates barriers for TRIO grantees seeking to enroll otherwise eligible students that meet commonsense definitions of low-income. For that reason, the Administration proposed appropriations language in the FY 2025 President's budget that would broaden the definition of low-income to provide TRIO grantees with greater flexibility in determining whether a potential TRIO participant qualifies as a low-income individual. The proposed language would allow TRIO grantees to, when determining whether a potential participant is a low-income individual, consider whether the potential participant or their immediate family has participated in the past year in certain Federal assistance programs, in addition to the existing criteria set forth in the HEA. We believe that this proposed language would reduce barriers for recruiting and enrolling eligible participants, thereby ensuring that TRIO grantees are able to serve the students with the greatest need.

QUESTIONS SUBMITTED BY SENATOR JOE MANCHIN, III

Student Debt Forgiveness

Question. Our national debt continues to grow and recently exceeded \$34 trillion. This Administration's new student loan cancellation proposal is estimated to cost as much as \$750 billion. We simply cannot afford to add another \$750 billion to the national debt.

There are already more than 50 student loan repayment and forgiveness programs that aim to attract individuals to vital service jobs, such as teachers, healthcare workers, and public servants. This Administration's student debt cancellation programs undermine these programs and force hard-working taxpayers who already paid off their loans or did not go to college to shoulder the cost. Instead, we should be focusing on bipartisan student debt reforms that take commonsense steps to fill the gaps in our workforce.

That is why I introduced the bipartisan SMARTER Debt Act. This bill would establish an interactive, online dashboard at the Department of Education to improve public access to information about these existing student loan programs that aim to attract borrowers to public service and highly needed professions.

Will you support my commonsense proposal to promote student loan forgiveness programs that aim to fill the gaps in our workforce shortages?

Answer. We would be happy to discuss with your office the best ways to make sure that borrowers are aware of the forgiveness opportunities available to them.

Question. Can the Department commit to promoting these existing programs to further incentive students to enter into public service, teaching, and healthcare?

Answer. The Department believes that programs that provide relief for public service, particularly the Public Service Loan Forgiveness Program, are critical for ensuring that students are able to work in public service professions. We have and will continue to promote PSLF. If there are other Federal programs that we should consider, we would be happy to have a conversation with your office.

FAFSA and Homeless Youth

Question. While we are all aware of the many of the challenges surrounding the launch of the new Free Application for Federal Student Aid (FAFSA), the application delays have been particularly burdensome for students in foster care and students experiencing homelessness. The West Virginia Department of Education identified more than 13,530 students who experienced homelessness last school year.

For anyone to move out of poverty and live a healthy life, it's helpful to have some sort of postsecondary education or skills training. One of the most significant barriers to access is financial aid. Without it, they cannot transition to and complete their college education—leaving them at a higher risk of continued homelessness and hardship as adults.

The FAFSA Simplification Act included provisions to remove barriers that are commonly faced by youth experiencing homelessness—specifically all of the documentation they needed to “prove” that they have no home. However, I am disappointed to hear about the ongoing challenges that these students are facing during the Department's rollout of the FAFSA.

Can you share how the Department plans to resolve the documentation challenges that youth experiencing homelessness are facing and how the Department plans to provide assistance to these students?

Answer. The Department has published via Electronic Announcement (GEN-23-06) and the FSA Handbook clear guidance outlining the responsibilities of the Financial Aid Administrator in implementing the provision of the FAFSA Simplification Act as it related to Unaccompanied Youth and Homeless determinations. We will continue to emphasize this guidance with the financial aid community.

FAFSA Completion Concerns

Question. West Virginia's high school FAFSA completion rates are down nearly 40 percent, despite holding over 200 FAFSA workshops across the state. Students and parents have become increasingly frustrated when they receive errors and have to wait for the Department to reprocess them.

Every student and their family deserve to know the full cost of going to college before they make such an important decision. Students should have all of the facts necessary to learn the best way to finance a college education, and these persistent FAFSA changes and delays are ultimately affecting these students' ability to pursue a college degree and will harm those most in need of aid.

How is the Department assisting states, like my home state of West Virginia, who are experiencing lower than average FAFSA completion numbers?

Answer. The Department is keeping careful track of the states who have lower than average FAFSA completion numbers this cycle and is implementing a variety of tactics to provide support, including dedicated outreach to make state officials aware of the Student Support Strategy—which provides funds for FAFSA completion efforts over the summer months, dedicated weekly office hours for state personnel to join with senior ED and FSA leaders to get information, share best practices, and ask questions, and importantly, sharing data through weekly emails to state, district, and local leadership about submission and completion data and metrics by state and district. Further, ED is working with national non-profit and college access organizations to direct surge capacity over the summer months to states needing support, is providing targeted direct messaging through existing communication channels and promotional campaigns, and is collecting state-specific data via survey about student completion portals and LEA utilization rates in order to provide and/or direct technical, operational, and philanthropic support over the summer months.

FAFSA Impacts on Schools

Question. While colleges and universities are already extending their decision deadlines to give prospective students enough time to weigh their admissions offers, schools are now experiencing delays in even being able to send their financial aid packages out as the Department continues to find errors and reprocess FAFSA applications.

These continuous delays and the Department's frequently changing guidance are creating uncertainty around college decisions for institutions, students, and their families. Not being able to provide financial aid information prevents students and their families from being able to make timely and informed financial decisions. This puts additional financial strain on families which in turn can be detrimental to institutions of higher education who have experienced declining enrollment since the COVID-19 pandemic.

With these ongoing FAFSA issues, colleges are reporting significant declines in undergraduate deposits, potentially forecasting another decline in enrollments this fall.

When does the Department plan to publish the draft FAFSA form for the 2025–2026 school year?

Can the Department commit to making the form for school year 2025–2026 available to complete online by October 1, 2024?

Answer. The Department has already received and processed over 12.22 million FAFSA forms, 11.68 million of which have been processed as of July 9, 2024. The Department has made significant progress in closing the gap in FAFSA submissions to 5.7 percent as of July 9 compared to this time last year, down from nearly 40 percent in March. Nearly all four-year colleges and universities are packaging aid offers for students who are now making enrollment decisions.

We have heard from students, families, institutions, states, and those that support them that it is important for the FAFSA form to launch on October 1. The Department is working toward this goal.

To ensure a consistent and smooth user experience during the upcoming FAFSA cycle, the 2025–26 FAFSA will remain consistent with the 2024–25 form. As a re-

sult, and similar to previous years when we have not had major shifts in functionality, the 2025–26 form will not be made available for public comment. However, we will continue to focus our efforts on improving the user experience for students, families, and our partners and will collect feedback to inform our efforts through a series of listening sessions and a Request for Information (RFI) this summer to solicit feedback from those not able to attend the sessions.

The Department will request specific feedback on ways to improve the help text on the form, student tip sheets, or other direct communication to students to ensure students can successfully complete and submit the form. The Department will also request feedback from financial aid administrators, counselors and others on ways the Department can provide additional support to them in their work.

The listening sessions and RFI will also lead to the development of a new Better FAFSA Better Future Roadmap—to be released in late summer—that will outline new tools the Department is making available, such as additional trainings, webinars, counselor guides, and student tip sheets.

Homeless Youth

Question. During the height of the COVID–19 pandemic, I was proud to secure additional funding for the education of homeless children and youth in the response to evidence that children and youth experiencing homelessness were disproportionately impacted by school closures, yet were largely overlooked in the first two COVID–19 packages. Those funds, the American Rescue Plan—Homeless Children and Youth (ARP–HCY) funds must be obligated by September 30th of this year.

Unfortunately, youth homelessness has worsened since the pandemic, and in the last year there has been a 16% increase in the number of families in homeless shelters. In 2023, the West Virginia Department of Education has identified more than 13,530 students who experienced homelessness. With the increase in student homelessness, I was pleased that the President’s budget requested \$129 million for McKinney-Vento education dollars.

Given the increase in student homelessness, the incredible impact of the ARP–HCY funds for which I advocated, and the fact that current funding level only allows 1 out of 5 school districts to receive targeted support, can you share what the Department is doing to support and address the rise of homeless youth in West Virginia and across the country?

Answer. The ARP–HCY funds presented unprecedented opportunities for SEAs and LEAs to enhance their ability to assist children and youth experiencing homelessness. While the ongoing McKinney-Vento Education for Homeless Children and Youths (EHCY) program typically focuses on educationally related support service needs, the ARP–HCY funds allow SEAs and LEAs to collaborate with other agencies and organizations to form a comprehensive support system for addressing various needs for students in the form of wrap-around services. The Department required States to allocate at least 75 percent of the ARP–HCY funding to LEAs via subgrants, which allowed SEAs to offer subgrants to LEAs that had not previously had an EHCY subgrant to improve their capacity to identify and support the needs of students experiencing homelessness. The remaining funds were available for State-level activities to support training, technical assistance, capacity-building, and engagement at the State and LEA levels.

In addition, the Department’s National Center for Homeless Education (NCHE) provides support to help States and LEAs maximize their ARP–HCY funds. The Department has offered regular webinars, office hours, and other presentations at national conferences on supporting implementation of the EHCY and ARP–HCY programs, including strategies for maximizing the obligation of funds and building sustainable impact (given that the ARP–HCY funds are a one-time investment). NCHE offers a range of products and services for homeless education staff and stakeholders in both States and LEAs, such as topical reports and briefs, including program practice spotlights from around the country, topical ad hoc workgroups of SEA staff, and regularly maintaining a hotline and website.

Each SEA receives customized technical assistance by NCHE to meet their specific needs. This includes support with how to analyze its LEA data on students experiencing homelessness and strategies for obligating funds in collaboration with community-based organizations who also serve these students and their families. Department staff continue to regularly engage with SEA staff to provide support and help them maximize the reach and value of the ARP–HCY funds to meet the needs of homeless children and youth by the obligation deadline of September 30, 2024.

Question. 52% of students experiencing homelessness were chronically absent during the 2021–2022 school year. Students experiencing homelessness face unique barriers to school attendance, including frequent moves that make transportation dif-

ficult, lack of basic needs like clothes and hygiene products, and more. Within the Department's efforts to reduce chronic absenteeism, what specific actions are being taken to address the high chronic absence rates of students experiencing homelessness?

Answer. Chronic absenteeism is one of the performance measures for the EHCY program, so the Department tracks year-to-year performance nationally and by State. Furthermore, information is made public annually on ED Data Express and through the Department's National Center for Homeless Education. Both the Department and NCHE highlight this topic and data on chronic absenteeism among students experiencing homelessness and strategies for addressing this issue in presentations, webinars and other communications. In Dear Colleague Letters on the ARP-HCY program and various webinars and other communications, the Department has addressed allowable uses of funds that address chronic absenteeism from transportation and health barriers to strategies to engage and support students experiencing homelessness. For example, wraparound services, even provision of clothing and food, extra-curricular activities, can be tied to reducing chronic absenteeism. Finally, in its approaches to addressing the increase in chronic absenteeism among public school students in general, the Department has focused on the needs of special populations such as students experiencing homelessness.

Question. Will the Department issue public guidance affirming that the allowable uses of ARP-HCY funds, as explained in the September 2023 Dear Colleague Letter to Chief State School Officers, are also allowable under Education for Children and Youth funds, including short-term motel stays when reasonable and necessary and used as a last resort when no other options are available?

Answer. The Department does not have plans to issue guidance specific to this particular use of funds under the EHCY program. However, please note that in the September 2023 DCL, this particular use of funds had a footnote with the following explanation:

"The ARP-HCY statute provides additional emergency funding to SEAs and LEAs to enable homeless children and youth to attend and fully participate in school and to provide these children and youth with wraparound services given the COVID-19 pandemic. As an emergency program, the Department has determined that using ARP-HCY funds for short-term emergency housing is consistent with the purpose of the ARP-HCY statute and could be allowable as a wraparound service made necessary by circumstances precipitated by or related to the COVID-19 emergency, provided the cost of the housing is reasonable and necessary and all other requirements are met. This use of funds would not, however, be allowable under the regular EHCY program."

In our webinar on May 28, 2024, on "Maximizing Unobligated ARP-HCY Funds," the Department clarified that it is possible for SEAs and LEAs to use ARP-HCY funds to extend the provision of this service as late as March 2026, if the SEA applies for liquidation extension for this period of time and the SEA or LEA contracts with a community-based organization to provide short-term temporary housing to students experiencing homelessness.

Question. Will the Department provide sample language that States can utilize in their late liquidation applications for ARP-HCY to ease the burden on them and streamline the process for the Department?

Answer. Yes. The Department has established a template to streamline State's applications for late liquidation and has provided a number of technical assistance opportunities to clarify the process for SEAs. For example, the Department held two webinars and a presentation on this topic and will be holding monthly office hours on ARP-HCY liquidation extension, starting in June 2024, to discuss the process and examples of how submit complete requests. This will build on the substantial work already in place, including the technical assistance webinars following the release of the CARES Act funding liquidation extension request template in October and November 2022 and the work to provide late liquidation for the ESSER and GEER programs. Communications to grantees detailing the ARP-HCY liquidation extension process are available on the Department's ARP-HCY webpage under "Fiscal Information" (<https://oese.ed.gov/offices/american-rescue-plan/american-rescue-plan-elementary-secondary-school-emergency-relief-homeless-children-youth-arp-hcy/fiscal-information/>). Our policy for requesting an ARP-HCY liquidation extension is not new for SEAs; it is consistent with the templates for ESSER I-III and EANS.

Question. Title I, Part A requires that LEAs receiving such funds set aside such sums as may be necessary to provide educationally related support services to assist students experiencing homelessness. What efforts have been made by the Department to encourage LEAs receiving Title I, Part A funds that have not identified students experiencing homelessness to use their set aside funds for identification purposes?

Answer. The Department does not interpret the revised statutory language for the Title I, Part A LEA homeless reservation as requiring a set-aside of all LEAs receiving Title I, Part A funds if the LEA does not have any identified students experiencing homelessness enrolled in the LEA. Having said that, the Department is committed to supporting meaningful implementation of the Title I, Part A reservation for students experiencing homelessness. In our recent technical assistance and monitoring we have encouraged SEAs and LEAs to use recent trend data on homeless student enrollment and achievement gaps to determine a necessary and reasonable amount that is sufficient to address the unique needs of students experiencing homelessness.

This topic has also been a significant part of the Department's monitoring efforts. The Department recently revised our monitoring protocol for McKinney-Vento to include questions about the Title I, Part A homeless set-aside and have had findings in several States that require the SEA to issue joint Title I and McKinney-Vento guidance to LEAs concerning how to determine a sufficient LEA homeless reservation. As a result, three SEAs monitored in recent years have already posted new guidance on their websites (i.e., South Carolina, Arkansas and Michigan). Other states are in the process of resolving corrective action on this matter by summer 2024 (e.g., Minnesota and Illinois). The Department has focused on this finding in our technical assistance and webinars with all SEAs, including both at conferences of State Title I coordinators and our annual conference of McKinney-Vento Education for Homeless Children and Youth program State Coordinators. We focused on the need by the SEA to provide this kind of oversight and guidance or technical assistance to all LEAs enrolling students experiencing homelessness. An LEA without an enrolled student experiencing homelessness may also use local or trend data to set-aside an amount to improve the identification of such students and connecting them to educationally related support services.

As a further step for ensuring accountability on this issue, we have taken steps to improve transparency of SEA data. In February 2024, States submitted, for the first time, data on LEA reservations of Title I–A funds that includes the initially reserved amount to serve students experiencing homelessness. The Department is currently reviewing these data. Having these data will allow the Department compare the Title I homeless set-aside to the homeless student count. This analysis will show the number of LEAs that have not set-aside funds to address student homelessness and will inform our monitoring and technical assistance activities in FY 2025.

Finally, the Department's National Center for Homeless Education (NCHE) has supported implementation of the Title I, Part A set-aside requirements through general technical assistance and targeted assistance to grantees. For example, NCHE published a training module entitled "Title I, Part A Reservation of Funds for Students Experiencing Homelessness" in April 2023 (<https://nche.ed.gov/title-i-pre-recorded-webinar/>). NCHE has also updated its LEA Needs Assessment Tool (<https://nche.ed.gov/needs-assessment/>), which includes a section specific to the Title I, Part A reservation.

QUESTIONS SUBMITTED BY SENATOR SHELLEY MOORE CAPITO

FAFSA Implementation

Question. I'm concerned that the Department used time, resources, and personnel to advance its priorities around canceling student debt that otherwise would have been directed towards implementing the FUTURE Act and the FAFSA Simplification Act.

How many staff at the Department worked exclusively on implementation of the FAFSA Simplification Act and the FUTURE Act?

How many staff at the Department have spent any portion of their time working on debt cancellation or forgiveness efforts?

Answer. Offices across the entire Federal Student Aid enterprise have and continue to support the 2024–25 FAFSA development and implementation in various capacities. This includes the Office of Student Experience and Aid Delivery, the Office of Partner Participation and Oversight, the Policy Implementation and Oversight Directorate, the Enterprise Technology Directorate and others. Many of these offices and others, such as the Partner Enforcement and Consumer Protection Directorate, are involved in ensuring that students receive access to student loan forgiveness programs for which they are eligible.

Other offices across the Department also support the implementation of FAFSA Simplification Act and FUTURE Act including: Office of the Secretary, Office of the Deputy Secretary, Office of the Under Secretary, Office of Communications and Out-

reach, Office of Legislation and Congressional Affairs, Office of the General Counsel, Office of Postsecondary Education, and the Office of Planning, Evaluation and Policy Development.

Question. The Department is facing a crisis of credibility and trust with financial aid offices, students, families, counselors, and the general public as a result of the continued delays and errors surrounding the 2024–25 FAFSA. This not only creates issues during the award year, but could result in effects that spill over into next year's cycle.

What efforts are being made to restore trust with students, families, institutions, and the public?

Answer. The Department recently outlined comprehensive steps it is taking to improve Federal Student Aid (FSA) for students, families, borrowers, and schools. These efforts will ensure FSA works better and addresses ongoing management and operational challenges. Specifically, the Department has or is taking the following steps:

- Searching for a new Chief Operating Officer (COO) for FSA.
- Conducting a full-scale review of FSA's current and historical organization, management, staffing, workflow structures, business processes, and operations to continue bringing the Federal financial aid system into the 21st century.
- Hired an independent consulting firm to make recommendations to the COO and the Secretary on ways to improve the design, structure, and processes within FSA, with a focus on building an updated organizational structure and workflow.
- Reviewing contracts and acquisition procedures to ensure contracts are appropriately structured to hold vendors accountable for meeting key deadlines, achieving desired outcomes, and providing the best value to the agency and protecting taxpayers' resources.
- Restructuring senior leader reporting protocols to increase accountability and make sure we provide the best value to the agency and protect taxpayers' resources.
- Creating a new IT innovation team empowered to lead information technology design to support the digital transformation of the organization. This new team will oversee recruitment of top engineers, project managers, and designers who will bring critical information technology expertise and experience to strengthen FSA's work in this area.
- Seeking input from the Office of the Inspector General (OIG) and engaging Members of Congress, whose constituents receive services from FSA.
- Continuing our robust outreach efforts to parents, students, colleges, and community organizations, and conduct listening sessions with them this summer.

In addition, the Department announced Jeremy Singer as FAFSA Executive Advisor in FSA to lead the FAFSA overall strategy and accelerate technology innovation to further enhance FSA's technical and operational capabilities.

We have heard from students, families, institutions, states, and those that support them that it is important for the FAFSA form to launch on October 1. The Department is working toward this goal and toward launching other functionality to ensure students receive timely aid offers for the 2025–26 award year as quickly as possible.

As part of the effort to launch the 2025–26 form, the Department will also request feedback from financial aid administrators, counselors and others on ways the Department can provide additional support to them in their work.

Question. Even though the Department is still in the midst of dealing with issues for this current FAFSA cycle, staff should also be focusing on the development of the 2025–26 FAFSA. The Department has not yet released any information on whether the 2025–26 FAFSA is on track, or whether additional delays should be expected. What we do know is that in a typical year, the draft FAFSA is released for public comment by late February, and to date, the 2025–26 draft FAFSA has not yet been released.

Where does the FAFSA development cycle for the 2025–26 award year currently stand?

What are you doing to ensure that the delays and errors that plagued this FAFSA cycle are not repeated?

Can you commit that the 2025–26 FAFSA will be available and fully functional by October 1, 2024?

Answer. We have heard from students, families, institutions, states, and those that support them that it is important for the FAFSA form to launch on October 1. The Department is working toward this goal and launching other functionality to ensure students receive timely aid offers for the 2025–26 award year as quickly as possible.

The Department has announced Jeremy Singer, president of the College Board, as a new FAFSA Executive Advisor. He will lead FSA's overall strategy on the 2025–26 FAFSA form, working closely with the Department's leadership and the FAFSA implementation team to strengthen internal systems and processes, bolster technical capabilities, and drive innovation to help ensure optimal performance leading to the launch of the 2025–26 FAFSA form.

Senior leadership at the Department will continue to work closely with career staff to ensure the 2025–26 FAFSA is launched and ready for students to submit applications on an expected timeline of October 1, 2024.

To ensure a smooth user experience during the upcoming FAFSA cycle, the 2025–26 FAFSA form will remain consistent with the 2024–25 form. As a result, and similar to previous years when we have not had major shifts in functionality, the 2025–26 form will not be made available for public comment. However, we will continue to focus our efforts on improving the user experience for students, families, and our partners and will collect feedback to inform our efforts through a series of listening sessions and a Request for Information (RFI) this summer to solicit feedback from those not able to attend the sessions.

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The listening sessions and RFI will also lead to the development of a new Better FAFSA Better Future Roadmap—to be released in late summer—that will outline new tools the Department is making available, such as additional trainings, webinars, counselor guides, and student tip sheets.

Question. Beyond a properly working FAFSA, there are several additional milestones that are critical to ensuring a smooth application experience for students, including the delivery of applicant data to institutions, the ability for students and schools to make corrections, and the processing of paper FAFSAs.

When will ED make available a roadmap of resources and key delivery dates for these deliverables in the 2025–26 FAFSA cycle?

Can the Department ensure that for the 2025–26 award year, ISIR processing timelines, availability of student, parent, and institutional corrections, and processing of paper FAFSAs will return to the usual schedule of being available when the 25–26 FAFSA goes live?

Answer. We have heard from students, families, institutions, states, and those that support them that it is important for the FAFSA form to launch on October 1. The Department is working toward this goal and toward launching other functionality to ensure students receive timely aid offers for the 2025–26 award year as quickly as possible.

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To ensure a smooth user experience during the upcoming FAFSA cycle, the 2025–26 FAFSA form will remain consistent with the 2024–25 form. As a result, and similar to previous years when we have not had major shifts in functionality, the 2025–26 form will not be made available for public comment. However, we will continue to focus our efforts on improving the user experience for students, families, and our partners and will collect feedback to inform our efforts through a series of listening sessions and a Request for Information (RFI) this summer to solicit feedback from those not able to attend the sessions.

The Department will request specific feedback on ways to improve the help text on the form, student tip sheets, or other direct communication to students to ensure students can successfully complete and submit the form. The Department will also request feedback from financial aid administrators, counselors and others on ways the Department can provide additional support to them in their work.

The listening sessions and RFI will also lead to the development of a new Better FAFSA Better Future Roadmap—to be released in late summer—that will outline new tools the Department is making available, such as additional trainings, webinars, counselor guides, and student tip sheets.

Return to the Office

Question. The COVID national emergency has been over for almost a year now and, last August, the White House Chief of Staff encouraged agencies to bring back in-person work policies. What is the Department of Education's in-person work requirement?

Answer.

—Currently, non-bargaining unit employees on a telework agreement are required to come into the office 5 days a pay period.

—Upon completion of our bargaining obligations, the agency anticipates increased in-person presence for bargaining unit employees of 5 days a pay period.

Question. Approximately what percentage of the ED workforce is back in the office five days a week?

Answer. Out of the employees required to be in the office five days a week, 51% are back in the office.

Student Loan Forgiveness

Question. Earlier this month, the Department of Education published a draft regulation governing the President's "Plan B" student loan forgiveness program that is estimated to cost over \$147 billion. However, the draft is actually only part of the proposed program. The Department's press release said an additional rule will be published "over the course of the coming months" for borrowers who experience financial hardship. That rule is expected to be so broad that it would very likely result in forgiveness even more costly than the program struck down by the Supreme Court last summer. Just like the last illegal forgiveness plan, both the current and expected draft rules are far outside the scope of what Congress intended in the law.

Do you think Congress intended for the Department of Education to make up rules to forgive hundreds of billions of dollars of student loans when it wrote the Higher Education Act?

Answer. We believe the regulations being proposed provide important clarifications and transparency into longstanding authority granted to the U.S. Secretary of Education under the Higher Education Act.

Question. Will the Department commit that all forthcoming forgiveness rules will have at least thirty days between final publication and effective date, as required by the Administrative Procedures Act?

Answer. Generally, regulations promulgated under title IV of the HEA are Subject to a master calendar requirement in which regulations finalized before November 1 of a given year take effect the following year. That same statute provides authority to exercise early implementation of provisions at the discretion of the Secretary. We believe that authority dictates the timing of regulations related to Federal financial aid.

Communities in Schools

Question. The Department's FY 2025 budget would dedicate a significant amount of funding to provide support for planning and capacity building of services—such as integrated student supports—for traditionally underserved students in the Full Service Community Schools program. CIS and community schools have had tremendous impact in West Virginia, including serving over 114,000 students with the supports needed to succeed in school and life across 272 schools in 55 counties. 89% of these students graduated or got a GED, 82% improved academics, and over 99% stayed in school. The planning and capacity building grants proposed by ED could provide early support for new and less experienced grantees to focus on one of the four pillars of community schools, like evidence-based integrated student supports, designed to meet the urgent needs of local communities, while they decide if they will apply for a full grant.

What does the Department feel will be the benefits of planning grants as part of this program? What went into the choice to make this request in looking at past applicants and grantees? Are there improvements needed in the program?

Answer. Efforts to increase investments in the planning stage will allow for new and less experienced grantees to develop community schools designed to meet the greatest needs of local communities. The planning and capacity building grants provide a critical on-ramp for local communities to eventually run full-service community schools.

Question. Does ED feel it needs additional authority to operate planning grants in the program, or can you run them on your own under the existing program?

Answer. Yes. ESEA section 4625(c) authorizes grantees to use not more than 10 percent of the total amount of grant funds for planning purposes during the first

year of the grant. To allow grantees to spend their entire award on planning activities, the Department would need additional authorization.

Question. If so, will you work with Congress to make sure the goals of the planning grants are fulfilled, Congressional ideas and intent will be considered, and new and lower capacity organizations will receive the planning grants to improve services to students?

Answer. Yes, the Department will work with Congress to ensure the goals of the planning grants are fulfilled and lower capacity organizations will receive planning grants.

Inclusive Access

Question. The Department is attempting to significantly alter a program that allows college students to receive their course materials at below market prices and before the first day of class. In the decade since this program took effect, data from the College Board has demonstrated that student spending on course materials has decreased by over 40 percent, which indicates that these affordable access programs are working. My understanding is that the Department has completely dismissed concerns from a wide range of colleges and universities, students, faculty, and other stakeholders that the Department's proposed regulations would undermine these affordable access programs.

Has the Department conducted any studies to determine if its proposed changes are sustainable, and in particular whether students would still receive the same price discounts and automatic first-day-of-class access under the Department's proposed "opt-in" framework?

If not, will you commit to doing so before promulgating these regulations?

Answer. The Department's current regulations permit schools to automatically charge students for books and supplies as part of tuition and fees, without student authorization, even when the materials can be obtained from a source other than the Institution. The regulations permit these charges if the school has a contract with a third-party publisher or retailer, offers the books "below competitive market rates," and gives students a way to opt out, so long as the student can obtain the books and supplies by the seventh day of the payment period.

As the Department explained in the first issue paper for the negotiated rulemaking committee, the Department has proposed additional rulemaking to address this policy issue due to a concern "that lack of disclosure and transparency limits students' ability to find less expensive materials or assess if their school is offering the most affordable arrangement." In feedback received in negotiated rulemaking and the Department's review of the issue, we have seen that some "opt-out" provisions are hidden or unclear and that costs are not truly below competitive market rates, with students repeatedly reporting that they can obtain books and supplies at a more affordable price. After consideration of information received from non-Federal negotiators and the public during the negotiated rulemaking sessions, the Department plans to release proposed language in a Notice of Proposed Rulemaking where it will seek additional public comment on the impact of the proposal.

QUESTIONS SUBMITTED BY SENATOR CINDY HYDE-SMITH

Question. Secretary Cardona, at last year's budget hearing, I questioned you about the level funding the Charter School Program has received since Fiscal Year 2019, despite the increase in demand and growing student waiting lists across the country. You said that your department would continue to support charter schools, however, you are now asking for a \$40 million decrease for Fiscal Year 2025. This is almost a 10 percent cut.

How is the Department of Education continuing to support charter schools as an option for students when you propose cutting a large percentage of these effective and beneficial funds?

Answer. The Administration's FY 2025 budget request reflects tough decision-making for a number of Department programs due to tight discretionary spending caps. For Charter Schools Grants, the request also reflects declines in demand for funding since 2019, 2 years prior to this Administration, (including lower demand for continuation funding than initially requested by current grantees in their applications) under State Entity, Developer, and CMO grants, which is consistent with the slowed growth in the number of charter schools operating across the country. Historical program performance data show, for example, that the number of charter schools in operation increased by an average of 167 schools per year between 2016 and 2022 (from 6,859 schools to 7,860 schools), compared with an average annual increase of 311 schools between 2010 and 2016 (from 4,991 schools to 6,859 schools).

While reflecting a lower request level than in prior years, the Department believes the request would be able to meet demand for new and continuation awards and help ensure that program funds can be fully and appropriately expended without the need for excessive frontloading of out-year costs or the possibility of funds reverting to Treasury. Between fiscal years 2019 and 2023, for example, 10 annual State Entity continuation grant awards were cumulatively reduced by approximately \$66 million, generally due to lower demand for subgrants to open or expand schools than grantees projected in their applications.

In addition, between fiscal years 2019 and 2022, nine existing CMO grantees voluntarily terminated their projects or had their funding discontinued by the Department, and 30 annual CMO continuation grant awards were reduced by an amount totaling nearly \$57 million, generally as a result of grantees' inability to replicate or expand the number of schools planned in their applications.

With grantees needing less funding to support fewer school openings and expansions than anticipated, the Department has had to rely increasingly on frontloading grantees' out-year project costs, make supplemental awards, or reprogram funds to other programs in the Innovation and Improvement account to avoid lapsing funds.

Question. A Bachelor's Degree, though valuable, is not the only path toward success for students. Many forego the traditional four-year university to attend community college for an Associate Degree or to enroll in short-term training courses—choosing which path best fits their personal goals. In many cases, these students are able to join the workforce quickly to contribute to the local and national economy.

Do you agree that the extension of the use of Pell Grants for job training programs would be a good way to lead people, who are not interested in a traditional four-year college, into satisfying careers?

Answer. Any policy that extends the use of Pell Grants should include strong guardrails to protect students and taxpayers, as not all short-term job training programs are high-quality and lead to good jobs. The existing short-term job training programs that are already eligible for Federal loans have shown low wage outcomes and high costs, particularly among for-profit programs. Any effort to expand Pell Grants should preclude for-profits from being eligible entities, increase data transparency, improve oversight, and remove Federal student aid eligibility for failing programs.

Question. The rollout of the new FAFSA continues to have harmful effects on schools and students. Because of delays and calculation errors, the college admissions cycle has been absolutely destabilized. It is shocking to see just how badly this process is going, despite having years to prepare, as well as an extension.

When did work on the new FAFSA begin, and was it a priority for the department?

Answer. Implementing FAFSA Simplification Act and FUTURE Act have always been a top priority for the Department.

Testing for the new FAFSA began in early 2022, and executive leadership at the Department has been working closely with Federal Student Aid and other offices within ED since fall 2022 to set priorities, oversee project planning and implementation, and ensure accountability for the development and launch of the 2024–25 FAFSA. This detailed and frequent oversight will continue leading up to and through the 2025–26 FAFSA.

Question. Why did it take a year and a half for a contract to be made in June of 2022 to modernize the system?

Answer. The Award Eligibility Determination (AED) solution replaced the 45-year-old Central Processing System (CPS) and modernized the processing of Free Application for Federal Student Aid (FAFSA) forms. FSA conducted extensive market research to determine the most appropriate acquisition strategy to support its implementation; and FSA leveraged the results from this market research to ensure that all the appropriate tasks and legal review timeframes were built into the acquisition schedule to mitigate a pre- and post-award protest. For example, the review timeframes included extensive feedback opportunities for the FSA Contract Examiner, FSA Contract Review Panel, and the Department's Office of the General Counsel. Additionally, the schedule included the requisite timeframes to allow for contractors who offered a proposal to submit a pre- or post-award protest. With due diligence, the robust acquisitions schedule resulted in a solicitation award that did not result in any protests.

Question. Secretary Cardona, when your confirmation was being considered by the Senate, you refused to take a position on Department of Education regulations protecting religious student groups, 34 CFR §§ 75.500(d) and 76.500(d). These rules prohibit public college administrators from discriminating against student groups because of their sincerely held religious beliefs, speech, and leadership standards as

a material condition of Department grants. However, your Department has proposed striking these protections in a Notice of Proposed Rulemaking (RIN 1840–AD72).

When do you anticipate issuing a final rule for RIN 1840–AD72?

Is the Department reconsidering its proposed rule pursuant to *Fellowship of Christian Athletes v. San Jose Unified School District*, the recent en banc decision from the Ninth Circuit Court of Appeals requiring a California school district to end its discrimination against a religious student group?

If you still plan on rescinding these protections for religious groups to choose leaders that affirm their faith, please explain how doing so is consistent with the promise you made during your confirmation process to “adher[e] to the U.S. Constitution and Federal law as interpreted by the Courts.”

Answer. On February 22, 2023, the Department published a Notice of Proposed Rulemaking, RIN 1840–AD72, “Direct Grant Programs, State-Administered Formula Grant Programs,” and requested written comments via the Federal eRulemaking Portal at [regulations.gov](https://www.regulations.gov) as outlined in the February Federal Register Notice.³ The due date for submitting comments was March 24, 2023. We are carefully reviewing all comments we received in developing a final rule, which we expect to issue this fall. The Department also monitors relevant court decisions in consideration of its rules throughout the rulemaking process and will take them into consideration as appropriate.

Question. On April 29, 2024, your Department issued the final Title IX regulation, expanding the definition of “sex” to include sexual orientation and gender identity. Is it correct that under this new regulation, sororities and fraternities remain exempted, as they have always been, and may continue to make membership and leadership selections based on sex, including biological sex?

Answer. On April 29, 2024, the Department published in the Federal Register a Notice of Final Rule (2024 Final Rule), which amends the Department’s Title IX regulations effective August 1, 2024. The 2024 Title IX Final Rule includes a provision, to be codified at 34 C.F.R. § 106.10, that Title IX’s prohibition on sex discrimination includes discrimination based on sexual orientation and gender identity.

Title IX includes several exceptions to its broad prohibition on sex discrimination in federally funded education programs and activities. One of those exceptions specifies that Title IX does not apply to membership practices of “a social fraternity or social sorority which is exempt from taxation under section 501(a) of title 26, the active membership of which consists primarily of students in attendance at an institution of higher education.” 20 U.S.C. § 1681(a)(6)(A). The Department did not propose any amendments to the corresponding regulation at 34 C.F.R. § 106.14(a) and that provision remains unchanged. Social fraternities and social sororities are therefore permitted under Title IX to set their own membership practices regarding any sex-based restrictions on their membership. Nothing in Title IX or its implementing regulations prohibits a fraternity from admitting transgender men or a sorority from admitting transgender women if it so chooses.

The 2024 Final Rule includes a provision, to be codified at 34 C.F.R. § 106.31(a)(2), which recognizes that in the limited circumstances in which recipients are permitted to separate or differentiate on the basis of sex, recipients must carry out such separation consistent with the statute’s nondiscrimination mandate, 20 U.S.C. 1681, except when the statute itself allows otherwise. Section 106.31(a)(2) identifies the statutory and regulatory provisions regarding the membership practices of social fraternities and social sororities as one such exception when the statute itself allows otherwise.

Question. Is it your position that Title IX requires religious student groups operating as recognized student organizations on public school campuses to be bound by Title IX, and may not receive an exemption based on sincerely held religious beliefs?

Answer. Since 1972, Title IX has provided that its prohibition on sex discrimination “shall not apply to an educational institution which is controlled by a religious organization if the application of this subsection would not be consistent with the religious tenets of such organization.” 20 U.S.C. 1681(a)(3). The 2024 Final Rule explains that educational institutions controlled by a religious organization can invoke Title IX’s religious exemption, but, consistent with the statutory language, Title IX’s religious exemption “does not exempt student organizations, individual employees or students, or educational institutions not controlled by religious organizations.” 89 Fed. Reg. 33838.

³See U.S. Dep’t of Educ., Notice of Proposed Rulemaking on Direct Grant Programs, State-Administered Formula Grant Programs, 88 FR 10857 (Feb. 22, 2023), <https://www.Federalregister.gov/documents/2023/02/22/2023-03670/direct-grant-programs-state-administered-formula-grant-programs>.

Question. If yes, how do you justify binding religious student groups by the non-discrimination requirements of Title IX and refusing them the Title IX religious exemption?

Answer. See response to above.

Question. If no, what will you do to ensure that public schools do not attempt to impose Title IX's nondiscrimination provisions beyond their bounds?

Answer. The Department is committed to enforcing Title IX consistent with all applicable free speech and religious liberty protections.

Consistent with § 106.6(d)(1), nothing in the Title IX regulations requires or authorizes a recipient to infringe on individuals' First Amendment or other constitutional rights. OCR, likewise, must act in accordance with the U.S. Constitution and OCR considers constitutional rights when it evaluates a recipient's compliance with Title IX. See 89 Fed. Reg. 33823.

Question. Is it the Department of Education's position that the First Amendment's ministerial exception doctrine does not apply to Title IX claims?

Answer. The 2024 Final Rule explains that "[t]he Department recognizes the importance of religious freedoms, including the right for religious organizations to congregate and freely exercise their faith, as well as the doctrine of ministerial exception that precludes application of Title VII and other employment discrimination laws to the employment relationship between a religious institution and its ministers." 89 Fed. Reg. 33535. The 2024 Final Rule further "notes that it is unclear the extent to which the First Amendment's ministerial exception doctrine applies to student religious organizations and Title IX, as the U.S. Supreme Court has not ruled on this question and some courts have declined to extend this exception beyond an employment law context. To the extent that a future court would find that the doctrine applies to Title IX, § 106.6(d) instructs a recipient not to take action in violation of the First Amendment, which would include such an exception." 89 Fed. Reg. 33535–36.

QUESTIONS SUBMITTED BY SENATOR MARCO RUBIO

Question. During your testimony before the subcommittee, you stated that you were very concerned about antisemitism and that the harassment Jewish students are currently facing is unacceptable. You said that that you have spoken with Jewish students who fear going to class due to the harassment they are facing on campus—students who have had to take different routes to class, and whose parents do not feel safe sending them to school. You specifically committed to remove Federal dollars if a college or university refuses to comply with Title VI. It is also true that individual students receive Federal support through several avenues, particularly through the administration's student debt cancellation plan, income-driven repayment plan, cancellation of interest on student loans, and other actions.

To date, have any students who have been arrested, or convicted, of any Federal or state offense related to a protest over the Israel—Hamas war at an institution of higher education received student debt relief under the administration's debt relief programs?

If so, how much and to how many of the students?

Going forward, will the administration take into account a student's actions at these protests when determining debt relief?

Do students who espouse sentiments of "Death to America" deserve debt relief?

Answer. Students currently enrolled at an institution of higher education are not eligible for debt relief. Nonetheless, calls to violence are absolutely abhorrent. If anyone creates a hostile learning environment for students, institutions of higher education have an obligation to act. Their primary obligation is to ensure students are safe. If investigations conclude that a student has incited violence against others, they may pursue disciplinary action that could result in suspension or expulsion.

Question. The department's Office for Civil Rights (OCR) has the discretion to conduct compliance reviews to find and remedy discrimination at institutes of higher education that has not been identified through the traditional complaint process.

How many Title VI compliance reviews has OCR, under your direction, initiated at universities that have failed to protect Jewish students against discrimination and harassment since October 7, 2023?

Answer. Since October 7, 2023, OCR has received an influx of complaints filed at an unprecedented rate, challenging discrimination against Jewish students. We are working hard to open and investigate these cases at an unprecedented speed. In their 4 years, the previous Administration launched two nationwide initiatives of compliance reviews (neither of which were based on shared ancestry) and 27 total

complaint investigations based on allegations of shared ancestry discrimination in all 4 years. Between October 1, 2023, and June 10, 2024, OCR opened 118 cases of alleged shared ancestry discrimination, all based on complaints, and so far in this Administration OCR has already secured resolution agreements redressing investigations involving discrimination against Jewish students in more cases than the previous Administration secured in all 4 years.

Question. To what degree has OCR increased these compliance reviews to find and remedy discrimination that was not identified through the compliant process?

Answer. OCR continues to devote all resources to address alleged discrimination.

Question. What is the department doing to raise awareness of students' option to file a discrimination complaint to OCR?

Answer. OCR continues to emphasize in all of our public guidance documents as well as through outreach that anyone who believes that an entity that receives Federal financial assistance from the Department has discriminated against someone on the basis of race, color, national origin, sex, disability, or age may file a complaint with OCR. OCR has also initiated a technical assistance training initiative, informing school communities specifically about how the law applies to shared ancestry discrimination and the process to file a complaint with OCR. Under this initiative, OCR has held 24 trainings, engaging well over 1,000 participants.

Question. On November 6, 2023, Hillel International, the Anti-Defamation League, the Louis D. Brandeis Center for Human Rights Under Law, and Gibson, Dunn & Crutcher LLP launched the Campus Antisemitism Legal Line (CALL), a free legal protection helpline for students who have experienced antisemitism. CALL was developed to allow any student, family, faculty, or staff member to report incidents of antisemitic discrimination, intimidation, harassment, vandalism, or violence on campus that might require legal action. Lawyers assess reports of antisemitic discrimination and hate, conduct in-depth information-gathering interviews, and provide pro bono representation for victims who choose to move forward with specific cases. In the weeks following, CALL received more than 400 unique requests for assistance—showing that there is substantial need.

As part of its Antisemitism Awareness Campaign, the department has committed to spotlighting and disseminating information about notable efforts by communities to prevent and address antisemitism. Has the department shared or distributed information about CALL, or other similar resources to provide free legal protection for Jewish students? If not, why?

Answer. OCR vigorously enforces Title VI of the Civil Rights Act of 1964, including prohibiting discrimination on the basis of shared ancestry or ethnic characteristics. OCR has opened and resolved more cases on these topics in this Administration than in any prior administration, with over 145 open shared ancestry cases under Investigation as of July 2024. In comparison, the average number of open shared ancestry cases over the last 10 years is 25.

Because public service is a public trust and government office cannot be used for private gain, see 5 C.F.R. Part 2365, the Department does not endorse any particular provider of legal services or direct students to any specific providers. However, OCR has provided guidance—more than in any prior Administration—to every federally funded school in the country reminding them of their Federal legal obligation to protect students' civil rights in this area. The Office has updated its complaint form and continues to provide technical assistance so that students know their rights and school leaders know their obligations. We encourage any student who has experienced discrimination at school to file a complaint.

The Department is pairing OCR enforcement with more education, outreach, training, and resources than ever to build capacity for PK–12 schools, universities, and community stakeholders. At ED.gov you can find a comprehensive overview of actions taken by the Department to counter antisemitic, anti-Muslim, and anti-Arab hate since October 7, 2023. These include practical resources for teachers and school leaders including materials on countering antisemitism in PK–12 schools and universities reviewed and disseminated by the Department-funded National Center for Safe Supportive Learning Environments. And, in the coming weeks, the Department will release new materials and amplify effective strategies for supporting all students as the dynamics continue to evolve ahead of the fall semester. Also, we have and will continue to work closely with community leaders on countering antisemitism, including by offering them trainings on how to file Title VI complaints and meeting with them frequently to hear their feedback and suggestions.

Question. I drafted report language that was included in the FY24 appropriations legislation that requires the department to report on the presence and influence of Confucius Institutes in U.S. educational institutions and any steps it has taken to address undue influence within institutions of higher education.

Will you commit to complete this report expeditiously and share updates with my office?

Answer. According to a GAO report issued in October 2023 on the topic, the number of Confucius Institutes at U.S. universities has significantly declined since 2019, from nearly 100 to fewer than five. That same report also documented several steps that universities implemented to mitigate concerns or risks associated with hosting a Confucius Institute: (1) ensuring that exchange visitors had no decisionmaking authority on campus; (2) creating accountability for the U.S. director of the Institute to senior officials at the school; and (3) maintaining full control over Chinese language courses by the schools' academic departments or other appropriate units.

With nearly all Confucius Institutes closed at this point, the higher education community is focused on identifying new and emerging threats, in partnership with all relevant national security agencies. For example, to help ensure that agencies responsible for protecting against foreign malign influence in higher education have the information they need, the Department finalized an information-sharing agreement with the Federal Bureau of Investigation's National Counterintelligence Taskforce. This agreement will better enable the Federal government to help institutions identify and protect against the risks of foreign malign influence. Additionally, colleges and universities can also apply the steps that GAO's report documented to mitigate risks from other international partnerships.

Question. Will you commit to investigate the link between foreign gifts to institutes of higher education and the rise in campus antisemitism?

Answer. The Department remains committed to ensuring robust compliance with section 117. Under section 117, institutions of higher education must file a disclosure report with the Secretary of Education on January 31, or July 31, whichever is sooner, whenever any institution is owned or controlled by a statutorily defined source, or whenever an institution receives a gift from or enters into a contract with a foreign source, the value of which is \$250,000 or more, considered alone or in combination with all other gifts from or contracts with that foreign source within a calendar year.⁴

This disclosure requirement is an important measure in ensuring transparency and identifying possible foreign influence in U.S. higher education. More information about section 117 can be found on Federal Student Aid's webpage, available at <https://fsapartners.ed.gov/knowledge-center/topics/section-117-foreign-gift-and-contract-reporting>. Section 117 is a transparency statute, and the Department's responsibilities under section 117 are focused on ensuring compliance with reporting requirements.

The Department is concerned about the rise of antisemitic incidents at our nation's colleges and universities, as well as in PreK–12 schools and remains committed to protecting the civil rights of all students, including Jewish students. The Department's Office for Civil Rights (OCR) works every day to ensure that the civil rights of all students are protected. The Department has committed substantial efforts to preventing and addressing antisemitic discrimination in school communities, both before and since October 7, 2023. In January 2023, OCR released a fact sheet, *Protecting Students from Discrimination Based on Shared Ancestry or Ethnic Characteristics* and in May 2023, OCR issued a Dear Colleague Letter as part of the Department's Antisemitism Awareness Campaign, in conjuncture with the release of the White House-led U.S. Strategy to Counter Antisemitism. In August 2023, OCR released a Dear Colleague Letter addressing race and school programming that specifically included examples related to antisemitism as well as to the creation of a hostile environment resulting from inflammatory campus speech that endorses violence.

Since the proliferation of hate incidents reported in school communities following October 7, OCR has taken further steps to ensure full compliance with the Title VI obligations in schools. On November 7, 2023, OCR released a Dear Colleague Letter, which once again reminded schools of their legal obligation under Title VI to address allegations of prohibited discrimination, including harassment. OCR also updated its complaint form to specific for the first time that Title VI's protection from discrimination based on race, color, or national origin, including shared ancestry or ethnic characteristics, extends to students who are perceived to be Jewish, Muslim, Arab, Hindu, or Sikh.

⁴ See 20 U.S.C. § 1011f.

QUESTIONS SUBMITTED BY SENATOR SUSAN M. COLLINS

Question. Institutions of higher education are still awaiting direction regarding the processing of FAFSA forms for the 2024–2025 school year.

When will the Department begin to process paper FAFSAs?

Answer. The Department will begin processing 2024–25 paper FAFSA forms in July.

Question. When will the Department provide direction and timeline for financial aid administrators to provide corrections to ISIRs in cases where students would like to use tax information from 2023 or projected earnings from 2024 due to an event that significantly changes their family's income?

Answer. The Department released the FAFSA Partner Portal (FPP) in early July that can be used by schools to submit corrections electronically.

Question. The majority of Maine's schools and school districts are small and rural, which means they are often at a disadvantage when it comes to applying for competitive Federal funds. In 2002, I co-authored the Rural Education Achievement Program (REAP). In a tough fiscal year with limited program increases, the FY2024 Labor-HHS bill increased REAP by \$5 million, so I was disappointed to see that the budget suggested returning the program to FY2023 levels. This key formula grant program is designed to help rural districts, like many in Maine, that may lack the personnel and resources to effectively compete for Federal competitive grants.

What is the Department doing to lighten the burden on rural schools so that they can compete for competitive grants?

Answer. The Department is including competition priorities or other means of advantage in grant competitions for rural applicants in several competitions in FY 2024. Additionally, the Department is revising the Education Department General Administrative Regulations by proposing to include a priority for rural applicants, codifying the Rural Applicants priority from the Department's Administrative Priorities that would allow the Secretary to establish a separate competition for, or provide competitive preference to, applicants that propose to serve rural locations. As a clarification, funding amounts for the President's Budget were finalized prior to final congressional action on FY 2024 appropriations, which provided an increase for REAP.

SUBCOMMITTEE RECESS

Senator BALDWIN. And our committee will now stand in recess.

[Whereupon, at 11:18 a.m., Tuesday, April 30, the subcommittee was recessed, to reconvene subject to the call of the Chair.]

**DEPARTMENTS OF LABOR, HEALTH AND
HUMAN SERVICES, AND EDUCATION, AND
RELATED AGENCIES APPROPRIATIONS FOR
FISCAL YEAR 2025**

THURSDAY, MAY 9, 2024

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 10 a.m., in room SD-138, Dirksen Senate Office Building, Hon. Tammy Baldwin (chair) presiding.

Present: Senators Baldwin, Murray, Reed, Shaheen, Schatz, Manchin, Capito, Kennedy, Hyde-Smith, Boozman, Britt, and Collins.

DEPARTMENT OF LABOR

OFFICE OF THE SECRETARY

STATEMENT OF HON. JULIE SU, ACTING SECRETARY

OPENING STATEMENT OF SENATOR TAMMY BALDWIN

Senator BALDWIN. The Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies will please come to order.

Good morning. Today we are having a hearing on the Biden administration's fiscal year 2025 budget request for the Department of Labor, and I'm happy to welcome Acting Secretary Su to our subcommittee.

As we did last year in the Senate, I'm looking forward to working in a bipartisan manner again this year with Senator Capito to develop a Labor HHS (Health and Human Services) bill that can pass the Senate, pass the House, and be signed into law by the President. That means looking for the common ground instead of pursuing partisan policy riders and draconian cuts to workforce development and worker protection programs.

When a small minority is able to derail the appropriations process, like House Republicans did last year, repeatedly threatening government shutdowns, it hurts our constituents, our communities intended to be served by our Federal programs. It causes Federal agencies to waste time and money, instead of working to make sure every dollar is used effectively as intended by the laws we pass here in the Congress.

We need to do better. And Acting Secretary, I think this budget is a good first step.

Acting Secretary Su, you join us today to talk about the President's fiscal year 2025 budget for the Department of Labor. We have had 27 months in a row of unemployment below 4 percent, the longest stretch in 50 years. But I know that we still have more work to do to give Americans the economic security that they need and deserve.

Over the last few years, Democrats and Republicans came together to pass landmark legislation that invests in manufacturing, helps us compete against China, invests in our aging infrastructure, and importantly, invests in our workers.

INVESTING IN WORKFORCE TRAINING PROGRAMS

And just this week, we are seeing the dividends. In my home State of Wisconsin, Microsoft announced that they will be investing \$3.3 billion for an artificial intelligence data center complex, creating thousands of good-paying union jobs, and investing in education and job training programs for the next generation.

This budget builds on this progress that we have made, and will help continue to build a strong economy that works for workers. It proposes investments necessary for training the workforce that we need today, and the evolving needs of employers.

The budget also requests resources to maintain critical investments in our Nation's core workforce training programs. These programs help support workers and their families by providing them with access to high quality training programs as they seek to grow their careers.

This includes programs to improve our Nation's public workforce system, boost our community college system, help ex-offenders land on their feet, and address the employment and training needs of Native Americans, migrant and seasonal workers, and other workers.

High quality workforce training programs are a proven path to accessing a job that pays a good wage and has good benefits. And I am pleased that this budget continues to support these important programs.

REGISTERED APPRENTICESHIP PROGRAM

The budget also includes a request, a proposed increase in funding for the Registered Apprenticeship Program. I have been proud to lead the effort to reauthorize the National Apprenticeship Act with my colleague, Senator Lisa Murkowski, and I am pleased that the Department is proposing to expand apprenticeships and increase opportunities for individuals who have historically not had access to apprenticeships programs, including women, people of color, and underrepresented groups.

Apprenticeship programs provide technical instruction and on-the-job learning experiences to ensure that workers are well prepared for jobs. According to the Wisconsin Department of Workforce Development, employers in Wisconsin train around 10,000 registered apprenticeships in nearly 200 occupations every year. Supporting the Federal Registered Apprenticeship Program will help Wisconsin and other States continue to strengthen and grow their apprenticeship programs.

WORKFORCE TRAINING SERVICES FOR VETS

The budget includes funds for the Department of Veterans' Employment and Training Service, which provides workforce training services for our Nation's veterans and separating service members. These resources help ensure that our service members can transfer the skills that they learned serving our country to land a family-supporting job and help them successfully transition into the workforce. The Department's VETS (Veterans' Employment and Training Service) office provides critical services to military spouses as they make the transition to civilian life, and I look forward to hearing more about how the President's budget request would support the workforce and training needs of veterans and their families.

WAGE AND HOUR DIVISION

Acting Secretary Su, I'm also pleased to see the increased investment in the Wage and Hour Division. The proposed \$35 million increase is needed to recover the hard-earned wages owed to workers stolen by their employers.

Last year, Wage and Hour was able to recover more than \$156 million in Federal minimum wage and overtime owed to more than 135,000 workers. In Wisconsin, Wage and Hour investigations last year identified more than \$3 million in back wages owed to over 1,400 workers.

This funding is also critical to enforcing child labor laws, and ensuring that when youth are working, they are doing so safely and appropriately. There has been extensive recent reporting of egregious incidences of child labor violations. As long as corporations think that they can ignore Federal child labor laws, kids will continue to be put at risk, including 13-year-olds working overnight shifts in slaughterhouses and meatpacking facilities.

Wage and Hour staffing has fallen to historic lows, and I believe we must provide an increase for the agency's important work.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

The budget request also includes an additional \$23 million for the vital work of the Occupational Safety and Health Administration. We've just marked Workers' Memorial Day on April 28, remembering workers who've died or been injured while on the job.

Our latest fatality statistics indicate that there were 5,486 fatal workplace injuries in 2022, up nearly 6 percent from the prior year. That's 5,486 too many. We must do better for workers, and I believe the proposed increase would move us in the right direction.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

The proposed \$15 million increase for the Employee Benefits Security Administration would help secure workplace-based benefits workers and their families are owed.

I'm also pleased to see the increased investment of \$46 million for the Bureau of International Labor Affairs. That would help strengthen implementation of labor commitments of our trading partners and combat international forced labor, including in China. We can and must strengthen the economic security of our commu-

nities at home by our government working to eliminate labor abuses abroad.

Acting Secretary Su, thank you for being here today to talk about the Department of Labor's important work.

In a moment, I'm going to turn it over to Ranking Member Capito for her opening remarks. And following her opening remarks, we will hear directly from you, Acting Secretary Su. And after that, Senators will each have 5 minutes for a round of questions.

Senator Capito.

STATEMENT OF SENATOR SHELLEY MOORE CAPITO

Senator CAPITO. Thank you, Chair Baldwin. And thank you for having the hearing. This is the first Labor budget hearing that we've actually had since we took over the reins of the Labor HHS subcommittee.

So Acting Secretary Su, thank you for coming. You did not appear last year, in part because the budget came out right as Secretary Walsh was leaving the department. So thank you for being here today to describe the fiscal year 2025 budget priorities for the Department of Labor.

NEW RULES IMPACTING INDEPENDENT CONTRACTOR STATUS

First of all, I will say I have had some concerns with the Department. There seems to be an agenda to push new regulations that impose layers of red tape and in some cases hurt worker choice. West Virginia needs fewer inefficient and expensive regulations and more job creation.

To be clear, not all regulations are bad. I applaud efforts to curb child labor violations that the Chair was talking about, and to keep hard working West Virginians, including our minors, safe. So thank you for your efforts there.

But the Department of Labor should be focused on workforce training and creating new jobs, not mandating new burdens that take away worker choice and flexibility.

For example, the Wage and Hour Division earlier this year changed the rules governing who qualifies as an independent contractor. This new rule imposes a complicated six-factor test that allows bureaucrats to decide who is and is not an independent contractor, jeopardizing the ability of 27 million Americans to work in a way that best fits their needs and schedules.

This regulation takes away the freedom for West Virginia real estate agents, truck drivers, freelance workers, and other self-employed workers to choose their own hours and work around other life priorities, such as going back to school or taking care of your children—raising the children.

ESG INVESTMENT RULE

Another regulation that creates more complexity and undermines workers' livelihood is the so called ESG Investment Rule. This rule allows and even pressures retirement fund fiduciaries to consider environmental, social, and governance factors in their investment decisions involving workers' hard-earned life savings.

West Virginians who work today and save for tomorrow need to be able to optimize their returns to afford life in retirement. But this rule pressures financial experts to shift potential gains away from American retirees, and into the White House's radical climate agenda.

And just last month, your Department further curbed worker flexibility and imposed sweeping new costs on businesses by drastically increasing the overtime salary threshold.

Starting July 1, West Virginia businesses of all sizes, including nonprofits and small businesses, will have to figure out how to absorb this mandate. This costly change is likely to result in fewer hours worked and more restrictions for employees, and in some cases, even layoffs.

Instead of doubling down on this agenda, the Department of Labor should focus instead on job creation in areas of bipartisan support.

APPRENTICESHIP PROGRAMS

One area, and the Chair also talked about this, where I hope we can find some room for agreement is with the apprenticeship programs. This budget requests an increase of \$50 million over fiscal year 2024 for the apprenticeship grant program.

While I'm concerned that your budget would use this apprenticeship grant funding to support a green jobs agenda, I remain committed to increasing opportunities for West Virginians to succeed, and know apprenticeships can play a key role in that mission.

I support Registered Apprenticeship programs, which is why I'm also concerned about the Department's proposal released late last year to completely overhaul the regulations governing the Registered Apprenticeship program. These proposed changes will make an already complex system even more difficult for employers to navigate, and I think it could reduce Registered Apprenticeship opportunities for workers across the country.

There are a lot of worthy apprenticeship opportunities that don't fit the current Registered Apprenticeship model. I'd like to see the innovation to expand those apprenticeship opportunities to new programs and fields.

In 2022, I secured funding for Marshall University to establish an apprenticeship initiative through Apprenticeships Works to train West Virginians to compete for good-paying, long-term jobs across the State.

I've also been a longtime champion of expanding and strengthening the early childhood education workforce through apprenticeships. Giving our educators a clear path to successful careers opens the doors to higher quality and better coverage of care, helping both families and child care workers in our State.

The Department of Labor should be focused on strengthening workforce development strategies that help all Americans get the skills they need to succeed.

Acting Secretary Su, I hope you will work with this congress on that goal as we work through the fiscal year 2025 process. And thank you again for being here.

Senator BALDWIN. Thank you, Senator Capito. Our witness today is Julie Su, the acting Secretary of the Department of Labor.

Acting Secretary Su, thank you for joining us. You will have 5 minutes for your opening remarks, and you may begin.

SUMMARY STATEMENT OF HON. JULIE SU

Ms. SU. Thank you so much. Chairwoman Baldwin, Ranking Member Capito, and members of the subcommittee, thank you for the opportunity to testify in support of President Biden's fiscal year 2025 budget request for the Department of Labor.

As the acting Secretary of Labor, I get to travel the country to meet with workers. Workers like Mariah, a single mom who was living paycheck to paycheck, worried every day about how she would have enough to get by.

She went to her local Social Services office to apply for SNAP (Supplemental Nutrition Assistance Program) and Medicaid benefits, and that's where she noticed a flyer for a job training program in the pipe trades. Today, Mariah is in a good union job, and she has quadrupled her income.

What struck me about Mariah was not just how much a good income meant to her. It was the pride she felt in putting in a hard day's work and getting rewarded for it, and the pride she saw in her children's eyes.

It's undeniable. Good jobs change lives. This \$13.9 billion request will help more people like Mariah get good jobs that can support families, lift up communities, and bring the dignity and pride that are core to the American dream.

I want to frame our request under two priority areas.

First, pathways to good jobs for all of America's workers. I've met with thousands of workers like Mariah who are in programs that work, programs that exist because we've invested in them.

That's why we're requesting investments to develop and expand proven models, as Chairwoman Baldwin said, to connect workers to the good jobs they want and need, and employers to the workers that they want and need.

For example, we're requesting \$8 billion for the Career Training Fund. That investment would help as many as 750,000 people who do not see 4-year college as their path enroll in evidence-based, high quality training programs for actual jobs in their communities. Workers who complete high quality programs don't end up with a job search, they end up with a good job.

We also seek \$335 million for apprenticeship programs. Registered Apprenticeships provide training for the actual skills that employers need. They allow workers to earn while they learn, and they increase job pathways for underrepresented groups including women, people of color, veterans, and individuals with disabilities.

When I talk to business owners, many tell me that their top concern is recruiting and retaining workers. Well, the investments in our budget request are how Congress and the Department of Labor can tap into the talents and skills of all of America's workers, and make sure that the supply of skilled workers meets the demand, right now and well into the future.

ENFORCING CHILD LABOR LAWS

The second priority I'd like to highlight is the Department of Labor's mission to protect workers including, and especially, those

most vulnerable to exploitation. Too often, employers who hire 13-year-olds to work in hazardous conditions fail to pay workers overtime for 60-hour work weeks, or who put workers at risk of losing their limbs or even their lives on the job, do it because they believe they'll get away with it—that no one will stop them, that they can operate in blatant disregard of the laws that Congress has passed.

Not on our watch. That's why we're requesting modest but important increases for the Department's worker protection agencies. Because we can't do this vital work without dedicated public servants. The Wage and Hour investigators who combat child labor, the team that ensures workplaces are free from safety hazards, the benefits advisors who answer the phone when panicked patients have been denied coverage for mental health services by their health insurance company.

We're asking for \$7.5 million for additional staff to combat wage theft and child labor; an additional \$23 million to investigate high hazard workplaces, protect whistleblowers, and give employers compliance assistance; and an additional \$10.7 million for my solicitor's office, which has been essentially flat-funded for more than a decade.

WORKFORCE PROTECTION

The President's request would also help us advance worker rights and promote a level playing field internationally for U.S. workers and businesses. And, it would better support implementation of Congress's Secure 2.0 Act, the Mental Health Parity and Addiction Equity Act, and the No Surprises Act. Because when Congress passes laws, we should make them real.

In all, this budget request will help make sure that workers can come home safe and healthy at the end of the workday and get high quality jobs with the power to truly change lives.

Again, I thank the subcommittee, and I look forward to your questions.

[The statement follows:]

PREPARED STATEMENT OF JULIE SU

Chairwoman Baldwin, Ranking Member Capito, and members of the Subcommittee, thank you for the invitation to testify today. I am pleased to appear before this Subcommittee to highlight the investments that President Biden's Fiscal Year (FY) 2025 Budget makes in the Department of Labor (DOL or Department).

President Biden knows that good jobs change lives. The \$13.9 billion FY 2025 Budget for the Department continues to build on the Biden-Harris Administration's principles for growing a worker-centered economy from the bottom up and the middle out by creating pathways to good jobs and expanding equitable opportunities, while empowering and protecting workers and their families. The President's Budget does so in a cost-effective manner by proposing some shifts to prioritize critically important programs while remaining within the discretionary budget caps set by the Fiscal Responsibility Act.

Promoting job quality and pathways to good jobs for all workers, especially historically underserved workers.

The FY 2025 Budget expands workforce training that provides pathways to good jobs. It advances the President's historic legislative accomplishments rebuilding the Nation's infrastructure, supporting clean energy, and boosting American manufacturing that have and will create millions of good, high-quality jobs. In support of this effort, the Budget invests in effective, evidence-based training models to ensure that all workers, including women, workers of color, those living in rural areas, and workers with disabilities, have the skills they need to compete for and fill these and other jobs. This includes major new investments through the \$8 billion mandatory

Career Training Fund and a new \$50 million investment in the Sectoral Employment through Career Training for Occupational Readiness program, both of which will support the development and expansion of public-private partnerships between employers, education and training providers, and community-based groups to equitably deliver high-quality training focused on growing industries. The Career Training Fund, as proposed in the budget, would provide full funding for 750,000 individuals to enroll in evidence-based, high-quality training programs that are proven to deliver sustained earnings increases.

The Budget also invests \$335 million in apprenticeship programs, increasing access for underrepresented groups, including women, people of color, and individuals with a disability, and diversifying the industry sectors involved. The Department continues making progress on the President's goal to serve at least one million apprentices annually within 10 years, advancing racial and gender equity, and supporting historically underserved and marginalized communities. Within the request is a \$50 million increase to expand existing Registered Apprenticeship programs in clean energy and climate-related occupations. This investment will support successful implementation of the Inflation Reduction Act, prepare workers for the in-demand jobs of the present and future, and help build a thriving clean energy economy. Apprenticeship funds will also enhance the Department's support for pre-apprenticeships, youth apprenticeships, and degreed apprenticeships to ensure that more people have access to career pathways.

Similarly, the Department's request includes \$5 million for the Women in Apprenticeship and Non-Traditional Occupations (WANTO) grant program. The Department's Women's Bureau will leverage proven pre-apprenticeship training and Registered Apprenticeship retention models across the Nation, so that more women can enter and succeed in high-quality jobs in a variety of in-demand, nontraditional occupations.

While pursuing career paths, women disproportionately are impacted by the high cost of childcare, which, in turn, impacts their ability to work. The National Database of Childcare Prices shows that childcare prices are untenable for families across all care types, age groups, and county population sizes. Ninety-four percent of all childcare workers in the U.S. are women, and childcare workers receive among the lowest wages of any occupation. As a country and as a government, we must do more to prioritize workers and their families.

The Biden-Harris Administration has invested in the Nation's economy, creating millions of jobs over the past 3 years. Further, through the Good Jobs Initiative, we have embedded key principles regarding job quality, equity, and worker empowerment in Federal funding to ensure that the jobs that are created are good jobs that provide stability and security for workers and their families. In total, the Department has entered into agreements with six other Federal agencies, resulting in \$239.6 billion of Investing In America (IIA) funds with equity and job quality incentives included in 141 IIA Funding Opportunity Announcements. To build on this work, this Budget requests an additional \$2 million to provide training and technical assistance to other Federal agencies as they work to embed and promote the Good Jobs Principles in procurement, loans, grants, and other Federal financial assistance; and provide a centralized location for information and services on workers' rights. Good jobs accessible to all workers, including workers from underserved communities, are the foundation of an equitable economy, and by supporting workers, we make families and economies more competitive globally.

Protecting the rights, wages, health and safety, and benefits of all workers, but especially the most vulnerable.

One of the Department of Labor's primary roles is to protect workers' wages, benefits, and working conditions. And it is the dedicated public servants at the Department who do that critical work. This is why the FY 2025 Budget requests modest but important increases for the Department's worker protection agencies, particularly funding to maintain enforcement staff.

This includes wage and hour investigators who help ensure children are not working in dangerous occupations. While positive and safe first work experiences can allow young people to develop skills, earn money, and learn what it means to be part of the labor force, a job should not jeopardize a child's well-being or their educational opportunities. And yet, every year, the Department's Wage and Hour Division (WHD) is finding thousands of young workers employed in violation of the law. The Department's request for WHD includes \$7.5 million to support 50 additional enforcement staff to protect our country's most vulnerable workers and combat exploitative child labor. The increased resources will allow WHD to maintain its progress in rebuilding enforcement staff responsible for carrying out mission-critical, evidence-based strategies and delivering on high-impact cases. In addition, the De-

partment requests an additional \$3.8 million for 19 staff in the Office of the Solicitor of Labor (SOL) for legal services to combat exploitative child labor, ensuring that WHD's work has the teeth of legal enforcement. The Department is committed to combatting all forms of illegal child labor because we cannot build our economy on the backs of children.

The Department's work continues by protecting the health and safety of workers in high-risk occupations.

The FY 2025 Budget provides an increase of more than \$23 million over the FY 2024 enacted level for the Occupational Safety and Health Administration (OSHA) to help the agency maintain its enforcement presence, particularly in vulnerable and underserved communities.

This includes staff to investigate high-hazard workplaces, enhancing OSHA's enforcement presence; prioritizing outreach and training in vulnerable and underserved communities; and improving workplace safety and health across the country. Additionally, the agency will continue to carry out critical enforcement and whistleblower programs, standard-setting activities, and compliance assistance programs.

In addition to OSHA, the Mine Safety and Health Administration (MSHA) focuses its worker protection efforts on the more than 322,000 people who work directly in the mining industry at more than 12,600 mines nationwide. The request includes increases of over \$18 million to support MSHA staff, allowing the agency to complete statutorily mandated inspections and investigations and expand efforts to work with the mining community to reduce fatalities, injuries, and illnesses.

The Department further levels the playing field for all employers by holding scoff-law employers accountable and protecting workers from retaliation for enforcing their rights. Companies that choose to ignore the law and endanger or underpay their employees are undercutting other employers who comply with the law. This is why additional resources for SOL are so critical.

The President's Budget requests an additional \$10.7 million for SOL to help mitigate the effects of over a decade of near-flat funding and the depletion of supplemental appropriated funding from the American Rescue Plan Act. Without additional resources, SOL will have to significantly reduce its workforce, triggering a reduction in cases litigated, reducing pre-litigation advice and assistance, and lessening support for the worker protection agencies in developing and pursuing litigation-worthy cases. Meeting the demand for legal services at all steps in the enforcement process is a critical part of protecting workers' pay, benefits, safety and health, and rights.

The Budget also addresses the Department's international work. The Bureau of International Labor Affairs (ILAB) advances worker rights and promotes a fair global playing field by enforcing trade commitments, strengthening compliance with labor standards, and combating international child labor, forced labor, and human trafficking. The Budget includes a program increase of \$45 million for technical assistance funding related to the U.S.-Mexico-Canada Act (USMCA) following the expiration of the supplemental appropriation in December 2023. This program increase will allow the Department to continue Mexico-specific technical assistance through awards of grants, contracts, and cooperative agreements, primarily to non-governmental organizations whose projects and activities support USMCA implementation, including building capacity to legislate and implement new labor protections, improve working conditions, stabilize labor relations, and increase public awareness and engagement. ILAB will also continue its enforcement and monitoring of the labor provisions of the USMCA, including use of the facility-specific Rapid Response Mechanism and labor attachés stationed in Mexico to ensure compliance.

Finally, the Department of Labor protects workers beyond the workplace and into retirement by ensuring that their hard-earned and promised benefits are available.

The Department requests \$4.7 million for the Employee Benefits Security Administration (EBSA) to implement provisions of the SECURE 2.0 Act, which was enacted under the Consolidated Appropriations Act, 2023. Although EBSA's reach is extraordinarily broad, with additional responsibilities added by Congress, its budget has not increased proportionally with the increased responsibilities. With the requested resources, EBSA will implement a wide range of retirement-focused provisions and numerous new requirements established under the SECURE 2.0 Act, which includes amendments to existing law as well as new provisions focused on increasing retirement savings, improving rules governing the administration of retirement plans, and lowering the cost of setting up retirement plans.

In addition, the Consolidated Appropriations Act, 2021 included supplemental funds for the Departments of Labor, Health and Human Services and Treasury to implement and enforce the Mental Health Parity and Addiction Equity Act (MHPAEA) and the No Surprises Act. Those funds expire at the end of 2024, though EBSA's obligations and ongoing work to implement and enforce these laws con-

tinues. Fully one-third of EBSA's enforcement staff are paid out of these supplemental No Surprises Act resources, which will soon expire. The Budget request for the Department of Health and Human Services proposes to replenish and extend this supplemental No Surprises Act and MHPAEA funding. The agency, and the participants and beneficiaries it works to protect, can ill afford the precipitous loss of staff that would result from the loss of supplemental funding.

ADVANCING EQUITY

The Department remains steadfast in our commitment to building a worker-centered economy in a way that expands equitable opportunities. This begins by ensuring that workers can access the Department and its programs.

The Department is committed to providing meaningful language access for individuals with limited English proficiency (LEP). The Department released its updated Language Access Plan in November 2023 and established the Centralized Office of Language Assistance, a new office within the Department's Civil Rights Center. This office is dedicated to supporting the language assistance efforts of individual Department agencies to ensure that activities, programs, and services conducted by the Department are accessible to individuals with LEP.

The Department also recognizes the need for expanded disaggregated data by race and ethnicity, as well as gender and other demographics in order to make informed decisions. To better provide this information, the Bureau of Labor Statistics (BLS) has expanded available labor market indicators, including for the American Indian and Alaska Native; Native Hawaiian and Pacific Islander; and detailed Asian and Hispanic or Latino communities. Beginning in September 2022, BLS published data that includes key economic metrics, such as the unemployment rate, employment-population ratio, and the labor force participation rate for the Native Hawaiian and Pacific Islander community, and, in September 2023, began publishing monthly estimates of these metrics for detailed Asian groups. BLS also added labor force estimates for detailed Hispanic and Latino groups to its online database in October 2023.

Finally, the Department also serves workers who have lost their job due to no fault of their own. As the COVID-19 pandemic showed, the unemployment insurance (UI) system is essential, and any delay in this critical earned benefit can have devastating consequences for families, particularly low-income families, and for the economy as a whole. The FY 2025 Budget improves states' ability to serve UI claimants more quickly and effectively by fully funding the formula for determining the amount states need to administer UI benefits based on current economic assumptions. The Budget also proposes resources to continue the Department's work to reduce identity fraud and to provide other critical supports to the states, as well as legislative proposals to improve UI integrity.

The Department continues to use funding received through the American Rescue Plan Act to advance equity in the UI system by ensuring that all workers can securely access their hard-earned benefits. To date, the Department has awarded \$219 million in grants to 45 states and the District of Columbia to address and improve equitable access to UI programs. Additionally, we have partnered with the General Services Administration and the U.S. Postal Service to provide both online and in-person options for UI claimants to verify their identity. Through the Department's identity verification services, we can ensure that the right payments go to the right workers without creating unnecessary barriers that disproportionately harm the most vulnerable workers.

CONCLUSION

The Department is putting workers at the center of the Biden-Harris Administration's historic economic agenda and playing a leading role in the most pro-union administration in history.

Thank you again for the opportunity to appear before you today, and I look forward to your questions.

Senator BALDWIN. Thank you, Acting Secretary Su. We will now begin a round of 5-minute questions, starting with myself, and then Senator Capito.

U.S. WORKFORCE REDUCTION IMPACTS & WARN

Acting Secretary Su, I am deeply troubled by CNH Industrial's recent decision to lay off over 200 workers at a facility in Racine, Wisconsin, and move production to Mexico.

Agricultural machinery has been made by workers in my home State for over 175 years. They have made Case New Holland, into the international manufacturing powerhouse that it is today.

Even after delivering record profits for the company, plant workers at Racine are being told that their services are too expensive and are no longer welcome.

An average worker at the Racine plant earns \$52,000 annually. CNH spent over \$652 million in stock buybacks last year, or four times more than the \$150 million they hope to save by reducing their workforce.

Moving production to Mexico would not only be a slap in the face to the workers who have given so much, but it would destroy the institutional knowledge that the plant's workforce has developed over decades of building agricultural equipment.

American workers are the best in the world, yet they face unfair disadvantages when it comes to competing against low-road employers in other countries, engaging in a race to the bottom and exploiting workers.

So can you start by expanding on how the budget would promote a fair global playing field and protect workers' paychecks here at home by advancing workers' rights abroad?

Ms. SU. Chairwoman Baldwin, thank you so much. And thank you also for your opening comments about the President's announcement yesterday in Racine, which demonstrates that the race to the bottom is not the only option. We can, with the right investments, create a race to the top in which America's workers benefit, America's businesses benefit, and our economy and our country are stronger.

ILAB'S MISSION

To your question, one of our agencies is ILAB, the International Labor Affairs Bureau. And the premise behind ILAB is the idea that the interests and welfare of working people in other countries is intricately tied to the welfare of workers in the United States.

Too often I also hear what you have just suggested, which is companies saying that if we demand that workers do well in this country, we're going to take our work to another country in which there are even more vulnerable workers.

And the work of ILAB is intended to create a more level playing field. ILAB engages in research and advocacy to make sure that conditions like child labor and forced labor in other countries are not condoned, that when goods that are made in such conditions try to enter the United States, that we do not allow that.

We have also been very engaged in—in helping to monitor and assist the country of Mexico in implementation of the United States-Mexico-Canada Agreement that would help make sure that workers in Mexico also have their fair and free choice to join a union and to protect their working conditions—again, so that we really end the race to the bottom, as you mentioned.

Senator BALDWIN. Thank you for that answer. While we appreciate this important work to level the global playing field and discourage companies from moving jobs out of the United States in the first place, we also recognize the critical needs of these workers who are faced with losing their jobs unless CNH decides to reverse course.

WARN ACT

So I'd like to follow up on the WARN Act. This is an important law that, if followed, can help communities plan to provide services to workers affected by mass layoffs.

Unfortunately, as in the case with CNH, not every company complies with WARN, and Department of Labor's authority to enforce the law needs to be strengthened. Will you work with me to explore how Congress can strengthen the WARN Act this Congress?

Ms. SU. Yes, absolutely, Senator.

Senator BALDWIN. Thank you. We've discussed my desire to secure increased protections from workplace violence, especially for our Nation's nurses.

HEALTHCARE WORKERS & WORKFORCE VIOLENCE

Unfortunately, nurses continue to suffer from rising levels of workplace violence. A 2023 report from National Nurses United found that nearly one in five nurses have changed or left their jobs due to workplace violence.

With Wisconsin facing a projected shortage of 20,000 nurses by the year 2040, we must do all that we can to protect, retain, and strengthen the nursing workforce.

I know the Department has taken some steps towards issuing a proposed rule on workplace violence in healthcare and social assistance. Can you update us on the actions the Department is taking now to provide all nurses the protections from workplace violence that they deserve? And describe your efforts to accelerate the issuance of this proposed workplace violence standard.

Ms. SU. Yes. Thank you so much, Chairwoman Baldwin.

So, as you note, workplace violence is too often the reality for many in our healthcare settings. I recently made a trip where I met in a community in which there was a home healthcare nurse who had been killed on the job.

And I also meet with nurses, including those in nursing programs, who are passionate and want to do the job, but recognize that violence is a reality that they should face, and that they have to face, and that should not— simply not be the case.

This also points to something that we believe really deeply at the Department of Labor, which is that sometimes labor shortages, or people not being—not staying in jobs that they're trained for and want to do, is a result of job quality issues. And we need to make sure that every job is a good job.

So, our efforts include creating a workplace standard that would help to reduce and hopefully eliminate the incidence of workplace violence when it comes to healthcare workers. We have gone through the initial—the small business review process, which is always something that our OSHA (Occupational Safety and Health

Administration) rules require, and we are doing everything we can to issue a notice rule as soon as we can.

Senator BALDWIN. Thank you. Senator Capito.

Senator CAPITO. Thank you.

Acting Secretary Su, I wanted to ask about two of the rules that I brought up in my opening statement.

THE OVERTIME RULE

Senator CAPITO. The Overtime Rule, I'd like to start with that. You finalized that regulation just 2 weeks ago, the new level of \$59,000. And let me ask you a technical question here really quickly, because I was talking to somebody who called me about this, who's going to be deeply affected. That \$59,000 goes up, right? To another figure shortly? Is that correct?

Ms. SU. So thank you very much. And actually, if I could just say one thing, Ranking Member, I know you mentioned some of the workforce investments in West Virginia. We also have a Strengthening Community Colleges grant for West Virginia University, Parkersburg, which is about nursing. So it kind of connects—

Senator CAPITO. Right.

Ms. SU [continuing]. The two points.

So thank you for the question about overtime. Basically, what will happen is in July, there will be, using the current methodology, a bump up in the overtime to \$14,808—

Senator CAPITO. Right. 1,405 to 59. 65 percent increase.

Ms. SU. The new methodology will not kick in until January 1 of next year.

Senator CAPITO. And that's projected to be \$75,000? Is that correct?

Ms. SU. No. That's the 55—the \$58,565. That's the \$58,000. So, this is an example of how our—you know, when we get comments, we really pay attention to them. And so in several of our rules, we're giving employers some ramp-up time in order to comply.

OVERTIME RULE COMPLIANCE TIMELINE

So the July 1st ramp is using the current methodology, not the new methodology. It's a smaller bump. And the bump to the \$58,000, based on the 35th percentile methodology, is going to be, is going to effect on January 1 of 2025.

Senator CAPITO. So we've gotten a lot of comments for this because of, as I mentioned, threatening to reduce worker flexibility with little or no effect of what actually employees are going to take home. It threatens both—we're hearing from nonprofits and colleges and universities who are concerned that they may have to raise tuition, curb flexibilities, career development opportunities.

I mean, how do you justify a 65 percent increase in this when it was just increased, I guess, what, 4 years ago under the Trump administration? Is that correct?

Ms. SU. So Ranking Member Capito, one of the fundamental jobs of the Department of Labor is to make sure that we are protecting and looking out for the well-being of workers. Because the overtime threshold has been eroded over time, there were too many workers who basically were working over 40 hours a week and not being compensated for it. And some of this was happening through things

like, you know, giving people titles of managers or supervisors when they were actually doing basic frontline work. Our effort in raising the overtime threshold was to make sure that the overtime law in the Fair Labor Standards Act remains meaningful.

Senator CAPITO. So I would have to say, did you get a lot of pushback on this when you had your comments, when you put your first rule out? You had to have, for a lot of smaller businesses. I don't know how they're going to keep track of all this.

Ms. SU. We did—so we engaged. We had several sessions. We did 27 virtual listening sessions around the country that had more than 2,000 participants in 2022. And then we conducted nine separate listening sessions with small business stakeholders. It's important for us to engage and to listen. I think we received something like 33,000 comments on that rule.

Senator CAPITO. Right. I would imagine.

Ms. SU. And then we respond to those comments. And again, one of the reasons for the two-tiered implementation was because we heard what the impact would be and wanted to make sure that especially small businesses had time to implement.

The other thing I want to mention, Ranking Member, is that we also provide as much assistance as possible when implementing new rules like this. So we have charts, we have small business compliance assistance tools, and we stand ready to assist employers that need it in your State.

Senator CAPITO. Okay. So let me just make sure I get the process here, because I was a little confused. It does go to the \$58,000 on July 1 under the old methodology.

Ms. SU. No.

Senator CAPITO. No.

Ms. SU. It will go—

Senator CAPITO. It stays at the same level. It doesn't do that until January 1. Correct?

Ms. SU. It will bump up to 14 thou—40—give me one second. It'll bump up—

Senator CAPITO. It's coming to you—

Ms. SU [continuing]. Slightly—

Senator CAPITO [continuing]. Right behind you. It's coming.

[Laughter.]

Ms. SU. It'll bump up slightly on July 1, using the existing methodology, just applied to the current wage rates.

Senator CAPITO. Okay.

Ms. SU. It's basically a math equation.

Senator CAPITO. Right. And then it goes—

Ms. SU. Updated.

Senator CAPITO [continuing]. To the 58 in—so full compliance is not until January.

Ms. SU. Exactly.

Senator CAPITO. Okay. Okay. I did want to ask about the independent contractor rule, but I'll just submit that for—

Ms. SU. Thank you.

Senator CAPITO [continuing]. Until you respond in writing. Thank you.

Senator BALDWIN. Thank you, Senator Capito.

Senator Shaheen.

Senator SHAHEEN. Good morning. Thank you for being here, Acting Secretary Su.

H-2B VISA PROGRAM

I know it won't surprise you to hear that one of the issues I hear frequently about from our small businesses in New Hampshire is their difficulty in finding seasonal workers and using the H-2B visa program. New Hampshire has consistently, for as long as I can remember since covid, had an unemployment rate that's below 3 percent right now. The March adjusted rate was 2.6 percent. A year ago, it was below 2 percent.

We can't find the workers we need, and in a State where we rely on tourism, it's our second-largest industry—we need those seasonal workers. We need those H-2B visa workers.

And one of the things that we're hearing is that, as you know, before employers can apply to the Department of Homeland Security for the visa, they have to be approved by the Department of Labor to certify that there are no U.S. workers who can fill those jobs. They've had trouble getting that certification because of processing delays at the Department of Labor.

What are you doing to address that? And what do we need to do to adjust this budget to make sure you have the funding you need to help make sure we can approve the people who need these workers to run their businesses?

Ms. SU. Yes. Thank you very much, Senator. So I understand the importance of the H-2B program in your State and in many others, and in multiple industries across the country.

This is a program that has grown in demand. In fact, in the first 4 days of January of this year, we had an application for more visa—4 times the number of visas than the maximum number. So I recognize just how dire the need is.

I have also focused since I came as deputy secretary in 2021 on everything we can do to improve our operational—the functioning of how we process. And I have heard that there have been improvements in processing. I'm very happy to talk to you further about those who continue to struggle in your home State, Senator.

But one thing I will say is that the way that the Department of Labor is funded to process these claims, has no relationship to the number of claims that we get. So as the number has gone up, we have remained flat-funded. Our—

Senator SHAHEEN. That's why I'm asking—

Ms. SU. Yes.

Senator SHAHEEN [continuing]. What you need in this budget in order to move those approvals, because I think it's a two-part process. One is getting workers certified, but the other is we don't have enough H-2B visas in the program.

Ms. SU. Right.

Senator SHAHEEN. We're looking at a nationwide unemployment rate, as you pointed out yourself, which is a good problem to have. But we're not producing enough workers to fill the jobs that we're creating.

Ms. SU. Yes.

Senator SHAHEEN. And we've got to figure out how to do that.

Ms. SU. Yes.

Senator SHAHEEN. And DOL's (Department of Labor) role in ensuring that there are enough H-2B visas available to employers is really critical.

Ms. SU. Yes. Yes. And my team has been very hard at work to try to address that. Our budget request does include \$1.8 million to add staffing for processing. Keep in mind that is because our overall budget request comes in under the Fiscal Responsibility Act.

Senator SHAHEEN. Right.

Ms. SU. I mean, I'm very happy to explore with you other options. You know, one that has been floated in the past is having the Department of Labor get some of the fees that are submitted in order to again level up when the numbers increase. But I would be very happy to work with you on other creative ideas to make sure that we can process.

SALARY IMPARITIES IN RURAL AREAS

Senator SHAHEEN. Thank you. I appreciate that.

In New Hampshire, we have a Federal prison called FCI Berlin that has really struggled with recruiting and retaining qualified corrections officers and other employees that they need.

And part of the problem is that there is a lack of parity in salaries that are offered by local agencies and firms who compete with companies in the region. And FCI Berlin falls within the rest of U.S. Pay Locality, and the Locality Pay program has simply failed to keep pace with local salaries in the area.

Now we've been told that establishing a new Pay Area for the Berlin micropolitan statistical area would help address this issue. However, the Bureau of Labor Statistics has said that the current wage survey model is not capable of producing reliable salary estimates for micropolitan statistical areas or rural counties.

So how can we encourage the Bureau of Labor Statistics to explore ways to address this? Because we have so many rural areas, not only in New Hampshire, but across the country, where this is a huge problem, where people are competing with an area like—well, we get thrown in with Boston, and there's a big difference between what's happening in New Hampshire with pay and what's happening in the Boston area.

So what can you tell us that the Bureau of Labor Statistics could do to help us deal with this problem?

Ms. SU. Thank you, Senator. This is definitely an issue that we are seeing. As you noted, and as the Chairwoman noted, this is a moment in which there's a—like a tight labor market. And it is resulting in workers with more choice, and employers needing to recruit and retain and—including competing on wages.

This has had some positive impact in terms of workers and their wages, especially. One thing we've seen since President Biden came into office is real wages rise, especially for low- and middle-income Americans, and that means more money in the pockets of working families.

But to your point, I'm happy to work with you—

Senator SHAHEEN. Okay—

Ms. SU [continuing]. To figure out what we—

Senator SHAHEEN [continuing]. And I appreciate—we want workers to do better—

Ms. SU. Yes.

Senator SHAHEEN [continuing]. But the Federal Government has to keep up with that pay scale as well. And right now, we're not doing that. So thank you very much.

Thank you, Madam Chair.

Senator BALDWIN. Thank you, Senator Shaheen.

Senator COLLINS.

Senator COLLINS. Thank you, Madam Chair.

PROPOSED CHANGES TO NATIONAL APPRENTICESHIP SYSTEMS

Acting Secretary Su, in December, the Department of Labor proposed significant and controversial changes to the National Apprenticeship System. Among other issues, the proposed rules would eliminate apprenticeship programs that face program completion on the mastery of skills, rather than an explicit time requirement.

Competency-based apprenticeship programs are a very important part of the system in Maine, particularly in the areas of healthcare information technology and education. In Maine, we've found that competency-based programs often have a higher success rate than time-based or hybrid programs. Over the past 4 years, the percentage of apprenticeship that failed to complete either hybrid or time-based apprenticeship programs was almost double those of competency programs.

So I don't understand why the administration made the decision to remove competency-based approaches to apprenticeships. Could you explain what the rationale was?

Ms. SU. Thank you, full committee Ranking Member Collins, it's good to see you.

So as—I think we—there's wide agreement here that Registered Apprenticeships are a proven and effective model of helping employers get the skilled and competent employees that they need, and to create opportunity for people who might not otherwise have seen themselves in jobs or be able to stop what they're doing and get the training that they need for another job. We know that the earn-and-learn model works for that.

Since this administration has been in office, we have expanded those apprenticeship programs in numerous industries, including all of the ones that you mentioned. In healthcare, in IT, and in education. We now have teacher apprenticeships in over 30 States, and we need to continue to expand that. That's part of our budget request.

I think—if you're referring to our proposed rule about this, our goal is not to limit the options for expanding Registered Apprenticeships. It is to make sure that those programs continue to have the standards that have made them so successful overall, and to make sure that when somebody finishes with an apprenticeship program, the employer knows that what they're going to get is somebody who has all the capabilities, including the experience and experiential learning that is needed to actually succeed in the job, to perform it, but also to keep themselves safe and healthy while doing it.

Senator COLLINS. But the way that you do that is to measure their competency, not require an arbitrary amount of time. I know I have just a little time, so let me switch to a different issue.

H-2B VISA PROGRAM

First, very quickly, I agree with the comments that Senator Sheehan made on H-2B visas. Those are absolutely critical in my State, where 10 times the State's population visits Maine. And I hope that you will be recommending to the Department of Homeland Security that it make available the full additional 64,716 H-2B visas for this fiscal year.

NEW EMERGENCY RESPONSE STANDARD

I want to switch to another issue that I'm hearing a lot about in the State of Maine from our firefighters and our first responders. And that has caused me to focus on aspects of the new Emergency Response standard proposed by OSHA (Occupational Safety and Health Administration) in February. When I talked to my small rural volunteer fire departments, they have huge concerns about the compliance costs, the potential retraining requirements that this proposed standard would entail.

And indeed, OSHA itself has estimated nationwide compliance costs could exceed \$100 million per year for volunteer fire departments alone.

When I talked to the larger cities in Maine, there are fewer problems with complying with the standards. As your department finalizes this standard, will you commit to working with small, rural volunteer fire departments to ensure that we don't essentially force them to close down? Which would hurt public safety rather than help it.

H-2B Visa Caps

Ms. SU. Yes. Thank you. So just going back quickly to the H-2B caps, in this administration, we have used the discretion given to the Department of Homeland Security in partnership with us to make sure that we are meeting the needs that you've mentioned within the discretion that we do have. Obviously, Congress has the ultimate authority on the cap.

Yes, I will definitely commit to you that we will work with all stakeholders, but especially what you're saying, the voluntary and rural first responder forces that are so vital, both to make sure that we hear them, and that we produce a standard that keeps them safe as well.

Senator COLLINS. Thank you.

Senator BALDWIN. Thank you, Vice Chair Collins.

Chair Murray.

Senator MURRAY. Well, thank you very much, Chair Baldwin.

Thank you, Acting Secretary Su, for coming here and joining us today.

DOL has a really crucial charge, and that is protecting workers who are truly the backbone of our economy. It should not be controversial to say that we want all of our workers to have good wages and benefits and fair treatment from their employer, and safe workplaces.

And the Department does crucial work on those issues, cracking down on wage theft, ensuring workplace safety, and even in some cases, fighting discrimination. So I'm really pleased you're here today to talk about what resources you need to support your work and support our workers.

CHILD LABOR LAWS

Let me start with a topic that I've been particularly concerned about, the rise in child labor. The number of children and youth found employed in violation of Federal law has risen 88 percent since 2019. In my home State of Washington, a record number of businesses have been fined for violating child labor laws in recent years.

Senator Casey and I actually introduced the Child Labor Act to help combat child labor and strengthen the law. And I know that DOL is already doing a lot to enforce our existing child labor protections.

Can you talk with us about what the funding levels in your budget request would mean in real terms for child labor outreach and enforcement efforts?

Ms. SU. Thank you so much, full committee Chair Murray, it's very good to see you. And thank you for raising this very important issue.

As I think everybody knows, we have seen a rise in child labor. Part of the reason is because the Department of Labor is doing our job. We are exposing these practices. We are putting a stop to them. We are issuing penalties and using the full authority that we have. Not just penalties, but using "hot goods" and other ways to ensure that goods that are touched by child labor are not—that companies are not able to profit from it.

So our budget request includes an overall increase of \$35 million for the Wage and Hour Division, with \$7.5 million of that for child labor.

We also have to keep in mind that our solicitor's office, the attorneys who advise on cases, who brings litigation, to drive home the, you know, the seriousness of enforcement, are also funded.

And so both of those are part of the funding request.

And we simply cannot stop the scourge of what we see, which has already been mentioned, like 13-year-olds working on the kill floor of the meat packing plant on the night shift with dangerous chemicals, or a 16-year-old who recently died in a sawmill. It's unconscionable that this is happening. And the Department of Labor often stands as the most important bulwark against those kinds of practices.

And so our budget request is meant to stay within the bounds of the Fiscal Responsibility Act, but also increase our capacity to address this.

Senator MURRAY. Right. So you're asking for funds for both the Wage and Hour Division and the Office of the Solicitor working together to combat this. Thank you. I think that's so important.

WAGE THEFT PREVENTION

Another issue that I've been very focused on is combating wage theft. Workers deserve to be paid the full wages they earned. But

unfortunately, some companies in the country are denying workers tens of billions of dollars in hard-earned pay each year.

I actually introduced the Wage Theft Prevention and Wage Recovery Act to put money back into workers' pockets by protecting their right to fair and timely pay, and strengthening accountability for wage theft violations.

I'm going to keep working on that, but I wanted to ask you today, what is the Department of Labor doing right now to fight wage theft?

Ms. SU. So this is one of the most important things that we do, is to make sure that every worker gets a just day's pay for a hard day's work. We see violations of you know, basic failure to pay the minimum wage.

The majority of violations we see when it comes to wage theft is in overtime. So workers not being paid when they're—when they work over 40 hours, and we have—our investigators are in the field every single day uncovering these kinds of violations.

You know, it should be, I think, obvious to many that for employers who choose to violate the basic labor laws, they will go to great lengths to prevent those practices from being found. And so it's very important for the Department to be able to gain the trust of workers to learn about what is going on, to be able to do inspections at the workplace, too. For example, be able to see whether records are being kept and you know, what exactly is going on in the workplace.

For those employers who've decided that it's cheaper to break the law, and the chances of getting caught are slim, and the consequences even if they do get caught are minimal, we need to tell them that that is not the proper way to—you know, we're not going to allow those kinds of violations.

And it's also very important—we hear this often, is from other employers in that industry who are complying with the law, need to know that the Department of Labor will help them ensure a level playing field.

Senator MURRAY. So there's fair competition?

Ms. SU [Nods yes.]

Senator MURRAY. Fair—all right. Thank you very much. Thank you.

Senator BALDWIN. Thank you, Chair Murray.

Next, Senator Hyde-Smith.

Senator HYDE-SMITH. Thank you, Chairwoman Baldwin and Ranking Member Capito. And thank you for being here also as well, Acting Secretary Su.

IMPORTANCE OF SKILLED LABOR

Mississippi, like the rest of the country, and that we've all had these discussions, is facing a pretty tough labor crisis, and the widening gap between jobs available to Mississippians and the career routes being chosen.

Despite there being many positions offering significantly above-average wages, there's a huge shortage in our State of plumbers, electricians, diesel mechanics, utility linemen, HVAC technicians, precision manufacturing's, and many, many skilled jobs. Without more people pursuing these jobs, our workforce participation rate

will continue to decline, average income increases will stall, and our economic health will suffer as we struggle to reach our economic potential.

But from my conversations with training providers, State officials, community organizers, and employers, this shortage is not the result of a lack of opportunity or training resources. Rather, it is largely an issue of awareness and perception with these jobs.

Many people exploring their career options are not aware of the high wages, good benefits, and the long-term stability these occupations provide. It's almost a little bit of a stigma. And if they are aware, there is a misguided view these occupations are less desirable. And that's really, really sad.

But what is your stance on the importance of funding or supporting efforts to increase awareness of these jobs and their benefits, and to decrease any negative perceptions that may surround them?

Ms. SU. Yes. Thank you so much, Senator. I also understand tomorrow is your birthday, so happy early birthday.

Senator HYDE-SMITH. Thank you very much.

[Laughter.]

Ms. SU. I could not agree more with what you are saying, and I see that also when I travel the country, that we do have to overcome a certain perception, both of the quality of the jobs—and again, in this moment when there are such historic investments in infrastructure, in manufacturing, in clean energy, in good jobs in every community, I think the reality is that these are good quality jobs.

The other part of this is that—you know, one of the things I hear is that we need to do a better job of also aligning our educational system with this message. Too many young people hear that, you know, your only path, the only right path, is to go to a 4-year college. And I meet with people across the country who say, “That’s just not what I, that’s not what I wanted to do. I wanted to work with my hands. I wanted to, you know, gain a trade.”

And so making sure that our overall—those of us who are, you know, trusted messengers to young people, are also saying, there is another path, and this is a viable path, is very, very important.

I hear from people who are—you know, let’s say they’re finishing an apprenticeship program, or they’re in a career trade, who say, “If I had known that this was available to me years ago, I could have started on this secure path with a good job, with benefits, with retirement a long time ago.”

So we do have work to do there. I am very anxious to work with you on that. It’s something that we’re working on across the administration, you know, something that, for example, Secretary Cardona and I talk about as well. And everywhere I go, I try to raise awareness about that issue.

I do think the added investments in actual training programs that reach communities that have been left out in the past would also help to create, you know, a climate in which people understand that these are real options for them.

Senator HYDE-SMITH. Yes, and we have great training centers. I mean, that’s—we’re not lacking that at all. It’s just getting the stu-

dents in there with the pride of being in there. And I know that's kind of hard to buy.

STRENGTHENING COMMUNITY COLLEGE TRAINING GRANT PROGRAMS

But in addition to getting the word out about the potential careers, it's also important to properly train. And I'm pleased that the Department is seeking an increase in the Strengthening Community College Training Grant programs. And for fiscal year 2025, we have some great community college system and does an outstanding job of targeting specific needs for our State.

And many of the community colleges in Mississippi continue to work with companies to fill the training gaps in manufacturing and the technical jobs so we can continue to produce a ready, well-trained workforce.

But will you commit to making sure these grants continue to go to deserving community colleges in rural States so they can continue to fill the workforce gaps across all sectors?

Ms. SU. Yes, absolutely. And our budget request does include a modest increase in our Strengthen Community College grants. And 100 percent, they are key to the overall workforce system. And one way that young people—and mid-career people, hear about opportunities that they might not have had, and have the ability to gain the skills in the classroom that match the skills they're going to need in the workplace, 100 percent.

Senator HYDE-SMITH. Okay. I'm over my time. Thank you, Madam Chairman.

Senator BALDWIN. Thank you, Senator Hyde-Smith.

Senator Schatz.

Senator SCHATZ. Thank you, Chair.

And thank you, Secretary, for being here. And thanks for your great work and the way you engage with Congress. Even when members disagree with you, it's always substantive and respectful, and I just wanted to observe that it's not that easy to do so. So good job on that.

I just want to quickly agree with Senator Murray about the Office of the Solicitor—

Ms. SU. Yes.

CHILD LABOR PENALTIES

Senator SCHATZ [continuing]. Especially as it relates to child labor. We can disagree about a lot, but the law already exists, and it is not sufficiently enforced. You've got around 100 meritorious cases that are—that we are unable to prosecute per month. And there's a solution to that. We don't need a new statute.

But I actually want to talk to you about an area where we do need a new statute. Senator Young and I also have a child labor bill that does something a fair amount more narrow than Senator Murray and Senator Casey, and that is simply crank up those penalties.

As you know, it is \$68,801 maximum penalty for a child labor violation that results in the death of a child. Sixty-eight grand is what we have in Federal statute.

And so not only have companies made the judgment that between the Office of the Solicitor and overall resources for the De-

partment that they may not get caught, but even if they get caught, it's not that expensive. And it can be booked as a cost of doing business. If a child dies on a factory floor, it's \$68 grand. Capped.

So I'm sorry to take such a long time to wind up, but I'd like you to talk about the practical impact of those penalties, and what would happen if those penalties were turned up to the point where it was, you know, a real financial hit.

Ms. SU. Yes. Thank you so much, Senator. I mean, I can't say it better than you've already said it. When employers feel like breaking the law can just be a cost of doing business, because the consequences, even when they're caught, are so minimal, the incentives to comply are too poor. And we do everything we can at the Department of Labor, through our investigative resources, to expose illegal practices, to hold all of the companies who are responsible accountable.

But we do appreciate the efforts of Congress in light of all of the attention to child labor, and the cases that we continue to see, to do everything in your power to help make it more costly for those who break the law.

Senator SCHATZ. Thank you very much. And I guess I just want to reiterate this point.

You know, it's Labor, right? So we're going to have a difference of opinion on a lot of things about independent contractors, about union organizing and regulatory questions. But I think we can all agree that there's no justification for a violation of Federal law being so inexpensive as to not be a disincentive.

And so this is something that I just think we ought to fix. We can either pass it by consent, or in some other must-pass piece of legislation, but this is not the kind of thing that could get—that ought to get caught up in are pretty fundamental ideological disagreements.

WOMEN'S BUREAU

Speaking of fundamental ideological disagreements, here I move on to the Women's Bureau. I am continually impressed—and I have to say, I talk to my staff, and I'm always suspicious about bureaus, because our tendency on our side of the aisle is to identify a problem, and then establish a bureau for the thing we want to see fixed? And so they had to persuade me that this Women's Bureau was not just seven people in a bunch of cubicles.

But boy, they've done really important work. And I'd like you to just spend a little bit of time talking about what the Women's Bureau has done for the workforce and for women in the workforce.

Ms. SU. Thank you very much for that, Senator. So I think it's important to say that in many ways, women have helped to power the economic recovery that we have seen in this country. Last month, the labor force participation rate for prime age working women reached an all-time high, a high since we started collecting this data, which was back in 1948 when Harry Truman was elected President. So the role of women in this economy simply cannot be overstated.

At the same time, we have much more work to do to tap into the full potential of women in the economy. And one of the studies that

the Women's Bureau put out that I think is so important to note here, is that if our country invested in CARE, in the CARE infrastructure and policies that support CARE, like national paid leave, then about 5 million more women could enter the workplace, and that would result in \$775 billion worth of economic activity a year.

So Women's Bureau's research and work in this space helps to tell us not just, you know, what policy—the impact of policies, but also what's happening when we don't invest in policies.

The other piece that Women's Bureau puts out are grants called WANTO. They're Women Apprentices in Nontraditional Occupation. And it is meant to make sure that women see themselves in some of these good jobs that are being created that they have been underrepresented in for a very long time.

I also feel like I need to say, because you asked about the Women's Bureau, and it's almost Mother's Day, that I want to thank all the working mothers who do this work. And our Women's Bureau is very much about continuing to lift up their voices and their stories and opportunities for them.

Senator SCHATZ. Thank you.

Senator BALDWIN. Thank you, Senator Schatz.

Senator Kennedy.

Senator KENNEDY. Thank you, Madam Chair.

SEXUAL HARRASSMENT AT FDIC

Madam Acting Secretary, welcome. Part of your job, Madam Acting Secretary, is to protect and support employees, is it not?

Ms. SU. Yes, sir.

Senator KENNEDY. And do you believe that we should protect—do you believe passionately that we should protect and support our employees?

Ms. SU. I am passionate about that, sir. Yes.

Senator KENNEDY. Okay. Do you believe that we should passionately protect and support our employees at the FDIC (Federal Deposit Insurance Corporation)?

Ms. SU. I do believe that all employees should be entitled to fair pay and come home healthy and safe and—

Senator KENNEDY. Including the FDIC?

Ms. SU. Yes.

Senator KENNEDY. Okay. Have you read the recent outside report—234 pages about the creepy old men at the FDIC?

Ms. SU. I have not seen that, Senator.

Senator KENNEDY. Have you heard about it?

Ms. SU. I have not.

Senator KENNEDY. Are you curious about it?

Ms. SU. Yes, I am. Sure. Yes.

Senator KENNEDY. Well, the report that—the people who conducted the report, Madam Acting Secretary, and I'm surprised you haven't followed it, asked employees at the agency to phone in complaints.

There are 6,000 employees. Five hundred—almost one out of ten—employees phoned in complaints. Many of them were sexual complaints, sexual discrimination complaints. One young woman said, "My supervisor continuously sends me text messages with photographs of his penis." Is that a labor violation?

Ms. SU. I mean, it's horrible——

Senator KENNEDY. Well, another employee, a Hispanic employee, said, "My supervisor required me to recite the pledge of allegiance, because he said I had to prove I'm an American." Is that a labor violation?

Ms. SU. I think, Senator, everything that you're saying is not acceptable in the workplace.

Senator KENNEDY. Okay.

Ms. SU. The technical question about labor violation is I know—they fall under various statutes. But yes.

Senator KENNEDY. But one young woman said, "My supervisor sent me a text message saying, quote, 'Get naked, bitch.'" Is that a violation? Labor violation?

Ms. SU. I think it's unacceptable workplace behavior, certainly.

Senator KENNEDY. It's pretty bad. One young woman said, "My supervisor regularly commented on my breasts and my legs and about his sex life." Is that a labor violation?

Ms. SU. I think it's unacceptable behavior.

Senator KENNEDY. Yes, it's pretty bad, isn't it? One young woman testified—or sent in a complaint and said, "One of my supervisors asked me the following question. Quote, 'Does your husband eat you?'" Close quote. Is that a labor violation.

Ms. SU. Yes, I mean, it's unacceptable behavior. It's disgusting. It's——

Senator KENNEDY. Well, what do you plan on doing about it? Don't you think that all the senior management at the FDIC should resign and be prosecuted?

Ms. SU. So, Senator, I don't know if a complaint was formally made to the EEOC (Equal Employment Opportunity Commission). That is the Federal agency——

Senator KENNEDY. But ma'am, you can——

Ms. SU [continuing]. That opens the——

Senator KENNEDY. [continuing]. Initiate a complaint. I'm here——

Ms. SU. Okay —

SEXUAL HARASSMENT IN FEDERAL GOVERNMENT

Senator KENNEDY [continuing]. You're Labor Secretary, and I know from your behavior you believe in protecting employees. Now this is as egregious as I've ever seen, and I suspect you've ever seen. And I thought we had already decided that this is no country for creepy old men.

I'm asking you what you're planning. Do you—are you going to call for Martin Gruenberg to—the—who runs a place to resign? He's been there since 2005, and only—and one of two things are going on. If he says he didn't know about it, he's like a rock, only dumber. Or he condoned this behavior.

Is—for the Biden administration, does "Me, too" apply except at the FDIC? Is that what you're saying?

Ms. SU. No, Senator, I mean, I have seen some pretty horrible things. I mean, we see human trafficking and people forced to work in, you know, unconscionable conditions. We see——

Senator KENNEDY. What are you going to do about the FDIC?

Ms. SU. So——

Senator KENNEDY. And how are you going to protect those employees?

Ms. SU. Well, they definitely deserve protection. This is where the Department of Labor's authority over the Fair Labor Standards Act, the OSH Act, and other things—the sexual harassment claims that you were talking about fall under a different Federal agency. And——

Senator KENNEDY. So you're just going to ignore it?

Ms. SU. No, I mean, you know, but I think that it's important for agencies to operate under the authority that they've been given by Congress——

Senator KENNEDY. Don't you think you have a moral——

Ms. SU [continuing]. That's one reason I think I do know——

Senator KENNEDY. [continuing]. Imperative to ask Mr. Gruenberg to resign? To quit?

Ms. SU. I would say this, Senator. I think you said that a complaint had been made. I'm assuming it was made to the proper Federal agency. I trust that our sister agencies——

Senator KENNEDY. Not yet, but they're coming. I'm just——

Ms. SU. Okay.

Senator KENNEDY [continuing]. Asking you what you're planning on doing, if anything. It doesn't sound to me like you're planning on doing anything to help these young female employees.

Ms. SU. Well, now that you've brought it to my attention, I'm happy to make sure that the EEOC is aware that there is a case like this.

Senator KENNEDY. But you're not going to do anything about it as Labor secretary.

Ms. SU. Well, let me say this, Senator. I know that the people of America need a very strong Department of Labor to protect working people across this country. Our authority to investigate, to cite, to end bad labor practices, are bound by the authority that's given by you to me. These investigations occur at another agency.

Senator KENNEDY. You're not going to do anything, are you?

Ms. SU. Oh, I just said I'm happy to reach out to them to make sure they are aware of it, and if they need any support that I'm able to give——

Senator KENNEDY. Yes, but you're not going to do anything in your power to help those employees, are you?

Senator BALDWIN. Thank you, Senator Kennedy.

We're going to begin a second round of questions. I do understand some members who were here earlier are trying to return for their opportunity to do their first round.

EBSA AND MENTAL HEALTH SERVICES ENFORCEMENT

For far too long, many Americans were denied health coverage for life-saving mental health services. I was proud to support bipartisan legislation that requires private health insurance companies to cover mental health and substance use disorder just like they cover physical health.

The Department of Labor plays a critical oversight role in securing parity compliance in employment-based health plans, covering an estimated 131 million plan participants.

Supplemental appropriations Congress provided to help implement this legislation will be exhausted by the end of the year. These funds have helped the Department address parity violations, hold companies accountable, and facilitate access to treatment.

Acting Secretary Su, how would additional resources requested in this budget help the Department's Employee Benefits Security Administration improve access to substance use disorder treatments that Wisconsinites and communities across the United States need to help overcome the crisis that claimed more than 100,000 American lives in the year 2022?

Ms. SU. Chairwoman Baldwin, thank you so much for your leadership on this issue. Today is actually National Children's Mental Health Awareness Day, and this month is actually Mental Health Awareness Month.

And at the Department of Labor, we play a very important role on making sure that individuals who need mental health services, substance use disorder treatment, actually get the coverage from the insurance company that they're supposed to get.

Our EBSA that does this enforcement, our Employee Benefits Security Administration, the budget request there is an increase of \$14.6 million. Again, in order to stay under the Fiscal Responsibility Act cap that was there, and in order to continue to do enforcement, as you mentioned, in a field that is so important, but in which the funding that was given is about to sunset.

I just want to share a few examples of the kinds of enforcement that we do here. We have—I've spoken to several parents whose children needed some kind of mental health treatment, and they were denied coverage for it.

And so sometimes it means that a family will simply forego the treatment, often with devastating results.

Sometimes families will do everything they can, including get a second mortgage on their home, like go into great debt in order to pay what is needed.

We had a case in which a child needed inpatient mental healthcare. The family took out a second mortgage for it and ended up paying over \$200,000 out of pocket. Because of the Department of Labor's intervention, we got that amount covered by insurance—which, you know, the families will tell us that it's basically life-saving work.

We have benefits advisors who answer the phone when somebody is being denied coverage, and sometimes that intervention will result in an immediate change.

This is life-saving work. And oftentimes the impact of one enforcement effort is—has ripple effects, because once the insurance company recognizes what they're supposed to do in that one instance in which we got involved, they will change the way that they approach future requests for coverage. And then that has—you know, each of our investigations is amplified in terms of its impact.

And so I can't overstate the importance of the work of EBSA, especially in this moment where we are seeing, you know, one in five adults report a mental health issue a year. And for young people, you know, I don't even know if the data is fully available.

So we—you know, I can't overstate the importance of building up EBSA in order to continue this work.

Senator BALDWIN. Okay. Thank you. Give her a moment to get adjusted, and then I will recognize Senator Britt.

LACK OF SENATE CONFIRMED SECRETARY AT DOL

Senator BRITT. Thank you very much. Just got finished with Banking and headed down, so thank you, I appreciate it.

Acting Secretary Su, thank you for being here today. I wanted to begin by expressing my concern about the length of time the Biden administration has allowed the Department of Labor to operate without a Senate confirmed secretary at the helm.

As you are aware, your nomination to be the Secretary of Labor is opposed in a bipartisan majority of the Senate, and you will not be confirmed to this position during this Congress.

Despite that reality and repeated requests to the President to put forth a nominee who can receive adequate support to be confirmed, the Biden administration has instead left you in place as acting secretary on an indefinite basis with no current plans to put forth another nominee for secretary of labor.

PRESIDENTIAL LINE OF SUCCESSION

You've also been listed on the White House website as a member of the Cabinet, quote, "in order of succession to the presidency," signaling that despite having never been elected to any office nor confirmed by the Senate to any Cabinet-level position, the White House believes that you are eligible to assume the presidency pursuant to the Presidential Succession Act of 1974.

In October, I led a letter to President Biden, along with 29 of my colleagues, urging that the White House clarify its position on this very issue. I've yet to receive a response to that letter.

And so I want to raise that question with you today. Do you believe that if the need were to arise, that you are currently eligible to assume the presidency under the Presidential Succession Act of 1974?

Ms. SU. Senator, it is the honor of a lifetime to have been nominated by the President to serve in his Cabinet.

Senator BRITT. Absolutely. And do you believe that you are in the line of presidential succession?

Ms. SU. So prior to being nominated, I was confirmed as the deputy secretary of Labor in 2021. And then when my predecessor left, I became the acting secretary through the normal—

Senator BRITT. Yes, ma'am, I'm aware. My question is, do you believe that you should be in the presidential line of succession? It's just a yes or a no.

Ms. SU. I mean, Senator, I put it this way. I serve at the pleasure of the President. I appreciate his confidence in me. We've spent some time here today talking about the work of the Department and the important ways that we are—

Senator BRITT. And Ms. Su, this isn't—my question is specifically about the presidential line of succession. Do you believe, yes or no, that you should be in that, having not been confirmed into this position by the United States Senate? So just yes, you believe you should be able to succeed in the presidential line of succession if

that were ever to happen? Or no, you believe you are not actually in that line of succession?

Ms. SU. Let me—can I say two things about that, Senator? The first is that—

Senator BRITT. Well, I—you know what—

Ms. SU [continuing]. The question of—

Senator BRITT. Yes, I actually have a lot of questions I want to get to on this, but I thought that that would be a really easy yes or no. And to me, it's no, you haven't been confirmed, and therefore should not be in the line of succession. I mean, this is a big deal, and I think that's a simple answer. And unfortunately, I didn't get that from you.

NEW OVERTIME RULE

Like many other of my colleagues, I've been very concerned about a number of rules that have been issued by the Department of Labor during your tenure, starting with the new Overtime Rule. And I know we've discussed that a bit today.

The new rule increases the minimum salary threshold for the executive, administrative, or professional overtime exemption by 65 percent from the 2019 rule, and increases the minimum salary threshold for a highly compensated employee overtime exemption by 41 percent from the 2019 rule.

I've heard from numerous stakeholders in Alabama about the huge detrimental impact that this rule will have on them. As an example, many of Alabama's small colleges and universities, which include HBCUs (Historically Black Colleges and Universities)—we have more HBCUs in Alabama than any other place in the Nation.

And as I hear from them about dealing with this, it is going to have significant ramifications. My office has spoken to schools that don't have large budgets or endowments, but are facing hundreds of thousands of dollars in additional costs for the upcoming academic year having to implement this rule and reevaluate salaries across the board due to this rule's provisions.

At the same time, those schools are unable to lock down their incoming freshman classes, or fully make informed decisions and budgetary choices about the upcoming academic year.

And I—if you look at that, you know, this rule is obviously having a huge impact—in addition to all of those things, and small businesses in Alabama. And to me, small businesses are the heartbeat of this country. They're what make Main Streets go. They're what allow people to achieve the American dream.

And given these realities, do you, at the very least, envision the Department granting additional flexibility with respect to the timing of this rules implementation across the country?

Ms. SU. So Senator, I agree with what you said about the importance of small businesses in our economy. There's no question about that. And we engage with small businesses in all of our rule-making, but also in our Overtime Rule.

In terms of the timing, actually—

Senator BRITT. And they're supportive of that?

Ms. SU. We got comments on all sides. We got—I think I said this, over 33,000 comments on Overtime? I believe that's the right number for that particular rule.

But we do hear from small businesses who rely on the Department of Labor to create a level playing field on which they can compete, especially in a moment where they need to recruit and retain, you know—keep workers by making sure that their working conditions are competitive.

But let me just address the timing, because that is one of the things, and the ranking member and I already talked about this some is, we heard comments about the need for some time to come into compliance. So our Overtime Rule goes into effect in two phases. The first is on July 1. It will go up—it's a bump based on the current methodology, not the new methodology, but the current rule multiplied by current wage levels. The other bump, the bump of the 35th percentile in the new rule, is going to go into effect on January 1 of 2025.

Senator BRITT. I hope you'll take these things into consideration. And I am obviously out of time, but I heard my colleague from New Hampshire mention there is a big cost of living difference, as she mentioned, from in New Hampshire and Boston. When you look at the low cost of living in Alabama, there is a detrimental effect that occurs, and it—I hope that you will take all of those things into account. So thank you very much for your time today.

Ms. SU. If I could just also say, the way our formula works does take that into account. And I'm happy to follow up if you want to hear more about that.

Senator BALDWIN. Thank you, Senator Britt.

Senator Capito.

ENVIRONMENTAL, SOCIAL, AND GOVERNANCE RULE

Senator CAPITO. Thank you. Acting Secretary, I want to ask about ESG (Environmental, Social, and Governance), because I mentioned that in my opening statement. So in 2022, the Employee Benefits Security Administration issued a final rule under ERISA (Employee Retirement Income Security Act) that allows plan fiduciaries to consider climate change, environmental, social, and government factors when making investment decisions.

What brought that decision forward? And was that a requirement from the President to have an all—throughout every department consideration of climate change?

Because as we look at, say, the Social Security Trust Fund, which a lot of people are going to retire—relying on for retirement and also their retirement plans, in my view, the best way to keep our retirees as they move into their senior years in the best possible position, is to have the maximum financial benefit accrue to their plans, regardless of—I could see if things were illegal, but you know, if you're talking about a natural gas company or a coal company or somebody else who's really maximizing profits, this rule would—if that fiduciary takes this under consideration, would eliminate that as a possibility.

Ms. SU. So, Ranking Member, I very much appreciate both the question and the way in which you asked it. Because I agree, and of course, you know, it's best for retirees for their investments to give them the maximum financial benefit. All of our work, our enforcement work, as well as our rulemaking is about that.

This particular rule is consistent with that, in that it does not mandate, but it does allow an investor to take into account ESG factors, especially because—and I was just in a meeting about this with many investors who actually make these decisions.

Sometimes when those factors—labor principles. You know, environmental, valuing environmental outcomes, those factors actually make an investment more profitable.

And so what our rule did—the prior administration took away the ability to consider those factors. Said that you can't look at them. Our rule restores the ability for someone who's making those decisions to look at all of the factors that will help them to decide what is going to be best for the actual retiree.

Senator CAPITO. In my opinion, this really politicizes a really important part of our financial fabric in this country. And I think that the pressures—you didn't answer the question as to whether the pressure to move forward with this rule came from the White House or from the financial institutions? Are you aware that there are a lot of ESG funds that have actually shuttered, closed down, because they're not generating the profits that they need.

So who made the decision to move forward on this? Was this a decision you made, or the former head of Labor, or was it made in the White House?

Ms. SU. Well, so, Ranking Member, if I could just say, again, it—just respond to that—

Senator CAPITO. Well, answer that.

Ms. SU. The politicization occurred in the prior administration when said, you cannot consider them. The point about being able to consider all factors is something that we heard from those people, financial advisors, those making those decisions, that they wanted to be able to consider all factors, but because of the prior administration's rule, they were afraid to do that, even when it would be in the best interests of the accounts in which it agree—in which it would result in the maximum investment return.

So our rule was really about more flexibility. In terms of who made the decision, again, we went through the process for, you know, for rulemaking that we always go through. We are thoughtful, we are judicious, we take comments, we listen to them, we respond to them, and then we produce something that we—you know, that we believe is in the best interests of, in this case, not just the account holders, but also those who are—who asked for more flexibility in their decisionmaking.

Senator CAPITO. Thank you.

Ms. SU. Thank you.

Senator BALDWIN. All right. Senator Manchin.

THE JOINT EMPLOYER RULE

Senator MANCHIN. Thank you, Madam Chairman.

Thank you, Secretary, for being here. Recently, the President vetoed a bipartisan congressional resolution overturning the National Labor Relations Board NLRB rule, redefining who is a joint employer. The rule from NLRB will put the franchise model at risk, and I think you know how I feel about this.

Small businesses are the heart of the economy and our communities, especially in our little State of West Virginia, which we love

dearly, where more than 98 percent of our businesses are small businesses. One out of every three franchise owners say they wouldn't own a small business without the franchise business model. One—that's a tremendous—one in three, 33 percent.

The last time NLRB tried this study, a study found that the policy led to 376,000 fewer jobs and \$33 billion in lost output across the economy.

While a Federal judge has currently blocked this rule from taking effect, I'm concerned what will happen if it does take effect.

So my question would be, there continues to be bipartisan concern with what the NLRB is proposing. What does your Department plan to do to curb the job and economic output loss we experienced the last time if this would go into effect? And are you all still pushing it forward to be effective?

Ms. SU. So Senator, it's nice to see you. I know everybody knows, but I will say this. The NLRB is a separate entity from the Department of Labor. The joint employer rule is not something that the Department of Labor has pursued or that we have put on our regulatory agenda.

I will say, one of the things—

Senator MANCHIN. Well, we tried to get rid of it, but the President over—he vetoed us. The President overrode us. You know, we tried to get rid of it, but he vetoed it. So he must believe, and the administration must believe, in the rule, the way the rule's been.

Ms. SU. Yes. That is not a rule that the Department of Labor pursued or put into effect. I will say, though—

Senator MANCHIN. Do you all acknowledge the job—can you acknowledge the job losses that came when they did implement it the last time?

Ms. SU. I mean, Senator, I don't have any data about that. But I will acknowledge—

Senator MANCHIN. Did you—

Ms. SU [continuing]. The conversations we have had, and the important role that franchisees and franchisors played. I know we've talked about this, too.

Senator MANCHIN. Sure, sure.

Ms. SU. My own parents owned a franchisee business. And so I understand and have lived the benefits that such a business means for—

Senator MANCHIN. If you would do me a favor with your able staff here, if they would just check and find out if that's accurate, the amount of jobs that we know have been lost before or our statistics shows, and the amount of revenue it's caused to our economy, and maybe that would make the President and his administration take a different look at this in a different way. We're very hopeful.

Ms. SU. I mean, Senator, I know you know this, but since the President came into office, 15.4 million jobs have been added to the economy at the same time that the unemployment rate remains very low. It's been under 4 percent for 27 months straight. I know that's already been said as well.

So we are in a moment of tremendous job creation, in no small part due to the investments that are being made through the Presi-

dent's Investing in America Agenda, which this body was obviously very critical in helping to make the——

Senator MANCHIN. The way the bills that we all passed in a bipartisan way, and even the IRA (Inflation Reduction Act) bill, the way it's being implemented is different than the way we wrote it. So we're in contention. I mean, there's going to be a lot of legal cases that they're going to lose, because they're overstepping their boundary of how they're implementing.

And I've said this many, many times. You're trying to implement a bill you never passed. I know the bills, because we wrote them. We all worked on them. We wrote the bills. We know what they are in them. And they're expanding those to a position that's going to exasperate the position we've taken.

Bring manufacturing back to America. You can't bring manufacturing back if you relax the rules and where you get your critical minerals and where you put produce them. And if you allow China to keep doing it, all you're doing is promoting China's dominance in the market.

SCHEDULE A OCCUPATION LIST

One final question was this. The Department of Labor scheduled a shortage occupation list which was designed to address workforce shortages by streamlining the process of hiring vetted international workers in high-demand industries like science, technology, engineering, and math—and STEM—and also healthcare.

Schedule A is an important tool that exempts workers and understaffed industries from bureaucratic visa hurdles and backlogs. Despite having the authority to revise the Schedule A list, the Department has not updated it to include more than two specific occupation—professional nurses and physical therapists—since 2005.

While the Department has not updated the list in over 20 years, I was pleased to see the request for information, RFI, on how the Schedule A occupation list could be modernized to include STEM occupations, for which there is a demonstrated labor shortage.

So what is the Department timeline to provide an update on Schedule A list? I'm glad you are taking it serious.

Ms. SU. Yes, so that's what I was going to say. We did do an RFI on this to figure out exactly what we needed to do. And I can certainly get back to you more with the timeline.

I thought, Senator, you were going to ask me about a rule that you had wanted to get done, that we did get over the finish line, which is I was in Uniontown, Pennsylvania recently to announce our silica rule, which is going to save thousands of lives and prevent thousands of injuries, but my——

Senator MANCHIN. Let me thank you for that.

Ms. SU [continuing]. But we didn't get to talk about it.

Senator MANCHIN. I'm so sorry. I want to thank you for that, because it did help. Thank you.

Thank you, Madam Chair.

Senator BALDWIN. Thank you, Senator Manchin.

So that will end our hearing——

Senator KENNEDY. I would like my second round.

Senator BALDWIN. Senator Kennedy, you are recognized.

SEXUAL HARASSMENT AT FDIC

Senator KENNEDY. Thank you, Madam Chair.

Again, Madam Acting Secretary, thank you for being here.

I'm a little confused by some of your answers, but I think we've made some progress. I think we've established, number one, that many supervisors and some members of the senior leadership at the FDIC, are pigs. They are sexual predators. They are bigots.

Number two, this issue has been out there for some time. Since the Wall Street Journal broke the story, at least 6 months.

And so far, the Department of Labor—Labor has said nothing. Zero. Zilch. Nada. In fact, I think you said you haven't even read the reports and aren't familiar with the issue. Maybe I'm overstating it. If I am, correct me.

Number three, Madam Secretary, you have a long history, that I know you're proud of, of passionate activism on behalf of employees.

So here's my question. Are you or are you not going to use your legal authority and moral authority to open an investigation of the FDIC and help those young women over there and help those young people of color over there?

Ms. SU. Senator, I am deeply concerned any time a working person goes to work and does not get the dignity and respect that they deserve. I am charged with enforcing certain laws, based on the powers that Congress has given to the Department of Labor. I appreciate that you are raising an issue involving working people who have experienced clearly horrific sexual harassment and other kinds of abuse. And what it demonstrates is that too often, workers may feel like they have to endure things that no one should have to endure, because of a power imbalance in the workplace.

Senator KENNEDY. When are you going to—excuse me for interrupting, and I'm sorry, but I've only had five minutes. Are you going to do anything about it? That's all I'm asking. If you're not, just tell me.

Ms. SU. I mean, I answered the question about what—you know, there's an agency in the Federal Government who presumably, if the complaint has been made—

Senator KENNEDY. You're not going to do anything about it?

Ms. SU. We'll be investigating it.

Senator KENNEDY. You're not—but you're not going to take any in light of—I mean, this is gut check time for you, Madam Acting Secretary. You either believe in protecting workers or you don't. I can't believe you would just—you—you can—we can debate how many lawyers can dance on the head of a pin, but you certainly have legal and moral authority to investigate labor violence.

Ms. SU. I mean, I—yes, so—

Senator KENNEDY. I'm honestly surprised. I thought you would pounce on this like a ninja. I thought you'd say—

Ms. SU. Like a what?

Senator KENNEDY. Like a ninja. Pounce on it like a ninja. I've seen—heard that expression in movies before. I thought you were going to say "Kennedy, I'm on it. This is the most disgusting stuff I've ever heard in my life, in the history of ever."

But you're kind of waffling on me. Like, "Well, I don't know what I'm going to do."

Let me ask you my last question, because I'm going to run out of time. Are you or are you not going to call for Martin Gruenberg, who runs the FDIC and has been there since God was a corporal, and the senior leadership over there, to resign?

Ms. SU. So Senator, I do care about working people. That is why I am here—

HIGHLIGHTS OF DOL'S BUDGET REQUEST

Senator KENNEDY. You refuse to show it—

Ms. SU [continuing]. With a budget request for \$13.9 billion for the Department of Labor to do what we do. To combat wage theft, to stop child labor, to make sure every worker goes home healthy and safe at the end of the day, to expand apprenticeship programs. In fact, we have a Youth Apprenticeship Week that's happening right now, the first time ever, because young people should see themselves and the opportunities that are being built right now. It's Teacher Appreciation Week, and we are making sure that we're expanding access for teachers to good jobs. We are hard at work to deliver for the workers of America within the job that the Department of Labor is supposed to do. Enforcing mental health parity. Making sure that workers who saved their whole life for retirement actually have the benefits that they have saved for. Those are all within our budget request—

Senator KENNEDY. Ma'am—

Ms. SU [continuing]. Because those are all within the work of the Department.

Senator KENNEDY [continuing]. You're flip-flopping like a banked catfish—

Senator BALDWIN. Thank you, Senator Kennedy.

Senator KENNEDY. Are you not going to answer my question? I mean, are you going to call for him to resign or not?

Senator BALDWIN. Thank you, Senator Kennedy.

The Subcommittee on Labor, Health and Human Services, Education, and Related Agencies will adjourn shortly. I want to thank my fellow committee members for a thoughtful conversation. I want to thank you, Acting Secretary Su.

ADDITIONAL COMMITTEE QUESTIONS

For any Senators who wish to ask additional questions, questions for the record will be due by May 16. The hearing record will also remain open until then for members who wish to submit additional materials for the record.

[The following questions were not asked at the hearing, but were submitted to the Department for response subsequent to the hearing:]

QUESTIONS SUBMITTED TO ACTING SECRETARY JULIE SU

QUESTIONS SUBMITTED BY SENATOR TAMMY BALDWIN

Question. Acting Secretary Su, you are aware of the significant increase in children and youth employed in violation of Federal child labor law identified by the Department's Wage and Hour Division in recent years.

One of the most notable cases last year involved a Wisconsin-based food sanitation services provider employing more than 100 children engaged in hazardous work in thirteen meat processing facilities in eight states. The New York Times has done extensive reporting on the growing problem of child labor exploitation in the United States and found a rapid increase of child labor fueled by migrant children and youth, largely from Central America.

I supported the bipartisan compromise on border security and immigration reform that would have helped secure the border, stop the flow of fentanyl into our communities, and provide resources to communities needed to provide food and shelter to newly-arrived migrants. However, as long as corporations are willing to ignore Federal child labor law, migrants searching for better economic opportunities will continue to make the dangerous trek to our Southwest border.

Acting Secretary Su, how would this budget help crack down on employers that exploit children and youth and reduce the economic incentive helping fuel the surge at the border?

Answer. Providing the Department with the necessary resources to ensure it has adequate staff and enforcement capacity will increase the Department's ability to address child labor exploitation. Between fiscal years (FY) 2010 and 2023, the Wage and Hour Division (WHD) lost more than 15 percent of its full-time employees funded by its annual appropriation because it was nearly flat-funded during this period. The Office of the Solicitor (SOL) has essentially been flat-funded in its annual appropriation when compared to FY 2010, resulting in the loss of more than 100 staff (a 17 percent decline) from the peak as costs have increased. The number of workers protected by the laws enforced by the Wage and Hour Division is currently more than 165 million, however, WHD currently has the fewest investigators it has had on board in decades. For every \$1 million investment, WHD can conduct 260 more cases, recover \$2.7 million more in back wages, and help 2,300 more workers.

The President's proposed budget acknowledges the Department's need for additional funding to combat the rise of exploitative and dangerous child labor across the nation. The FY 2025 budget requests 137 additional FTE for WHD's enforcement activities overall plus an additional 50 FTE for enforcement to protect the most vulnerable workers and combat exploitative child labor. The increased resources will allow WHD to maintain progress in rebuilding enforcement staff responsible for carrying out mission-critical, evidence-based strategies protecting the most vulnerable workers. WHD has long faced budget constraints that require careful resource allocation and prioritization, and many child labor investigations are time- and resource-intensive. Since the start of the National Child Labor Strategic Initiative, WHD has been developing impactful cases involving the strategic use of enforcement tools and innovative strategies focused on addressing egregious forms of child labor across America. WHD's strategic approach to enforcement recognizes that combating illegal child labor requires leveraging its strength—its authority, expertise, and partnerships within and beyond the Federal government—alongside comprehensive, creative, and data-driven strategies and a focus on the most dangerous workplaces. WHD has also increased enforcement, education, and engagement among employers providing valuable first work experiences.

Question. Please provide data on the use of each enforcement tool available to the Department for violations of child labor requirements for each of the prior 5 years.

Answer. The Department is leveraging all of its existing enforcement tools to combat illegal child labor. The Department of Labor's Wage and Hour Division (WHD) investigates every child labor complaint, tip, and referral, and it ensures compliance with child labor protections in all of its FLSA investigations, including cases in which the complaint cites only wage violations.

In FY 2023, the Department of Labor saw an 88 percent increase since FY 2019 in the number of children it has found employed illegally by businesses across the United States. In FY 2023 alone the Department's investigations found 955 companies that had employed nearly 5,800 children in violation of labor laws.

Today, the Department has more than 900 open child labor cases nationwide while it continues to field complaints and initiate investigations to protect children across the country. WHD is using every tool at its disposal to enforce Federal child labor laws and combat the egregious use of child labor including assessing civil money penalties (CMPs) to both penalize employers who employ children in violation of the law and also to deter future violations. CMPs are often part of compliance and enforcement strategies, in addition to using search warrants, temporary restraining orders, preliminary injunctions, subpoenas, and enhanced compliance agreements.

The strategic use of enforcement tools, combined with publicizing egregious findings from investigations, collaboration with OSHA and state partners, efforts to combat human trafficking when it arises in child labor cases, and strategic use of

media, has allowed the Department to effectively combine strategies and tools to stop violations and create ripple effects across industries and geographic areas leading to greater accountability and better industry practices. Ongoing investigations highlight the continued threat illegal child labor poses to the health and well-being of children and the need for sustained, strong enforcement.

WHD Concluded Cases with Child Labor Violations:

—FY 2019: 858

—FY 2020: 851

—FY 2021: 747

—FY 2022: 835

—FY 2023: 955

Children Found Employed in Violation of the Law:

—FY 2019: 3,073

—FY 2020: 3,395

—FY 2021: 2,819

—FY 2022: 3,876

—FY 2023: 5,792

Child Labor Civil Money Penalties Assessed:

—FY 2019: \$3,183,584

—FY 2020: \$3,578,081

—FY 2021: \$3,262,796

—FY 2022: \$4,386,205

—FY 2023: \$8,039,728

Question. Please describe your key strategies for eliminating illegal child labor from employer supply chains.

Answer. The Department is using all available tools and its full authority to stop illegal child labor when found, to hold accountable those employers that violate the law, and to ensure employers remain in compliance with the law. Through collaborative strategies between SOL and WHD, the Department works to employ all available legal authorities to protect children and address supply chain accountability. In addition to assessing civil money penalties, the Department is also using the FLSA's "hot goods" provision, where appropriate, to stop the movement of goods made with illegal child labor, seeking injunctions when necessary to immediately stop exploitative practices, taking prompt legal action when we discover that an employer is retaliating against employees for asserting their rights or cooperating with the Department, and identifying ways to ensure compliance up and down supply chains.

WHD is using its full CMP authority to deter future violations and to hold employers that violate the law accountable. However, because current penalties for violations of Federal child labor laws are not sufficiently high to deter major profitable companies, the President has asked Congress to increase penalties beyond the current maximum \$15,629 fine applicable to all child labor violations that do not cause a child's serious injury or death.

Question. The Department's Office of the Solicitor also plays an important role in this work.

How would additional resources requested in the FY25 budget for the Office of the Solicitor increase the Department's capacity to combat illegal child labor?

Answer. The Office of the Solicitor (SOL) works hand-in-hand with the Wage and Hour Division (WHD) to enforce Federal child labor laws, and SOL is using every resource to root out exploitative child labor in our country. Given that the enforcement of unlawful child labor laws is a top priority for the Department of Labor (DOL) and the Biden-Harris Administration, more SOL resources will improve the quantity and depth of legal services required for full and effective enforcement of child labor laws.

As context, SOL's appropriated base budget has been essentially flat since fiscal year (FY) 2012, combined with continually escalating personnel and operational costs. This led on-board staff levels to drop from a high 773 in FY2012 to 651 at the end of FY2023. As of May 17, 2024, SOL has an on-board staff level of 627.

Recent successful child labor cases have underscored that the legal work that SOL provides in enforcing the Fair Labor Standards Act's (FLSA's) child labor provisions requires significant staff time and resources to prove effective. To achieve meaningful legal results, especially when immediate relief is required to protect endangered children, SOL must work extensively with WHD from the very beginning of investigations to build cases.

SOL attorneys are responsible for obtaining warrants, assessing whether hazardous orders have been violated with regards to specific machinery and working conditions, assessing whether DOL can rely on the "hot goods" provision of the FLSA to stop the shipment in commerce of goods produced in violation of child labor

laws, filing motions for temporary restraining orders (TROs) or preliminary injunctions, and more. SOL also plays a lead role in crafting settlement terms that hold employers accountable, while also addressing supply chain issues. Some of these investigations may be resolved prior to litigation but achieving such resolutions is often complex and resource intensive. For the many cases that are not resolved at the investigation stage, litigation is needed to enforce the law, and SOL is the sole DOL agency responsible for litigating all such cases.

For example, following a DOL investigation, a Federal court in Los Angeles entered a consent judgment in April 2024 that orders owners and operators to pay \$4.8 million in back wages and damages to 476 workers and \$221,919 in penalties. The case involved child labor violations and resulted in one of the largest wage settlements ever achieved for U.S. poultry workers. SOL's settlement also required the employers to disgorge \$1 million in profits earned from the sale of goods tainted by oppressive child labor, as well as pay assessed penalties of \$171,919 for their child labor violations. The settlement followed SOL's successful request for a TRO that barred the shipment of goods into commerce and required the employer to disgorge all profits related to any such shipment. The consent judgment and TRO came after WHD investigators learned that the poultry enterprise illegally employed children—as young as 14 years old—to use sharp knives to debone poultry, a violation of Federal child labor regulations.

When cases are not resolved at the pre-litigation stage or at the early stages of litigation, SOL is entirely responsible for litigating those cases through costly discovery, motion practice, settlement negotiations, and potentially trial.

As noted in the President's FY2025 budget request for the Department, the Office of the Solicitor continues to experience rising demand for legal support in litigation, advice, and regulatory work, including with respect to child labor enforcement. Investigations rely on a credible threat of litigation to encourage employers to comply with the law, resolve investigations early, and enter into settlements that effectively protect children. Absent additional resources for SOL, the Department's ability to fully and effectively enforce child labor laws and other worker protection laws will be undermined. To avoid this, the President's Budget requests to increase SOL's funding by nearly \$15 million, allowing SOL to, among other things, dedicate additional legal staff to become involved in child labor cases at the earliest possible stage to assist with investigation planning to develop the strongest possible cases for enforcement action and to provide legal advice.

Question. Since enactment of the U.S.-Mexico-Canada Agreement (USMCA), the Department and the Office of the United States Trade Representative have mobilized resources and expertise to implement and enforce the labor provisions under USMCA, particularly the United States-Mexico Facility-Specific Rapid Response Labor Mechanism (RRLM) under Annex 31-A. To date, twenty cases have moved forward through the RRLM with largely positive results. Additional cases are necessary to realize the potential of the RRLM to close the wage gap between workers in the United States and Mexico.

What is the Department's plan and timeline for accelerating the progress achieved under USMCA, particularly in a time of budget constraints and competing domestic priorities?

Answer. The Interagency Labor Committee for Monitoring and Enforcement, co-chaired by the Department of Labor (DOL) and the Office of the U.S. Trade Representative, remains committed to using the Rapid Response Labor Mechanism (RRLM) as a tool to ensure Mexico's compliance with its labor commitments under the U.S.-Mexico-Canada Agreement (USMCA). As of the end of May 2024, the United States has found denial of rights and requested Mexico review the alleged denials in 23 RRLM cases. These cases have directly benefitted nearly 30,000 workers, providing millions of dollars in back pay and benefits to workers, ensuring wrongly terminated workers were reinstated, and securing free and fair elections in which workers selected independent unions to represent them and bargain historic compensation packages.

An important driver of progress is ensuring that workers are aware of their rights and that they know how to access the national systems of labor justice, as well as the RRLM. To this end, DOL awareness-raising projects conducted with funding provided under the USMCA Implementation Act amplified the success of the RRLM process through videos, social media posts and educational materials. Information about the DOL-managed USMCA hotline resulted in a significant increase in labor-related tips that may lead to more RRLM actions in USMCA priority sectors. DOL expects that technical assistance projects initiated in prior years and scheduled to continue through 2027 will yield concrete improvements in the legal and institutional environment in support of the historic labor law reforms promoting freedom of association and collective bargaining. Five Mexico-based labor attaches, funded

under the USMCA Implementation Act, are key points of contact with our government counterparts, the business community, and workers and unions. These relationships drive strategic use of the RRLM in key sectors. DOL continues to support the development of reliable government institutions, independent unions, and informed employers. All these efforts are expected to continue through 2027. The President's FY 2025 Budget request includes a program increase of \$45 million to replace the annual level of the USMCA resources that expired in December 2023, enabling ILAB to continue this important work.

Question. How will the Department continue to prioritize global worker rights and union capacity building efforts in Mexico?

Answer. DOL technical assistance projects launched with USMCA funding prior to 2024 will continue to build the capacity of industrial relations actors, which will lead to more and better collective bargaining agreements. This includes building on the success of Solidarity Center projects that have supported the expansion of independent unions such as La Liga Sindical Obrera into a national union, and the expansion of the Federation of Independent and Democratic Unions in the Auto Sector. In addition to the efforts outlined above, the Department will continue to prioritize global worker rights and union capacity building through initiatives such as the Multilateral Partnership for Organizing, Worker Empowerment, and Rights (M-POWER), which seeks to elevate the role of trade unions and organized workers as essential to advancing democracy.

Question. On November 16, 2023, the Biden Administration issued the Memorandum on Advancing Worker Empowerment, Rights, and High Labor Standards Globally (Global Labor Strategy) to enhance the United States government's approach to protecting and promoting worker rights at home and around the world. The FY25 President's Budget does not include a specific request for the Global Labor Strategy.

How will the Department contribute resources and capacity to ensure the successful implementation of the Global Labor Strategy and the elevation of the U.S. as a global leader on labor rights and standards?

Answer. The Global Labor Strategy commits U.S. agencies operating abroad to a whole-of-government approach in the elevation and integration of workers' rights and the promotion of high labor standards in our foreign, international development, trade, climate, and global economic policy priorities. As one of the agencies with leading responsibilities in international labor affairs, the Department has developed a range of knowledge, resource, and training materials, which it will continue to make available to other U.S. departments and agencies. For example, the Department has used existing resources to collaborate with the Department of Homeland Security/Customs and Border Protection on training and to improve policy coherence with the Departments of Energy and State. Priority countries for implementation of the Global Labor Strategy identified by the White House are already providing opportunities for the United States to demonstrate leadership on key labor issues, and U.S. agencies operating abroad are promoting the whole-of-government approach in international engagements. The Department will continue to apply existing resources—primarily in the form of staff expertise and collaboration—to support full implementation of the Global Labor Strategy within the U.S. government.

Question. How will the Department sustain and leverage the Multilateral Partnership for Organizing, Worker Empowerment, and Rights, the historic global initiative introduced in December 2021 as a component of the Biden-Harris Administration's Presidential Initiative for Democratic Renewal, to elevate the U.S. as a global leader on labor rights and standards?

Answer. The Multilateral Partnership for Organizing, Worker Empowerment, and Rights (M-POWER) provides the Department an opportunity to amplify and multiply the impact of ILAB priorities by drawing on the collaboration of like-minded partners, including foreign governments, representative labor movements from around the world, labor-support organizations, and private philanthropic organizations. DOL has used its participation in M-POWER to coordinate international support for priority labor rights cases at the International Labor Organization (ILO), convene issue-focused discussions on emerging labor issues, and speed the United States Government (USG) and global responses to urgent incidents of labor organizations and activists facing threats and violence. M-POWER's activities and ILAB's work are mutually reinforcing and aligned with other high-profile whole-of-government approaches to worker rights, like the Global Strategy.

Question. The International Labor Affairs Bureau has developed new methods and tools to trace child labor and forced labor in global supply chains and build capacity of interagency partners to enhance the U.S. Government's ability to prevent the importation of goods made with forced labor.

How does ILAB measure this increased capacity of interagency partners, refine strategies as needed, and establish goals for continuous improvement?

Answer. Within the U.S. government, ILAB is the leading provider of in-depth research and expertise, both in particular regions and countries, as well as sectors, on global labor abuses. ILAB plays a critical role in supporting Administration priorities on supply chains; and elevating worker rights by developing tools, identifying best practices, and funding technical cooperation projects. Furthermore, ILAB supports counterparts of U.S. government agencies to take enforcement actions that ensure global supply chains are free of labor rights abuses.

ILAB analyzes and traces supply chains, including researching goods that are made with inputs produced with forced labor or child labor. These findings are made public on the List of Goods Produced by Child Labor or Forced Labor. ILAB shares this research with partner agencies to support implementation of the import prohibition under section 307 of the Tariff Act of 1930 and the Uyghur Forced Labor Prevention Act (UFLPA) to make sure products sold in the U.S. are not tainted with forced labor.

ILAB also prioritizes the promotion of labor rights and the voice of workers in global supply chains. ILAB expands efforts to counter forced labor through work with counterpart Federal agencies, including through the Forced Labor Enforcement Task Force (FLETF) as well as through work with the National Oceanic and Atmospheric Administration (NOAA). ILAB uses several indicators to measure progress on ongoing engagement and coordination strategy with interagency partners, which include:

- Forced Labor Enforcement Task Force: ILAB contributes to the development of the FLETF's Biannual Enforcement reports to Congress, highlighting ILAB's work over the previous reporting period. To date, ILAB has contributed to seven reports. ILAB's Deputy Undersecretary Thea Lee serves as co-chair of the UFLPA Entity List Subcommittee, along with the Department of Homeland Security. This Subcommittee is responsible for additions, removals, and modifications to the UFLPA Entity List, a list of entities the FLETF has determined meet the criteria outlined in the UFLPA under Sections 2(d)(2)(B)(i), (ii), (iv), and (v). Since the initial release of the list in June 2022, ILAB has been actively involved in the addition of all 68 entities to the UFLPA Entity List and is committed to further expansion of the list. DOL also provides litigation advice and support to the Department of Justice to defend the FLETF's procedures for and additions to the UFLPA Entity List. Finally, as a principal member of the FLETF, ILAB participates in regular external stakeholder engagement sessions, such as the Biannual UFLPA Sessions with both private sector and civil society organizations (CSOs); to date, we have held six sessions.
- Customs and Border Protection (CBP): The Trafficking Victims Protection Reauthorization Act of 2005 (TVPRA) mandated that DOL collaborate with U.S. government agencies, including CBP, to ensure that products made by forced labor and child labor in violation of international standards are not imported into the United States. As part of this same mandate, ILAB consults with CBP and other interagency partners to reduce forced labor and child labor internationally through sharing our reporting. Additionally, ILAB participates in joint stakeholder engagement sessions, including CBP's annual Trade Symposium, where ILAB has presented for the last 5 years.
- Forced labor identification in Illegal, Unregulated and Unreported (IUU) Fishing: ILAB engages with interagency partners as directed by the Memorandum on Combatting Illegal, Unreported and Unregulated Fishing and Associated Labor Abuses (NSM-11). Examples include participation in the U.S. Interagency Working Group on IUU Fishing, collaboration with the U.S. Coast Guard on the development of forced labor training modules and Maritime Operational Threat Response processes, and with NOAA to include labor considerations in their Improving International Fisheries Management report to Congress.

Question. Please provide examples of outcomes associated with ILAB's recent efforts in this area?

Answer. ILAB's leadership on supply chain issues is demonstrated through participation in interagency working groups, such as co-chairing the Senior Policy Operating Group's Procurement and Supply Chain subcommittee, as well as contributing expertise to whole-of-government efforts like Executive Order 14017 Securing America's Critical Supply Chains and the National Action Plan for Responsible Business Conduct.

ILAB leverages flagship reports (List of Goods Produced by Child Labor or Forced Labor, Findings on the Worst Forms of Child Labor, and List of Products Produced by Forced or Indentured Child Labor), tools (Sweat & Toil, Comply Chain, and Bet-

ter Trade Tool), technical assistance, and expertise, to engage and collaborate with both interagency partners as well as trading partners, such as Mexico, Canada, and the European Union.

Additionally, ILAB is uniquely positioned to contribute to the implementation of the Presidential Memorandum on Advancing Worker Empowerment, Rights, and High Labor Standards Globally. This includes development of training modules and capacity building for interagency partners. Examples of this include ILAB's coordination with the U.S. Coast Guard to incorporate identification of forced labor into training modules. In March 2024, ILAB hosted an interagency briefing on the ILAB-funded Handbook on Detecting Forced Labor in Commercial Fishing, which informed 54 government officials from U.S. Coast Guard, State Department, Department of Defense, Department of Homeland Security, NOAA, and others. In May 2024, ILAB staff met with the U.S. Coast Guard at port in Ecuador and discussed the use of the ILAB-funded Handbook on Detecting Forced Labor in Commercial Fishing and the useful tools this provides to U.S. Coast Guard personnel in their work. ILAB also works with NOAA to include considerations of forced labor within identification of nations engaging in IUU fishing. DOL's assistance resulted in NOAA identifying Taiwan and China for forced labor in fishing and has led to multiple rounds of bilateral consultations with Taiwan and China on these identifications.

ILAB committed to mapping the List of Goods Produced by Child Labor or Forced Labor as well as List of Products Produced by Forced or Indentured Child Labor to procurement-related Product Service Codes (PSC) to increase use by the government acquisition workforce. Mapping the named products to PSC will facilitate analysis of procurement data by country of origin and assist contractors in implementing additional protections, such as those outlined in M-20-01, Anti-trafficking Risk Management Best Practices & Mitigation Considerations, where there is a heightened risk of forced labor issues. In addition, ILAB will also develop training material for Federal agencies on forced labor indicators to support their efforts to work with Federal contractors to combat labor risks in U.S. procurement supply chains. ILAB will disseminate trainings directly to USG procurement officers through ILAB's participation in the Senior Policy Operating Group. ILAB will make this information accessible for acquisition officers by creating a designated webpage with information about USG resources, including ILAB's child labor and forced labor reports.

ILAB's technical assistance project Strengthening Decent Work in the Fishing Sector of South America, implemented by the ILO, has an objective to address labor abuses in the fishing sector in South America, with a focus on Ecuador and Peru. While the project is early in its implementation, there have been successes and a range of upcoming planned activities. For example, the project provided technical support for the Vice Ministry of Aquaculture and Fisheries of Ecuador with the objective of including labor matters into the organization's agenda. Between Peru and Ecuador, the project trained a total of 37 officials (17 women and 20 men) from government agencies dedicated to decent work in the artisanal aquaculture and fishing sector. Finally, the project adapted the ILO Handbook, "Towards freedom at sea, Handbook for the detection of forced labor in commercial fishing," that will be used for upcoming trainings during the remainder of FY24 and in FY25.

Question. How would the FY25 budget request further these efforts?

Answer. Additional support will enable expanded supply chain research and greater coordination on key findings, UFLPA Entity List expansion, as well as additional engagement and coordination on responsible procurement efforts. In addition, ILAB's engagement and collaboration with key U.S. government agencies on forced labor issues enhances the U.S. government's ability to prevent the importation or procurement of goods made with forced labor. ILAB would further engage with key agency personnel on the Federal Acquisition Regulation (FAR) related to Executive Order 13126, which requires Federal contractors to certify that they have made a good faith effort to determine whether forced or indentured child labor was used to produce the items supplied. In addition to continuing close collaboration with the U.S. Trade Representative, Department of Homeland Security, Customs and Border Protection, and State Department on forced labor issues, ILAB will also continue to prioritize engagement and collaboration with the National Oceanic and Atmospheric Administration on labor abuses and forced labor in the seafood sector, particularly as connected to IUU fishing. Without additional funding, ILAB will instead be forced to cut various components of these activities, as ILAB's budget will not be able to support even current staff at a flat appropriation amount.

Question. Acting Secretary Su, I know you share my appreciation for workers exercising their legal right to choose representation and have a voice in the workplace.

Workers at hundreds of Starbucks locations across Wisconsin and the United States have filed petitions and voted to join a union as allowed under the National Labor Relations Act. That law is under the jurisdiction of the National Labor Relations Board, which has determined in dozens of cases that Starbucks violated that law.

The Department of Labor oversees important requirements for employers to report on spending intended to persuade their workers not to join a union, including through the use of labor consultants. However, employers frequently cite loopholes to hide this spending from their workers.

What actions are you taking to improve the required reporting of spending on efforts to persuade workers not to join a union, and how does the budget propose to further strengthen those efforts?

Answer. The Department is committed to strengthening its enforcement activities to protect workers' right to unionize and bargain collectively. Workers have the right to know about the existence of persuader and consultant agreements at their worksites, and to receive that information in a timely and complete manner. Workers and the public benefit from knowing the sources and amounts of employer spending on persuader and surveillance activities regarding union organizing. Employers and labor relations consultants have an obligation to report their expenditures made, and agreements entered, where the objective is to persuade employees to not exercise their federally protected rights under the Labor-Management Relations Act.

The Department has undertaken significant efforts to enforce and secure timely and accurate reporting from employers on persuader and surveillance activities. Some of these efforts include:

- Expanding the “cross-match” program to better identify employers and consultants engaged in reportable activity;
- Initiating a persuader tip line, beginning in May 2022, for the public to report persuader activity, which has led to 131 tips processed and 110 tip-related reports received, as of early May, 2024;
- Creating a new and updating an existing fact sheet and conducting a nationwide webinar all geared toward advising employers and labor relations consultants on their obligations to disclose persuader activities and how to properly and timely complete the disclosure forms;
- Initiating information sharing with the NLRB to obtain information on unfair labor practices as such activities may be reportable;
- Increasing the number of “special reports” cases completed, which includes persuader cases, from just 70 in fiscal year (FY) 2021 to 106 in FY 2022 and 100 in FY 2023; and
- Conducting direct outreach to unions, employers, and consultants to inform them of persuader reporting obligations.

These achievements have led to a significant increase in persuader reports collected, from just 314 Form LM-20 consultant reports in FY 2021, to 747 in FY 2022, and 761 in FY 2023. We fully anticipate that the number of reports collected in the current fiscal year and FY 2025 will further increase as we continue to step up our compliance assistance and enforcement efforts in this area.

With the requested funding, the Department would allocate additional investigative resources to help drive more on-time and accurate persuader reporting. At the requested funding level, the Department could sustain its compliance assistance and enforcement efforts to ensure that employers and labor consultants fulfill their obligations to report their persuader and surveillance activities timely and accurately.

Question. In which year did the Department conduct the highest proportion of H-2A and H-2B visa program investigations relative to the total number of H-2A and H-2B worksites?

Answer. In 2023, the Department certified approximately 378,000 temporary agricultural jobs under the H-2A program compared to 258,000 certified jobs in 2019. The Wage and Hour Division (WHD) is responsible for enforcing the terms and conditions of employment required under the H-2A program, including those related to recruitment, wages, housing, transportation, and recordkeeping for employers of temporary non-immigrant agricultural workers and non-H-2A workers in corresponding employment.

Over the last 5 years, WHD has concluded 2,000 H-2A compliance actions in the agricultural industry where it found violations.

WHD Concluded Cases with H-2A Violations:

- FY 2019: 431
- FY 2020: 377
- FY 2021: 358
- FY 2022: 421

—FY 2023: 413

Under the H-2B program, employers may temporarily employ nonimmigrants to perform nonagricultural labor or services in the United States. The H-2B program requires the employer, among other obligations, to attest to the Department of Labor that it will offer and pay a wage that equals or exceeds the highest of the prevailing wage, applicable Federal minimum wage, the State minimum wage, or local minimum wage to the H-2B nonimmigrant worker for the occupation in the area of intended employment during the entire period of the approved H-2B labor certification. The H-2B program also establishes certain recruitment and displacement standards to protect similarly employed U.S. workers.

Over the last 5 years, WHD has concluded 530 H-2B compliance actions where it found violations. WHD Concluded Cases with H-2B Violations:

—FY 2019: 108

—FY 2020: 124

—FY 2021: 125

—FY 2022: 100

—FY 2023: 73

Question. What was the total cost of conducting these investigations that year?

Answer. WHD enforces more than 13 statutes that protect more than 165 million workers at 11 million workplaces nationwide and conducts approximately 20,000 compliance actions each year with its current FY 2024 appropriation of \$260,000,000. These actions include conciliations, limited investigations, and full investigations. WHD continues to be as strategic as possible with its limited resources to have the greatest impact for the most vulnerable workers, on average, across all the laws it enforces.

Question. What would it cost the Department to conduct H-2A and H-2B temporary visa program investigations in FY25 at or above the level identified in 6a?

Answer. The President's budget for FY 2025 requests an additional 187 FTE and an increase of \$20,818,000 to restore WHD's enforcement strength to address the full breadth of WHD's enforcement to protect the most low-wage, vulnerable workers including workers under the H-2A and H-2B program. For every \$1 million investment in WHD enforcement, the agency can conduct 260 more cases, recover \$2.7 million more in back wages, and help 2,300 more workers.

Question. Please describe the Department's process to prioritize complaint-based investigations.

Answer. The Department's WHD continues to fully maximize resources to protect workers and ensure a level playing field for employers, despite experiencing historically low staffing levels and virtually flat funding. The Department is one of the only avenues that nonimmigrant workers have to obtain remedies from employers that violate the law, as affected employees have no private right of action under H-1B, H-2A, or H-2B programs. WHD achieves impact in the H-programs through strategic planning, ingenuity, and data-driven enforcement strategies coupled with training improvements for enforcement staff.

Based on the Department's enforcement experience, workers employed under the H-2A program face unique risks of exploitation, in part because of the temporary nature of the work, frequent geographic isolation and dependence on a single employer for housing, transportation, and employment. WHD prioritizes investigations where farmworkers' safety and health are at risk. This includes, for example, instances where it is reported workers do not have access to drinking water while working in the fields, workers report a pest infestation at the housing facility, or workers are not provided adequate heating during cold weather. Similarly, WHD prioritizes its resources to address situations where the safety of H-2B workers is at risk, such as situations where H-2B workers are transported by the employer in vehicles that do not comply with all applicable Federal, state, and local laws and regulations.

WHD would welcome the opportunity to brief the Senator's staff further regarding this set of questions to ensure they are getting the feedback necessary to understand WHD's enforcement and related budget needs.

Question. The FY25 President's Budget for the Department of Labor proposes to make certain appropriations to the Department available for obligation for two fiscal years. This includes proposals for the Department's worker protection agencies. The Department notes in its budget summary "The multi-year availability would reduce the impact of short-term continuing resolutions at no cost to the annual appropriations bill, enhance staff oversight of the programs they are administering, and provide greater capacity to maintain staffing even if operating under a continuing resolution."

Please provide more information on how 2 year authority would achieve each of the benefits noted above for the Department's worker protection agencies.

Answer. Multi-year authority would enable the Department's agencies to carry over funds from one fiscal year to the next, reducing disruptions caused by short-term continuing resolutions. The Congress often does not appropriate full-year funds until well into the fiscal year, typically between December and April, leaving a short timeframe for agencies to carry out their spending plans. Having multi-year funding would provide more time for agencies to plan and execute their funding, rather than trying to accomplish twelve months of work in the last few months of a fiscal year. In future years, this greater certainty will also allow agencies to maintain more staff, as they would be able to smooth out some of their contract and procurement activities. Additional staff are critical to the Department's worker protection agencies, because these enforcement personnel safeguard working conditions, health and retirement benefits, and pay for America's workers.

Congress often passes full-year appropriations legislation at the end of December, but there is lack of certainty even in that timeframe. In fiscal year (FY) 2024, the Department received full-year funding at the end of March, and in FY 2017, Congress did not pass a full-year bill until May. Throughout the FY 2024 budget process, Congress was negotiating with very different funding levels, and agencies must wait to make decisions until there is certainty with regard to funding levels. This lack of certainty provides an extremely short window for accomplishing a full year's worth of work before the funds expire. Multi-year funding will allow agencies to plan and appropriately devote resources towards contracts, rent, and personnel over 15 to 18 months, rather than having to compress decisions into the last few months of a fiscal year.

Question. What policies would be established to ensure appropriated funds are used in a timely way to most effectively achieve the missions of worker protection agencies?

Answer. The Department is committed to ensuring funds are used in a timely way to achieve the missions of its worker protection agencies. Multi-year funding would allow the Department to better plan, and more effectively utilize appropriated dollars.

The Department currently has several policies and procedures in place to support the goal of timely use of funds. Funds are apportioned quarterly, and the Department follows all of the policies and procedures for apportioning funds, as outlined in the Office of Management and Budget's Circular No. A-11. Following apportionment, the Department allots and sub-allots funds, following the same quarterly breakdown and budget activity/program as outlined in the apportionment. Departmental budget staff regularly monitor the status of obligations. OMB posts apportionments, including the Department of Labor's apportionments, publicly on their central webpage. In addition, OMB regularly produces the Standard Form (SF)-133, a Report on Budget Execution and Budgetary Resources. These documents assist Congress in its oversight responsibilities by providing the status of funds, including unliquidated obligations, unobligated balances, cancelled balances, and adjustments made to appropriation accounts during the fiscal year.

Through these policies and procedures, the Department ensures the timely use of funds and provides transparency on the status of all funds.

Question. The Department's New Core Financial Management System (NCFMS) is the financial system of record that annually processes an estimated 454,000 invoices, 266,000 payments, and 47,000 obligation documents, and is used to manage and account for nearly \$60 billion of taxpayer funds. The contract for NCFMS ends in 2026. The Department has stated that it will continue working with the Department of Treasury and Office of Management and Budget to implement a government-wide Financial Management Quality Service Management Office (QSMO) solution for the Department's NextGen financial management and transaction processing. QSMOs offer solutions for Federal agencies that, over time, will standardize processes, shrink the technology footprint, and cut government-wide operating costs.

Would the Department please outline its two-year replacement schedule (including time for proper systems migration and testing) to meet that objective?

Answer. The Department of Labor (DOL) is following the General Services Administration's (GSA) Modernization and Migration Management (M3) Playbook processes and procedures. In October 2022, the Office of the Chief Financial Officer (OCFO) collaborated with cognizant acquisition personnel to outline the vision for the operational end state. OCFO submitted a modernization plan to the Department of Treasury in April 2023.

DOL Leadership is actively and collaboratively engaged with Treasury Financial Management (FM) Quality Service Management Office (QSMO) leadership via bi-monthly touchpoint meetings. The teams' ongoing activities include reviewing updates to the Financial Management Capabilities Framework, providing annual Fi-

nancial System Profile information, attending Treasury Financial Management Working Group meetings, and Vendor User Group Meetings/Industry days.

DOL has been identifying potential commercial vendors that provide Financial Management (FM) Technology Operations Support Services. There is currently a limited number of vendors that are technically qualified, and that limitation is preventing the Department from performing an adequate Analysis of the Alternatives. Given those limitations and keeping in mind the magnitude of DOL's operations and to permit time for proper systems migrations and testing, DOL is not on schedule to transition to a new Core Financial System before the end of the current contract (Period of Performance—09/29/2026). Accordingly, DOL is developing a plan for the possible extension of the operations and maintenance services for NCFMS. If necessary, DOL would adopt that plan to bridge any gap between the end of our current contract and the time we go live with an FM QSMO Core Financial System. Upon selection, OCFO will determine the proper systems migration and testing schedule and ensure it is factored into the replacement schedule.

Question. Please summarize what the Department of Labor has learned thus far from the third-party evaluations under the Strengthening Community Colleges Training Grant Program (SCCT), including how much grantees are setting aside for third party evaluations and the processes grantees are using to find evaluators.

Answer. To date, the Department's evaluation contractor for the Strengthening Community Colleges (SCC) program has provided the Round 1 Grantee Interim Report Synthesis, which compiles responses from the implementation or developmental studies procured by the eleven Round 1 (SCC1) grantees. The interim report suggests that SCC1 grantees have focused on developing employer and workforce partnerships as an initial step toward informing the development and implementation of newly (re)designed SCC courses and credentialing programs. Overall findings highlight how community colleges are making unique yet disparate strides in establishing collaborative and often formal partnerships with employers and workforce partners; developing learning opportunities for accelerated and accessible career pathways through technology, stackable credits, and work-based learning; developing pathways and courses that directly align to the knowledge, skills, and abilities their local employers need from their prospective employees; supporting successful systems change using cohesive recruitment strategies; securing buy-in from internal and external partners; and relying on gap analysis and solution development. Grantees are allowed to use up to 5 percent of their grant budget for their third-party evaluation for an implementation or developmental evaluation and must follow competitive procurement procedures under Federal Uniform Administrative Requirements at 2 CFR Part 200, as well as their college's procurement guidelines.

The Department also launched a national evaluation of the SCC program in fiscal year (FY) 2023, which the Department believes will provide a broader landscape with a wide-ranging assessment and information distinct from the individual grantee evaluations. As part of the national evaluation, it is the Department's intent to conduct a rigorous impact study, which will add depth to the SCC research base. In its FY 2025 Budget, the Department proposes to eliminate the requirement for third-party evaluations for each individual grant proposal. The Department has found that requiring individual third-party evaluations is not cost-effective, the quality of the evaluations varies significantly, and it is difficult to obtain national results from separate evaluations, even with syntheses.

Question. What is the timeline for the national evaluation for FY23 SCCT grantees described on page TES-5 of the FY25 Congressional Budget Justification?

Answer. FY 2023 Strengthening Community Colleges Training Grants (fourth round, referred to as SCC4) started their period of performance on May 1, 2024. The national evaluator began its contract on March 19, 2024. While all Round 4 grantees will be included in the implementation evaluation, the contractor will determine a study design for the impact evaluation and select grantees to be included in the impact evaluation by August 2024. Beginning in Fall 2024, and continuing through Winter 2028, grantees will enroll students into the impact study, and the evaluators will conduct site visits and collect data. DOL will receive interim reports, briefs, and final reports starting in Summer 2025 and concluding in Winter 2029.

Question. Please describe how a national database for WIOA Title I participants would allow better measurement of program output and outcomes to improve service delivery and impact.

Answer. A national database of WIOA Title I and Wagner-Peyser Act Employment Service participants would help mitigate grantee burden and provide the flexibility to use multiple national data sources to calculate participant outcomes. Currently, the Department depends on state grantees to capture participant outcomes, but grantees are limited to the State Wage Interchange System (SWIS) to capture outcomes for participants that receive services in their state but find employment in

another state. This has led to a situation where there are significant gaps in State and Eligible Training Provider reporting. A national database would allow for a cost-effective and comprehensive approach for capturing participant outcomes without the need for maintaining a comprehensive data sharing agreement with state grantees. Furthermore, the data in SWIS is limited to state unemployment insurance (UI) wage records and this data source does not capture information on self-employed individuals, Federal workers, and military personnel. A national database would allow the Department to supplement UI wage record matches with other data sources, such as Internal Revenue Service (IRS) data.

The most effective way to definitively match WIOA and Wagner-Peyser participants to wage record data sources (e.g., NDNH, state quarterly UI wage records, SWIS, etc.) is with the participant's social security number (SSN). WIOA programs that provide training services through Eligible Training Providers rely on the availability of SSNs to conduct automated wage matching for performance outcome purposes. It is often challenging and resource intensive to collect employment status and earnings information through supplemental means such as manual participant follow-up. In addition to the core purpose of providing accurate performance outcomes, having SSNs would allow the Department to match participants to other data sources, allowing for a plethora of long-term research and evaluation activities. Allowing the Department to collect this information would enable the Department to directly link participants to external data sources such as NDNH and IRS to enhance outcome data and research and evaluation studies. Furthermore, the ability to collect participant SSNs would allow the creation of Federal longitudinal data sets, as well as foster the Department's ability to explore additional approaches to reduce the burden associated with state grantee performance reporting. The Department notes that a strong Federal data management role has been instrumental to the success of other efforts to measure the outcomes of education and training programs. A notable example is the Department of Education's (ED's) College Scorecard, which matches administrative ED student data with IRS tax data to produce rich, granular information on higher education program outcomes.

Question. Please describe how DOL will support states in prioritizing job quality to help workers attain high quality jobs.

Answer. The Departments of Labor and Commerce published Good Jobs Principles to clearly articulate what comprises a good job. The Department has incorporated job quality into all its competitive grant opportunities, for instance, requiring grant applicants to include partnerships with worker organizations and businesses or scoring applicants based on the degree to which they include strategies to advance Good Jobs Principles. The Department also published guidance for the public workforce system on incorporating job quality into workforce development activities, as Training and Employment Guidance Letter No. 7-22, Increasing Employer and Workforce System Customer Access to Good Jobs. The guidance described ways that states and local areas can prioritize job quality to help workers attain high quality jobs. The Department also hosted a Job Quality Academy that provided technical assistance to sixteen communities on how to prepare workers for Good Jobs in specific sectors growing in their regional economy. Subsequently, the Department shared these lessons with all workforce development grantees through webinars and discussions. The Department will continue to provide technical assistance to states to prioritize job quality.

Question. What is the timeline for guidance and technical assistance that aims to increase youth voice in the WIOA Youth program described on pages TES-27/28 of the FY25 Congressional Budget Justification? How will DOL involve youth or organizations representing young people in the development of this guidance and technical assistance?

Answer. The Department of Labor plans to publish technical assistance resources that will guide local youth and young adult workforce development programs in effectively engaging youth voice into programming in Fall 2024 and Winter 2025 and provide examples of ways communities can incorporate youth in strengthening youth service delivery systems. The technical assistance will be developed from the input provided by young adults (participants and subject matter experts) and youth-serving organizations during the two cohorts of the Youth Systems Building Academies conducted in 2023 and 2024—consistent with the Department's Youth Employment Works Strategy that aims to provide a “no wrong door” approach to young people in the workforce system. The Department is also committed to incorporating youth voice into its work through career pathway interns and ongoing work with 4-H.

Question. Please provide more detail on the research and evaluations that will be conducted in support of continuous program improvement in the WIOA Youth pro-

gram described on page TES-31 of the FY25 Congressional Budget Justification, including when data from such research and evaluations will be publicly available.

Answer. A Youth Case Management and Services Formative Study is now underway. The study seeks to understand the key elements of effective case management/career coaching for youth, which in turn can inform the basis of professional development opportunities for youth-serving staff. Using existing evidence scans, analysis of existing program data, and information collected from several former and active youth-related program evaluations, the study team will develop a paper that will describe the taxonomy of key youth case management competencies, skills, and practices; promising case management practices and strategies for underrepresented and marginalized youth populations; and professional development recommendations for youth case managers and related staff. The Department is also interested in identifying strategies that help eliminate barriers to accessing youth service programs. The Department anticipates release of the report in Spring 2025.

Question. Please describe how the Department will provide the technical assistance to dislocated workers described on page TES-40 of the FY25 Congressional Budget Justification, including what specific entities the TA will be provided to and whether it will be distributed nationwide.

Answer. The Department provides technical assistance to all its grantees, including states, local areas, and competitive grantees. Most of the Department's technical assistance is distributed nationwide through the online platform WorkforceGPS.org. Additionally, the Department's regional offices provide tailored coaching to individual grantees facing unique challenges. Planned technical assistance for FY 2025 touches topics including equity and job quality, such as the Job Quality Academy previously discussed, regular training for workforce development boards such as that available at WorkforceGPS, retraining and reemploying Americans impacted by economic change, integrating intake and case management systems such as the Aligned Case Management Institute, replicating effective practices often conducted in partnership with the Chief Evaluation Office, enhancing capacity to conduct and use evaluation such as the technical assistance available on WorkforceGPS' Evaluation and Research Hub, and performance accountability also available within WorkforceGPS' community of practice.

Question. Please provide more detail on the efforts to expand registered apprenticeship opportunities for diverse and underserved populations as detailed on page TES-80 of the FY25 Congressional Budget Justification, including how DOL will measure the success of such efforts and provide publicly available information on the results of such efforts.

Answer. Registered Apprenticeship (RA) programs are a powerful tool for growing and diversifying the American workforce. Ensuring equitable access to these opportunities for all qualified individuals remains a primary goal of the system as the Department works to ensure that apprenticeship opportunities are available to qualified workers who have historically been underrepresented in RAs. Sponsors of RA programs are tasked with ensuring that their apprenticeship workforces are accessible to all individuals available for apprenticeship within the communities in which they operate. To support that goal, the Department of Labor has in place Equal Employment Opportunity (EEO) regulations for Registered Apprenticeship. These provisions, found at 29 CFR Part 30, prohibit discrimination against apprentices and applicants for apprenticeship, with the intent of bolstering RA opportunities for all Americans, and require sponsors to identify and address possible barriers to apprenticeship for certain underrepresented populations, including Black and Hispanic women.

The Department also strives to support pre-apprenticeship programs, which are designed to prepare individuals to enter into and succeed in a Registered Apprenticeship program. The American Apprenticeship Initiative (AAI) evaluation found that 89 percent of pre-apprentices supported through this initiative are from underrepresented populations and that these programs are a valuable strategy for diversifying pathways into Registered Apprenticeship. Given evidence of the growing use of pre-apprenticeships among underrepresented populations and their effectiveness as a tool to promote diversity, equity, inclusion, and accessibility, the Department recently released guidance on the characteristics of quality pre-apprenticeship programs, which includes strategies for embedding EEO principles in pre-apprenticeship program designs and examples of quality pre-apprenticeship programs in diverse settings. In addition, the Department has announced the availability of \$100 million in funds for a second round of State Apprenticeship Expansion Formula (SAEF) grants and \$95 million through the second round of Apprenticeship Building America (ABA) grants. These grants aim to support strategies that promote equitable Registered Apprenticeship pathways and partnerships, including through pre-apprenticeship, and also promote other efforts to strengthen external linkages that

are in furtherance of equity and diversification goals that concurrently align with the Department's Good Jobs Principles. These efforts include the enforcement of codified Equal Employment Opportunity (EEO) requirements that serve to expand the RAP model into both new and traditional industries in such a way that recruitment and enrollment outcomes are improved for workers from underrepresented populations and underserved communities. The Department continues to invest in formal evaluations of these grants to build an evidence-based portfolio for increasing access to and retention in Registered Apprenticeship for underrepresented populations.

Finally, the Department's Office of Apprenticeship (OA) recently released an interactive tool on Apprenticeship.gov, the Apprenticeship Population Dashboard, which provides a comparison of all available demographic categories for active registered apprentices against the same demographic representation of the total available workforce at national, regional, state, and county levels. By pulling data from the Registered Apprenticeship Partners Information Database System (RAPIDS) and total available workforce data from the 2020 United States Census Bureau's American Community Survey (ACS), the dashboard promotes the value of data analysis to best inform strategic planning for the growth and modernization of Registered Apprenticeship.

Question. The FY25 Congressional Budget Justification mentions that DOL conducted an inventory of equity-oriented data collected by agencies to better understand equity gaps in workforce programs (TES-87). The budget justification further states that there is often missing demographic data for program participants. Please describe what if any TA DOL is providing to workforce agencies to improve the collection of this demographic data and any statutory or regulatory hurdles to collecting such data.

Answer. The Department has several tools and resources to help states improve demographic data reporting:

Tools:

- State Workforce Services Dashboards: These dashboards examine WIOA Title I & Wagner- Peyser Act Employment Service program data quality, system reach, and differences in access to services and outcomes between demographic groups by state. These analyses were produced in response to Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.
- WIOA by the Numbers: States collect and report key data about who is served and their outcomes. The Department invites the public and workforce system stakeholders to explore the performance accountability data for WIOA Title I and the Wagner-Peyser Act Employment Service. This tool allows users to better understand workforce system outcomes, including Data by Map, State Comparisons, and Data by Tables. Data can be filtered by race/ethnicity, veteran's status, and disability status. Data is compiled from the WIOA Individual Performance Records Full Use Data files, which takes data submitted by states on a quarterly and yearly basis to the Department and is aggregated so there are no fewer than three individual participants in a subgroup so the data underlying the dashboard can be released while respecting privacy concerns.

Resources:

- The Demographic Data Quality and Collection Self-Assessment Tool increases awareness about the quality of demographic data and helps State Workforce Agencies (SWA) and local American Job Centers (AJCs) determine whether the demographic data collection processes and procedures are effective and lead to high-performing data collection. This resource also helps agencies consider whether improvements can be made to increase the quality and completeness of the data stored in the workforce registration and performance reporting system. This, in turn, enhances the service delivery and customer experience for the workforce system.
- The Demographic Data Quality Promising Practices brief provides examples from workforce programs across the country. These practices have helped workforce programs improve the quality and completeness of ethnicity and race data responses in the Participant Individual Record Layout (PIRL) and workforce registration systems. The Demographic Data Quality Promising Practices brief covers four areas: 1. Promoting Effective Communication, Understanding, and Collaboration for Program Equity 2. Determining Staffing Needs and Roles 3. Designing Technical Processes to Improve Demographic Data Quality and Completeness 4. Using Data to Make Informed Decisions.

Question. Please provide data for FY19 to FY23 describing how many YouthBuild applications were submitted, how many YouthBuild applications were awarded, and

the percentage of both rural and Native-serving applicants and awardees for both FY19 to FY23.

Answer.

Fiscal Year	YouthBuild # of Applications	Tribal Applications	Rural Applications	YouthBuild Awarded	Tribal Awarded	Rural Awarded
2019	165	3 (1.8%)	27 (16.4%)	67	0 (0.0%)	11 (16.4%)
2020	130	1 (0.8%)	20 (15.4%)	68	0 (0.0%)	13 (19.1%)
2021	122	0 (0.0%)	23 (18.9%)	68	0 (0.0%)	13 (19.1%)
2022	142	2 (1.4%)	17 (12.0%)	68	1 (1.5%)	12 (17.6%)
2023	154	4 (2.6%)	36 (23.4%)	72	1 (1.4%)	18 (25%)

Question. Please describe any steps DOL can take to provide a more stable and predictable timeline for releasing FOAs and award announcements for the YouthBuild program.

Answer. We appreciate that consistent YouthBuild FOA publication and grant awards are beneficial to the stability of YouthBuild programs. For the last 3 years (2021, 2022, and 2023) the Department has published the YouthBuild FOAs in November and subsequently announced awards in late April/early May. We will continue to work with internal and external stakeholders to ensure potential applicants are aware of the forecast for FOA publication, and we will widely share the funding opportunity.

Question. On page TES-98 of the FY25 Congressional Budget Justification, DOL proposes to allow YouthBuild funds to count towards AmeriCorps' match requirements. Is legislation needed to accomplish this goal or could DOL change its policies administratively as other agencies have done on this issue?

Answer. Yes, legislation would be necessary. Currently, Federal funds may only be used to match where the "Federal statute authorizing a program specifically provides that Federal funds made available for such program can be applied to matching or cost sharing requirements of other Federal programs." (See Uniform Guidance at 2 CFR 200.306(b)(5)). Even though the authorizing statutes for the CNCS programs allow required matches to be provided from other Federal sources, the YouthBuild provisions do not specifically provide that YouthBuild grant funds may be applied to such matching or cost sharing requirements.

QUESTIONS SUBMITTED BY SENATOR PATTY MURRAY

Question. The Women's Bureau plays an important role in supporting paid leave. What steps has the Women's Bureau taken to support paid leave in fiscal year 2024?

Answer. As the data make clear, women shoulder disproportionate unpaid caregiving obligations that can force untenable choices between the earnings their families rely on and the care needs of family members. Paid family and medical leave programs are a critical linchpin to ensure women can deliver on both sets of obligations, and the Women's Bureau champions inclusive and effective paid family medical leave policies. Although the Women's Bureau did not receive funding to revive the \$10 million Paid Leave Analysis Grants Program proposed in the President's fiscal year (FY) 2024 Budget, the Women's Bureau maximized available resources to mount a robust set of paid leave-related research and technical assistance activities in the first half of FY 2024.

The Women's Bureau commissioned microsimulation modeling to produce data and analysis related to how paid family and medical leave programs interact with and enhance the reach and impact of existing safety net programs, and how policy changes increasing access to leave would affect the broader economy and individuals' economic security and well-being. At the same time, the Women's Bureau has delivered sustained technical assistance to five states and numerous academic research teams over the course of the fiscal year in the use and functionalities of the Department's Worker Paid Leave Usage Simulation (Worker PLUS) model and posted the resulting analyses to the agency's website for public use. Worker PLUS is an open-source tool designed to estimate administrative costs, as well as the effects of various worker leave scenarios and policy options on leave taking behavior.

In 2023, the Women's Bureau updated the Department's 2015 analysis of the economic costs incurred by not providing a universal paid family leave program, producing a new "Cost of Doing Nothing" report. The report found if women in the U.S. replicated the labor force attachment of countries with more comprehensive paid

leave and related work/family supports, five million more women would participate in the labor force, with \$775 billion in additional annual economic activity.¹

The Women's Bureau also posted information to its website about paid family and medical leave, creating a Federal government resource on the state programs. This website includes issue briefs on paid leave, data, and information for workers and employers.

In 2024, the Women's Bureau entered into an agreement with the Department's Bureau of Labor Statistics (BLS) to initiate data collection on workers' access to and use of paid and unpaid leave and job flexibilities. This data will provide one of the best sources of nationally representative worker reported data on leave access. The 2024 data collection effort will also provide a critical comparator to gauge leave and flexibility policies in the aftermath of the COVID-19 pandemic. The Women's Bureau is also supporting the Department of Labor/Office of Personnel Management (DOL/OPM) partnership responsible for conducting a multi-year paid leave research and evaluation initiative to answer key questions surrounding the implementation and effects of the fledgling Federal Employee Paid Leave Act (FEPLA) program, enacted in 2020 to provide paid leave benefits to the nation's two million Federal public servants.

Question. What steps does the Women's Bureau plan to take in supporting paid leave in fiscal year 2025?

Answer. Even under the budget caps set by the Fiscal Responsibility Act, the Department is proposing to invest in the important Administration priority of supporting paid leave. The President's FY 2025 Budget includes a \$2.5 million increase for the Women's Bureau to re-launch its State Paid Leave Analysis Grants Program, alongside a complementary technical assistance effort to support states, researchers and others in proper utilization of the Department's Worker PLUS simulation tool, as well as a new Technical Assistance Hub to share best practices among states. In the original grant deployment between 2014 and 2016, WB funded \$3M in paid leave micro-grants, which engaged 17 states and municipalities in exploring how they could establish paid family medical leave programs, to demonstrable effect. Namely, three states passed paid leave laws after receiving these grants; two states expanded their laws; and three large, urban jurisdictions helped establish conditions for their states subsequently passing legislation, as well as one locality that implemented a paid leave program for the public workforce.

In the absence of additional funding, in FY 2025, the Bureau will only be equipped to provide limited technical assistance to states and other requesters interested in deploying Worker PLUS analysis. At the same time, the agency will continue to continue to staff the ongoing DOL/OPM evaluation of the Federal Employee Paid Leave Act (FEPLA) program for Federal workers. In addition to commissioned research and data collection, the Women's Bureau will continue to publish and disseminate shorter-form research briefs on various aspects of paid leave program models on the dedicated paid leave section of its website, as well as any resulting analysis from technical assistance in use of the Worker PLUS tool.

Question. Climate change is increasing workers' exposure to smoke—which is a huge issue in my home state of Washington where many agricultural workers already suffer from smoke-related illnesses. Right now, there are still no Federal standards specifically protecting workers from smoke.

What steps has the Occupational Safety and Health Administration taken to better protect workers who are exposed to dangerous levels of smoke while doing their jobs in fiscal year 2024?

How does the Occupational Safety and Health Administration propose to better protect workers in fiscal year 2025?

Answer. The Occupational Safety and Health Administration (OSHA) has a comprehensive website with safety tips and resources to help employers and workers reduce their exposure to smoke during wildfires. OSHA also has a preparedness page that provides information on evacuation plans, safety zones around buildings, and equipment to have on hand in case a wildfire occurs. Preparing evacuation plans in advance is key to helping workers get to safety before a wildfire affects an area and can also help prevent the impact from smoke. In addition, OSHA issued a national news release last summer (OSHA News Release, June 9, 2023) urging employers to have a plan to protect outdoor workers from hazards associated with poor air quality. The news release outlined the hazards associated with wildfires and provided ways that employers can prepare for and implement procedures to reduce exposures to smoke when necessary.

OSHA will continue its outreach efforts to educate employers and will consider reissuance of its June 9, 2023, News Release to reiterate the need for employers to

¹ <https://www.dol.gov/sites/dolgov/files/WB/paid-leave/CostofDoingNothing2023.pdf>.

plan and prepare to protect workers from dangerous levels of smoke, as well as timely reminders to employers in regions of Federal OSHA coverage where workers are expected to be exposed to high levels of smoke.

Question. Last year, I led the effort to pass the Beryllium Testing Fairness Act as part of the National Defense Authorization Act for Fiscal Year 2024. What steps has the Office of Workers' Compensation Programs taken to implement the new law, including any outreach the Department has conducted to make potential claimants aware of the changes to the program?

Answer. The Beryllium Testing Fairness Act (the Act), passed as part of the Fiscal Year 2024 National Defense Authorization Act, includes a change to the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) in relation to the establishment of beryllium sensitivity under Part B. In addition to existing statutory provisions, beryllium sensitivity under Part B can now also be established by submitting three borderline beryllium lymphocyte proliferation tests or beryllium lymphocyte transformation tests, performed on blood cells, that are conducted over a period of 3 years. The Department of Labor (the Department) is committed to increasing awareness of these program changes.

To share this information, the Department's Office of Workers' Compensation Programs (OWCP), Division of Energy Employees Occupational Illness Compensation (DEEOIC), published EEOICPA Bulletin No. 24-01, Updated Criteria for Establishing Beryllium Sensitivity.² The Bulletin provides DEEOIC staff with guidance about operationalizing the new standard during the evaluation of beryllium sensitivity claims. OWCP is currently in the process of making the necessary regulatory changes consistent with the Act's EEOICPA amendment. In addition, OWCP is in the process of reviewing all denied cases (1,158 cases) that may be impacted by the statutory, and resulting rule, change. DEEOIC will reopen and accept any cases that meet the new criteria.

OWCP notified claimants and other stakeholders multiple times about the beryllium-related law changes. Specifically, OWCP emailed EEOICPA Bulletin No 24-01 to claimants and stakeholders. OWCP also promoted and held a Stakeholder Updates Webinar at which the changes to the law were discussed. This webinar was announced to claimants and stakeholders in advance of the event. The slides from the March 2024 webinar are posted on the Department's website.³ Finally, the DEEOIC Policy Branch provided a briefing to the Department's Advisory Board on Toxic Substances and Worker Health on the changes to the law and their impact on claimants.

QUESTIONS SUBMITTED BY SENATOR JACK REED

WIOA Formula Grants

Question. Rhode Island, like many other states, is experiencing record employment, and we desperately need more skilled workers . . . to build submarines . . . to work on our burgeoning life sciences sector . . . to build our infrastructure . . . and in many other areas. Unfortunately, just when we desperately need more investment in workforce development, our WIOA formula grant funding is declining by 8 to 9 percent each year because our unemployment rate is low. What are your recommendations for ensuring that the formulas for distributing WIOA funds are responsive to workforce development needs during a time of very low unemployment?

Answer. The statutory formulas governing WIOA Youth, Adult and Dislocated Worker funds are designed to shift funds to states with proportionally more unemployment than other states and already use stop loss, or minimum provisions, to mitigate losses. Given the design of the current formulas, there will always be some states that lose funds over prior year allotments. In times of low unemployment, the excess unemployment rate of 4.5 percent established in WIOA can result in a state losing out on one-third of the funding associated with that data factor. In these circumstances, the minimum provisions mitigate the drop in funding. To a lesser extent, the Areas of Substantial Unemployment threshold of 6.5 percent can also result in similar exclusions to one-third of the funding at the state level, but this is more of a concern within sub-state allocation formulas than state allotment formulas. Periods of very high and low unemployment can both result in reduced allotment levels for some states. During the great recession in 2008, states with chronically high unemployment that always received one-third of the funding associated

² EEOICPABulletin24-01.pdf (dol.gov).

³ https://www.dol.gov/sites/dolgov/files/OWCP/energy/regs/compliance/Outreach/Outreach_Presentation/stakeholder_update032824.pdf.

with the excess unemployment data factor saw steep losses to their formula funds for several years because many new states suddenly had excess unemployment, which reduced the relative share of that data factor for those states with chronically high unemployment. In response, Congress added a stop gain provision to the Dislocated Worker formula in WIOA (in addition to the provisions for Youth and Adult that existed in WIA) to mitigate large shifts in funding.

WIOA reauthorization legislation could revise the definition of excess unemployment and set different thresholds based on the level of national unemployment (and for sub state formulas and state unemployment). Any change to the formula impacts all states. The Department would be pleased to discuss this issue further and can model scenarios to evaluate the impact of various changes to the formula.

Public Libraries and Workforce Development

Question. In the FY24 Report that accompanied the Labor, HHS, Education, and Related Agencies Appropriations bill, I included language asking the Employment and Training Administration to work with the Institute of Museum and Library Services to identify barriers to libraries participating in WIOA programs and develop a plan to address those barriers. Please provide an update on your actions to address this report language.

Answer. The Department held periodic meetings with Institute of Museum and Library Service (IMLS) staff throughout FY 2023 and will continue to do so in FY 2024, including discussions on how the Department can help identify barriers to libraries participating in WIOA programs. With IMLS input, the Department held a live webinar in May 2023 for librarians, showing the capabilities of CareerOneStop.org and how librarians can utilize the website to assist customers in job search, career exploration, completing job applications, and many other tasks. Since 2023, the Department and IMLS have continued to engage libraries as they provide workforce services to their customers. The Department conducts quarterly webinars regarding CareerOneStop.org to demonstrate the tools available on the website, to which libraries, including Public Library Association (PLA) members, are invited to attend. Additionally, staff that work on the CareerOneStop site routinely attend the national PLA conference where they provide demonstrations to attendees; CareerOneStop promotes the conference and its website content via the CareerOneStop social media channels. The Department will continue to engage public libraries in workforce service delivery, on how to improve content on CareerOneStop, and on how to help remove barriers for library participation in providing workforce services within WIOA.

Job Corps

Question. The FY23 NDAA mandated the inclusion of Navy shipbuilding workforce development incentives into new shipbuilding construction contracts. This month, the Exeter Job Corps Campus in Rhode Island hosted a shipbuilding workforce event with the Navy and its shipbuilders, including Electric Boat. Please provide information about the work Job Corps is doing with the Navy and our nation's shipbuilders to help address this critical workforce shortage.

Answer. Since September 2023, the Department has coordinated with the Department of the Navy (DON) and the Naval Sea Systems Command (NAVSEA) to build awareness, career pathways, and opportunities for young adults to gain exposure to shipbuilding careers and occupations, and to begin building a pipeline of qualified workers who are ready to work for employers that serve the Navy's shipbuilding interests, some of which may provide registered apprenticeship program opportunities.

The Department began this partnership through targeted collaboration and by hosting five shipbuilding-themed career fairs. The goal of these career fairs is to introduce shipbuilding occupations to students who are currently enrolled in technical training programs, including machinist, sheet metal fabricator, and electrical training programs.

Job Corps programs are advancing the connection with the Navy's shipbuilding contractors beyond the major events the Department has hosted. For example:

- Fincantieri, located in Green Bay, WI, has hosted Job Corps students on tours of their facility, met with local Job Corps leaders, and hosted job interviews for the initial group of students who were interested in careers with their organization.
- Portsmouth Naval Shipyard, located in Kittery, ME, has hosted discussions on the Federal hiring system with students who are interested in applying for jobs in their organization and has provided advice on how to submit applications with the best chance for acceptance. The team at Portsmouth Naval Shipyard also continues to provide the Job Corps program with valuable feedback related

to the curriculum and training equipment used to prepare students for jobs in the shipbuilding industry.

- Eastern Shipbuilding, located in Pensacola, FL, has hosted numerous virtual information sessions since the career fair events were held. These sessions have included overviews of their available occupations and feedback related to the skills needed to maintain jobs in their organization. Eastern Shipbuilding has hired five Job Corps students from as far away as Shreveport, LA, and continues to be one of the employers of choice for many students who are focusing the outcome of their training on shipbuilding occupations.
- Huntington Ingalls Shipbuilding (Ingalls), located in Pascagoula, MS, has been exceptionally active within the Job Corps community. Since the career fair in which they participated, Ingalls, at the request of the Office of Jobs Corps (OJC), was a co-presenter at the National Association of Workforce Boards Forum held in Washington, DC, in March 2024. Ingalls, along with partners from the Department of the Navy's Shipbuilding Industrial Base Task Force, addressed workforce leaders to describe the need for skilled workers in this industry sector and to tout the relationship with Job Corps to provide younger job seekers with high quality training that can lead to jobs in the shipbuilding workforce. Ingalls has held numerous virtual and on-site dialogues with Job Corps campuses in the southeastern part of the country to help acculturate shipbuilding occupations in the Job Corps community and thus create larger pipelines of interested students. Ingalls is preparing to visit nine additional campuses by the end of July 2024 to meet with students who are enrolled in technical training programs that support shipbuilding occupations to describe the benefits of working in the shipbuilding industry, and more specifically, in the Ingalls Shipbuilding organization.

OJC continues to hold regular discussions with the Department of the Navy's Industrial Base Task Force to strategically address the challenges related to connecting Job Corps students to shipbuilding employers with high-volume occupational needs. The Department has identified relocation as a significant barrier, given that most of the Job Corps campuses are not located near shipbuilding ports. The Navy appears to be working with its shipbuilding community to contemplate ways in which it may be able to help overcome this challenge.

OJC and the Navy also are planning to focus partnership efforts in Arkansas, as Camden, AR, is host to the largest ammunitions manufacturing companies in the country. The Navy has advised the Department that, as with shipbuilding occupations, the organizations that provide them with ballistics are facing hiring challenges. Work is currently underway to bring these organizations to Job Corps campuses to initiate dialogue with interested students.

In support of the activities detailed above, Job Corps will continue to host career fairs, which, to date, have been hosted by Job Corps campuses that are in relative proximity to areas that have a high density of shipbuilding vendors who are contracted to build or maintain the Navy's fleet and have a substantial need for a skilled workforce to meet their contracted deliverables. Since the initial shipbuilding career fair, a total of 41 Job Corps campuses have participated in the events and over 600 students have attended. A detailed breakdown of the five career fairs the Department has hosted follows:

- Mississippi Job Corps Shipbuilding Career Fair (September 2023):
 - Employers Represented: 5
 - Eastern Shipbuilding
 - Austal USA
 - Hiller
 - Bollinger Mississippi Shipyards, LLC
 - Ingalls Shipbuilding
 - Job Corps Students Attended: 150
 - Job Corps Campuses Represented: 8
 - Campuses in Attendance: Shreveport (LA), New Orleans (LA), Little Rock (AR), Gulfport (MS), Mississippi (MS), Finch-Henry (MS), Benjamin Hooks (TN), Gadsden (AL)
- Milwaukee Job Corps Shipbuilding Career Fair (November 2023)
 - Employers Represented: 6
 - INGE Team
 - Milwaukee Valve
 - Metal TEK International
 - DRS Naval Power
 - Fincantieri Marine Group
 - Fairbanks Morse Defense
 - Job Corps Students Attended: 70

- Job Corps Campuses Represented: 5
- Campuses in Attendance: Milwaukee (WI), Blackwell (WI), Paul Simon (IL), Joliet (IL), Gerald Ford (MI)
- San Diego Job Corps Shipbuilding Career Fair (January 2024)
 - Employers Represented: 3
 - Continental Maritime of San Diego
 - General Dynamics
 - Austal USA
 - Job Corps Students Attended: 110
 - Job Corps Campuses Represented: 7
 - Campuses in Attendance: San Diego (CA), Treasure Island (CA), San Jose (CA), Los Angeles (CA), Inland Empire (CA), Long Beach (CA), Sacramento (CA)
- Penobscot Job Corps Shipbuilding Career Fair (April 2024)
 - Employers Represented: 2
 - General Dynamics Bath Iron Works
 - Portsmouth Naval Shipyard
 - Job Corps Students Attended: 120
 - Job Corps Campuses Represented: 18
 - Campuses in Attendance: Penobscot (ME), Loring (ME), Northlands (VT), New Hampshire (NH), Shriver (MA), Grafton (MA), Exeter (RI), Hartford (CT), New Haven (CT), South Bronx (NY), Edison (NJ), Glenmont (NY), Westover (NY), Oneonta (NY), Iroquois (NY), Delaware Valley (NY), Cassadaga (NY), Arecibo (PR)
- Exeter Job Corps Shipbuilding Career Fair (May 2024)
 - Employers Represented: 3
 - Portsmouth Naval Shipyard
 - Amtrol Inc
 - Electric Boat
 - Job Corps Students Attended: 160
 - Job Corps Campuses Represented: 21
 - Campuses in Attendance: Penobscot (ME), Loring (ME), Northlands (VT), New Hampshire (NH), Shriver (MA), Grafton (MA), Exeter (RI), Hartford (CT), New Haven (CT), South Bronx (NY), Edison (NJ), Glenmont (NY), Westover (NY), Oneonta (NY), Iroquois (NY), Delaware Valley (NY), Cassadaga (NY), Arecibo (PR), Red Rock (PA), Keystone (PA), Philadelphia (PA)

The Department is currently planning its sixth shipbuilding career fair, which will take place in Virginia in August 2024.

Question. The Fiscal Year 2024 National Defense Authorization Act included a provision to allow Job Corps Centers to be eligible placements for the Troops to Teachers Program. What are some other steps we can take to better support Job Corps Center staffing?

Answer. The Troops to Teachers (TTT) program provides funds to recruit, prepare, and support service members and veterans to become certified and employed as teachers, including in schools in areas with high levels of poverty. Successful TTT candidates obtain certification or licensing as elementary and secondary school teachers, as well as vocational or technical teachers. The TTT program also helps participants find employment in high-need local education agencies or charter schools. Section 573 of the National Defense Authorization Act for Fiscal Year 2024, Public Law 118–31, titled, “Extension of Troops-To-Teachers Program To The Job Corps”, extends the opportunity to Job Corps Centers to hire these highly qualified teachers.

Other steps that would support Job Corps Center staffing include the Executive Orders increasing the minimum wage for Federal contractors. In addition, personnel incentives such as eligibility for loan forgiveness and tuition reimbursement, modern technology to support academic learning, and sponsorship for professional development and certifications all could increase retention.

Question. How much of a factor is pay in recruiting teachers and how do Job Corps salaries compare with salaries in our public schools?

Answer. Despite contract requirements to recruit and retain qualified staff at competitive wages, Job Corps center operators have struggled to attract qualified individuals with expertise to serve opportunity youth.

Pay is a significant factor in Job Corps’ struggle to recruit and retain quality teachers. Job Corps collects and analyzes data on contractor staff vacancies as well as the salaries operators report they are paying staff. During the last two calendar years, the data collected has consistently shown that teachers have one of the highest rates of vacancy amongst all labor categories under center operations contracts.

At the same time, a 2024 review of salary data showed that 91% (983) of the 1080 full-time academic positions were not paid wages comparable to the wages and benefits paid in the local area market for like occupations, as reported by the Bureau of Labor Statistics. The average wage gap is \$20,484. This pay gap is further exacerbated when taking into consideration that teachers in the Job Corps program work year-round due to the program's open enrollment, whereas teachers in the public school system have summer months off.

Beginning in May 2017, the Department of Labor developed a contract term, H.6 Wage Comparability, that required center operations contractors to pay wages comparable to those in the local labor market for like occupations. The contract term also identified a minimum salary amount for Academic and Career Technical Training Teachers.

Then, in 2020, the Department began converting Job Corps center operations contracts from cost reimbursement to fixed price type contracts. Within these contracts, the Department retained the contract term regarding wage comparability, but instead of identifying a minimum salary amount, the Department required contractors to determine the compensation level required to be competitive with the local labor market for each position at a center. The risk assumed by the center operator under the fixed price contract type has made it more likely that the operator will not be willing or able to keep up with rising labor market demands. This has especially been the case after the COVID-19 pandemic, as the labor market for teachers has become increasingly competitive. To try to combat the impact of insufficient staffing under the fixed price contracts, Job Corps instituted a vacancy "takeback" to recoup the value of a vacant position. But this takeback has not resulted in significant improvement in contractors' vacancy rates, especially for teaching positions.

As a result, Job Corps has renewed focus on teacher pay by publishing Bureau of Labor Statistics salary data in its Request for Proposal, to provide the operator community with better data on what teachers in the center's locality are paid. The Department also made the contractors' proposed staff compensation plans a rated factor in the evaluation to select the contract awardee.

The Department anticipates that as greater pressure is put on center operators to recruit and retain teachers by paying more competitive salaries the operators will propose higher priced contracts.

Question. Please provide a cost estimate for bringing Job Corps teacher pay to parity with public school teachers.

Answer. Job Corps collects and analyzes data on center staff vacancies as well as the salaries operators report they are paying staff. A 2024 review of salary data showed that 91% (983) of the 1080 full-time academic positions were not paid wages comparable to the wages and benefits paid in the local area market for like occupations, as reported by the Bureau of Labor Statistics. The average wage gap is \$20,484.

To remediate this issue at its source, DOL developed new solicitation language for fixed price Center Operations contracts, including standardized position descriptions for Job Corps center positions and a crosswalk to Bureau of Labor Statistics (BLS) data and local wage comparisons to ensure vendors propose fair and competitive compensation when bidding on Center Operations contracts. Even with these mechanisms in place, DOL's Job Corps Acquisition Services continues to see vendor proposals with salaries below the comparable local wage and is actively addressing the concerns prior to contract award. As Job Corps Acquisition Services continues to hold contractors accountable for paying competitive wages, it anticipates that the price of contracts will increase.

Question. The Department of Labor (DOL) has been charged along with the Department of Health & Human Services and the Department of the Treasury with promulgating rulemaking for the provider nondiscrimination provision that were in the No Surprises Act and the Affordable Care Act. The agency has taken the lead on this rulemaking but has missed multiple deadlines and is now more than 2 years past the statutory deadline set out in the No Surprises Act. Will the agency work to ensure that this rulemaking is done this calendar year?

Answer. The Department remains committed to promulgating rulemaking to implement the provider nondiscrimination provision of section 2706(a) of the Public Health Service Act (PHS Act), as added by the Affordable Care Act. This rulemaking is required by section 108 of the No Surprises Act, and the Department's current Unified Regulatory Agenda reflects that notice-and-comment rulemaking implementing the provider nondiscrimination provision is a priority in the near term.

To that end, the Department is actively studying the issues relating to the provider nondiscrimination provision. The Department, along with the Departments of Health and Human Services and the Treasury (together, the Tri-Departments), held a listening session on January 7, 2022, to foster an exchange of information and

views and afford interested individuals and organizations an opportunity to share their perspective on what should be included in forthcoming proposed regulations.⁴ In addition, on August 3, 2023, the Tri-Departments issued a notice of proposed rulemaking, Requirements Related to the Mental Health Parity and Addiction Equity Act (the MHPAEA NPRM), in which they sought comments on ways that the Tri-Departments can enhance access to mental health and substance use disorder benefits through their implementation of section 2706(a) of the PHS Act.⁵ The Department is considering the comments received at the 2022 listening session and in response to the MHPAEA NPRM, as well as feedback from other conversations with interested individuals and organizations, as it prepares to undertake the required rulemaking.

QUESTIONS SUBMITTED BY SENATOR JOE MANCHIN, III

Question. Recently, the President vetoed a bipartisan Congressional resolution overturning the National Labor Relations Board (NLRB) rule redefining who is a joint employer. This rule from the NLRB will put the franchise model at risk.

Small businesses are the heart of our economy and our communities, especially in West Virginia where more than 98% of our businesses are small businesses. One out of every three franchise owners say they wouldn't own a small business without the franchise business model.

The last time the NLRB tried this, a study found that this policy led to 376,000 fewer jobs and \$33.3 billion in lost output across the economy. While a Federal judge has current blocked this rule from taking effect, I am concerned what will happen if it does take effect.

Acting Secretary, there continues to be bipartisan concern with what the NLRB is proposing. What does your Department plan to do to curb the job and economic output loss we experienced the last time a similar standard took effect?

Answer. The Department of Labor defers to the National Labor Relations Board (NLRB) on this particular rulemaking, which is not under our jurisdiction. However, the Department is engaging in efforts to improve workers' access to good jobs, including through the Good Jobs Initiative, which is aimed at improving job quality throughout the country by providing critical information to workers, employers, and government entities as they seek to improve job quality and create access to good jobs. As part of this initiative, the Department has helped Federal agency partners incentivize job quality criteria in over \$239.6 billion dollars of their competitive grant funding. The Department is also working with other Federal partners to issue guidance to further promote job quality, including through six Memorandums of Understanding with the Departments of Transportation, Commerce, Energy, and the Interior, as well as the General Services Administration and Environmental Protection Agency, and by establishing shared Good Jobs Principles with the Department of Commerce.

Finally, the Department has ongoing commitments to provide technical assistance to states and organizations on best practices for workforce development. This includes intensive technical assistance academies, including the Good Jobs, Great Cities Academy, the Youth Systems Building Academy, and the Job Quality Academy to enhance equity and job quality throughout the workforce development system. These efforts, coupled with the Yes, WIOACan! Initiative, <https://ywc.workforcecegps.org/>, are spurring innovation and enabling state and local workforce areas to shape plans for building the skilled workforce necessary for implementing the historic Federal investments provided for under the Bipartisan Infrastructure Law, the CHIPS and Science Act, and Inflation Reduction Act.

Through the Good Jobs Initiative and our other important work, the Department remains committed to building a modern, inclusive workforce—ensuring workers have good jobs, opportunities for advancement, and seats at the table to have their voices heard.

Question. Acting Secretary, as you know, your Department has been active in the retirement space in the past 2 years. In November 2022, you released a final rule that permits Employee Retirement Income Security Act (ERISA) retirement plan fiduciaries to use ESG factors when selecting investments and exercising shareholder

⁴ A transcript of the listening session is available at <https://www.dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/no-surprises-act/listening-session-regarding-provider-nondiscrimination-under-section-2706a-of-the-phs-act.pdf>.

⁵ See 88 FR 51552, 51598 (Aug. 3., 2023), available at <https://www.govinfo.gov/content/pkg/FR-2023-08-03/pdf/2023-15945.pdf>.

rights. The rule replaced a previous rule that mandated fiduciary decisions be made solely with the intent of getting the best returns for Americans.

And most recently—in fact less than two weeks ago—the Department published a final rule that, among other things, broadens the definition of a fiduciary for investment planning purposes, a definition that has been in place and effective since the 1970s.

West Virginians are concerned with the actions that your Department is taking. They are concerned with the politicization of their retirement savings, and they are horrified about potentially losing access to their investment advisors. West Virginians and Americans alike need protection, not uncertainty, when it comes to their long-term financial security, and they do not need the Federal government further involved in their retirement decisions.

It is quite evident that there is bipartisan concern in Congress for the actions taken by your Department. Why did your team seek to enact monumental changes to the ERISA process via rulemaking rather than engaging with Congress and making changes through the legislative process?

Answer. These recent rulemakings are well within the Department's regulatory authority. Each rule was preceded by a proposal that was published in the Federal Register with an invitation for public comment. The Department received and considered written comments and petitions (e.g., form letters) submitted during the open comment period. In each case, comments were received from a variety of interested parties, both in support of and in opposition to the proposal.

The recent rulemakings also provide important protections for Americans' long-term financial security. The Retirement Security Rule: Definition of an Investment Advice Fiduciary rule will protect workers and retirees from conflicted investment advice that can erode their retirement savings. It was necessary to update the prior regulatory definition of an investment advice fiduciary which was adopted in 1975 when the most common type of retirement plan was a defined benefit pension plan. These plans were primarily managed by professional money managers and funded by employers, who shouldered the risk of poor investment performance and shortfalls. Individual Retirement Accounts (IRAs) were not commonplace and 401(k)-type plans did not even exist. In the decades since, 401(k)-type plans and IRAs have become the most common way workers save for retirement. In these plans, individual retirement investors, rather than professional money managers, typically are responsible for making important investment decisions regarding their retirement savings, and they, rather than their employers or plan officials, shoulder the risk of loss. The 1975 rule had not kept up with these important changes in the marketplace.

The final rule entitled Prudence and Loyalty in Selecting Plan Investments and Exercising Shareholder Rights adopted in November 2022 ("Investment Duties Regulation") reflects the core principle that the duties of prudence and loyalty require ERISA plan fiduciaries to focus on relevant risk-return factors and not subordinate the interests of participants and beneficiaries (such as by sacrificing investment returns or taking on additional investment risk) to objectives unrelated to the provision of benefits under the plan. We do not believe the Investment Duties Regulation reflected a monumental change to ERISA. However, it was an important rulemaking, as the previous rule was perceived by some as creating a "chilling effect" that would potentially discourage ERISA plan fiduciaries from considering risk-return ESG-factors that other investors in the marketplace would take into account. As stated in the 2022 rule, "[t]he Department has a longstanding position that ERISA fiduciaries may not sacrifice investment returns or assume greater investment risks as a means of promoting collateral social policy goals." Under the final rule, fiduciaries may consider collateral benefits as a tiebreaker, but only when choosing between otherwise prudent competing investment options, which equally serve the financial interests of the plan.

Question. Did your Department consider the impacts that these rules will have on rural and minority communities nationwide, who are much more susceptible to drastic changes to the retirement and financial landscape?

Answer. For each rulemaking, the Department conducted the required regulatory impact analysis, including satisfying the requirements of Executive Orders 12866 (as amended by EO 14094) and 13563 that direct agencies to assess all costs and benefits of available regulatory alternatives.

In the case of the Retirement Security Rule, the Department reviewed recent regulatory and legislative actions concerning investment advice, market developments in industries providing investment advice, and research literature weighing in on investment advice. From this review, the Department determined there was compelling evidence that retirement investors, including those with small account balances or of modest means and inexperienced investors, remain vulnerable to harm from poten-

tially imprudent advice and conflicts of interest in the investment advice they receive. The Department concluded that retirement investors would benefit from more uniform protections from conflicted advice that would ensure prudent and loyal investment recommendations from financial advisers regardless of the type of investment vehicle used. The Department further concluded that by requiring advisers to accurately represent the nature of their relationship and advice, retirement investment advice markets will work more efficiently and result in innovations and cost-efficient delivery models to provide prudent and loyal advice to small investors.

In the case of the Investment Duties Regulation, the Department determined that the concerns with the prior regulation, if left unaddressed, would have a negative impact on plans' financial performance as they avoid using climate change and other ESG considerations in investment analysis even when directly relevant to the financial merits of the investment. The literature examined by the Department generally showed that the consideration of ESG factors can be beneficial to investing in many circumstances. Thus, Department anticipated that the benefits of the final rule would be significant.

Question. The Department of Labor's Schedule A Shortage Occupation list was designed to address workforce shortages by streamlining the process of hiring vetted international workers in high demand industries, like Science, Technology, Engineering, and Math (STEM) and healthcare. Schedule A is an important tool that exempts workers in understaffed industries from bureaucratic visa hurdles and backlogs.

Despite having the authority to revise the Schedule A list, the Department has not updated it to include more than two specific occupations—professional nurses and physical therapists—since 2005.

While the Department has not updated the list in over 20 years, I was pleased to see the Request For Information (RFI) on how the Schedule A occupation list could be modernized to include STEM occupations for which there is a demonstrated labor shortage.

Acting Secretary Su, what is the Department's timeline to provide an update on the Schedule A list?

Answer. Consistent with President Biden's Executive Order on Artificial Intelligence, which directed the Secretary of Labor to "to publish a RFI soliciting public input to identify AI and other STEM- related occupations, as well as additional occupations across the economy, for which there is an insufficient number of ready, willing, able, and qualified U.S. workers for purposes of updating Schedule A," the Department of Labor published a Request for Information (RFI) on December 21, 2023.

The Department's Office of Foreign Labor Certification (OFLC) developed the RFI and published it for comment so that the public could provide input, including data, statistical metrics or models, studies, and other relevant information, on how the Department may establish a reliable, objective, and transparent methodology for revising Schedule A to include Science, Technology, Engineering, and Math (STEM) and other non-STEM occupations that are experiencing labor shortages, consistent with requirements of the Immigration and Nationality Act.

The comment period for the RFI closed on May 13, 2024. During the comment period, the Department received over 2,000 comments and is currently reviewing those comments to inform decisions regarding whether or how to improve Schedule A and ensure that its purpose in responding to national labor shortages is more effectively met. Once comment review has been completed during Fall 2024, the Department will consider how, and through which process, it may apply any data, statistical metrics, models, studies, or other information provided in the comments to develop a reliable, objective, and transparent methodology for amending Schedule A.

Question. In January, the Department of Labor published a final rule on whether a worker may be considered an independent contractor, or an employee. The rule the Department previously put together on this was delayed, withdrawn, then ultimately reviewed and decided by the courts.

Before issuing this rule, the Wage and Hour Division said it would hold two public forums to hear feedback directly from both employers and workers. However, the rule as written is largely similar to previous attempts, and does not appear as if the Department took different viewpoints into account.

While I was glad to hear that the Department wanted to consult with both employers and workers on the rule, I am concerned about the degree their comments and opinions were taken to account when this rule was finalized.

Acting Secretary Su, can you share how the Department incorporated feedback from a wide array of stakeholders, from small businesses to workers, in the final rule?

Answer. In developing the Employee or Independent Contractor Classification Under the Fair Labor Standards Act final rule, WHD considered input provided by stakeholders prior to the development of its proposal and received approximately 55,400 comments during the public comment period that followed the proposal's issuance in October 2022. The input and comments were provided by a diverse array of stakeholders, including employees, self-identified independent contractors, businesses, trade associations, labor unions, advocacy groups, law firms, members of Congress, state and local government officials, and other interested members of the public, and commenters expressed a wide variety of views on the merits of the Department's proposal. Several adjustments were made in the final rule after careful consideration of the comments received.

For example, business stakeholders expressed concern about language in the proposed rule advising that control implemented by a business for the purpose of complying with legal obligations "may be indicative" of an employment relationship. 87 FR 62275. We heard from commenters that such guidance, if adopted as proposed, could be confusing or disruptive for businesses in highly regulated industries, such as real estate or financing, and could have negative unintended consequences in other industries, such as healthcare or transportation. 89 FR 1691–92. Therefore, in the final rule, we revised the language to state that "[a]ctions taken by the potential employer for the sole purpose of complying with a specific, applicable Federal, State, Tribal, or local law or regulation are not indicative of [an employment relationship]." 89 FR 1743. (emphasis added)

Question. Job Corps is an educational and workforce training program administered by the Department of Labor. The Job Corps program helps youth build the skills they need to succeed, complete their high school education and help students find employment after they leave. West Virginia is proud to be home to two Job Corps centers, one in Charleston and one in Harpers Ferry.

Many Job Corps centers currently have openings, that would allow homeless youth to be able to receive housing, education and training for free. This important program has the capacity to serve our youth, and help prevent cycles of poverty and substance use disorder that many of our communities are facing.

However, the application requirements can often be too burdensome for someone experiencing homelessness to be able to navigate.

Acting Secretary Su, how is the Department working to expedite and streamline the enrollment of homeless youth into Job Corps?

Answer. Ensuring unhoused youth and other underserved youth have expedited and streamlined Job Corps enrollment is an important Departmental priority. While the Job Corps program currently allows expedited enrollment for victims of natural or man-made disasters, consistent with eligibility requirements set forth in the Workforce Innovation and Opportunity Act (WIOA), the Office of Job Corps (OJC) is working to update its policy to allow for expedited enrollment for individuals experiencing homelessness and for victims of severe forms of trafficking. In addition, OJC has built relationships with colleagues in the Department of Health and Human Services' Family and Youth Services Bureau who administer the Runaway and Homeless Youth Program and in the Department of Education's McKinney-Vento program to encourage states and community-based providers to refer youth experiencing homelessness to Job Corps for enrollment.

QUESTIONS SUBMITTED BY SENATOR LINDSEY GRAHAM

Question. Processing times for Labor Certifications and Prevailing Wage Determinations are currently 18–20+ months, which were previously 6–8 months. Why does this delay hinder American businesses seeking to utilize legal employment-based visa pathways?

Answer. The adjudication times in the Permanent Labor Certification (PERM) program have increased due to higher application filings across foreign labor certification programs, which stretch resources in each program, as well as statutory and regulatory processing deadlines in high-demand temporary labor certification programs, which at times require directing resources away from PERM. The Department's mandate is to review each employer's request for temporary or permanent labor certification to ensure U.S. workers have first access to apply for these job opportunities, protect U.S. workers from adverse effect on their wages and working conditions, ensure employer compliance with program requirements, and protect the integrity of the program from bad actors.

As noted in its fiscal year (FY) 2025 Budget Request, the Department's Employment and Training Administration (ETA) has experienced a dramatic rise in application volumes in recent years, with application levels in most foreign labor certifi-

cation (FLC) programs more than doubling since FY 2010 and new prevailing wage and labor certification requirements established for the CW-1 visa program. U.S. employers requested more than 1.7 million worker positions through the FLC programs in FY 2023. While application levels have doubled since FY 2010, inflation-adjusted funding for Federal FLC case adjudications decreased 13 percent over the same time period.

The Department is building on its technology in the Foreign Labor Application Gateway (FLAG) System to modernize the application process for permanent, temporary, and prevailing wage applications, enhance program integrity, and assist analysts with their review of applications. To reduce the risk of delays associated with increasing application volumes, ETA cross-trains existing staff—which increases the number of trained personnel available to adjudicate applications across programs—and authorizes overtime to meet processing demands during peak filing periods.

Question. What more can the agency do to prioritize the current, functional technology of attestation-based PERM Processing?

Answer. Although ETA's Office of Foreign Labor Certification (OFLC) administers a fully electronic application filing and processing system that helps mitigate the risk of delays and avoid unnecessary administrative costs, the Department's mandate is to review each employer's request for temporary or permanent labor certification to ensure U.S. workers have first access to apply for these job opportunities, protect U.S. workers from adverse effect on their wages and working conditions, ensure employer compliance with program requirements, and protect the integrity of the program. The analysis necessary to meet these statutory mandates cannot be accomplished by a process that is completely attestation-based.

As noted in the Department's FY 2025 Budget Request, while application levels have more than doubled since FY 2010, inflation-adjusted funding for Federal FLC case adjudications has decreased by 13 percent over the same time period. Although using the latest technologies—as ETA has endeavored to do—has and will continue to create efficiencies in the administration of employment-based visa programs, the Department must strike a proper balance between consistent and reasonable processing times and ensuring employer compliance with program requirements.

ETA, in collaboration with the Department's Office of the Chief Information Officer (OCIO), developed the Foreign Labor Application Gateway (FLAG). Applications for all FLC programs are now submitted electronically in FLAG; most recently, FLAG replaced the nearly 20-year-old legacy PERM case management system as the means by which ETA processes permanent labor certification applications. The Department agrees that use of the most up-to-date technologies can create efficiencies in processing and reduce unnecessary administrative costs. Indeed, as the replacement of the PERM processing system reflects, over the years ETA has continually enhanced its technology, as resources have allowed, to strategically improve its applications processing capacity. However, the significant annual increases in workload over the past decade, when combined with inadequate funding, have far outpaced ETA's capacity to process applications, even with these technological improvements. Additionally, a process to review employer-filed applications that is completely attestation-based would make it more difficult for the Department to monitor and enforce employer compliance with program requirements, protect the integrity of the program, and make the required statutory determinations regarding the availability of qualified U.S. workers for the employer's job opportunity and the lack of adverse effect on the wages and working conditions of similarly employed U.S. workers.

QUESTIONS SUBMITTED BY SENATOR CINDY HYDE-SMITH

Question. I want to express my concern over the department's continued overreach in respect to regulations, which is par for the course when it comes to this administration. Many of my constituents tell me they're concerned about these overreaches. For instance, the proposed "walk around" rule that would allow a third-party entity to accompany Occupational Safety and Health Administration inspectors. A third-party entity could be from any organization, which leads to the potential for a conflict of interest and an inspector who would not be objective in their findings of whether a workplace is safe.

Why does the department deem it necessary now to allow such activities during OSHA inspections when these inspections have happened time and time again without the need of a third party?

Will you and your department commit to seriously reconsidering this rule and only allowing certified inspectors in businesses during these reviews?

Answer. Congress, in Section 8(e) of the Occupational Safety and Health Act (“OSH Act”), granted both employers and employees the right to designate representatives to accompany inspectors during an OSHA inspection. OSHA has long recognized this right in its regulations and practices, which allow employers and employees to designate third parties as authorized walkaround representatives. See 89 Fed. Reg. 22558, 22559–60 (Apr. 1, 2024) (discussing 29 CFR 1903.8(c) and OSHA’s guidance related to the regulation). However, in 2017, a district court found that although OSHA’s longstanding practice was consistent with the OSH Act, with respect to employee representatives, it was not consistent with the OSHA regulation as then written implementing Section 8(e). See *NFIB v. Dougherty*, No. 3:16-CV-2568–D, 2017 WL 1194666 (N.D. Tex. Feb. 3, 2017). In response, OSHA revised its regulation to reflect its long-standing practice of who may be designated as an authorized employee representative. Additionally, as discussed in the preamble to the Walkaround rule, see 89 Fed. Reg. at 22563–22572, OSHA determined, through the agency’s own enforcement experience and based on numerous comments providing real-life examples, that third-party walkaround representatives will improve OSHA inspections and benefit employee safety and health.

The notice of proposed rulemaking was published on August 30, 2023, and commenters had until November 13, 2023, to submit their comments. OSHA received 11,529 timely comments. These comments were both in favor of the rule and opposed to it, ranging from requests to withdraw the rule entirely to criticism that the rule does not go far enough to ensure that employees are able to select a representative of their choice for the walkaround inspection. OSHA considered all issues raised in these comments, such as the qualifications of compliance safety and health officers, and the scope of authorized third-party representatives, as detailed in the explanation of the final rule, see 89 Fed. Reg. 22558 (Apr. 1, 2024). Ultimately, OSHA determined that the revised 1903.8(c) more clearly aligns with the language and purpose of section 8(e) of the OSH Act, 29 U.S.C. 657(e).

Question. Another regulation that concerns me and my constituents is the recently-published overtime rule. This rule will ultimately require businesses to pay overtime wages to employees who earn less than \$58,656. This is a one-size-fits-all approach that simply doesn’t make sense for rural states where the cost of living is far lower. Additionally, this rule alters the executive, administrative, and professional exemption under the current law. Some businesses fear they may have to cut staff if changes are not made to this rule.

Please walk us through the reasons for a nearly 65% increase in the minimum salary?

Answer. The Fair Labor Standards Act (“FLSA” or “Act”) generally requires that covered employers pay employees at least the Federal minimum wage (currently \$7.25 an hour) for all hours worked, and overtime pay of at least one and one-half times an employee’s regular rate of pay for all hours worked over 40 in a workweek. However, section 13(a)(1) of the FLSA exempts bona fide executive, administrative, or professional (EAP) employees from both of these wage and hour protections. Pursuant to Congress’ grant of rulemaking authority, since 1938 the Department has issued regulations (located at 29 CFR part 541) which define and delimit the scope of the section 13(a)(1) exemption.

The Department’s final rule, *Defining and Delimiting the Exemptions for Executive, Administrative, Professional, Outside Sales, and Computer Employees*, updates and revises the regulations issued under section 13(a)(1) of the FLSA implementing the exemption from minimum wage and overtime pay requirements for EAP employees. Specifically, the final rule increases certain earnings thresholds for the EAP exemption and establishes a mechanism that provides for the timely and efficient updating of these earnings thresholds to reflect current earnings data. Employees who earn below the new thresholds (or do not meet the other components of the tests for exemption), are entitled to the FLSA’s minimum wage and overtime pay protections.

On July 1, 2024, the standard salary level increased to \$844 per week (the equivalent of an annual salary of \$43,888), and on January 1, 2025, it will increase to \$1,128 per week (\$58,656 per year). The July 1st increase updated the existing salary threshold of \$684 per week (\$35,568 per year) based on the same methodology used during the prior administration to set the threshold in the 2019 overtime rule update—the 20th percentile of salaried earnings in the lowest-wage Census Region and/or in the retail industry nationally. The January 1, 2025 increase applies the new methodology under the rule—the 35th percentile of weekly earnings of full-time salaried workers in the lowest-wage Census Region (currently the South). In addition, the rule will adjust the threshold for highly compensated employees. Starting July 1, 2027, salary thresholds will update every 3 years by applying up-to-date wage data to determine new salary levels.

Question. Does the rule have exemptions for states that, on average, have a lower cost of living, and if not why is this not a consideration for states with lower cost of living?

Answer. In the Defining and Delimiting the Exemptions for Executive, Administrative, Professional, Outside Sales, and Computer Employees final rule, the Department maintained a single standard salary level that applies to all employers nationwide. As the Department explained in the 2019 rule, “[h]aving multiple salary levels would . . . introduce unnecessary complexity, particularly for employers and employees who operate or work across state lines.” 84 FR 51239; see 89 FR 32868 n.187. In the final rule, effective July 1, 2024, the salary threshold increased to \$844 per week (the equivalent of an annual salary of \$43,888), based on the methodology used in the 2019 overtime rule update. On January 1, 2025, the standard salary level will increase to \$1,128 per week (the annual equivalent of \$58,656), equal to the 35th percentile of weekly earnings of full-time salaried workers in the lowest-wage Census Region, which is currently the South.

QUESTIONS SUBMITTED BY SENATOR KATIE BRITT

Question. I have a number of concerns about DOL’s new independent contractor rule, which is designed to significantly curtail the ability of millions of Americans around the country to work as independent contractors rather than as employees.

I worry that the ramifications of this rule will be similar to those of the disastrous California Assembly Bill 5 (AB5), which you championed and implemented during your time as secretary for the California Labor and Workforce Development Agency. In addition to the detrimental impacts this rule will have on the private sector, I’m also concerned about the impact the rule could have on labor costs for the Federal Government itself—costs that will ultimately be paid by the American taxpayer.

The Federal Government often enters into agreements with individual independent contractors. As an example, in issuing this rule, DOL didn’t even address its potential impact on Federal agencies like the U.S. Postal Service (USPS), which relies on almost 8,000 contracted delivery services to reach millions of its delivery points. Under this rule, potentially thousands of those contractors would have to be classified as employees of USPS—costing taxpayers hundreds of millions of dollars per year.

In promulgating this rule, why did DOL fail to address this issue with respect to agencies like USPS or discuss potential increases in Federal employment costs?

Answer. The Employee or Independent Contractor Classification Under the Fair Labor Standards Act final rule revises the Department’s guidance on how to analyze who is an employee or independent contractor under the Federal Fair Labor Standards Act (FLSA). Specifically, the final rule rescinds the 2021 Independent Contractor Rule that was published on January 7, 2021, and replaces it with guidance for how to analyze the employee or independent contractor classification that aligns with the FLSA as consistently interpreted for decades by the Supreme Court and U.S. Courts of Appeals.

Unlike AB5 in California, the Department’s final rule does not adopt an “ABC” test, which permits an independent contractor relationship only if all three factors in a three-factor test are satisfied. The Department’s final rule instead relies on the long-standing multifactor “economic reality” test used by courts to determine whether a worker is an employee or independent contractor under the FLSA. This test relies on the totality of the circumstances where no one factor is determinative.

WHD considered input provided by stakeholders prior to the development of its proposal and received approximately 55,400 comments during the public comment period that followed the proposal’s publication in October 2022. The input and comments were provided by a diverse array of stakeholders, including employees, self-identified independent contractors, businesses, trade associations, labor unions, advocacy groups, law firms, members of Congress, state and local government officials, and other interested members of the public. Commenters expressed a wide variety of views on the merits of the Department’s proposal. Several changes were made in the final rule after careful consideration of the comments received, including comments from employers.

As explained in the final rule, the Department does not expect widespread reclassification or job loss as a result of this rule because the Department is adopting guidance in this rule that is essentially identical to the standard it applied for decades prior to the 2021 IC Rule, and that is derived from the same analysis that courts have applied for decades and have been continuing to apply since the 2021 IC Rule was published. Workers who were properly classified as independent contractors before the 2021 IC Rule will likely continue to retain their status as inde-

pendent contractors. Therefore, the Department does not expect that this rule will significantly impact Federal agencies.

Question. How many other Federal agencies that rely on contracted services would be impacted by this rule?

Answer. The Employee or Independent Contractor Classification Under the Fair Labor Standards Act final rule revises the Department's guidance on how to analyze who is an employee or independent contractor under the Federal FLSA. As explained in the final rule, the Department does not expect widespread reclassification or job loss as a result of this rule because the Department is adopting guidance in this rule that is essentially identical to the standard it applied for decades prior to the 2021 IC Rule, and that is derived from the same analysis that courts have applied for decades and have been continuing to apply since the 2021 IC Rule was published. Workers who were properly classified as independent contractors before the 2021 IC Rule will likely continue to retain their status as independent contractors. Therefore, the Department does not expect that this rule will significantly impact Federal agencies.

Question. Does DOL have any estimates of what those increased Federal employment costs might be?

Answer. The Department does not expect that the new rule, Employee or Independent Contractor Classification Under the Fair Labor Standards Act, will result in increased labor costs for the Federal government. As explained in the regulatory impact analysis included in the final rule, the Department does not expect that a significant number of independent contractors will be reclassified into FLSA-covered employees as a result of this rule because the Department is adopting guidance in this rule that is essentially identical to the standard it applied for decades prior to the 2021 IC Rule, and that is derived from the same analysis that courts have applied for decades and have been continuing to apply since the 2021 IC Rule was published.

Question. The 2024 fiduciary rule attempts to regulate sales of annuities to retirement investors, which are already regulated by the states. The Department of Labor claims its fiduciary proposal is necessary to fill loopholes and gaps.

Is there evidence that gaps and loopholes exist in the NAIC model regulation and that those gaps are being exploited to harm consumers?

Answer. The Department's final Retirement Security Rule, which covers compensated retirement recommendations under conditions when it is reasonable to place trust and confidence in the advice, falls well within the Employee Retirement Income Security Act of 1974's (ERISA) broad fiduciary definition, even if it is more protective of federally-protected retirement investments than State insurance regulations. The U.S. Supreme Court has made it clear that "the McCarran-Ferguson Act does not surrender regulation [of insurance products] exclusively to the States so as to preclude the application of ERISA to an insurer's actions....." *John Hancock Mut. Life Ins. Co. v. Harris Trust & Sav. Bank*, 510 U.S. 86, 98 (1993).

The Regulatory Impact Analysis for the Retirement Security Rule notes that the market for fixed annuities is very large, with sales estimated at \$286 billion in 2023. Commenters on the Department's proposed rule discussed significant conflicts of interest associated with large commissions on annuity sales, as well as abusive sales practices. Conflicted, imprudent, and disloyal advice with respect to such annuity sales can result in large investor losses.

The Retirement Security Rule further provides a discussion of research that demonstrates the low levels of financial literacy of many advice recipients. Given the complexity of some annuity products, it is very easy for investors to purchase products that have very different risks and benefits than they thought they were purchasing, and that have considerably more downside than they expected. For all these reasons, one type of annuity—fixed indexed annuities—has been the subject of various regulatory alerts, warning investors of the dangers associated with the products. See, e.g., Securities and Exchange Commission Office of Investor Education and Advocacy Updated Investor Bulletin: Indexed Annuities (July 31, 2020) and Iowa Insurance Division, Bulletin 14-02 (September 15, 2014).

The NAIC Model Regulation, updated in 2020, includes a gap under which it does not apply at all to transactions involving contracts used to fund an employee pension or welfare plan covered by ERISA. It also is not as protective as the Department's Retirement Security Rule and related prohibited transaction exemptions. The NAIC model's specific care, disclosure, conflict of interest, and documentation requirements do not expressly incorporate the "best interest" obligation not to put the producer's or insurer's interests before the customer's interests, even though compliance with these component obligations is treated as meeting the best interest standard. Instead, the core conduct standard of care includes a requirement to "have a reasonable basis to believe the recommended option effectively addresses the con-

sumer's financial situation, insurance needs, and financial objectives." Additionally, the obligation to comply with the "best interest" standard is limited to the individual producer, as opposed to the insurer responsible for supervising the producer.

The Model Regulation's definition of "material conflicts of interest" that must be identified and avoided or reasonably managed and disclosed also excludes all "cash compensation" and "non-cash compensation." As a result, the NAIC Model Regulation excludes "any discount, concession, fee, service fee, commission, sales charge, loan, override, or cash benefit received by a producer in connection with the recommendation or sale of an annuity from an insurer, intermediary, or directly from the consumer," as well as "any form of compensation that is not cash compensation" despite their obvious potential to drive recommendations that favor the financial professional's own financial interests at the expense of the investor's interests.

QUESTIONS SUBMITTED BY SENATOR MARCO RUBIO

Question. I drafted report language that was included in the FY24 appropriations legislation on the disclosure of apprenticeship data, engagement between the Departments of Labor and Education to address mismatches between worker skills and employer needs, and the steps that the Labor Department has taken or plans to take to study numerous issues in the labor market.

Will you commit to comply with the report language's requirement that the department disclose apprenticeship data within 180 days?

Answer. The Department is aware that Senate Report 118–84, which accompanied the Further Consolidated Appropriations Act, 2024, Public Law 118–47, directs the disclosure of apprenticeship data within 180 days of the March 23, 2024, enactment of the Act, and is working to ensure compliance with this requirement. The Department is committed to and anticipates being able to meet the deadline.

Question. Will you commit to complete the other two reporting requirements within 365 days after the legislation's enactment?

Answer. Senate Report 118–84 also requested that the Department report to the Senate Committee on Appropriations on the extent to which it is engaging with the Department of Education to address mismatches between worker skills or their participation in the labor force and employer needs and the steps the Department has taken or plans to take to study the drivers of skills mismatches, workforce shortages, productivity fluctuations, turnover fluctuations, stagnant wages, and poor working conditions across occupations, industries, and the economy as a whole. In addition, Senate Report 118–84 requested that the Department assess the feasibility of supporting a pay-for-success initiative to increase and expand registered apprenticeships. The Department is aware of these requirements and is working to comply with them within the requested deadline.

Question. Will you commit to update my office on the department's progress on all three requirements?

Answer. Yes.

Question. As some scholars have noted, we have a "depression-level" crisis of non-work on hand. Nearly one in seven working-age men (age 25–54) is neither working nor looking for work. Depression levels of non-work for American men are leading to social breakdown all around us. In June 2016, the Obama Administration released a report titled "The Long-Term Decline in Prime-Age Male Labor Force Participation."

Are you concerned about this depression-level crisis of non-work?

Answer. The Department of Labor closely follows data on workers and working age adults, including data on prime age men's labor force participation. The Department analyzes detailed data on civilian noninstitutional prime age men's and women's labor force participation rate (LFPR) following each month's data release from the Bureau of Labor Statistics to monitor and evaluate changes over time. As discussed below, prime age men's labor force participation has fully recovered from pandemic-related declines, but the Department recognizes that this progress has not reversed longstanding declines in LFPR.

Data from the Bureau of Labor Statistics on labor force participation among men ages 25 to 54—otherwise known as "prime age" working men—begins in 1948.⁶ Prime age men's LFPR, as measured on an annual basis, hit a series high of 97.4

⁶U.S. Bureau of Labor Statistics, Current Population Survey, (Washington DC: U.S. Bureau of Labor Statistics).

percent twice:⁷ once in 1953 and again in 1955.⁸ The rate has generally been declining ever since; for example, between 1955 and 1977 prime age men's LFPR fell or remained static every year, with a total cumulative decline of 3.2 percentage points. The largest declines have occurred during recessionary periods and since 1970 the rate typically has not fully rebounded during subsequent economic recoveries (see Chart 1).

The lowest recorded labor force participation rate for prime age men—whether measured annually or on a seasonally adjusted monthly basis—occurred in 2020. In April 2020 prime age men's LFPR hit a series low of 86.3 percent,⁹ the point at which it would be most accurate to say that “nearly one in seven working-age men (age 25–54) is neither working nor looking for work.” However, prime age men's LFPR increased by 0.9 percentage point the following month and measured 87.9 percent on an annualized basis in 2020.¹⁰ Prime age men's LFPR has since remained significantly above the April 2020 low (see Chart 2).

In 2023 the annual labor force participation rate for prime age men was 89.1 percent, which translates to nearly 1 in 9 prime age men not working or looking for work and is the same rate as 2019.¹¹ This is the highest annual prime age men's LFPR since 2010 and is more than 1 percentage point higher than would be predicted based on historical trends (see Chart 3). As measured on a seasonally adjusted monthly basis, prime age men's LFPR has averaged 89.2 percent thus far in 2024.

Question. Is the department or the administration continuing the investigation into the long-term decline in prime-age male labor force participation? If not, why?

Answer. Yes, the Department of Labor is continuing to research changes in prime age labor force participation rates for men.

Question. What do you think are the drivers of this decline?

Answer. Our data analysis is ongoing, and full results are not yet available. We hope to publish findings before the end of the year.

Question. What is the department doing to reverse this decline in prime-age male labor force participation?

Answer. Over the last 3 years, prime age men's labor force participation has steadily increased as the economy recovered from the effects of the pandemic-induced recession (see Chart 2). As of May 2024, prime age men's LFPR has increased by 2.9 percentage points relative to the series low in April 2020 (86.3 percent) and is at the same rate as in February 2020 (89.2 percent).¹² This is in stark contrast to the effects of the Great Recession (December 2007 to June 2009), when prime age men's LFPR continued to decline well after the recession ended (see Chart 1).

Prior research suggests that this positive trend among prime age men is likely tied to the overall strength of the recovery. While economists continue to debate the degree of cyclical— in other words, what portion of change in LFPR is attributable to changes in the business cycle compared to structural changes—there is a well-documented relationship between labor market conditions and labor force participation.¹³ For example, there are strong correlations between prime age men's LFPR and wages at the bottom of the wage distribution and demand in traditionally male sectors like construction.¹⁴

The Department of Labor continues to work alongside our sister agencies across the Federal government to ensure that the historic investments currently being made in infrastructure and clean energy lead to high quality jobs that pay family-sustaining wages. The Department does not claim credit for all of the positive gains made across the economy, and it is not possible to fully capture all the direct and spillover effects of our ongoing work. But we can measure total private constant dollar (inflation-adjusted) average hourly earnings, which remain higher than pre-pan-

⁷ The series high for seasonally adjusted monthly data was 97.9% in September 1954. —, Current Population Survey, Series IDs: LNS11300061, January 1948–May 2024, Raw Data.

⁸ —, Current Population Survey, Series ID: LNU01300061, January 1948–May 2024, Raw Data.

⁹ —, Current Population Survey, Series IDs: LNS11300061, January 1948–May 2024, Raw Data.

¹⁰ — Current Population Survey, Series ID: LNU01300061; LNS11300061, January–December 2020, Raw Data.

¹¹ —, Current Population Survey, Series ID: LNU01300061, January 2010–May 2024, Raw Data.

¹² — Current Population Survey, Series ID: LNS11300061, February 2020–December 2020, Raw Data (Washington DC: U.S. Bureau of Labor Statistics).

¹³ Cajner, Tomaz, John Coglianese, and Joshua Montes. “The Long-Lived Cyclicalities of the Labor Force Participation Rate.” Board of Governors of the Federal Reserve System. (2021).

¹⁴ “The Long-Term Decline in Prime-Age Male Labor Force Participation.” The White House. (June 2016).

demic, with the largest gains among production and non-supervisory employees.¹⁵ And employment in the construction industry continues to set new records, with 8.2 million jobs in May 2024, seasonally adjusted, including more than 7 million men.¹⁶

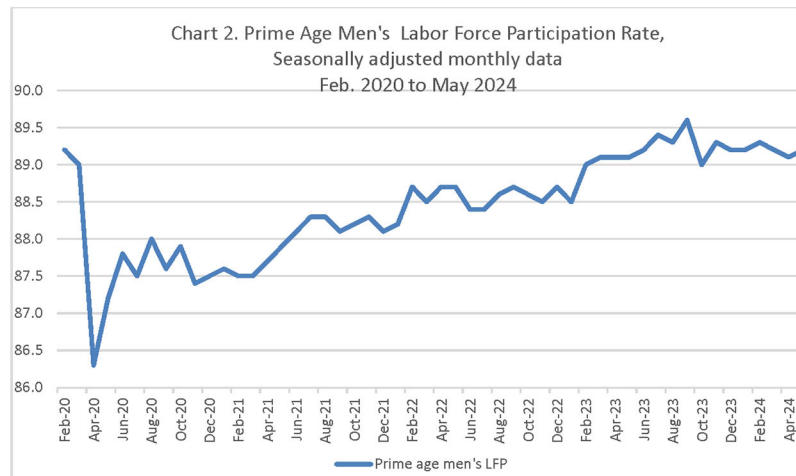
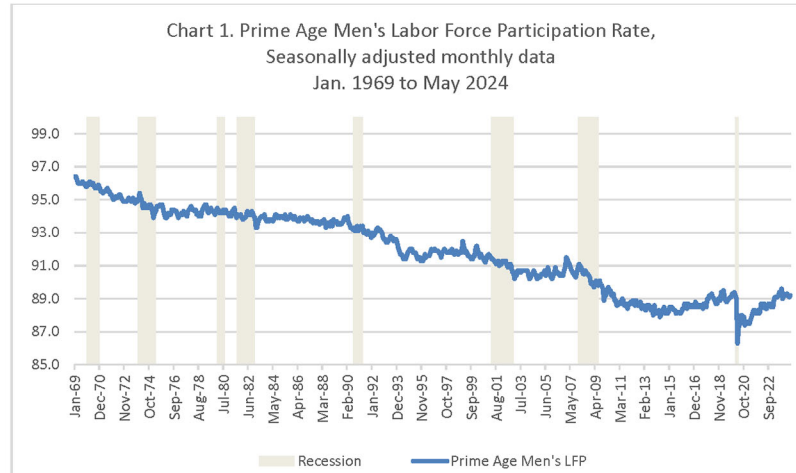
Economists have also linked declining prime age men's LFPR to declining demand and wages for workers without a college degree, the increase in opioid-related substance use disorders, and the rising share of men who have previously been incarcerated or otherwise involved with the criminal justice system.¹⁷ The Good Jobs Initiative, led by the Department of Labor, is focused on providing critical information to workers, employers, and government as they work to improve job quality and create access to good jobs free from discrimination and harassment for all working people. This work incorporates an emphasis on underserved communities, which includes those without a college degree, people with or recovering from a substance use disorder, and justice-involved individuals.

The Department of Labor is proud to support all workers, job seekers, and retirees, including prime age men. The examples briefly outlined above should in no way be considered an exhaustive cataloging of our efforts. And because there is a connection between labor market activity, wages and working conditions and prime age men's labor force participation, all the efforts of the Department to advance opportunities and ensure worker health and safety can directly and indirectly contribute towards increasing LFPR.

¹⁵ U.S. Bureau of Labor Statistics, Current Employment Statistics survey, Survey IDs: CES0500000013; CES0500000032, January 2020–May 2024, Raw Data.

¹⁶ —, Current Employment Statistics survey, Survey IDs: CES2000000001; CES2000000010, January 1939–May 2024, Raw Data.

¹⁷ Tüzeman, Didem, and Thao Tran. “The uneven recovery in Prime-Age labor force participation.” Federal Reserve Bank of Kansas City, *Economic Review* 104.3 (2019): 21–42; Aliprantis, Dionissi, Kyle Fee, and Mark E. Schweitzer. “Opioids and the labor market.” *Labour Economics* 85 (2023): 102446; Abraham, Katharine G., and Melissa S. Kearney. “Explaining the decline in the US employment-to-population ratio: A review of the evidence.” *Journal of Economic Literature* 58.3 (2020): 585–643.



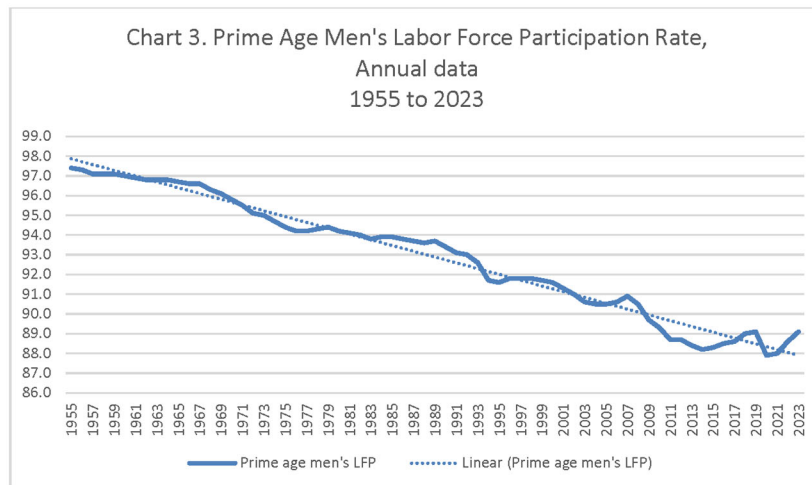


Chart sources: U.S. Bureau of Labor Statistics, Current Population Survey, Series ID: LNS11300061, LNU01300061, Raw Data.

Question. Employee ownership improves productivity, builds more wealth for workers, and can make businesses more resilient during economic downturns, among other benefits. However, employee-owned businesses remain a minority in our economy, so there is much to do to encourage employee ownership, close workers' capital gap, and help workers navigate the process.

Do you agree with Employee Stock Ownership Plans' (ESOP) ability to improve productivity, build more wealth for workers, and make businesses more resilient?

Answer. Worker ownership arrangements, including ESOPs, can help create pathways for employees to earn a fair share of the profits that their labor makes possible and can play a critical role in the Biden-Harris administration's fight to give workers a voice on the job and a seat at the table. These types of arrangements can also help balance the distribution of power in America's workplaces and empower the workers who fuel their employers' ability to be successful day in, day out, while demonstrating to employers how worker ownership can be good for business. Through our administration of ERISA, we seek to ensure that these workers' benefits, when offered through an ESOP, which is an ERISA retirement benefit plan, are protected. The Department has created the Division of Employee Ownership within the Employee Benefits Administration's (EBSA) Office of Outreach, Education and Assistance, to explore further the role that worker ownership models, including ESOPs, can play to further these shared goals.

Question. The Labor Department is required by the WORK Act to set up the Employee Ownership Initiative to promote employee ownership. Please describe the current state of your implementation and outreach.

Answer. Section 346 of the SECURE 2.0 Act directed the Secretary of Labor to establish an Employee Ownership Initiative to promote employee ownership and worker democracy. Since the passage of the WORK Act (Worker Ownership, Readiness, and Knowledge Act), EBSA has engaged a variety of stakeholders to open lines of communication and determine how best to promote worker ownership, voice, and democracy. In 2023, the Department created the Division of Employee Ownership within EBSA's Office of Outreach, Education, and Assistance to implement and coordinate the Department's new responsibilities. In fiscal year (FY) 2024, EBSA continued stakeholder engagement to determine community needs regarding outreach and education events and materials; recruited for the position of Chief, Division of Employee Ownership; and is in the process of developing a webpage on this topic. In FY 2025, EBSA will develop materials and expand its website to promote worker ownership. EBSA's efforts will provide education and training generally about different worker ownership options; educate and assist employee efforts to become business owners or otherwise participate in worker ownership models; encourage employers and employees to explore and assess the feasibility of transferring full or

partial ownership to employees; and promote the possibility of starting new employee-owned businesses.

Question. What could the department do to improve its outreach, and how could it better partner with SBA entrepreneurial development programs?

Answer. Section 346 of the SECURE 2.0 Act directed the Secretary of Labor to establish an Employee Ownership Initiative to promote employee ownership and worker democracy. Since the passage of the WORK Act (Worker Ownership, Readiness, and Knowledge Act), EBSA engaged a variety of stakeholders to open lines of communication and determine how best to promote worker ownership, voice, and democracy. In 2023, the Department created the Division of Employee Ownership within EBSA's Office of Outreach, Education, and Assistance to implement and coordinate the Department's new responsibilities. In FY 2024, EBSA continued stakeholder engagement to determine community needs regarding outreach and education events and materials; recruited for position of Chief, Division of Employee Ownership; and is in the process of developing a webpage on the topic.

In FY 2025, EBSA will develop educational materials based on stakeholder input and expand its website to promote worker ownership. EBSA will leverage its existing relationship with the Small Business Administration to identify opportunities to expand to their entrepreneurial development programs, such as the Small Business Development Centers, Women's Business Centers, the CareerOneStop Business Centers, and the Veterans Business Operations Center. EBSA's efforts will provide education and training generally about different worker ownership options; educate and assist employee efforts to become business owners or otherwise participate in worker ownership models; encourage employers and employees to explore and assess the feasibility of transferring full or partial ownership to employees; and promote the possibility of starting new employee-owned businesses.

Question. When do you expect that the department will issue a proposed rule on the "adequate consideration" under Section 408(e) of the Employee Retirement Income Security Act of 1974?

Answer. Departmental staff currently is developing a proposed rule on "adequate consideration" that will be published in the Federal Register for public comment. In an effort to develop a proposal that is responsive to the need for guidance, staff began meetings with ESOP stakeholders (including ESOP sponsors, appraisers, and plan service providers) in Fall 2023 to learn about issues they believe the Department's rule should address. Staff is continuing to meet with stakeholders as it makes progress in drafting the proposal. The Department also will consult with the Secretary of the Treasury as part of the rulemaking process.

SUBCOMMITTEE RECESS

Senator BALDWIN. And now the subcommittee will stand in recess.

[Whereupon, at 11:35 a.m., Thursday, May 9, the subcommittee was recessed, to reconvene subject to the call of the Chair.]

**DEPARTMENTS OF LABOR, HEALTH AND
HUMAN SERVICES, AND EDUCATION, AND
RELATED AGENCIES APPROPRIATIONS FOR
FISCAL YEAR 2025**

THURSDAY, MAY 23, 2024

U.S. SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 10 a.m., in room SD-124, Dirksen Senate Office Building, Hon. Tammy Baldwin (chairwomen) presiding. Present: Senators Baldwin, Murray, Durbin, Reed, Shaheen, Schatz, Capito, Moran, Kennedy, Hyde-Smith, Boozman, Britt and Collins.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

STATEMENT OF DR. MONICA M. BERTAGNOLLI, M.D., DIRECTOR

ACCOMPANIED BY:

DR. W. KIMRYN RATHMELL, M.D., PH.D., M.M.H.C., DIRECTOR, NATIONAL CANCER INSTITUTE

DR. JEANNE MARRAZZO, M.D., M.P.H., DIRECTOR, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

DR. NORA D. VOLKOW, M.D., DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE

DR. RICHARD J. HODES, M.D., DIRECTOR, NATIONAL INSTITUTE ON AGING

DR. GARY H. GIBBONS, M.D., DIRECTOR, NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

OPENING STATEMENT OF SENATOR TAMMY BALDWIN

Senator BALDWIN. The Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies will please come to order. Good morning. Today is our fourth hearing on the Biden Administration's fiscal year 2025 budget request. And I'm happy to welcome Dr. Bertagnolli to testify for the first time in front of this committee as the Director of the National Institutes for Health.

As the granddaughter of an NIH-funded scientist myself, I understand what an important role biomedical research plays in treating and curing disease, bolstering our economic growth, and ensuring America is a global leader in innovation. I know my colleagues here today agree.

I'm looking forward to working in a bipartisan manner again this year to develop a Labor HHS (Health and Human Services) bill that can pass the Senate, pass the House, and be signed into law by the President. That should be a bill that invests in NIH (National Institutes of Health) and the promise of finding lifesaving cures and treatments for deadly diseases.

But I want to be clear, our ability to do that depends upon agreeing to adequate top line discretionary funding levels. Because of House Republicans insistence on cutting funding for domestic programs, last year's Labor HHS allocation was more than \$2 billion less than in fiscal year 2023, the first such decrease in more than a decade.

Even under those constraints, I was proud that we were able to fight back cuts to secure a \$300 million increase for NIH in fiscal year 2024. But we should do better. Just like last year, more than a decade ago, Republicans insisted on cutting discretionary funding as the price of raising the debt limit.

As a result, back in fiscal year 2011, through fiscal year 2015, funding for the Labor HHS bill actually decreased in nominal terms. And as a result, NIH funding also decreased over that same period. Starting in fiscal year 2016, Congress finally decided overly restricted discretionary caps were stifling critical investments, including on NIH.

So, Congress began modestly increasing domestic spending as a result. From 2016 to fiscal year 2023, funding for Labor HHS increased on average by \$7.7 billion annually, a modest 3.3 percent per year. But that allowed this subcommittee to increase funding for NIH on average by \$2.3 billion annually over the same period of time.

Unfortunately, Republicans are now, again, insisting on cutting funding for domestic programs, including in Labor HHS, and that's putting consistent meaningful increases for NIH in peril. I'm deeply concerned that that will put us on a path of stagnating funding for NIH, just like what happened last time, as I described. Almost every Senator here today will say that they strongly support NIH funding. That's easy. But if that's the case, as we have seen over the last decade, we need a workable top line that allows for a workable Labor HHS allocation. And I hope we can return to the bipartisan consensus of just a few years ago and agree to adequate funding for Labor HHS that allows meaningful, consistent increases for NIH.

Alternatively, agreeing to the draconian cuts proposed by our House Republican colleagues, on the other side of the Capitol, it would be devastating for biomedical research. It would set back years of progress made towards curing disease and weaken America's competitiveness, particularly against China. And we just can't let that happen.

So, today, I am happy to welcome Director Bertagnolli and her colleagues to our subcommittee, to discuss the budget request for NIH. Director Bertagnolli, this budget highlights the need for continued investments along a wide range of bipartisan priorities that speaks to the breadth of research that you oversee as director of the NIH.

I'm pleased to see the support for biomedical research and innovation to develop better diagnostics, to improve treatment and precision care for patients, including targeted investments for research on women's health and in support of the goal to cut the cancer death rate by at least 50 percent over the next 25 years.

And at a time when we are seeing the spread of H5N1 bird flu across cattle herds and the detection of another human infection yesterday, it highlights the urgency of NIH work.

I'm interested to hear from Dr. Marrazzo about the important work NIAID (National Institute of Allergy and Infectious Diseases) is funding to detect and monitor this virus so that we can limit its spread. The fiscal year 2025 budget request, includes \$49.8 billion in total resources for NIH, including ARPA-H (Advanced Research Projects Agency for Health) and Mandatory Cures Act funding, an increase of \$1.25 billion over fiscal year 2024.

I want to point out, however, that most of this increase is to backfill Decreased Cures Act funding that falls under this jurisdiction of the HELP Committee. Declining Cures Act funding, combined with very difficult discretionary spending caps created a uniquely challenging situation for fiscal year 2024 and will again in fiscal year 2025.

Outside of those increases in discretionary spending for Cures Act programs, which I'm happy to see maintained, I'm pleased to see increases for cancer research, mental health research and neuroscience research. And during a time when women's health and reproductive rights are under attack in this country, I was pleased to see the budget proposes a \$76 million increase for the Office of Research on Women's Health.

But I was surprised to see that the budget does not call for any new resources for Alzheimer's disease research. I want to hear more about that and what impact that will have on the progress we have made in Alzheimer's disease research from Dr. Hodes.

And I want to hear about how NIH is working to address our Nation's mental health and substance use disorder crises. Tragically, overdose deaths remain stubbornly high. In 2022, nearly 108,000 people died of an overdose in my State. There were 1,828 drug overdose deaths in 2022 surpassing the records set in 2021 of those deaths, 1,464 involved opioids. I'd like to hear from Dr. Volkow about how NIDA (National Institute on Drug Abuse) and NIMH (National Institute of Mental Health) are working together to bring an end to this crisis.

I also want to hear about how NIH is investing in the next generation of researchers, particularly in light of new data that reveal a decline in the number of U.S. postdoctoral scholars at NIH, over the last 2 years. I want to know how you are supporting early-stage investigators, particularly women and those from diverse backgrounds.

And finally, I want to hear about NIH's ongoing research on Long COVID.

[Applause.]

Senator BALDWIN. It's been more than 3 years since Congress appropriated \$1.2 billion for Long COVID research. And NIH has moved slowly to enroll patients and has yet to deliver treatments for this debilitating disease. Dr. Gibbons, I want to know how you

plan to leverage the RECOVER Initiative to be more efficient and effective to finally move the needle for millions of Americans who continue to suffer.

I look forward to your testimony and appreciate all of you being here today. And in a moment, I'll turn it over to Ranking Member Capito for her opening remarks. Following Senator Capito's opening statement, we will hear from Director Bertagnolli, and after that, Senators will each have 5 minutes for a round of questions. Senator Capito, Thank you.

STATEMENT OF SENATOR SHELLEY MOORE CAPITO

Senator CAPITO. Well, Thank you, Chair Baldwin. Thank all of you for being here. And Dr. Bertagnolli, it's good to see you. Thank you for being here today, but also congratulations on your fairly new role as NIH Director.

I also want to thank you, as you know, for coming to West Virginia in March, to see firsthand all of the amazing things that we are doing at West Virginia University, including seeing the work that Dr. Rezai and his team are doing to combat Alzheimer's disease and addiction.

As you witnessed, my home State of West Virginia is a rural State, where we have some of the highest rates of health challenges in the country, a partnership with NIH is critical for us to make improvements. Dr. Volkow, who has also visited West Virginia and Dr. Hodes, who says he's coming, we just got to get the date right. Dr. Rathmell and Dr. Marrazzo, it's wonderful, and Dr. Gibbons, thank you for being here today to discuss the many important health issues facing our Nation. Many of you, as I said, have visited or will visit, and I'm very grateful for that.

This will be a challenging funding year as Chair Baldwin aligned that out. But for me, biomedical research at NIH is a priority for me and has been for these long bicameral bipartisan priorities as well.

The budget proposes \$49.8 billion in funding for NIH, including 21st Century Cures and ARPA-H. The budget also proposes an additional \$1.5 billion in mandatory funding for the Cancer Moonshot. Last year, I was proud we were at least able to get an increase of \$300 million in very tough headwinds in discretionary spending for NIH. NIH is not just great biomedical research institution, it's also a driver of economic growth, funding more than \$92.89 billion in national economic activity across the Nation in 2023.

My small State of West Virginia, NIH supports 759 jobs and \$148 million in economic impact in 2023 alone. And this is in a State that we really don't see too—many don't see us as one of the areas for medical innovation, but we are proving the Nation wrong every day.

The NIH impacts every American in some way, and I hope to, again, work in a bipartisan way to fund our joint priorities, such as finding cures and treatments for cancer, Parkinson's, ALS (Amyotrophic Lateral Sclerosis), Alzheimer's disease, and many other conditions that plague Americans.

As I mentioned, Dr. Bertagnolli, I'll get it there—with a name like Capito that gets for mispronounced as Capto, half the time,

you'd think I would be better at this. I'm trying. She joined me at WVU (West Virginia University) and witnessed the innovative research, talented researches, advancements that we are doing in West Virginia.

Much of this has been made possible by the partnerships that have been fostered by NIH over the years. Researchers throughout our State are making significant contributions to biomedical research, in areas ranging from cancer to Alzheimer's disease, to substance use disorders.

Unfortunately, West Virginia continues to rank above the national average, both in new cancer diagnoses and deaths. So, I'm pleased that the budget devotes increases to finding cures and treatments for cancer. As a lead sponsor of the Childhood Cancer STAR Act, I look forward to hearing about your priorities and advancements to combat cancer and grow our clinical trial networks, especially among our children.

I will continue to prioritize fostering NIH collaboration with smaller and more rural States. Last year, we were able to provide a modest increase for the NIH IDeA (Institutional Development Award) Program. This program provides funding to 23 States, including mine, that historically received very little Federal research funding.

And I'm proud of the friendship and partnership with Dr. John—at NIH for his leadership. The IDeA Program and the other NIH funding has been instrumental for Marshall University, WVU and other institutions in the State, developing world class research in neuroscience, cancer, stroke, vision, and addiction science.

Dr. Bertagnolli was able to hear about West Virginia Clinical and Translational Science Institutes new mobile unit, named Maverick, purchased thanks to an NIH grant. Dr. Sally Hodder and her team, will use this mobile unit to give individuals all over the State, we know access is the issue in rural States, the ability to participate in clinical trials for new treatments, and as a prime example of how NIH investments can directly affect people. I do want to take a moment and the Chair and I are on like-minded here, to express my disappointment that the proposed NIH budget does not devote new resources specifically for Alzheimer's disease research at NIH.

I have personally seen close hand through both of my parents the devastating effects that Alzheimer's can have on the family, the patient, and the caregivers. Nearly 7 million Americans are currently living with Alzheimer's in our country. And the national cost of caring for those with Alzheimer's and other dementia is estimated to reach \$360 billion this year, that's staggering. Alzheimer's and dementia related research must remain a national priority.

I'd also like to see more attention devoted to substance abuse. The National Institute on Drug Abuse receives only a nominal increase in this budget. Dr. Volkow has visited my State, as I mentioned, and she's seen firsthand how West Virginia's in the crosshairs, and as we know, every State is in the crosshairs of opioid and addiction crisis.

I would like to add my voice in agreement with the Chair on the recovery program for those with Long COVID. And I know we have many in the audience today.

[Applause.]

Senator CAPITO. I know we're dealing with a tough funding situation this year, but investments in biomedical research are so important for the future of our country.

Before I close, I would like to address Dr. Bertagnolli again on something that we learned last week. I want to comment on something that is concerning. For years, the NIH has leadership has taken the stance that NIH funded Gain-of-Function research was not happening with EcoHealth Alliance or the Wuhan Institute of Virology in China.

This appears to be false based on Dr. Tabak's response to a house committee last week, when asked if NIH funded Gain-of-Function Research at Wuhan, Dr. Tabak answered, "If you're speaking about the generic term, yes, we did".

Last year, HHS debarred the Wuhan Institute from receiving Federal grants for 10 years and just last week suspended all funding for EcoHealth Alliance and plans to debar them too. I think both of those should have probably been done much sooner.

The NIH has a credibility problem here when it comes to Gain-of-Function research, and I strongly encourage you and Dr. Marrazzo in your new roles, to restore strength and research integrity and trust to the NIH in this area. Thank you very much. Look forward to your testimony.

Senator BALDWIN. Thank you, Senator Capito.

And I will now introduce our witnesses. We have Dr. Monica Bertagnolli. She is the Director of the National Institutes of Health. We have Dr. Gary Gibbons. He is the Director of the National Heart Lung and Blood Institute. Dr. Richard Hodes is the Director of the National Institute on Aging. Dr. Jeanne Marrazzo is the Director of the National Institute of Allergy and Infectious Diseases. Dr. W. Kimryn Rathmell, is the Director of the National Cancer Institute. And Dr. Nora Volkow is the Director of the National Institute on Drug Abuse.

Thank you all for joining us today, and I look forward to hearing from all of you. We'll start with Director Bertagnolli. You may deliver your opening remarks.

SUMMARY STATEMENT OF DR. MONICA M. BERTAGNOLLI, M.D.

Dr. BERTAGNOLLI. Chair Baldwin, Ranking Member Capito, and distinguished members of the committee. It is an honor to testify before you today concerning our fiscal year 2025 budget request. Let me start by sincerely thanking you for the funding you provided to NIH in fiscal year 2024, every State receives a share of NIH investment.

Each year, NIH awards over 60,000 grants supporting more than 300,000 researchers at more than 2,500 institutions. We're proud to contribute to nationwide innovation in biomedical research, and to support the next generation of researchers who will meet the challenges of the future.

NIH is guided by the principle that our work is not finished when we deliver scientific discoveries. Our work is finished when all people are living long and healthy lives. Decades of sustained investment in fundamental science are producing exciting results.

How can the brain be reprogrammed to relieve anxiety or depression or craving for harmful substances?

How can we replace a defective gene, thereby achieving durable remission of a debilitating disease? How do we enlist the specific function of the immune response to eliminate an advanced cancer? Our laboratories are delivering answers to these questions and many more, but we still have work to do.

Families across the country are facing high rates of maternal mortality, struggling to care for those suffering from Alzheimer's disease and losing loved ones to substance use disorders.

The 2025 President's budget requests support to address these critical needs, including the Cancer Moonshot, Brain Initiative, Women's Health Research Initiative, and funding to promote mental health, to overcome suffering from Long COVID and related ME/CFS (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome) and to achieve longer and healthier lives for people with Down syndrome.

Our track record demonstrates that, with continued funding and support, NIH researchers will deliver progress toward understanding and overcoming these challenges. I call your attention to two overarching concerns.

First, many are underrepresented in medical research, especially people who are older, uninsured, belong to minority groups or live in rural locations. And second, for the wealth of data we now collect, we still lack comprehensive, diverse data from the clinical care environment that can power new artificial intelligence approaches to improve health.

On behalf of the 27 institutes and centers of NIH, I present, two new programs to address these important needs. First, to ensure that research discoveries benefit all who need them, we must partner with people across the entire Nation reaching them even, for instance, if they live in a rural location far from a major academic medical center.

To do this, we will enlist primary care clinicians on the front lines, to develop ways to overcome health challenges that matter to the communities they serve. Care providers practicing in underserved communities will be the main focus, supporting them so that their patients and they will contribute to knowledge generation and also benefit from research that allows people to receive better care.

Next, consider how information technology is changing our world and how much more efficient and inclusive our research would be if we could better collect data to learn from everyone. Artificial intelligence and machine learning are revolutionizing what is possible for biomedical research and clinical care.

But to realize the potential of new technologies, we need to invest more in a secure and sustainable data sharing infrastructure. By engaging government, industry, and academic partners, we will enable health innovation on a national scale, supporting secure researcher access to data along with advanced analytics and computational power.

And we will incorporate what we have learned from projects such as all of us, to obtain people's permission to use their health data

for research and deliver results back to them, inviting them to be our true partners in research.

These efforts to reach people from all locations and walks of life will accelerate progress and ensure that no one is left out. When we ask people what they need and deliver results that benefit them, when we are transparent and clear and respect their wishes, we will earn trust.

So, NIH supported discoveries have benefited all of us, and we are opposed to do so much more. Your continued support of our mission to help all people live longer and healthy lives is crucial.

Thank you for the opportunity to appear before you today. I look forward to your questions.

[The statement follows:]

PREPARED STATEMENT OF MONICA BERTAGNOLLI, M.D.

Good morning, Chair Baldwin, Ranking Member Capito, and distinguished Members of the Subcommittee. I am Monica Bertagnolli, M.D., Director of the National Institutes of Health (NIH). Thank you for the invitation to appear before you today. It is an honor to lead the NIH, guide the work of a remarkable research community and provide stewardship of public resources to enhance the lives of all Americans.

I am grateful for the committee's long-standing support for NIH. NIH research has made significant contributions to improving the health of people in the United States and around the world. NIH's successes would not have been possible without the investment made by this committee. But we still have work to do. Families across the country are grappling with new cancer diagnoses, managing chronic diseases, or struggling with ill health from Long COVID, among many other challenges. To tackle the most persistent and complex problems, and to restore trust in science and the value it brings to society, we need to bring more members of the public into the research enterprise as our partners in discovery. By linking the laboratory to the clinic and to diversity of communities that encompass our country, and making sure that the information we collect is used safely and ethically to improve health for all people, we can find solutions to the health challenges facing our communities.

The FY 2025 President's Budget requests \$50.1 billion in discretionary and mandatory resources for NIH Institutes, Centers, and Offices. This funding will allow the NIH to continue our vital work to support the Administration's goal to prevent more than four million cancer deaths by 2047, end the HIV epidemic, and make targeted investments in mental health, women's health research and data science in an environment of tight discretionary spending caps.

A REINVIGORATED CANCER MOONSHOT

In FY 2025, the President's Reignited Cancer Moonshot Initiative¹ will support priority investments to advance the goal of cutting America's cancer death rate by 50 percent by 2047. Since it was established in 2016, the Beau Biden Cancer Moonshot has supported over 300 research projects that pushed the boundaries of discovery and collaboration on behalf of cancer patients. The President's FY 2025 Budget requests \$716 million in discretionary funding.

In addition to discretionary resources, the budget also proposes to reauthorize the 21st Century Cures Act Cancer Moonshot program through FY 2026 and provide \$2.9 billion in mandatory funding in FY 2025 and FY 2026, \$1.448 billion each year. In total, the budget proposes \$2.164 billion in combined discretionary and mandatory funding for FY 2025.

To attain the goal of a 50 percent reduction in cancer mortality, funding for the Moonshot will continue to focus on substantially increasing the number and diversity of people who participate in National Cancer Institute-sponsored clinical trials to develop new prevention, diagnosis, and treatment approaches. Additionally, making faster progress is critical against cancers that have proven the most difficult to treat, such as pancreatic cancer, glioblastoma, as well as rare cancers and certain pediatric tumors. The FY 2025 request will build on research supported through the Moonshot that led to foundational advancements in immunotherapy, progress in

¹ <https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative>.

childhood cancer research, and expanded use of proven strategies for cancer prevention and early detection to reduce cancer risk and disparities.

REVOLUTIONIZING MENTAL HEALTH WITH PRECISION MEDICINE

Scientific and clinical advances are rapidly advancing mental healthcare in the United States. Progress in basic science has led to new tools and resources that enable investigators to gain significant insight into the complex interactions between the brain, environment, and disease. This Budget increases funding for NIMH mental health initiatives, including \$10 million to support behavioral health prevention implementation science, focusing on sustainable prevention and early intervention approaches. For example, NIMH aims to change the game for precision medicine in psychiatry with a groundbreaking new initiative. NIMH's Individually Measured Phenotypes to Advance Computational Translation in Mental Health (IMPACT-MH) seeks to harness machine learning and other data-driven approaches to integrate data from behavioral assessments with clinically available data, with the goal of generating more precise, objective clinical signatures and improving mental health outcomes by helping mental health providers and their patients make more informed decisions.

Additionally, the President's Unity Agenda for mental health² emphasizes strategies for addressing our national mental health crisis, including scalable approaches for prevention and early intervention. In alignment with this agenda, NIMH is focused on building and disseminating a robust evidence base for effective preventive and treatment interventions for mental and behavioral disorders, driving this investment in the FY 2025 Budget.

WOMEN'S HEALTH RESEARCH ACROSS THE LIFESPAN

Advancing science for women's health requires a multipronged approach to advance a vision in which sex and/or gender influences are integrated into the biomedical research enterprise; every woman receives evidence-based disease prevention and treatment tailored to her own needs, circumstances, and goals; and women in science careers reach their full potential. This budget directs \$153.9 million in FY 2025 to the NIH Office of Research on Women's Health (ORWH). ORWH plans to use the increase to support a range of new and ongoing activities to enhance research into women's health issues, including increasing the number of hubs in the Maternal and Pediatric Precision in Therapeutics Centers of Excellence (MPRINT) initiative to increase the knowledge, tools, and expertise in maternal therapeutics available to the broader research, regulatory science, and drug development communities; expanding trial capacity for the Maternal-Fetal Medicine Unit Network to advance specific treatment approaches to leading drivers of maternal morbidity and mortality, and establishing clinical trials to test technologies developed through the RADx-Tech Maternal Health Challenge based on levels of readiness of the technology in rural and remote locations. The funds will also support new research into important topics such as the intersection of menopause and diabetes. ORWH will continue to support cross-NIH initiatives to promote sex and gender equity across all domains of research.

NIH is also playing a major role in the new White House Initiative on Women's Health Research, led by First Lady Jill Biden, who has long championed women's health, and the White House Gender Policy Council. In announcing this Initiative, President Biden stated: "I have always believed in the power of research to save lives and to ensure that Americans get the high-quality healthcare they need. To achieve scientific breakthroughs and strengthen our ability to prevent, detect, and treat diseases, we have to be bold. That's why today, we're establishing a new White House Initiative on Women's Health Research so that my Administration—from the National Institutes of Health to the Department of Defense—does everything we can to drive innovation in women's health and close research gaps." The goal is to fundamentally change how our government approaches and funds women's health research, to improve how it is conducted and to maximize the impact of our investments.

LONG COVID

For many, symptoms of COVID-19 persist long after the initial, acute phase of COVID-19 infection has ended. To address this growing public health concern, NIH's National Heart, Lung, and Blood Institute (NHLBI), the National Institute

² <https://www.whitehouse.gov/briefing-room/statements-releases/2024/03/08/fact-sheet-president-bidens-unity-agenda-for-the-nation/>.

of Allergy and Infectious Diseases (NIAID), and the National Institute of Neurological Disorders and Stroke (NINDS), along with several other NIH Institutes and the Office of the Director (OD), are leading NIH's Researching COVID to Enhance Recovery (RECOVER) initiative,³ a national research program to understand post-acute sequelae of SARS-CoV-2 (PASC), commonly known as Long COVID. In 2023, the NIH RECOVER initiative launched and opened enrollment for phase II clinical trials to evaluate at least four potential treatments for Long COVID, with additional clinical trials planned. These trials were informed by findings from earlier RECOVER research and focus on several of the symptoms described as most burdensome by people experiencing Long COVID. With its complementary research efforts, RECOVER has positioned NIH to design and conduct trials that have the potential to provide Long COVID patients who experience varying symptoms with relief sooner than any individual study can alone. The Administration has dedicated an additional \$515 million of COVID supplemental appropriations to RECOVER over the past year, on top of the original \$1.15 billion, to support a second wave of clinical trial activity, long-term patient follow-up, and further pathobiology and mechanistic studies, as well as electronic health record research and overall research infrastructure.

DATA SHARING ACROSS THE RESEARCH ECOSYSTEM

The lifeblood of a research-driven Agency is its data, and for NIH, this includes data spanning fundamental research (basic science) generated in laboratories, large healthcare systems, and individual communities. The FY 2025 Budget includes \$30 million for the National Library of Medicine to serve as a focal point to support data sharing and use for biomedical, behavioral, and social sciences research across the Nation. NIH is committed to harnessing the power of artificial intelligence and machine learning to maximize benefits from this wealth of data to advance research across diverse fields, diseases, and scientific communities. Looking ahead, advanced scientific methods, new data analytics, and technologies are unlocking possibilities to leverage data in ways that achieve faster and more definitive results. These approaches are only as good as the data used to train them. For research extending to the clinic, this requires data that are comprehensive and include all communities that we serve. For example, NIH's AIM-AHEAD program seeks to promote broad researcher participation and increase the variety of data in the AI/machine learning field. NIH has launched innovative and ambitious initiatives to propel the fusion of biomedicine and artificial intelligence and machine learning, such as the Bridge2AI program, which aims to generate new flagship data sets and best practices for machine learning analysis.

The NIH Office of Data Science Strategy will work with NLM to increase capacity for data hosting, development of programs, and infrastructure to deliver minimal cost access to open-industry data standards, support for broad access to advanced analytics and computational power, and support for education and workforce development, including promoting participation by population groups not currently represented.

These efforts are informed by the NIH Strategic Plan for Data Science⁴ and the NIH Policy for Data Management and Sharing⁵ which aim to promote responsible sharing and management of data collected from NIH-supported research. Implemented in January 2023, the data management and sharing policy reflects NIH's longstanding commitment to making the results of the research it supports with public funds available to the public by expecting that NIH-supported researchers maximize appropriate data sharing.

STRENGTHENING BIODEFENSE

The FY 2025 budget will support biodefense activities across HHS with mandatory funding of \$20.0 billion, including \$2.7 billion for NIH research and development of vaccines, diagnostics, and therapeutics against high-priority viral families, biosafety and biosecurity, and expanding laboratory capacity and clinical trial infrastructure. NIH will conduct and support preclinical and clinical research on vaccines and vaccine platforms, monoclonal antibodies, and novel adjuvants to provide protection against prototype or representative pathogens. It will support the development and clinical trials of additional therapeutic candidates, including host- tissue-directed therapies, and develop next-generation diagnostics to fill critical gaps, such

³ <https://recovercovid.org/research>.

⁴ https://datascience.nih.gov/sites/default/files/NIH_Strategic_Plan_for_Data_Science_Final_508.pdf.

⁵ <https://sharing.nih.gov/data-management-and-sharing-policy>.

as the need for affordable and accessible at-home tests that are as reliable as lab-based PCR tests.

BUILDINGS AND FACILITIES

Safe, reliable infrastructure and facilities are essential to pursuit the cutting-edge research within the NIH intramural research program. The FY 2025 request of \$350 million enables NIH to continue to address the Backlog of Maintenance and Repairs (BMAR) which was estimated at \$3.8 billion as of the end of FY 2023. This request enables NIH to continue to implement recommendations from the National Academies of Sciences, Engineering, and Medicine 2019 report. In addition to the B&F appropriation, NIH has received support for critical infrastructure projects in recent years from targeted allocations from the Nonrecurring Expenses Fund (NEF). The FY 2025 request includes a planned allocation of \$120.6 million in NEF funding for three critical infrastructure projects to improve electrical power reliability and distribution systems on the Bethesda and Research Triangle Park campuses.

CONCLUSION

Turning discovery into health remains the central goal and mission of NIH. Improving health across the lifespan is essential to maintaining our country's greatest asset: its people. My life experiences have given me a powerful sense of the transformative potential of research, and of the critical importance of equity and access for all people to research and its benefits. One of my guiding principles is that our work is not finished when we deliver scientific discoveries; our work is finished only when all people are living long and healthy lives. We should celebrate our successes but remain humble in the face of human suffering and approach our work with great urgency. With your support, NIH looks forward to tackling timely public health challenges through rigorous and innovative science in FY 2025. My colleagues and I look forward to answering your questions.

Senator BALDWIN. Thank you, Dr. Bertagnolli. I am going to kick off a round of questions, and I want to begin with Dr. Marrazzo.

H5N1 VIRUS

More than a decade ago, researchers at the University of Wisconsin Madison studying avian flu or H5N1, warned that only a few mutations in the virus would enable it to transmit to mammals. Today, H5N1 has infected 51 dairy cattle herds across nine States.

Just yesterday, a second human case of H5N1 infection was detected in Michigan. Fortunately, as far as we know, the virus has not spread to my home State of Wisconsin, but it has caused concern for dairy farmers in my State and across the country. I recently convened a round table with Federal and State agency leaders and dairy stakeholders in Wisconsin on the current state of the disease and strategies for mitigating its impact on human and animal health.

Scientists still don't know how the virus is spreading, or how long cows remain infectious and are roughly a hundred thousand farm workers are at the highest risk of infection.

So, Dr. Marrazzo please tell me about NIAID's tracking of the spread of H5N1 or mutations in the virus and the work that you're doing to develop a vaccine against it.

Dr. MARRAZZO. Thank you for that question. Chair Baldwin, this is an incredibly important topic, and I do want to acknowledge the great work that our University of Wisconsin colleagues have done. In fact, they have been part of one of the networks that I want to tell you about.

This is a pathogen that has been on our radar for a long time because when it does get into human hosts, we have seen a mor-

tality of about 50 percent. So, this is something we really do not want to happen. What we have been doing for more than 10 years is funding a group of investigators called the Centers for Excellence in Influenza Research and Response of which your university is one.

And what they do is to collect and characterize this virus in wildlife, including migratory birds, which has been, of course, a very big source of these viruses. And that's important because, as you mentioned, you do need to track the mutations that are occurring in the wild so that you can be prepared to prepare the vaccines and antivirals that you're going to need if those viruses get into human hosts. So, really important network that has been doing incredible work, and that's been informing us even before this current outbreak.

With regard to the current outbreak, the good news is that many of the viruses that they have been identifying are very similar, if not almost identical to the case in the humans, both humans that we know about. Although the sequencing hasn't been done on the human case, we heard about yesterday, but we assume it's going to be the same one.

So, the good news is that we're really prepared to not only test the current vaccines that we have in the stockpile, but also to really develop specific vaccines. So, I think we're in a very good place. We're also working closely with some of the other agencies that are involved in this and continuing to develop monoclonal antibodies, vaccines, and antiviral drugs, all very much a part of our remit and very much engaged right now in doing this.

OVERDOSE DEATHS

Senator BALDWIN. Thank you. Dr. Volkow, while recent CDC (Centers for Disease Control and Prevention) data shows a slight decrease from the prior year, overdose deaths, still claimed more than a hundred thousand lives for the third year in a row. These deaths are largely attributable to illicit fentanyl. And a NIDA study published last week shows the availability of illicit fentanyl continues to skyrocket. 115 million illicit fentanyl pills were seized by law enforcement last year.

We can and must do more to stop this epidemic and save lives. I know this is a bipartisan priority for members of this committee, including Senator Capito and myself. That's why we provided a \$5 million increase for opioid research in the fiscal year 2024 Labor HHS bill. So, Dr. Volkow, 2 years ago, HHS launched a coordinated National Strategy to prevent overdoses. What can you tell us about the HEALing Community Study and what interventions it has found to be most effective at the local level?

Dr. VOLKOW. Thanks very much for your question, and thanks for your interest on this very challenging issue posed by the overdose crisis. The HEALing Community Study aimed to actually empower the communities in order to give them the resources and the support necessary for them to respond to the local circumstances at which they find, because we see that the overdose crisis is very heterogeneous across the Nation, and we wanted to learn from this community.

So, the HEALing Community Study empowers them, allowing them to get the data and to develop the interventions that are more likely to be beneficial. And as a result of that we have learned strategies that then can be deployed to other States, because this was done just in four States, and now actually are expanding access to data that allows the communities to see whether their interventions are making difference or not.

And in the process, we've seen a significant expanded distribution of Naloxone and a significant expanded recruitment of people into medications for opioid use disorder and an improvement in the practices for treating patients with pain properly with opioids when they need it or using alternative treatments.

Senator BALDWIN. Thank you.

Senator CAPITO.

ULTRASOUND SLOWING ADDICTION

Senator CAPITO. Yes. Thank you. I'll stick with you Dr. Volkow because I know that you've seen and well aware of some of the research that's going on with NIH at West Virginia University with Dr. Rezai on his use of ultrasound potentially slow addiction and Alzheimer's. And I want to talk to Dr. Hodes about that as well.

What do you think that work—what kind of promise does that work have with ultrasound to decrease some kind of cravings? I know there's no one solution fits all here, and that's the difficult part of what you deal with every single day. So, what do you see in terms of, on the horizon for treatment?

Dr. VOLKOW. I was just saying you're seeing me smiling because this is a perfect example that you see where science has transformed the way that we can tackle problems like in this case, addiction. And this is possible because of our understanding how the brain works and what are the circuits affected in addiction on the one side, and through brain technologies developed by brain to be able to manipulate them in a non-intensive way very selectively.

And that's exactly what Dr. Rezai's is doing, using a low intensity focus ultrasound to basically restructure the way that the nucleus accumbens, which is the area of the brain involved with reward, actually gets disrupted by drugs. And what he has shown, even though it's very pilot data, is quite dramatic. He sees that dramatic reduction in craving and anxiety on people with severe substance use disorder.

And this is an intervention that's not invasive that requires one or two intervention and appears to have at least an effect that lasts 1 week, if not 4 weeks. So, we are funding research to try to exploit it, how to maximize its utility so that others can take advantage of it.

Senator CAPITO. Yes. It's quite remarkable to watch and I've watched it myself. Dr. Hodes is also doing the same, well, its brain and it's interesting how all of these things can kind of interconnect at some point. I know you've had a long history of studying Alzheimer's.

ALZHEIMER'S TREATMENT

So, what do you think about this as a potential breakthrough in combination with what we're seeing with some of the pharma-

ceuticals and other available, I don't know that they're full treatments, but at least improvements in how to handle Alzheimer's?

Dr. HODES. Just as you're reflecting, and as Dr. Volkow noted it, it's gratifying when we see convergence of technologies and approaches. In this case, the progress in these past years in Alzheimer's treatment has been quite remarkable with the first FDA (Food and Drug Administration) approval of a drug Lecanemab for treatment of mild cognitive impairment early stage. What we've learned from the series of both successful and unsuccessful trials is that the effect is very strongly related to the degree of decrease in amyloid that could be accomplished.

And what was shown in these studies in West Virginia was that the use of targeted ultrasound, in combination with an antibody to amyloid increase, the effect in decreasing amyloid in the brain, preliminary data, which now will be followed up with promise for making more effective in combination the treatments that we have available.

NCI DESIGNATED CANCER CENTERS

Senator CAPITO. It couldn't be done without NIH and without the innovators that we have. I'd like to move over to the NCI (National Cancer Institute) designations and clinical trials, and I don't know who wants to answer this, Dr. Rathmell or Dr. Bertagnolli, but there are 14 States, including my State, that do not have an NCI designated Cancer center. You know, you've seen the statistics. Our cancer statistics in our State are very disappointing and devastating to us.

It goes back to my rural area question. My understanding anecdotally through the professionals that I've talked with is that in order to get this designation, you have to have \$10 million of repeating research into a center before you can become NCI designated. In some rural States that don't have the resources and other things that becomes a very big hill to climb.

I'm suggesting here that have you thought about some kind of a carve out, or some kind of a way for access for the more rural States to take into consideration the certain dynamics in a State like that as opposed to some of these bigger medical centers that are around the other 36 States that have it. So, I don't know who wants to take that.

Dr. RATHMELL. Okay. Senator Capito. Thank you for the question. So, first, the Cancer Centers is only one part of the portfolio. And we would love to have more cancer centers and so I know we're working with several that are emerging and working toward becoming the comprehensiveness.

But in terms of reaching out to rural America in particular with delivering on the discoveries to get into the hands of patients, which is ultimately what we all want here. First, I'll say that the NCI has long had dedication to this, but I grew up in Iowa, right? You know, I understand very much what it means to have great distance from wherever you are to a major medical center. And then was at Vanderbilt where although we had Nashville the surrounding area had very similar issues.

So, I'll tell you just a couple of things that we're doing to try to take that on. Beyond the cancer centers, we have 2200 sites that

do clinical trials around the Nation. Our National Clinical Trials Network is something unique in the world in terms of a broad network for clinical research. I think we have over a hundred clinical trials in West Virginia and we also have the National Community Oncology Research Program, which is another way of engaging community oncologists, because that's really where most patients get their care.

But we know that it's not enough. And so, we've engaged a group to work across agencies and with community centers to look at our capacity building opportunities. Absolutely, it's a huge priority for us.

Senator CAPITO [presiding.] Thank you, Senator Durbin.

NIH FUNDING INCREASES

Senator DURBIN. Thank you, Senator Capito. And welcome to the NIH team. It was about 10 years ago when I met with Francis Collins at NIH, went through one of their spectacular tours, which I recommended all my colleagues, and I said to him, I can remember as a member of the house when Arlen Specter and Tom Harkin and a Congressman John Porter decided to double the budget of NIH. It seemed an impossible task. They achieved it, it made such a difference in that agency. And still, we feel the benefits today.

And I asked Dr. Collins, what is it I can do or we can do now, doubling it is not realistic. What is realistic? He said, 5 percent real growth each year. I'm going to pass out a chart here, which shows what happened after that. I came in and engaged Roy Blunt, who deserves credit again and again for his leadership on this, and my seatmate, who will be here shortly, Senator Murray, as well as Lamar Alexander.

And our effort was to try to make sure that year after year, we continued to give 5 percent real growth to the National Institutes of Health. The chart will show you that we did a pretty good job of it. The slope that heads on up there, the blue slope, I would attribute to the team that came together, the red or orange part of it that shows is the deficit where we failed to reach the 5 percent real growth.

I would just say two things. I commend to my colleagues the theory that this is National Security. This is National Defense. Ask the American people, if it's of their tax dollars, I'm not going to take a penny away from the Pentagon, but for God's sake, NIH is doing things which are going to save as many lives as anybody at work in the Pentagon.

[Applause.]

Senator DURBIN. So, I encourage the creation of a new team. Senator Capito, you sound like from your questions, you're deep into this subject, and that's a good thing. So, I hope in the memory of Roy Blunt, that you'll join the effort as we move forward, and I invite others to be part of it. And again, we count on Senator Murray now as Chair of the full committee to move in that direction.

AMYOTROPHIC LATERAL SCLEROSIS

Like my colleagues, I have some specific questions about specific maladies and illnesses which we've taken an interest in. This suc-

cess story for the National Institutes of Health has had its ups and downs in given areas.

Next week, 6,000 blue flags we placed on the National Mall, each flag bearing the name of a grandparent, spouse, parent, child, neighbor, or friend, battling ALS. One of those flags will bear the name of my friend and constituent Brian Wallach who was active in the White House under President Obama. His wife, Sandra Abrevaya, a true courageous individual used to work on my staff as a press secretary. And of course, they have two little daughters. They have been battling ALS for years with some limited success. And I had to use that word advisedly because I know that you hardly ever want to say that word around ALS.

Dr. Collins called me at one-point years ago and said, we've come to the conclusion that we're heading in the wrong direction in our research in ALS. We're just not coming up with anything after years and years of effort. What is the status of efforts today in research on ALS?

Dr. BERTAGNOLLI. Thank you so much, Senator Durbin. And let me just say right out that this is a tragic disease, and we are approaching it with a great sense of urgency that it deserves. What has happened, among other things, the act for ALS, which has been really great for us, is a collaboration between NIH researchers and the people affected by this terrible disease. They worked with us to set strategic priorities for tackling the disease.

And these goals encompass diagnosis, treatment, management, prevention, and cure. We have to use that word because that is what our goal is. And we're in implementation now, let me give you specifics of implementation.

There is a very active partnership with FDA's Critical Path initiative, expanded access program for drugs that are experimental, which is certainly critical for hope for these individuals. A new accelerating medicines partnership for ALS that is done under the foundation for the NIH will be announced imminently. And then also some practical but critical things, data sharing, prognosis in the genetics of ALS, biomarker development and more new trials.

BLOOD BRAIN BARRIER

Senator DURBIN. Just have a few seconds left. The blood brain barrier seems to be a topic which I hear about more and more in breakthroughs in medical research.

[Applause.]

Senator DURBIN. Can you tell me in a few sentences what we're finding?

Dr. BERTAGNOLLI. Well, we're finding that there are techniques this barrier prevents drugs from getting into the brain where they need to work. And we are finding that certain techniques are able to open that barrier so that drugs we need to get in can pass through. The details don't matter, but I can tell you this incredibly active area of research to bring more effective therapies to those affected by neurologic disease.

Senator DURBIN. My last comment, glioblastoma, is an example. We've lost John McCain, Ted Kennedy, and Bo Biden to glioblastoma, and I'm hoping even at Northwestern University, where

there's some research breakthroughs that we can find a way to treat this malady in a more effective way. Thank you.

Senator CAPITO. Senator Hyde Smith.

NCI DESIGNATED CANCER CENTERS

Senator HYDE-SMITH. Thank you, Madam Chairman, and Ranking Member. And I certainly appreciate our panel for being here today, and I'm going to direct my question to Dr. Rathmell. The University of Mississippi, my State, is the only academic medical center, much like Senator Capito, We are working to achieve our NCI designation, but we're not there yet. UMMC (University of Mississippi Medical Center) does a fantastic job. First lung transplant, first heart transplant in the entire country in the early sixties, and I'm really proud of that.

CLINICAL TRIALS INFRASTRUCTURE

So, we're working hard to get there, but we're not there yet. And my question is, as we work to get there, we're talking about the trials and treatments and being able to participate in that. Can you share your thoughts on—although we don't have that designation yet, bringing these trials and treatments to Mississippi, and what that looks like and if we're eligible for that, and how would that change lives in Mississippi?

Dr. RATHMELL. Yes, absolutely. Thank you, Senator for the question. So, as I said before, we do have multiple resources that we use to bring clinical trials in the NCOR. The National Community Oncology Research Program, is actually very active in in your State. This group, I'll expand a little bit on the group that I mentioned before that we're convening.

Actually, one of the co-chairs of the group comes from Baptist Healthcare Center in in Memphis. And so, his group really sees a lot of patients in the Mississippi area. That group is, as I said, working across Federal Agencies, VA Indian Health Service, CMS (Centers for Medicare & Medicaid Services), American Cancer Society, where they are, you know, grassroots efforts to see how we can make clinical trials more accessible and more desired and more available.

And then we're doing other things as well. Smaller centers can't necessarily have all of the staff that they need to run clinical trials. And so, we've piloted a virtual clinical trials office, which has been really heralded as a different opportunity to take the clinical research nurse in virtual space in into these places. I think that will democratize the ability to bring clinical trials a lot further, and that's part of what this group will be looking at.

Senator HYDE-SMITH. Thank you for that, I'm certainly going to ask for your commitment as well at UMMC to help us get there. But recently, your editorial that stressed the importance of clinical trials infrastructure to address and eliminate the inequities in the healthcare system. You highlighted that increasing community capacity to conduct cancer research is the key goal.

And we sure hope that we're part of all of that. Will this plan involve getting granting mechanisms and what impact would flat or declining budgets have such on the initiative, to help us all get there?

Dr. RATHMELL. I'm so glad, we're clearly on the same page here. And we want to work with you to be able to do more of these things. The flat budget makes it tougher to make new granting initiatives. And we have to come up with new ways to be able to get these initiatives out there within the budget constraints that we have today.

So, that's where part of the reinvigorated Cures Act would bolster our infrastructure for clinical trials. We are looking at a future where we think that clinical trials could be much more available to patients everywhere where they are. And that takes real infrastructure.

IDEA PROGRAM

Senator HYDE-SMITH. Thank you so much. I have a little time left. So, Dr. Bertagnolli, thank you for being here as well. The NIH provides support to Mississippi through the Institutional Development Award, the IDeA Program. And we currently have 10 active IDeA Awards totaling over \$17 million. And as you know, the IDeA Networks of Biomedical Research Excellence funds statewide biomedical research developments, which includes a network in Mississippi colleges and universities that are collaborating to increase this research infrastructure in my State.

And this is made possible through the NIH commitment to that program and to expanding our national research capabilities. But I certainly encourage you to continue the NIH to commitment to the IDeA Program and the funding it provides to Mississippi and other States. How committed are you to ensuring that NIH allocates at least 1 percent of NIH funding to the IDeA Program under your leadership?

Dr. BERTAGNOLLI. So, Senator, I can't give a specific percent, but I can tell you this is truly among my highest priorities, to make sure that our research, which means our funding, is delivered, and distributed through communities such as those that are served by the IDeA Program. And even more so, not just the IDeA Program alone, ideas capacity building, and the ability to do research.

What we are going to do now is bring the research grants in, the actual trials, the actual studies. So, I think States like yours have done a great job with this funding to develop the capacity. Now we're going to put that capacity to work, and that is going to be really exciting and I think of great benefit. Thank you.

Senator HYDE-SMITH. Thank you, Madam Chairman.

Senator BALDWIN [presiding.] Next I recognize the Chair of our full committee, Chair Murray.

Senator MURRAY. Thank you very much, Chair Baldwin, and thank you to all of our witnesses. Thank you for the great work you do. You know, the fact of the matter is, NIH is fighting some of our Nation's most devastating adversaries: Cancer, Alzheimer's, Heart Disease, Opioid Addiction, Long COVID to say nothing of rare diseases or pandemic threats.

The lifesaving work happening at NIH really shows that, as I've been reminding my colleagues, if we are serious about protecting our families here, then we need robust defense and non-defense spending.

Unfortunately, the tough caps that are squeezing DOD are squeezing NIH. They're threatening to slow or derail breakthrough patients and families are desperately counting on today. That's why I have been very clear that we have to invest in non-defense and in defense, we need parity, and we need to make sure that investments like medical research, which saves countless lives, get their due as well.

I'm proud to say we have a long history of bipartisan support for NIH. I've worked across the aisle many, many times to advance this important work with crucial funding increase. So, I hope we can all come together to support this work again, along with many of our other crucial domestic priorities.

SEXUAL HARASSMENT

With that, Dr. Bertagnolli, I wanted to start with you because I have a really important question, I need to press you on. It's something I have been pressing on NIH for years about how the agency will make sure that Federal dollars are not supporting researchers who create a hostile work environment for colleagues and students.

We have seen NIH fall short when it comes to holding grantees accountable, and complicit as institutions pass the harasser. We simply can't afford to have this agency's potential limited and its workers harmed by sexual harassment, discrimination, or bullying in the workplace. NIH is in a position to set a standard for a safe work environment in the biomedical research field. Under your leadership now, talk to us about what steps you are taking to make clear to institutions and your grantees that these behaviors will not be accepted and will result in the loss of Federal funding.

Dr. BERTAGNOLLI. Thank you so much, Chair Murray. And first of all, abusive behavior of any type sexual abuse, harassing, bullying, any type, is absolutely not to be tolerated anywhere. And we really thank you for your advocacy and championing this really important issue. So, specifics. First of all, thank you for your support in giving us the authorities to require that institutions that we fund must report to us anyone who has been found to exhibit this behavior, has a real finding of this behavior. And when that happens, their funding is withdrawn. That is a solid and important step forward that you provided us with.

However, we still have more work to do and we need your help. And so, I really look forward to working with you on that. And I'll just say it is still possible to pass the harasser, if someone has been accused but has not really had a finding. It is possible for them to then move and get a new job and for us not to know what the results have been.

Let me tell you, we've been trying to combat this as well by having an anonymous tip line. And we do get and follow up on everything we get with anonymous tip lines, but we can work better to close this one remaining way—

Senator MURRAY. Does it need a legislative solution or do you have the capacity?

Dr. BERTAGNOLLI. I would like to work with you on that because I am not sure I exactly know the answer. We've been exploring it and I think maybe we could have a discussion and figure out the best way. So, thank you.

WOMEN'S HEALTH RESEARCH

Senator MURRAY. Okay. Let's follow up on that. I also wanted to talk about the fact that women are half the population, you all know that, yet we are not near where we need to be when it comes to Federal investment in Women's Health Research. I strongly support the administration's efforts to tackle this problem head on, including the executive order that President Biden signed in March to better prioritize investments in women's health across the Federal research portfolio.

This is really a needed step to make sure women's health is better understood, so women can get quality healthcare at every stage. There are significant gaps in what we know about diseases and conditions that impact women, and a lack of treatments available even for things as universal as menopause. Talk to us about what NIH is doing to advance Women's Health Research, including for conditions like menopause, that are so common and yet so misunderstood and overlooked.

Dr. BERTAGNOLLI. Yes, thank you. So, NIH has a long-time commitment to women's health in many ways. I'll just call your attention to the Framingham study. 75 years deep understanding of women's cardiovascular health. 50 percent women, for all of those 75 years, and we've gained a lot of knowledge over that, Women's Health Study Research across all of our institutes and centers address women's health.

However, we absolutely can do more. The new initiative now gives us an opportunity to address current challenges that are really important to women. All you've already illustrated a few, maternal health, vulnerable time you know, mental health, postpartum depression, so many areas there that deserve more attention.

Alzheimer's disease, which has an increased risk in women, mental health overall. The menopause transition now, normal time of life, but the change in hormones can be incredibly disruptive. And there's also long-term health effects, bone health, et cetera, that we still haven't really developed the treatments and approaches that we need. Although we've made some progress, we can do more.

And then finally, what's our approach? We are taking instead of a bit-by-bit approach, we want to take a lifespan approach to women's health. A much more comprehensive and lifespan approach that coordinates across all our institutes and centers.

Senator MURRAY. Well, I appreciate your attention to that and I think I speak on behalf of many of us that we really want to see what we can do to help make sure NIH is really focusing on it. I mentioned menopause, working with a number of women Senators on making sure we have the research and knowledge and coordinate what we're doing here and have a better focus. I think it was Senator Murkowski who said to us, if men went through menopause, we'd have an institute at NIH.

[Laughter.]

Senator MURRAY. We're not asking for that. We're just asking to make sure we really focus on it. So, I appreciate your response. Thank you.

Dr. BERTAGNOLLI. Thank you.

Senator BALDWIN. Vice Chair Collins.

Senator COLLINS. Thank you very much, Madam Chair. I'm going to forego an opening statement because I have so many questions that I want to ask. And they really fall in four areas, Alzheimer's disease, Long COVID, Tickborne Illnesses, and Diabetes.

ALZHEIMER'S RESEARCH

So, Dr. Hodes, we've talked so much over the years and this committee has been very generous in funding Alzheimer's research in the last 5 years. And I would like to hear from you, have we made any progress as a result of that fund?

Dr. HODES. Yes. Well, Senator, thank you for the support we've had from Congress, which has been enormously important and has yielded important results. In the past year, for example, we saw FDA approval of the first drug Lecanemab, which targets the underlying process of Alzheimer's. In terms of prevention, another important area, we've seen studies reporting the effect of repairing hearing deficits with hearing aids in those at high risk for Alzheimer's producing something like a 50 percent decrease in cognitive decline in that population.

Early studies, but multiple of them have pointed to the possible role of multivitamins in reducing cognitive decline, as well as targeted coaching to address the individual risk factors. Biomarkers, for the first time giving us an opportunity to test by imaging, but also by blood biomarkers. The various components biochemically, molecularly of what contributes to Alzheimer's.

So, with all the successes, some of those of which I've summarized these past years, where we are now, is an understanding that Alzheimer's is a complex disease, meaning multiple pathways that can occur in individual and differ across individuals. But most importantly, we now have increasingly the ability to monitor this with biomarkers, with studies that will identify the best treatment for individuals, a growing number of unique targets now in early-stage clinical trials, which we see as our next generation, both drugs and lifestyle interventions too.

So, I think we've had great advances, and the work is only partially there with the increasing understanding we have of disease, targeting diverse approaches in these future years, I think is enormously promising.

Senator COLLINS. Thank you very much. I'm encouraged as well. And I think we're going to find out that Alzheimer's is a multifactorial disease and that lifestyle factors play a role, inflammation, I think we're going to find is important as well as the amyloid plaque that we focused on for so many years.

TICK BORNE ILLNESSES

Dr. Marrazzo, HHS recently released the National Public Health Strategy, to prevent and control vector-borne diseases in people. This was required as part of the Kay Hagan Tick Act, which I authored with Senator Murray and others, and it builds on the NIH strategic plan for tick-borne illnesses.

This is increasingly a problem in the State of Maine. 20 years ago, we didn't have tickss in Maine that transmitted these kinds of diseases like Lyme disease. Increasingly, it's all over the State of Maine. They're all over the United States, and it creates real

problems. Maine had a record high number of Lyme disease cases in 2023, and as ticks continue to expand, those cases are likely to increase.

I was pleased to see the specific goal of reducing the number of Lyme disease cases by 25 percent by the year 2035. Could you briefly update us on the progress made in Lyme and Tickborne disease diagnostics, treatments, and potential vaccines? Because one problem is there's been a real dispute in the medical community on how to treat Lyme disease.

Dr. MARRAZZO. Senator Collins, as someone who did my residency in Connecticut and worked in old Lyme for a summer, where I think I saw every manifestation of Lyme disease. And recently coming from Alabama where we saw tons of tick-borne illness, your comments could not resonate with me more. It's a really challenging infection.

And you highlight the fact that we still 25 years after, or however many, we still don't even have a really good diagnostic test that we can use for it. The serology is very frustrating, it leads to a lot of misinterpretation. So, let me just say that we released our strategic plan, as you know, for tick-borne disease in 2019. And the support from this committee in this area has been critical in advances for both the basic, the diagnostic, and the vaccine and the treatment areas.

So, in the basic area, one of the more exciting things is that we finished with both intramural and extramural scientists sequencing the *Ixodes scapularis* genome, which is very exciting because you can now go in and be more specific about genetic targets to try to develop some of these vaccines and figure out what are the antigenic components, what is stimulating this immune response? That probably frankly informs post-treatment syndrome, what was previously called chronic Lyme disease, but it's clearly a post-treatment, inflammatory syndrome.

I'll jump ahead to that and just note that in 2021, I think we actually had a proposal out for work specifically on post-treatment conditions and awarded seven big grants to look at that, to try to figure out is that pathogen really persisting in these areas and how can we best address it.

With the diagnosis, we're really looking carefully at a number of new serology approaches, some point of care diagnostics, which would help people a lot in the field, especially since people come to emergency rooms in the summer with these infections all the time.

And then the last thing I'll mention is the vaccines. We have a pretty successful vaccine for dogs, right? There is a canine vaccine. We are figuring out why that vaccine is actually working, and we're trying to learn from that analogy to develop and refine the approaches to human vaccines, which has been really challenging. I'll stop there. There's more but, I'll stop there.

Senator COLLINS. Madam Chair, I would ask that I be able to submit my question on diabetes. I'm concerned about the cut that is in the budget and surprise to see that and on Long COVID as well. The RECOVER initiative's been very controversial. The Maine medical center, I'm proud to say is involved in the research, but I'll submit those to for the record.

Senator BALDWIN. Without objection and any opening statement, you wish to submit, at the end, I will indicate the timeline we need for questions for the record but thank you.

Senator Schatz.

Senator SCHATZ. Thank you, Chair. And thanks to all of you for your good work. I think I speak for most of us when we'd say this is one of our favorite hearings. It gives us the most hope about the future.

NATIVE HAWAIIAN PACIFIC ISLANDER HEALTH RESEARCH OFFICE

Dr. Bertagnolli, I wanted to start with something close to home for me. With the support of this subcommittee, we secured \$4 million last year to launch NIHs first ever native Hawaiian Pacific Islander Health Research office. Can you tell me—our worry is that this is going to take 17 months to stand up. So, can you reassure me that this thing is going to get stood up quickly? I know I'm in no position to hector you for it not already being up, but could you please reassure us that this is going to happen quickly?

Dr. BERTAGNOLLI. Absolutely. And we have an office of research in Tribal Health, and this will fall right into a very active program to do much more to care and engage in research our indigenous peoples.

CHRONIC PAIN TREATMENT

Senator SCHATZ. Great. Dr. Volkow, my STOP Pain Act was enacted 8 years ago, and since then, NIH has funded hundreds of millions of dollars in pain management research. What have we learned in the last several years about chronic pain treatment?

Dr. VOLKOW. Yes, and thanks very much for the budget because it has actually energized the whole science infrastructure necessary to bring treatments that are effective for patients that are suffering from pain. Pain is devastated. It's very, very prevalent, but it has been neglected. And as a result of that, many people with pain, ended up getting drugs that were very dangerous, which of course contributed tremendously to the overdose crisis.

So, thanks to the resources that have come, in part through the HEAL Initiative, we've been able to advance several clinical trials and to actually uncover new treatments for pain that are not addictive and that are effective, completely new molecular targets. The resources have also enabled us to understand how multi-pronged approaches can be used to manage pain on people with chronic pain conditions and two other areas that we have never been able to investigate.

Senator SCHATZ. Two quick questions. What do you mean by multi-pronged.

Dr. VOLKOW. Multi-Pronged that is not just based on a medication, that it actually engages behavioral interventions and cognitive interventions to help the person live with the pain and like meditation, for example.

Senator SCHATZ. So, how much of this is sort of, I'm not sure I'm using the right terminology here. How much of this is jumping the fence and getting into CMS and the private healthcare sector? That's the question I have, is that it does seem like over the last 3 to 5 years a lot of important discoveries that are not so, they're

not merely suggestive, like we think we know some things now about pain management, but it doesn't seem to me that in its application, in the healthcare context that they've woken up to this new treatment modality.

Dr. VOLKOW. And that's why it's so important that in all of these projects, we work closely with CMS so that we can ask them the question, what is it necessary for us to show with the science that will lead to its reimbursement?

So, we work very closely and for example, acupuncture is a perfect example of a partnership that's being developed, if it shows effectiveness, you want to be able to provide it to patients and be reimbursed as a physician.

Senator SCHATZ. So, you're not overly concerned that these are just two separate agencies that only talk when necessary.

Dr. VOLKOW. No, there is a very proactive way of sort of interest and motivation to commit ourselves to make collaborations across agencies. Because otherwise the science doesn't go into the patients, it stays in the journals or in the laboratory issues.

PSYCHEDELIC RESEARCH

Senator SCHATZ. This is what I worry about. So, it's time for my annual question about psychedelic research.

[Laughter.]

Senator SCHATZ. You know, I am cautiously optimistic about the revived research on psychedelics. And I think that part of what we have to do as a committee, but also as a Congress, is to draw distinctions around drug policy and a kind of move towards liberalization of drug policy for other reasons, for maybe libertarian reasons, for criminal justice reasons. And the question of whether or not some of these things that are used recreationally and sometimes abused are medicine. That is a separate conversation.

I am personally for drug liberalization. I am also a son of a principal investigator, and I'm not prepared to call this medicine until all of you do the adequate research. So, where are we with psychedelic research and particularly, there's a bunch of accumulated data that seems to indicate that this needs supervision, and the application of the administration of the drug has to be combined with talk therapy and supervision. So, can you talk through how you see this?

Dr. VOLKOW. You're absolutely correct. I mean, this is an area of tremendous excitement from the very pharmacology to actually understanding how to optimally use it on patients. Because the data is starting to translate in evidence that it could be beneficial, what has happened is that the clinicians are ahead of actually where the data is.

So, it's being offered to a wide variety of patients without sufficient evidence, including the question that you ask, how do you optimally give it without producing risk and ensuring that you're having long-term effects? And that's where we need to understand how the context that which you are giving the psychedelic drug is going to influence your therapeutic response.

It's crucial, but like anything else, what people get excited, they want to start of sort of believing a little bit in fairytales that it's

magic. It's not a magic, it's very promising, but we need to do much more research. Thank you.

Senator SCHATZ. Thank you.

Senator BALDWIN. Senator Moran.

Alzheimer's Disease and Down Syndrome

Senator MORAN. Chairwoman, thank you very much.

Dr. Hodes, I was very interested in your answer to Senator Collins question about the state of research regarding Alzheimer's. Let me ask an additional question. What's the latest in the research? What does the research show in regard to the connection between Alzheimer's and Down syndrome? Is that connection still viable and are we learning something about both at the same time?

Dr. HODES. Yes. It's a very important connection between two very important conditions that we need to address. And as many may know, individuals with Down syndrome likely related to the fact they have an extra copy of Chromosome 21, have as they age, and the good news is of course, that those living with Down syndrome now age into older adulthood, and a very high proportion developed Alzheimer's disease.

And there's been an extremely active program designed to study this, a network of longitudinal studies looking at biomarkers to understand how disease progresses in Down syndrome and establish a network for clinical trials and, clinical trials are already in progress. For example, looking at the effect of a, so-called GM-CSF, it's a growth factor granulocyte, monocyte growth factor as therapy in those with Down syndrome, a preventive therapy as well as behavioral exercise intervention.

So, we're working all the way from the basic science connecting the trisomy of Down syndrome and the relationship to the pathogenesis of Alzheimer's clinical trials infrastructure and active clinical trials.

Senator MORAN. What would be the outcome if there, if this connection is determined, what would change in the way that we would then address the issue of Down syndrome?

Dr. HODES. Well, certainly as Down syndrome relates to risk of Alzheimer's disease, this becomes similar to the rare but tragic early onset autosomal dominant Alzheimer's and other aspects where we know with high priority, high probability, that individuals will develop Alzheimer's. We know that years in advance and importantly now that we have biomarkers to track the presence of disease early, allows us to intervene early in these populations to prevent.

USE OF EMERGING DATA METHODS IN RESEARCH

Senator MORAN. Thank you. My following questions really are about process, mostly data. This could be to Dr. Hodes or to you, Dr. Bertagnolli. With all the data that's now available, in many instances, but related to Alzheimer's, electronic health records, diagnostic, sex, clinical treatment results, insurance claims, medical images. Is there a way now that NIA (National Institute on Aging) can harness that data, uncover new insights and patterns, that we can't see through individual research projects? Maybe that's my question. Is that being done?

Dr. HODES. I can begin. And then certainly Dr. Bertagnolli can amplify upon it because you're absolutely right. Real world data of the kinds that you mentioned are critically important to our fully understanding in an inclusive way what goes on with the health of the population, the way to maximize it.

There have been some very important real world data studies already carried out around Alzheimer's disease. And importantly, I would say that now the promise more than ever is for us to leverage these real-world data initiatives in the context of the large data initiatives, NIH wide, and Federal agency wide that I think Dr. Bertagnolli can comment upon.

Senator MORAN. That really was going to be my question, how do we expand that?

Dr. BERTAGNOLLI. I'll be quick. The data we use has got to be good enough that we can make life altering decisions based on it. Right now, our real-world data is not at of that level of accuracy, frankly. We are working really hard with FDA and with partners across all of HHS to convert our current ability to gather real world data into one where we really can harness it appropriately, use it with new analytics like artificial intelligence, to make life altering decisions. Right now, it tends to be more hypothesis generating than testing, and we're going to fix that.

Senator MORAN. And the issue is not sufficient data. It's determining how to harness that data to get it in a form that it's valuable.

Dr. BERTAGNOLLI. It's not necessarily efficient. It's the accuracy and the interoperability. You know, you got to compare apples to apples, not apples to oranges. And, you know, some issues with how the messy data is in the clinical environment that can really lead to mistakes if it's not used properly.

Senator MORAN. Thank you for using a scientific term that I understand, apples and oranges.

[Laughter.]

Dr. BERTAGNOLLI. Thank you.

ARPA-H FUNDING

Senator MORAN. Finally, just maybe make a statement because of the shortage of time. I raised this in last years or previous years' hearings with Dr. Tabak. ARPA-H at one point in time the funding of ARPA-H was at the expense of more traditional and clinical research at NCI. I hope that that's not a pattern. I assume that you'll say that it depends on how much money you have, but I want to make certain that you are prioritizing NCI competitive cancer grants with fiscal year 2025 funding, Dr. Bertagnolli.

Dr. BERTAGNOLLI. So, yes, absolutely we are, and our relationship with ARPA-H is that we have our team members meet routinely to review what's happening in our sister agency and make sure that there is no redundancy and, in any way, we can amplify, we do so.

Senator MORAN. That question was also directed to you, Dr. Rathmell.

Dr. RATHMELL. But that's what I would say as well.

Senator MORAN. All right. Thank you. Thank you.

Senator BALDWIN. Senator Kennedy.

Senator KENNEDY. Thank you, Madam Chair. Dr. Bertagnolli, I'm directing these comments to you because, you of course are the director of the NIH, but I could also direct to each of each member of this distinguished panel. Let me state a few things that I think most fair-minded people would agree are facts.

The National Institutes of Health are more to the point, the men and women there are one of the most extraordinary collections of minds in the world, maybe in all of human history. Your work, their work has saved billions of lives. Their work, your work, has improved the quality of life for billions of people, not just in America, but worldwide.

Additional fact, the National Institutes of Health is part of, at least in America, but I think the world as well is part of the Institution of Public Health.

Another fact in my judgment. As a result of the pandemic, the Institution of Public Health, at least in America, and I think in some respects throughout the world, has been tarnished. And that's dangerous. That's very dangerous for America, for the world, if we have another public health crisis, I don't care to partake in who's at fault for that. Or depending on upon your perspective, who receives the credit for that?

I'd like to suggest that we do something about it and that we learn from it. And I think the NIH is the perfect group of men and women with the requisite credibility to do that.

GAIN OF FUNCTION RESEARCH

Now, here are my suggestions. Number one, the NIH needs to clear the air on Gain-of-Function research. I would gently suggest that you, I don't know, you could do it in a symposium. You could do it at an extended press conference, with some of your bright minds making presentations. Be technical, but also speak directly to the American people in a way they can understand.

Tell them what gain-of-function research is. Tell them how it is funded. Tell them what research projects the American taxpayers are funding. Tell them what if any America's involvement was with the gain-of-function research at the Wuhan lab. Tell them the benefits of gain-of-function research. Explain to them the risks and be transparent. That needs to be done. And I think the NIH could lead it.

PANDEMIC PREPARATION

Number two, at a different symposium or extended press conference, I would like to see the NIH take the lead in speaking to the world and to the American people about what we learned from the pandemic. What did we get right? What did we get wrong? Here's why we got it wrong. Here's why we got it right. Here's how we saved lives. Here's how we could have saved more lives if we'd known then what we know now.

The American people, they don't read Aristotle every day, but they're too busy earning a living, but they get it, you know, hindsight is wonderful. I think if you would consider doing those two things, we could remove some of the tarnish on the institution of Public Health in America.

And I'll conclude with this point. I know there are risks here, and I know some of you are thinking, you know, what planet did Kennedy just parachute in from? Why do I want to get mixed up in this political hot mess? Because it's important and it's not going away, folks. Neither one of those topics is going away. So, I would again gently suggest you put those extraordinary minds to work and consider doing those two things.

[Applause.]

Dr. BERTAGNOLLI. So, on behalf of all of us, thank you very much.

Senator BALDWIN. Senator Britt.

Senator BRITT. Thank you, Madam Chairwoman, Vice Chairwoman. Appreciate you holding this hearing today. And thank each and every one of you for appearing before this subcommittee. I want to begin by expressing my deep gratitude to you, Dr. Bertagnolli. Is that right? How do you say it properly? Not that I'm going to be able to do it, but yes. The Alabama in me—

I'm going to say Madam Director, how about we do that? Thank you so much for visiting Alabama this year. I am deeply grateful for your time and letting you come and visit with the incredible men and women that work there. See the work that's being done, figuring out how we can partner to continue to change lives for the better. Really, really appreciate it. And then also, and here we're going to have another challenge with how to say your name. Is it, Marrazzo?

MATERNAL MORTALITY

Dr. Marrazzo, we are very proud, obviously, you having been at UAB (University of Alabama at Birmingham) and to see you in this job. Now, you obviously know what a special place UAB is, the tremendous work that is done there and look forward to working with you in your new position.

As you both know, in Alabama, over a third of our 67 counties are classified as maternity care deserts. Areas without access to birthing facilities or maternity care providers. Last fall, three more Alabama hospitals announced closures of their labor and delivery departments, leaving both Shelby County and Monroe County without access to labor and delivery services.

Additionally, Alabama has the highest maternal mortality rate in the Nation. I am of the mindset, as I believe probably the men and women sitting at that table are as well, this is a crisis we should be able to fix. If you look back to 2019, NIH launched the implementing a maternal health and pregnancy outcomes vision for everyone, the IMPROVE Initiative. Madam Director, could you speak to the importance of this program and why the NIH felt so strongly that standing up the IMPROVE initiative was necessary even without a sustained funding source?

Dr. BERTAGNOLLI. Oh, absolutely. Thank you, Senator. You know, pregnancy related complications related in the deaths of about 1,200 women in 2021. We're still waiting to see the figures coming in for the last couple years, but it was just an enormous jump and with much higher rates in black women, which is also terrible.

And so, we are really—IMPROVE is one of many efforts a really important one, but one of many we are looking to tackle this problem because it's multifactorial. It's mental health, so our institute mental health plays a role. Yes, it is also to a certain degree associated with substance use disorder as well, which we know, you know, all these things—

Senator BRITT. All of these things together intersect, and that's why it's so critically important. I just want to say thank you. Improving healthcare for women before, during, after pregnancy is truly vital. And I really am thankful for your leadership in this space, and I want you to know that I want to continue to partner.

As you mentioned though, obviously, that this research funding is so important, or this research is so important, but really lacks a sustainable funding source. And so, last month I was proud to partner with Senator Laphonza Butler from California on the NIH IMPROVE Act, which would authorize in statute and provide consistent funding for this initiative.

And so, I just want to thank all of you and the NIH staff for providing your offices to help us with technical assistance on this, to make sure that we could get this important bill out there.

I am committed to continuing to work with Senator Butler to finding a way to getting this passed into law. As you mentioned, I mean, not only is Alabama the highest maternal mortality, it disproportionately affects the black community, and we need answers and we need them now. So, we're going to keep working on that to help with America's maternal mortality crisis.

IMPACT OF CONTINUING RESOLUTIONS

And I want to say, I know I'm almost out of time. Two quick questions. When it comes to CRS (Continuing Resolutions), which is what we end up seeing happen here, unfortunately, and I want to commend Chairwoman Murray, I want to commend Vice Chair Collins. This committee did its work last year. We finished on July 27, all 12 bills out of committee. Unfortunately, we did not get those to the President's desk until 236 days later, 174 days into the fiscal year. Can you speak very quickly about what a CR does to your agency? Oh, look at this. I get a reaction from the whole crowd. And can you just speak very quickly to that?

Dr. BERTAGNOLLI. I'm sure we're the same as all of government, anyone knows this. If you don't know how much you have to spend, it's very hard to plan and make all of the strategic decisions we need to make that don't come at the very end of the year. You know, we do the best we can and are certainly grateful for our funding, but it is challenging.

Senator BRITT. Madam Chairman, would you allow me to ask one more question?

Senator BALDWIN. Yes.

CLINICAL TRIALS

Senator BRITT. Thank you so much. Last question. In your visit to Alabama, you were able to see some of the research that we are doing there, you know, how our community, our diverse population in Alabama is really a great place for clinical trials. Could you just

speak to that very quickly, as to why you feel like those things match up so well?

Dr. BERTAGNOLLI. So, it is absolutely critical that we serve our populations that are having many of these extraordinary needs that all intersect, that have to do with community in a very effective way with our clinical trials infrastructure.

And so, that is why we are launching a new clinical trials network, devoted toward primary care, to do exactly that, to get into the communities. And doctors and clinicians on the front line, like the ones that we were able to visit in Alabama and in West Virginia and in other parts of the Nation. And we're excited about this. It will be all of NIH effort to work with these communities to get the research that they need.

FUTURE OF SCIENTIFIC RESEARCH WORKFORCE

Senator BALDWIN. Thank you. Senator Capito and I have a couple of remaining questions. So, we're going to start a second round, hopefully quickly. Dr. Bertagnolli, new data from the National Science Foundation reveals the largest drop in the number of postdoctoral scholars at academic institutions in over 40 years. Employment indicators suggests that life science PhDs are choosing to pursue careers in the industry instead.

In order for America to out-innovate the rest of the world, we must invest in the next generation of researchers. I was proud to author the Next Generation Researchers Act with my colleague, Senator Collins, to improve opportunities for new and early-stage researchers. Since this bill was signed into law as part of the 21st Century Cures Act, NIH has increased funding for early-stage investigators by 63 percent. I was pleased to see the NIH recent plan to increase the minimum postdoctoral salary by 8 percent, raising it to \$61,008 per year, and provide an additional childcare benefit.

This is a major step in the right direction, but it falls short of the 70,000 minimum salary that your advisory committee recommended. So, Dr. Bertagnolli how is NIH tracking the impact of the stipend increase and why aren't Cost of Living Adjustments part of that equation?

Dr. BERTAGNOLLI. So, thank you for that. And, you know, I will say that this discussion, how do we better support our young, the next generation, the ones who are going to transform the world? That discussion happens every single week in our meetings across all of our NIH directors. We need to support them on so many levels.

You hit briefly on an increase in stipend for postdocs that came out of a working group of the Advisory Committee to the director. Many other parts of that working group we are responding to. I think you also alluded to why haven't we gone farther, faster? We are left with a challenge of do we fund more researchers at a lower level, or do we fund smaller numbers at the full level that the committee asked us to do?

You know, it was an economic calculation. We did. We have made a declaration that as funding allows, we will increase it to the full \$70,000 a year. That was advised by the committee over the next, hopefully 3 years.

And then finally you also talked about the early-stage investigator support. We do have special review criteria for early-stage investigators. They get a little of a less stringent funding rate. So, we really actively encourage—and we put out a challenge every year across all of our institutes and centers to achieve at least it used to be 1,100 new early-stage investigators a year. Yet last year we made 1,600. And I'm optimistic we'll get that this year as well. Thank you.

Long COVID Senator Baldwin: Dr. Gibbons, an estimated 20 million Americans continue to suffer with the long-term effects of COVID-19.

[Applause.]

Senator BALDWIN. More than 3 years have passed since Congress appropriated \$1.2 billion to the NIH for long COVID research. NIH has moved slowly to enroll patients in clinical trials, and there are still zero FDA approved treatments for Long COVID. Critics of the RECOVER Initiative, fear that it may not deliver any meaningful treatments.

Getting this right has massive ramifications because, it will dictate how doctors across the country treat their patients and impact people's ability to access work accommodations, disability benefits, and more. So, Dr. Gibbons, why has the pace of research been so slow? And what can you tell us about the status of clinical trials for Long COVID?

[Applause.]

Dr. GIBBONS. Well, thank you for that question, Senator. As you know Long COVID is a debilitating disorder inflicting great suffering and affects nearly every organ system of the body and involves, quite frankly, the mission areas of many of our institutes. And in that regard, let me turn first to our NIH director, Dr. Bertagnolli for addressing your question.

Dr. BERTAGNOLLI. Yes. Dr. Gibbons, thank you. And Chair Baldwin. I am very pleased to speak on this as the NIH Director. Really to emphasize that this is now really considered as a full NIH activity. Long COVID and the similar condition, myalgic encephalomyelitis are terrible diseases.

[Applause.]

Dr. BERTAGNOLLI. We must find better ways to treat and actually cure, make the—restore the lives of these people who are affected by this terrible. And, you know, the increase related from this new disease, COVID SARS-CoV-2 is just very tragic.

So, what's already been accomplished, I'll be very brief there. What has been accomplished is to understand a new disease that dropped on us that we didn't understand. 15,000 people with biospecimens, their electronic health record data, have allowed us to do the following. Five platform clinical trial structures focused on what people need us to fix. Autonomic dysfunction, cognitive, you know, the brain fog, the cognitive challenges, fatigue and exercise tolerance, sleep disturbances, and viral persistence.

So, targeting those five key really disruptive areas. We now are—and fully admit, we are not where we want to be in terms of a rapid, nimble clinical trials enterprise that's testing promising treatments very quickly. That is our focus right now, moving forward, to do that.

And finally, you know, we have launched eight trials. New ones are pending, but as I said, we have clinically characterized platforms. We are ready to go into action and accelerate approaching this great sense of urgency.

And the last thing I want to say about Long COVID and ME/CFS, we are so grateful for our partnership with the people that are affected by this. They have taught us over the last 2 years what we needed to do. Now we just need to deliver for them.

[Applause.]

Senator BALDWIN. I'm going to recognize Vice Chair Capito for one remaining question, and then I will recognize Senator Shaheen. Go ahead, Senator Capito.

Senator CAPITO. Yes. Thank you, Dr. Gibbons. You were either having your best day or your worst day because you hadn't gotten a question yet.

[Laughter.]

RESPIRATORY SUPPORT IN RURAL AREAS

Senator CAPITO. I wanted to ask a question about an NIH study through your institute that found higher mortality rates for patients on respiratory support in rural intermediate care units. This goes to the heart of what I talked about earlier. Obviously, I have a large rural population. What advice would you give, or what do you think can come out of this study in terms of helping rural intermediate care facilities be able to change the results of this study?

Dr. GIBBONS. Oh, thank you, Senator. You bring out the important aspect of your earlier comment in which we recognize that rural America and our systems need to focus in on where the burden and suffering is the greatest. And clearly when it comes to intensive care units there's actually a lower proportion per capita in rural communities.

And we know that it is a challenge where we are hoping that, and we're testing strategies, many of which involve telehealth, in which we can ensure that the care is at the level where we can improve those rates of recovery in the context of rural communities.

For example, one of the other elements of that challenge involves chronic pulmonary disease in which we know that pulmonary rehabilitation can actually reduce hospitalization rates for those with chronic obstructive pulmonary disease.

And we've tested that in rural settings and shown that it's effective in the context of where patients are in rural communities. Similarly, we have established cohort studies focused in on rural communities to understand the whole trajectory of the development of chronic lung disease and heart disease. Our RURAL initiative is in Kentucky, Alabama, Louisiana, and Mississippi. So, we really want to be where individuals are to understand their risks and improve their care, including the use of a mobile CT scan to further understand those things.

Senator CAPITO. Good. I was just talking to one of my West Virginia University doctors about a mobile unit to look more at heart. I just want to thank all of you, this has been, it is always so informative and hopeful.

And also, my last comment would be to you Dr. Bertagnolli. 27 Institutes, that's a lot to manage. Not just physically manage, but there's so much interplay between what's going on, and as we look at a time of dollars shrinking or not, you know, we got to be more efficient. So, any efficiencies, and I'm not asking you to speak on this, any efficiencies that can be found across the 27 institutes, I think you're going to reap the results of that. And I know that's something that you and I talked about earlier, so thank you all very much. Appreciate it. Thank you. Senator Shaheen, I haven't voted yet——

Senator BALDWIN. Senator Shaheen, you're recognized.

SUBSTANCE USE DISORDERS

Senator SHAHEEN. I have voted. So, thank you for holding the hearing, and thank you all so much. Not just for being here today, but for the work that you do every day.

I really want to focus my questions on the area of substance misuse and Dr. Volkow. You have been so helpful and willing to come to New Hampshire to see our challenges there. But while CDC data shows overdose deaths decreased somewhat last year, for the first time since 2018, we still lost 107,000 Americans, 430 in New Hampshire.

And overdose deaths continue to take a devastating toll on not just those affected, but their families, friends. Last year we discussed the important work of the HEAL Initiative, and can you give us an update on the development of medications for treating or vaccinating individuals against substance use disorders?

Dr. VOLKOW. Thanks very much for that question. And I am actually keeping an eye on this problem that yes, there was a 3 percent decrease in 2023, but if you look at certain areas, they are continued to increase the mortality and the numbers are unacceptable.

So, there are many strategies. One of them is how is it that we can provide better treatment for people that otherwise will die because of an overdose? And vaccines, in monoclonal antibodies has been one of the targeted, we have actually completed a trial on phase two for the monoclonal antibody against methamphetamine.

And I want to note that the number of people dying from methamphetamine has continued to increase. We are not seeing reductions, and we have no treatment whatsoever. Unfortunately, the outcome did not reach the one that was set up by the FDA, so the company is withdrawing, unfortunately.

We are in the stages of starting clinical trials with fentanyl monoclonal antibody. And we are in the last pre-clinical stages for a fentanyl vaccine. So, we are advancing, and the HEAL funding has enabled us to accelerate that research.

There are many challenges, but we have multiple potential treatments, if the results come forward, we will have better interventions for reversing overdoses and better interventions, not just for treating opioid use disorder, but we have no medications for stimulant use disorder, which, as I said, the mortality has continued to increase. So, we need to continue to do this in order to be able to bring the treatments to the people.

DRUG OVERDOSES

Senator SHAHEEN. I appreciate that. And we are certainly seeing that in New Hampshire that the number of cases of people overdosing on meth has gone up. And as you point out, there's no treatment. One of the challenges that we're seeing in New Hampshire, is that so much of our funding and programs have been tied to specific drugs. And we need more flexibility in what those programs can do to address other drugs other than just opioids. Would you agree with that, that it would be helpful to see more flexibility in funding?

Dr. VOLKOW. A hundred percent. And in fact, what the science is telling us is that the problem that we have in overdoses is polysubstance use, is very rare to see someone dying with just one substance. It's also very rare to have a person that has a substance use disorder that only consumes one drug.

So, the strategy now—and genetically, you inherit genes that make you vulnerable for addiction in general. So, the strategy now is how do we do interventions that are going to be beneficial for any type of addiction regardless? And certainly, in terms of how we deploy care and how we fund it, there should not be distinguishes, categorical distinguish these or the other because it's not the way that the cases are presenting themselves.

Senator SHAHEEN. Thank you. Madam Chair, I hope as we're looking at the funding in the budget, we can look at that issue and try and ensure that we're not directing funding just at one substance.

DIABETES

My other question has to do with diabetes and Dr. Bertagnolli, I think I'm going to direct this to you. As I understand, the last year I asked Dr. Tabak about beta cell and stem cell derived islet replacement therapies, cutting edge technologies. We're seeing companies, a new company in New Hampshire that's working on that. It has tremendous potential for curing, and I say that directly, curing diabetes.

I have a granddaughter with type 1, so we know very directly the challenges. Can you talk about where NIH is and plans to address investments in diabetes focused cell therapies?

Dr. BERTAGNOLLI. Absolutely. This is a very exciting area, there's great hope. We have three wins that's come out of the special diabetes program.

The first is, the first drug that can delay the onset of type 1 diabetes severe symptoms by almost 3 years. So, that's a win. The second you've already referred to the cadaveric eyelet cell transplants, where we're finally starting to know how to protect these precious eyelets from destruction by the immune system. And you know, this is one of those things where you get first proof of concept, then you can really expand and do better.

And then finally, there's also good technology and new artificial pancreas technology and a lot of—so much better testing insulin control. I just want to raise one issue though, since I think we both really care about this disease, we've still got a long way to go with

underserved people, minorities, very young people. We we're getting some advances, we got to make sure everybody gets them.

Senator SHAHEEN. I couldn't agree more with that. And Senator Collins and I co-chair the Diabetes Caucus, we have legislation. We're working with some of our other colleagues to not only cap the out-of-pocket cost of insulin until we get these cures, but also to cover uninsured who definitely are experiencing more of the negative effects of the disease. So, thank you very much for what you're doing.

Thank you, Madam Chair.

Senator BALDWIN. Thank you, Senator Shaheen, thank you to Director Bertagnolli, and the entire panel we have today of Institute directors. We really appreciate your presence and your work.

ADDITIONAL COMMITTEE QUESTIONS

The record is going to stay open for 1 week for additional questions.

[The following questions were not asked at the hearing, but were submitted to the Department for response subsequent to the hearing:]

QUESTIONS SUBMITTED TO DR. MONICA M. BERTAGNOLLI, M.D.

QUESTIONS SUBMITTED BY SENATOR TAMMY BALDWIN

Focal segmental glomerulosclerosis (FSGS)

Question. What is the current status of NIH research and investment into FSGS?

What actions is the NIH able to take to increase activities relating to FSGS?

What resources would NIH need to better support research on FSGS?

Answer. The National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK) supports a robust research program on focal segmental glomerulosclerosis (FSGS) and other rare kidney diseases. Projects to better understand their causes and improve their treatment include the NIDDK-led Nephrotic Syndrome Study Network (NEPTUNE) and Cure Glomerulonephropathy Consortium (CureGN), both long-term studies of rare glomerular kidney diseases, are playing key roles in advancing FSGS research. Currently, 850 children and adults with FSGS are participating in these research programs, which are exploring disease mechanisms, biomarkers, and candidate treatment targets. Importantly, seminal research at NIDDK identified a genetic kidney disease risk mediator, APOL1, and found that individuals with high-risk APOL1 genotypes—primarily people of West African descent—have a greater risk for FSGS and kidney failure. Current research therefore seeks to clarify the role of APOL1 in aggravating outcome disparities in FSGS and other kidney diseases, and to identify better treatment and prevention approaches for people with these genetic variants. Other ongoing NIDDK-supported research also aims to better understand FSGS disease mechanisms and markers of risk for recurrence after kidney transplant, with the goal of improving therapy for all people with the disease.

NIDDK is investing in the future of research on kidney diseases such as FSGS by expanding its support for training programs through a new initiative known as KUH FAMILY, which is coordinating training programs for junior researchers in kidney, urologic, and hematologic research (K, U, and H). To better engage trainees and retain them in the KUH research community, the program will provide opportunities for trainees to: (1) connect with other trainees across the nation via a national peer-to-peer network; and (2) access the growing number of novel, modernized career development resources generated by the KUH FAMILY and previous training programs. In addition, the KUH FAMILY will provide support to ongoing institutional training programs, coordinate annual meetings and large-scale program evaluations, and promote continuous improvement activities. The NIDDK continues to encourage new research proposals from FSGS investigators to increase our understanding and treatment of this disease and other rare kidney diseases.

All of Us Research Program and the BRAIN Initiative

Question. Dr. Bertagnolli, back in March, I had a chance to sit down with you and Dr. Josh Denny to discuss how the All of Us Research Program's rich diverse dataset is now a vital resource for medical researchers across the whole of NIH and at other institutions around the country. All of Us has over 800,000 diverse Americans from all 50 states and U.S. territories which provides researchers access to the world's largest and most diverse dataset of its kind. I'm very proud that institutions in my state of Wisconsin such as the Marshfield Clinic and the University of Wisconsin in Madison have played a critical part in advancing the program and enrolling many of these participants.

Likewise, the BRAIN Initiative supports breakthrough research to revolutionize our understanding of the human brain and develop new ways to treat, cure, and even prevent brain disorders. The Cures Act provides dedicated funding to the All of Us and BRAIN Initiative programs in FY25, but due to annual fluctuations in Cures Act funding, they face a \$280 million decrease. Combined with the \$678 million decrease Cures Act programs saw in FY24, I'm concerned these programs are facing dramatic cuts that could endanger much of the progress we've seen since these unique programs were launched. They could face an up to 71% cut in FY25 unless this mandatory funding is restored.

What happens to programs like All of Us and the BRAIN Initiative in a scenario where 30–70% of their funding is cut? What is the impact on the scientific breakthroughs that we hoped would come from them?

Answer. The All of Us Research Program is an ambitious, visionary effort to put the United States at the forefront of personalized medicine, which is possible because of the diversity of our nation. The scientific breakthroughs we are beginning to see with personalized medicine are only possible when the program has the funding to engage and enroll participants that have been traditionally underrepresented in biomedical research. But due to the \$184 million reduction of Cures Act funding in FY 2024, All of Us had to reduce funding significantly for all awards for the Program,¹ diminishing many program activities and functions and resulting in an estimated 600–800 staff layoffs across the nation-wide consortium of partners. For example, the All of Us Wisconsin consortium's budget was cut 83 percent, resulting in a 78 percent reduction in staff; the University of Alabama in Birmingham's award was cut from \$12 million to \$3.2 million; and the Program's newest regional medical center, the Heartland Consortium led by the University of Kansas, saw their award reduced from \$6 million to \$2.8 million. These partners all contribute to the Program's ability to engage with individuals in rural communities. Additionally, All of Us planned to support two to three new enrollment awards focused on enrolling children in response to a Research Opportunity Announcement OTA–22–006,² but we cannot make those additional awards and will not launch pediatric enrollment this year.

If the Cures Innovation Fund decrease is not addressed in FY 2025, the Program's funding level will be cut by 71 percent in two fiscal years, resulting in additional layoffs estimated at 1,500 to 2,000 across the nation-wide All of Us consortium of partners. Under that scenario, All of Us will prioritize the security of the biosamples and the data already provided by the 800,000+ existing participants (as of May 2024), requiring the Program to stop all in-person enrollment at physical locations nationwide. This effort will curb the recruitment of underrepresented populations, impacting the study's diversity, representativeness, and usefulness of the data, potentially skewing research findings and undermining efforts to understand health disparities. Research aimed at understanding the optimal treatments for chronic diseases such as diabetes, heart disease, and cancer could be severely delayed. Currently the data have been accessed by more than 10,000 researchers asking questions across some of our most critical disease areas. Cuts this significantly will impede the development of personalized treatments that can significantly improve patient outcomes and reduce healthcare costs, reducing efforts to achieve equity in healthcare access and effectiveness across different demographic groups. More funding cuts in FY 2025 will limit genomic sequencing efforts, delaying breakthroughs in genetic therapies and understanding genetic predispositions to diseases. Furthermore, the comprehensive data from All of Us supports the identification of biomarkers for disease, which in turn aids in developing targeted therapies. With reduced funding, fewer resources will be available for biomarker discovery and validation, slowing the development of new, more effective drugs. Another critical area affected by funding cuts is the genetic return of individual results to participants, including

¹ allofus.nih.gov/news-events/announcements/all-us-ceo-keeping-our-momentum-amidst-funding-uncertainties.

² sam.gov/opp/69da7ceff0e4456b9fad4b15f074d4de/view.

information on an individual's risk for certain diseases and potential responses to commonly used drugs. With further funding cuts, fewer genetic findings will be returned to participants, limiting opportunities to impact the health of those who have already enrolled or would enroll in a longitudinal program like All of Us. Finally, this will cause the program to further delay enrollment of children, which can accelerate discoveries and deepen our knowledge regarding risk factors, effective preventions, and therapeutic approaches during childhood and throughout the lifespan.

NIH's The BRAIN Initiative® was launched in 2014 with the goal of revolutionizing our understanding of the human brain, the most complex organ in the body whose very complexity leaves us vulnerable to devastating diseases. To date, the BRAIN Initiative's intentional focus on technology and resource development has built and cultivated a rich ecosystem of inclusive, open, and ethical research that is rapidly advancing the field in three fundamentally important ways: (1) by bringing novel technology-driven treatments to the clinic today for devastating neurological, mental, and substance use disorders, (2) by laying the basic science foundation for future cures through the development of large scale experimental and data resources, and (3) by changing the culture of science, building highly effective multidisciplinary teams to solve problems outside the grasp of traditional disciplines. The BRAIN Initiative undergirds brain research relevant to the missions of all NIH Institutes, Centers, and Offices (ICs) and supports projects that would not be possible within a single Institute. Simply put, these are projects that would not be funded by any one IC at the scale, depth, and breadth required to yield the impact that BRAIN-funded projects are currently providing.

Because of fluctuations in the Cures Act authorizations and the reduction of base appropriations to the BRAIN Initiative in FY 2023, the current \$402 million FY 2024 appropriation for the BRAIN Initiative reflects a \$278 million or 40 percent decrease relative to FY 2023's \$680 million top-line appropriation. This has forced a 50 percent reduction in funds available to support new awards in FY 2024, creating numerous lost opportunities in innovation, discovery, and treatments for human brain disorders. If not resolved, a further \$81 million reduction in FY 2025 Cures Act funds would lead to a devastating situation, in which the Initiative could fund only ~20 percent of new awards in FY 2025 compared to previous years, leaving even more lifechanging research on the table. Together these year-over-year reductions will have a severe impact on the ability of the BRAIN Initiative to fulfill its mission and delay desperately needed treatments, cures and preventions to those living with brain disorders, such as Alzheimer's disease, Parkinson's disease, debilitating depression and other mental disorders, substance use disorder and more.

Women's health research

Question. NIH currently spends 10 percent of its overall funding on women's health research. The President's Budget proposes a \$76 million increase for the Office of Research on Women's Health, doubling its budget. What activities would these additional funds support?

Answer. The mission of the NIH Office of Research on Women's Health (ORWH) is to: enhance research related to diseases, disorders, and conditions affecting women; help ensure that women are appropriately represented in biomedical research supported by the NIH; and improve the advancement of women in biomedical careers. In FY 2025, ORWH plans to use a requested budget increase to fund a range of new and ongoing activities to enhance research into women's health issues. The increase will also allow ORWH to support cross-NIH initiatives aligned with the newly issued 2024–2028 NIH-Wide Strategic Plan for Research on the Health of Women,³ key objectives highlighted below, to promote sex and gender equity across all domains of research.

- Expand research to address additional critical contemporary women's health issues such as high rates of hypertension and cardiometabolic diseases and the greater prevalence of multiple chronic diseases, including mental health and autoimmune diseases, among others, in women.
- Support Interdisciplinary and Innovative Women's Health Research to catalyze and accelerate the translation of science advances to practical benefits on mid-life health of women, menopause, and chronic diseases.
- Support research aimed at reducing the prevalence and impact of mental health disorders, substance use disorders, chronic stress, cardiopulmonary diseases, common metabolic disorders (e.g., diabetes), and cancer.
- Support data science infrastructure and big data methods (e.g., data standardization, access and sharing, artificial intelligence) to accelerate collaboration, in-

³ orwh.od.nih.gov/sites/orwh/files/docs/ORWH_NIH-Wide%20Strategic%20Plan_FY2024-2028-508C.pdf.

novation, and interdisciplinary advances for diagnosis, treatment, and prevention of complex diseases that cannot be answered by one discipline alone.

- Expand existing training and mentoring support for programs by increasing the cadre of women's health researchers and connecting them to settings to meet the growing needs of getting evidence-based women healthcare to people faster for maternal and postpartum health through innovative approaches and models, improving continuity of care, engaging communities, developing the workforce, and increased partnerships.

QUESTIONS SUBMITTED BY SENATOR JOE MANCHIN, III

Question. Dr. Bertagnolli, thank you for joining Senator Capito and I while visiting West Virginia University (WVU)'s Health Science Center and its leaders this past March to learn more about the unique health issues impacting West Virginians and to see firsthand how WVU is using NIH funding to support research that addresses health disparities across the state and within Appalachia. While WVU and other colleges and universities in the state are making inroads, West Virginia continues to rank high in incidences of disease, injury, and poor health behaviors—ranking first for cardiovascular disease, diabetes, obesity; deaths related to cancer and opioid overdose; and with the second lowest life expectancy and fourth highest infant mortality.

What can NIH do to help expand the medical research footprint in rural states like West Virginia so we can tackle high disease burdens and low life expectancy?

Answer. The National Institute of General Medical Sciences (NIGMS), through the Congressionally mandated Institutional Development Award (IDeA) program, supports research capacity building in states and jurisdictions that historically have had low levels of NIH funding, including many rural states. In particular, the IDeA Clinical and Translational Research Networks (CTR-N) program funds statewide networks that build capacity for clinical and translational research in IDeA states, with a focus on health issues relevant to each state.⁴ The West Virginia Clinical and Translational Science Institute (WVCTSI) is one example of a successful CTR-N that has established a highly collaborative, statewide research infrastructure to address the substantial health disparities in West Virginia such as addiction and resulting emerging epidemics (such as hepatitis C), cancer, cardiovascular disease, and chronic lung disease. Since FY 2020, the program has required CTR-Ns to work with community clinics and primary care physicians affiliated with Practice-Based Research Networks (PBRN) in their state(s) to better engage patients throughout the state, including those in more rural areas. WVCTSI has expanded its PBRN 22 percent over the past year to include 131 clinics across the state.

- One difficulty with engaging rural clinics in clinical and translational research is access to technology that would facilitate local clinical trial participation. To address this issue, NIGMS has been funding Supplements to Advance the Use of Electronic Health Records for Research. Many CTR-Ns, including WVCTSI, have used this funding to upgrade software at rural community clinics to help their patients become “findable” for clinical research participation. In addition, with support from NIGMS funding, WVCTSI is set to launch a mobile clinical trials unit to expand clinical trial participation in rural communities by taking the research to the people.

- Another challenge for clinical research in IDeA states lies in the training and resources to expand clinical trial availability. NIGMS funded the IDeA States Consortium for Clinical Research (ISCORE), a partnership between nine CTR-Ns and two IDeA state CTSAs, to serve as a clinical research resource center for all of the CTRs, as well as other institutions in IDeA states.⁵ The ISCORE Resource Center, based at West Virginia University, will help CTR-Ns develop collaborations with clinical trial sponsors and build a cohort of clinical research coordinators to manage clinical trials so that CTR-Ns can better address health conditions with high prevalence among medically underserved populations in IDeA states.

Question. I noticed with great interest of the recent announcement that NIH will support Network Research Hubs to Integrate Clinical Research into Primary Care settings. Can you explain how you envision these hubs will work and how would their efforts would help medically underserved and disadvantaged populations?

Answer. Many communities across the United States are underrepresented or historically underserved in clinical research and are often disproportionately impacted

⁴ nigms.nih.gov/Research/DRCB/IDeA/Pages/idea-ctrp.aspx.

⁵ iscorercc.org.

by illness and disease. As a result, clinical studies frequently do not sufficiently produce results that are applicable to these communities. Communities Advancing Research Equity for Health™ (CARE for Health™) will allow us to connect with patients and providers, earning trusted partnerships and engaging with community-guided opportunities to integrate the research we do into the routine clinical care patients receive. The program's Network Research Hubs will leverage existing research networks and partnerships with clinical sites to support clinical research in primary care settings. Participating sites will be able to select and collaboratively design the studies they want to offer their patients, directly driving research to best meet community-identified needs. We hope that by enhancing access to research opportunities, particularly among those historically underrepresented and underserved in research, we will have a meaningful impact on health treatment and outcomes.

Question. Doctors of Osteopathic Medicine (DOs) are trained and licensed to provide osteopathic manipulative medicine (OMM), a hands-on treatment used to diagnose and treat illness and injury that can be used to treat structural and functional issues in the bones, joints, tissues and muscles of the body. OMM is a non-pharmacological solution to pain management that requires more research. Every year, the West Virginia School of Osteopathic Medicine (WVSOM) holds an annual Student Osteopathic Manipulative Medicine Clinic for residents of Lewisburg and surrounding areas.

As you know, the opioid epidemic has ravaged West Virginia like no other state. Every family in our state has been affected by this horrible epidemic and we must continue to address this crisis so that our communities can continue to recover. That is why I have been supportive of legislation that ensures non-opioid treatments are used whenever possible.

What are the NIH's plans to increase and expand research into the use of osteopathic manipulative medicine as a non-addictive alternative to opioids for pain management?

Answer. Research into non-pharmacologic and non-addictive techniques for pain management is a very important area of science supported by the NIH. The Helping to End Addiction Long-term® Initiative, or the NIH HEAL Initiative®, supports a number of programs focused on reducing opioid prescribing, improving pain management, and treating opioid-use disorders. The National Center for Complementary and Integrative Health (NCCIH) focuses solely on non-pharmacologic treatments and devotes approximately 40 percent of its budget to pain research.

Physicians with a Doctor of Osteopathic Medicine (D.O.) degree represent an important component of the medical community. They straddle the complementary, integrative health, and allopathic medical practices and have historically been connected to NCCIH through the practice of osteopathic manipulation. Osteopathic manipulation is a full-body system of hands-on techniques to alleviate pain, restore function, and promote health and wellbeing. This and other manual therapies are of interest to NCCIH. In 2022, NCCIH in partnership with the National Institute of Neurological Disorders and Stroke (NINDS) launched three new research networks focused on studying the effects of mechanical forces on the human body. These exciting research networks bring together scientists that study neural systems with clinicians who use force-based manipulations—such as massage therapy, spinal manipulation or acupuncture—to treat health problems. These span basic research through dissemination and implementation science. However, NCCIH does not receive many applications from D.O.s or Colleges of Osteopathic Medicine. In the last 5 years, NCCIH has received 2,738 scientific grant applications; of those only six applications have been from D.O.s or Colleges of Osteopathic Medicine. This suggests that the most impactful way to expand research into the use of osteopathic manipulative medicine is to increase the number of grant applications submitted from D.O.s or Colleges of Osteopathic Medicine.

NIH is making efforts to increase the number of applications for osteopathic research through conversations with organizations representing osteopathic physicians and specific funding opportunities for clinician-scientists, which includes D.O.s. Examples of such programs include but are not limited to: Mentored Clinical Scientist Research Career Development Awards, Clinical Scientist Institutional Career Development program, Academic Research Enhancement Award program, Mentored Patient-Oriented Research Career Development Award, and the Loan Repayment Program. In addition to these efforts, NCCIH has launched one and plans to launch an additional Research Across Complementary and Integrative Health Institutions (REACH) Center. The idea of these Centers is to foster institutional partnerships between large research institutions and smaller complementary and integrative health institutions, including Schools of Osteopathic Medicine, to perform the necessary administrative functions related to writing and submitting a competitive grant application and conducting research.

QUESTIONS SUBMITTED BY SENATOR SHELLEY MOORE CAPITO

NIH Proposal on Promoting Equity Through Access Planning RFI

Question. Is this policy proposal intended to be complimentary to the NIST March In Rights proposal or separate?

Public comments are due on July 22, 2024. Do you have an expected timeline for finalizing a proposal?

Answer. All NIH activities are driven by the principle that our work is not finished when we deliver scientific discoveries; our work is finished when all people are living long and healthy lives. To advance this aim, NIH is seeking comment on a policy proposal that would require licensees that succeed in bringing products based on certain NIH-owned inventions toward market submit a plan outlining steps they intend to take to promote patient access to those products. This proposal, if implemented, would affect inventions developed by government scientists at the NIH Intramural Research Program, and makes it clear that access is of paramount importance in providing a return on taxpayers' investment in biomedical research. At this time, NIH is seeking comments on this proposal through mid-July and those comments will be critical in informing the nature of any final policy or timelines for implementation.

While NIH's access planning efforts are complementary to the USG efforts to make products available to patients, this work is distinct from review of the use of march-in authority as laid out in the Bayh-Dole Act. However, both endeavors reflect NIH's commitment to efforts to improve the health of all Americans and advance innovation consistent with the interests of the American public.

Osteopathic Research and Representation at NIH

Question. What will the NIH do this year to increase utilization of osteopathic researchers to improve primary care and preventative research?

Answer. The National Institutes of Health (NIH) is dedicated to strengthening and diversifying the biomedical research workforce, including for physician scientists. As part of this effort, NIH continues to address recommendations described in a 2014 report focused on the physician-scientist workforce from the NIH Advisory Committee to the Director (ACD).⁶ NIH agrees with the report's conclusion that "findings which lead to advances in practice are driven largely by the work of investigators with a variety of degrees, of whom those with clinical training contribute essential knowledge and skills." Physician-scientists represent vital investment in research discovery and innovation. These researchers help transform clinical observations into hypotheses and research findings into medical advances.

Though there are no plans to release funding opportunities specific for osteopathic research, osteopathic medical schools (and their principal investigators) are welcome to review and apply for any NIH funding opportunities in the same way other organizations seeking NIH support do. Osteopathic medical schools could also consider referencing their medical principles in their grant applications in response to current funding opportunities to highlight how these principles help strengthen the scientific and technical merit of the proposed research. NIH would also recommend interested osteopathic medical schools and Doctors of Osteopathic Medicine (D.O.s) follow the NIH Guide for Grants and Contracts to learn about new biomedical and behavioral research grant policies, guidelines, and funding opportunities. They should also contact appropriate program staff at NIH to discuss potential funding opportunities, as well as participate in planned webinars and other outreach activities available to all organizations to learn more about NIH programs and policies (some of which are promoted through the NIH Extramural Nexus newsletter).

NIH recognizes that strengthening the future workforce includes fostering opportunities for physician-scientists with osteopathic medical degrees. Physicians with a D.O. degree represent an important component of the medical system at the intersection of the complementary, integrative health, and allopathic medical communities. These physicians practice osteopathic manipulation, a full-body system of hands-on techniques to alleviate pain, restore function, and promote health and wellbeing.

This promising approach is of interest to the National Center for Complementary and Integrative Health (NCCIH), and the Center makes every effort to ensure that D.O.s have representation on its advisory council. NCCIH currently has two members with D.O. degrees on its 18-member council.⁷ Though they have historically been connected to the NCCIH, D.O.s have also been designated on applications submitted to and awarded from other NIH Institutes and Centers. Similarly, D.O.s also

⁶ acd.od.nih.gov/documents/reports/PSW_Report_ACD_06042014.pdf.

⁷ nccih.nih.gov/about/naccih-member-roster.

serve in other peer review capacities across NIH Institutes and Centers in addition to NCCIH.

Table 1 lists the total funding and number of awards (both competing and non-competing) NIH made to osteopathic medical schools in fiscal years (FYs) 2020 to 2023.

Table 1. Number of NIH Research Project Grant Awards and Funding to Osteopathic Medical Schools: FYs 2020–2023

Fiscal Year	Awards	Total Funding
2020	71	\$42,618,974
2021	58	\$35,426,785
2022	72	\$43,408,636
2023	69	\$39,161,807

Table 2 shows the success rate for competing research project grant⁸ applications submitted by investigators in osteopathic medical schools between FYs 2020 and 2023. The success rate is an application-based metric that is calculated by dividing the number of awards made in a FY by the number of applications.⁹ NIH receives few applications from osteopathic medical schools, but their success rates are generally in line with overall NIH success rates.¹⁰ Again, NIH encourages osteopathic medical schools to review and apply for funding opportunities that are also available to the entire research community.

Table 2. Success Rate for Competing Research Project Grant Applications from Osteopathic Medical Schools: FYs 2020–2023

Fiscal Year	Applications	Awards	Success Rate
2020	119	20	16.8%
2021	70	18	25.7%
2022	144	25	17.4%
2023	120	22	18.3%

NCCIH and other NIH ICs have specific opportunities for clinician-scientists, including D.O.s, who conduct research across a wide range of complementary and integrative health approaches. Osteopathic medical schools and D.O.s should consider applying for these and other funding opportunities. Examples of such programs include, but are not limited to:

- Communities Advancing Research Equity (CARE) for Health¹¹
- HEAL Prevention and Management of Chronic Pain in Rural Populations program¹²
- Mentored Clinical Scientist Research Career Development Awards¹³
- Clinical Scientist Institutional Career Development program¹⁴
- Academic Research Enhancement Award program¹⁵
- Mentored Patient-Oriented Research Career Development Award¹⁶
- Loan Repayment Program¹⁷

QUESTIONS SUBMITTED BY SENATOR JOHN KENNEDY

Question. Director Bertagnolli, the NIH has long resisted moving their chimpanzees from the Alamogordo Primate Facility to Chimp Haven in Louisiana, despite a clear congressional mandate to do so. These chimpanzees have remained in the same facility where they underwent experimental research for decades. According to your own agency, these chimpanzees are anticipated to live for many more years, justifying the need for annual revaluations.

⁸ [grants.nih.gov/grants/glossary.htm#ResearchProjectGrant\(RPG\)](https://grants.nih.gov/grants/glossary.htm#ResearchProjectGrant(RPG)).

⁹ nexus.od.nih.gov/all/2022/03/07/fy-2021-by-the-numbers-extramural-grant-investments-in-research/.

¹⁰ report.nih.gov/nihdatabook/report/201.

¹¹ nih.gov/news-events/news-releases/nih-launches-30-million-pilot-test-feasibility-national-primary-care-research-network.

¹² heal.nih.gov/research/clinical-research/chronic-pain-rural-populations.

¹³ researchtraining.nih.gov/programs/career-development/K08.

¹⁴ researchtraining.nih.gov/programs/career-development/k12.

¹⁵ grants.nih.gov/grants/funding/r15.htm.

¹⁶ researchtraining.nih.gov/programs/career-development/K23.

¹⁷ lrp.nih.gov/.

With this in mind, why does the NIH continue to refuse to relocate these chimps?

Answer. NIH has already moved 494 chimpanzees to Chimp Haven between 2005 (when the sanctuary opened) and May 2024, including 75 chimpanzees from the Alamogordo Primate Facility (APF); some of these chimpanzees had chronic health issues, but their disease progression was not at levels that would compromise successful relocation, introduction, and integration into new social groups. In contrast, the transport and integration of the remaining chimpanzees at APF would not be safe. Their health status puts them at high risk of dying during the transport or integration process. Since it is the responsibility and obligation of NIH to protect the health and welfare of the chimpanzees, we are unwilling to risk having them die in transport or shortly thereafter. As of May 23, 2024, twenty-four chimpanzees remain at APF and are in health category V, which consists of animals that have been diagnosed with life-threatening, systemic disease that poses a constant threat and could result in abrupt death. More details about this health category can be found at Chimpanzee Health Categorization Framework: Harmonized Across NIH-supported Facilities.¹⁸

In *Humane Society of the United States, et al. vs. National Institutes of Health, et al.*, No. 8:2021cv00121, NIH stated that it reads the Court's December 13, 2022, Decision to hold that the "CHIMP Act mandates the transfer of all APF Chimpanzees to Chimp Haven," ECF No. 54 at 13, unless a chimpanzee is "moribund." ECF No. 70 at 3. NIH further stated that, "[s]ince before this litigation began, NIH has used that term [moribund] to refer to chimpanzees placed in Class V on the rating scale NIH created after a lengthy scientific process—those animals with 'life-threatening, systemic disease that poses a constant threat and could result in abrupt death.' Id. NIH has categorized each remaining APF Chimpanzee as being in Class V, and thus as 'moribund' based on the agency's understanding of that term. Id. NIH plans to annually reevaluate each of the APF Chimpanzees, as urged by Congress, to consider whether they continue to be "moribund" or if they are no longer "moribund" and can be safely transported to Chimp Haven." Id.

Question. Also, why does the NIH continue to express this position when in 2022 a Federal judge ruled that your agency was in violation of Federal law by refusing to move these chimps?

Answer. On December 13, 2022, in its decision, the Court declined to direct NIH to transfer the chimpanzees at Alamogordo to Chimp Haven. In doing so, the Court stated: "NIH has unique expertise regarding the transfer and care of the APF Chimpanzees that must also be taken into account when considering whether to [order a transfer] ECF No. 54 at 3–4, 12. Notably, Congress has afforded discretion to NIH to make decisions about how best to safely accomplish the transfer of the APF Chimpanzees. These considerations . . . caution against the Court imposing a deadline, or other directives, on NIH regarding the timing and method of the transfer of the APF Chimpanzees. Indeed, as the Court observed in its December 13, 2022, Decision, 'the Court recognizes and appreciates the difficult policy and practical considerations that NIH must confront in determining how best to ensure the health and safety of the frailest APF Chimpanzees, when transporting these chimpanzees to the Federal sanctuary system.' ECF No., 53 at 12. [A transfer order] would improperly supplant NIH's discretion in this regard." ECF No. 73 at 7.

Question. In response to my colleague Senator Lujan's question during your confirmation hearing, you wrote in your written response that "...I am committed to carrying out the goals of the CHIMP Act to ensure that these chimpanzees get the sanctuary and care they deserve." I would like an update on NIH's work to carry out your commitment to get these chimpanzees to Chimp Haven.

Answer. As noted in prior filings with the district court (ECF 55 at 6, ECF 70 at 3), NIH plans to re-evaluate each chimpanzee on an annual basis to determine whether they can be safely transported to Chimp Haven, taking into account each chimpanzee's health conditions and the unavoidable and inevitable stresses that result from transport and transfer of animals from one facility to another. Annual reviews by NIH will begin in summer/fall 2024. NIH remains fully committed to complying with the relevant animal welfare laws and policies and ensuring the safety and care of all NIH-owned and -supported chimpanzees.

The APF has been and will remain a chimpanzee care facility; no biomedical research has been or will be conducted at APF since NIH took over management of the facility in 2001. NIH will continue to monitor the chimpanzee care program at APF to ensure that chimpanzee care is provided at the highest standards expected by the NIH.

Question. Colleges of Osteopathic Medicine (COMs) are critically underrepresented and underfunded by the NIH, despite educating a quarter of U.S. medical

¹⁸ orip.nih.gov/sites/default/files/ChimpanzeeHealthCategorizationFrameworkFinal_508.pdf.

students. DO medical schools receive only \$62 million in NIH grants compared to \$23 billion for MD schools, and DO representation is almost nonexistent on NIH study councils and study sections. Congress raised these concerns in the FY22, 23 and 24 omnibus appropriations bills (Public Laws 117–103; 117–328; and 118–47) and in a 2022 letter, yet the NIH has taken no overt action to address the concerns raised by Congress.

What will NIH be doing this year to address the agency’s chronic underfunding of osteopathic research and underrepresentation of osteopathic scientists?

Answer. The National Institutes of Health (NIH) is dedicated to strengthening and diversifying the biomedical research workforce, including for physician scientists. As part of this effort, NIH continues to address recommendations described in a 2014 report focused on the physician-scientist workforce from the NIH Advisory Committee to the Director (ACD).¹⁹ NIH agrees with the report’s conclusion that “findings which lead to advances in practice are driven largely by the work of investigators with a variety of degrees, of whom those with clinical training contribute essential knowledge and skills.” Physician-scientists represent vital investment in research discovery and innovation. These researchers help transform clinical observations into hypotheses and research findings into medical advances.

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¹⁹ acd.od.nih.gov/documents/reports/PSW_Report_ACD_06042014.pdf.

²⁰ nccih.nih.gov/about/nacih-member-roster.

²¹ [grants.nih.gov/grants/glossary.htm#ResearchProjectGrant\(RPG\)](https://grants.nih.gov/grants/glossary.htm#ResearchProjectGrant(RPG)).

the number of awards made in a FY by the number of applications.²² NIH receives few applications from osteopathic medical schools, but their success rates are generally in line with overall NIH success rates.²³ Again, NIH encourages osteopathic medical schools to review and apply for funding opportunities that are also available to the entire research community.

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- Academic Research Enhancement Award program²⁸
- Mentored Patient-Oriented Research Career Development Award²⁹
- Loan Repayment Program³⁰

QUESTIONS SUBMITTED BY SENATOR JOHN BOOZMAN

Question. Arkansas is currently struggling with the highest maternal mortality rate in the country, and the entire state has come together over the last year to find ways to improve the crisis. I am intrigued by the work NIH is doing in the maternal health space, including the launch of the IMPROVE Initiative, and was pleased to see a geographically diverse group of institutions chosen as the centers of excellence.

Will any of the research be focused on rural areas and the unique set of factors impacting outcomes for women in rural areas?

Answer. NIH is committed to improving health for all pregnant and postpartum women, which includes addressing the unique needs of women in rural areas who may not have access to specialized healthcare or technologies. This commitment is built into the IMPROVE initiative, including the Maternal Health Research Centers of Excellence, which focus on populations with known health disparities, including tribal communities, and those living in underserved and rural areas. These centers are working to develop and implement community-driven interventions, as well as supporting training and professional development of maternal health researchers, including those from underrepresented backgrounds.

Another component of the IMPROVE initiative is the Rapid Acceleration of Diagnostics Technology (RADx® Tech) for Maternal Health Challenge. It prioritizes the development of home-based or point-of-care diagnostic devices, wearables, and other remote sensing technologies in order to improve postpartum outcomes for those living in areas lacking maternity care access. Ten teams have advanced to the final Technology Assessment Phase and are developing solutions related to blood pressure monitoring, mental health, hemorrhage, urinary tract infections (UTIs), and anemia.

²² nexus.od.nih.gov/all/2022/03/07/fy-2021-by-the-numbers-extramural-grant-investments-in-research/.

²³ report.nih.gov/nihdatabook/report/201.

²⁴ nih.gov/news-events/news-releases/nih-launches-30-million-pilot-test-feasibility-national-primary-care-research-network.

²⁵ heal.nih.gov/research/clinical-research/chronic-pain-rural-populations.

²⁶ researchtraining.nih.gov/programs/career-development/K08.

²⁷ researchtraining.nih.gov/programs/career-development/k12.

²⁸ grants.nih.gov/grants/funding/r15.htm.

²⁹ researchtraining.nih.gov/programs/career-development/K23.

³⁰ lrp.nih.gov/.

Question. NIH's Draft Intramural Research Program Policy released May 22nd includes requirements for Access Plans that include an "affordability" component that could include "committing to keep prices in the U.S. equal to those in other developed countries." I am concerned that this proposal could encumber NIH inventions with requirements that would not be associated with non-NIH inventions.

Would this make it more difficult to license these inventions, and put taxpayer-funded inventions at a competitive disadvantage in the innovation ecosystem?

Did NIH consider its November 2021 analysis that found the "reasonable pricing" policy implemented from 1989 to 1995 drove industry away from potentially beneficial collaborations in issuing this draft?

Answer. NIH is seeking comment on a policy proposal that would require licensees that succeed in bringing products based on certain NIH-owned inventions toward market submit a plan outlining steps they intend to take to promote patient access to those products. Access can take on many forms, including product affordability, availability, acceptability, and sustainability. Accordingly, NIH is currently seeking input on this proposal to consider the range of activities that could be considered and strategies to mitigate access challenges and expand the reach, and benefit, of drugs, biologics, vaccines, and devices stemming from NIH inventions.

NIH seeks to drive effective partnerships that foster a shared commitment to transforming knowledge into improved health for all. NIH continues to explore a variety of approaches currently employed by technology transfer communities, such as the access planning model, as well as evaluate data generated from prior policy initiatives, such as the reasonable pricing efforts in the 1990s. We will continue to work with patients, industry partners, technology transfer and licensing professionals, research institutions, and other interested individuals to craft an approach forward that advances the NIH mission and drives biomedical innovation.

QUESTIONS SUBMITTED BY SENATOR MARCO RUBIO

Question. In a recent hearing of the Select Subcommittee on the Coronavirus Pandemic, NIH principal deputy director Lawrence Tabak confirmed on the record that American taxpayer dollars were used to fund gain-of-function research at the Wuhan Institute of Virology in China in the years leading up to the COVID-19 pandemic. The American people, of course, have known this fact for some time, yet Federal officials have avoided giving a direct answer to prevent blame for the pandemic from being traced to Federal investment in untrustworthy Chinese labs. There were many drastic errors in research oversight here, including grantees knowingly failing to report that their modified coronaviruses were altered to become 10,000 times more infectious. Accountability is the first step to ensuring a global health and security crisis of this magnitude will never happen again. The American people deserve to know what happened, how their hard-earned money was egregiously invested, and how the agency is improving its transparency and communication.

Could you define gain-of-function research as the NIH understands it?

Can you confirm that U.S. taxpayer dollars were indeed granted to the Wuhan Institute of Virology to carry out gain-of function research?

Does the NIH intend to reinstate its relationship with the EcoHealth Alliance and the Wuhan Institute of Virology once their funding bans have lifted?

As an act of building greater trust in public health agencies, would the NIH provide all of its documentation to Congress, and the public, regarding its internal and external correspondence about the NIH funded grant to the EcoHealth Alliance and the Wuhan Institute of Virology to carry out coronavirus gain-of-function research?

What steps has the NIH taken/will take to ensure grantees engaging in research with infectious pathogens are complying with NIH rules and will not produce dangerous products?

Will the NIH commit to ceasing all distribution of Federal funds toward research institutions domiciled in the People's Republic of China or otherwise directed or controlled by the Chinese Communist Party?

Answer. NIH does not define the term gain-of-function, and current USG, HHS, and NIH policy do not define or operationalize these terms. Official Federal definitions pertaining to research that requires additional review and oversight are outlined in the following official USG and HHS policies: the 2017 Recommended Policy Guidance for Departmental Development of Review Mechanisms for Potential Pandemic Pathogen Care and Oversight (OSTP P3CO Policy Guidance)³¹ issued by the White House Office of Science and Technology Policy, the HHS Framework for Guiding Funding Decisions about Proposed Research Involving Enhanced Potential Pan-

³¹ [phe.gov/s3/dualuse/Pages/ppp-oversight-recommendations.aspx](https://www.phe.gov/s3/dualuse/Pages/ppp-oversight-recommendations.aspx).

demic Pathogens (HHS P3CO Framework),³² the United States Government Policy for Oversight of Life Sciences Dual Use Research of Concern³³ and the United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern³⁴ (collectively the USG DURC Policies). These oversight frameworks are part of a robust U.S. biosafety and biosecurity oversight system comprised of multiple, complementary regulations, policies, and guidelines to minimize potential risks and preserve benefits of critical life sciences research for the American people.

Information on research projects that have completed review in accordance with the HHS P3CO Framework since its adoption in 2017 is publicly posted on HHS's website.³⁵ Research with pathogens, including research that may fall under the USG DURC policies and P3CO framework, is necessary to understand their function and helps us identify, understand, and develop strategies and effective countermeasures against rapidly evolving pathogens that pose threats to our public health, economic, and national security. The EcoHealth Alliance (EHA) application did not propose research to enhance coronaviruses to be more transmissible or virulent in humans and thus did not fall under these policy frameworks or definitions.

On May 6, 2024, OSTP released an expanded and unified USG Policy for Oversight of Dual Use Research of Concern and Pathogens with Enhanced Pandemic Potential.³⁶ This new USG-wide policy, which will be effective on May 6, 2025, combines the current DURC and P3CO oversight frameworks, and expands the scope of research requiring additional review. NIH staff are evaluating the recently released policy and will work with our HHS counterparts towards updating and establishing policies and oversight procedures, as needed, during the 1-year implementation period to ensure consistent implementation. The policy states that OSTP and NSC staff, in consultation with relevant departments and agencies, will coordinate a process for identifying countries posing risks in which the U.S. government should not fund DURC or research involving pathogens with enhanced pandemic potential (as defined therein). At the time of release of the policy, the Federal government will not fund such research in the following countries: the Democratic People's Republic of Korea (DPRK), the Islamic Republic of Iran, the Russian Federation, the People's Republic of China (along with the Special Administrative Regions of Hong Kong and Macau, for the purposes of this policy), Cuba, Syria, and Venezuela. NIH will adhere to the requirements articulated in this new USG policy, including with respect to definitions, the assessment of risks and benefits and the development of risk mitigation plans. NIH notes that the term gain-of-function also is not defined in this policy.

NIH has not made any awards to the Wuhan Institute of Virology (WIV). Rather, NIH awarded a grant to the EcoHealth Alliance (prime recipient), who in turn made a subaward to WIV. Information on prime awards from NIH are available on the NIH RePORTER system,³⁷ and subaward information made by prime recipients is available on USASpending.gov.³⁸ On July 17, 2023, the DHHS Suspension and Debarment Office (SDO) officially suspended WIV and proposed debarment of WIV due to its failure to turn over requested records to EHA. On September 19, 2023, WIV was debarred until July 2033. And on May 15, 2024, DHHS took action to suspend and propose for debarment of EHA. NIH awaits the SDO's findings.

NIH takes our stewardship over the Nation's investment in biomedical research very seriously. NIH actively manages and administers NIH awards in a manner to ensure that Federal funding is expended and associated programs are implemented in full accordance with the U.S. Constitution, Federal Law, and public policy requirements. Furthermore, the NIH follows all United States Government laws, policies, and guidance in distribution of Federal funds to research institutions in foreign countries. NIH remains committed to transparency with Congress and the public and will continue to produce internal and external documentation about research funded by NIH.

Question. The NIH has long been a leader in supporting research and development to tackle our nation's greatest public health challenges. However, I remain concerned that the NIH is distorting priorities and constructing barriers that prevent qualified, needed researchers from accessing Federal grants in the name of pro-

³² p3co.hhs.gov/dualuse/Pages/p3co.aspx#:~:text=The%20Department%20of%20Health%20and,PPPs%20resulting%20from%20the%20enhancement.

³³ p3co.hhs.gov/dualuse/Documents/us-policy-durc-032812.pdf.

³⁴ p3co.hhs.gov/dualuse/documents/durc-policy.pdf.

³⁵ p3co.hhs.gov/dualuse/Pages/ResearchReview-PPP.aspx.

³⁶ whitehouse.gov/ostp/news-updates/2024/05/06/united-states-government-policy-for-oversight-of-dual-use-research-of-concern-and-pathogens-with-enhanced-pandemic-potential/.

³⁷ reporter.nih.gov/.

³⁸ usaspending.gov/.

moting “DEI.” The NIH’s policy of requiring grantees to submit a “Plan for Enhancing Diverse Perspectives” or PEDP mandates that researchers prioritize spending their precious time and capital to check the diversity box. The NIH should trust that researchers will hire the most qualified personnel and focus on partnering with entities that maximize the quality of their research, rather than seeing essential research as a laboratory to impose radical social mandates. At the end of the day, the NIH should care most about ensuring that taxpayer funded investments will yield results for the American people, not that they are appealing to left-wing advocates.

How many NIH initiatives and sub agencies are currently requiring applicants to submit PEDPs as a portion of their application?

How did the NIH develop their criterion within their PEDP?

How do the peer reviewers weigh an applicant’s PEDP against the rest of their application?

Are there additional avenues available for applicants who do not include a PEDP in their application?

Is there an option for an applicant to appeal if they are denied based on their PEDP?

Have any scientists refused to serve on an NIH peer review panel because of the directive to mandate inclusion of PEDPs in grant applications?

Answer. The Plan for Enhancing Diverse Perspectives (PEDP) in NIH grant applications is a summary of actionable strategies to advance the scientific merit of proposed projects through diverse perspectives. The NIH recognizes that teams comprised of investigators with diverse perspectives working together and capitalizing on innovative ideas and distinct viewpoints outperform homogeneous teams. To support the best science, the NIH encourages inclusivity in research guided by the consideration of diverse perspectives. Broadly, diverse perspectives can include but are not limited to the educational background and scientific expertise of the people who perform the research; the populations who participate as human subjects in research studies; and the places where research is done. More information on the implementation of PEDPs is available on the NIH Grants site.³⁹ NIH does not require that all funding opportunities include a PEDP as a part of the application submission process.

The NIH developed PEDP criteria through consultations with scientific experts from across the NIH, with input from the research community, and a review of relevant literature. Peer reviewers, individuals that are themselves comprised of scientists from the extramural research community, evaluate PEDPs as part of the Overall Impact score of an application, focusing on how these plans help to advance the scientific merit of the proposed project. This evaluation is integrated with other critical components of the application, such as significance, innovation, and approach. Consistent with Federal law, the race, ethnicity, or sex (including gender identity, sexual orientation, or transgender status) of a researcher, award participant, or trainee will not be considered, even in part, during the application review process or when making funding decisions. Applicants that do not have their applications approved for funding may utilize the long-standing process of appeal developed by NIH.

The review community has been very receptive to the goals of the PEDP. While a reviewer may recuse themselves from reviewing any application should they feel uncomfortable with its contents, to date no reviewer has reported that they recuse themselves from reviewing an application because of the inclusion of a PEDP.

By fostering diverse perspectives, the NIH aims to support high-quality science and maximize the impact of taxpayer-funded research, ensuring that the results benefit the broadest possible audience.

Question. As you know, the NIH is currently in the process of updating its mission statement. However, as I and Senator Duckworth previously communicated to you in January, I remain concerned about the NIH’s proposed removal of the goal to “lengthen life” from the agency’s mission statement, without any justification. As U.S. life expectancy is now lower than it was fifteen years ago and nations are increasingly embracing physician assisted suicide, it is critical that the NIH continues to emphasize an approach to biomedical research that affirms the value and dignity of every human life.

At what stage is the NIH in the process of reviewing and publishing its final mission statement?

³⁹ grants.nih.gov/policy/plan-for-enhancing-diverse-perspectives.htm.

Answer. NIH has analyzed the hundreds of responses to the Request for Information (RFI)⁴⁰ inviting feedback on a proposed update to the NIH mission statement. NIH Director Bertagnolli intends to provide an update on the progress during her Director's Report of the NIH Advisory Committee to the Director (ACD) meeting on June 13, 2024.⁴¹ The RFI results, which will be posted in a public report in the coming weeks, have indicated that more input is needed to better understand all perspectives before finalizing a new mission statement.

Question. Is the NIH concerned by evidence suggesting that false stereotypes and biases regarding people with disabilities could lead to discrimination in how doctors recommend physician-assisted suicide to their patients?

Answer. NIH would be deeply concerned if false stereotypes and biases regarding people with disabilities led to discrimination.

Question. When does the NIH intend to publish its final mission statement?

Answer. As noted above (3a), analysis of the RFI results has indicated more input is needed. NIH intends to publish its final mission statement following additional public engagement over the coming months.

Question. Does the NIH pledge to continue supporting research and innovation that will lengthen life?

Answer. NIH intends to continue supporting research and innovation to help all people live long and healthy lives.

QUESTIONS SUBMITTED BY SENATOR SUSAN M. COLLINS

Question. Dr. Bertagnolli, despite a proposed increase of more than \$1 billion across NIH, I am concerned about the proposed decrease for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), which is the primary Federal agency responsible for conducting research for the prevention and treatment of diabetes. This proposal comes at a time when rates of diabetes are skyrocketing, particularly among our youth. According to the CDC, the number of young people under age 20 with diabetes in the United States is likely to increase more rapidly in future decades. This expected upward trend may lead to as many as 220,000 young people having type 2 diabetes in 2060—a nearly 700% increase. The number of young people with type 1 diabetes could increase by as much as 65% in the next 40 years. Even if the rate of new diabetes diagnoses among young people remains the same over the decades, type 2 diabetes diagnoses could increase nearly 70% and type 1 diabetes diagnoses could increase 3% by 2060. Given the cost and burden of diabetes, why is the NIH proposing a decrease at the NIDDK?

Answer. The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) sincerely thanks the Committee for the budget increase we received through the FY 2024 appropriations. Because the President's Budget was released prior to the enactment of FY 2024 appropriations, this increase was not considered in the process of budget development, which was based on the FY 2024 Continuing Resolution. There was no intent to propose a budget decrease in discretionary funding at NIDDK in FY 2025. NIH is committed to supporting diabetes research that will advance effective prevention and intervention approaches for all, including children and young people. The skyrocketing rates of diabetes in youth are especially alarming as NIH-supported studies have shown that type 2 diabetes is much more difficult to treat and progresses more rapidly when it occurs in young people than in those who develop it in middle age or later. Studies have also shown that type 2 diabetes in youth disproportionately impacts underrepresented populations. NIDDK is supporting a new study, called DISCOVERY, that will follow a cohort of youth at risk for developing type 2 diabetes to better understand diabetes progression in youth and adolescents and to discover factors that may help predict diabetes onset and progression. To combat the rising rates of type 1 diabetes, NIDDK-funded research, including The Environmental Determinants of Diabetes in the Young (TEDDY) study supported by the Special Diabetes Program, is working to identify what environmental factors may contribute to type 1 diabetes onset. These projects, as well as others in NIDDK's diabetes portfolio, aim to understand and curb these alarming increases.

Question. In March, I led reauthorization of the Special Diabetes Program (SDP) through December 31, 2024, at an annual rate of approximately \$160 million per year—a roughly \$10 million increase from current funding levels. This is the first funding increase for SDP in 20 years. The Special Diabetes Program has made significant scientific progress toward the goal of preventing, treating, and ultimately

⁴⁰ grants.nih.gov/grants/guide/notice-files/NOT-OD-23-163.html.

⁴¹ acd.od.nih.gov/meetings.html.

curing type 1 diabetes. Can you discuss some of the advances that have come from this program and how the funding increase and extension under consideration at the end of the year would help further advance these important goals?

Answer. The Special Diabetes Program (SDP) has led to groundbreaking progress that is improving the health and quality of life of people with type 1 diabetes. For example, decades of SDP-supported foundational research and clinical trials culminated in recent U.S. Food and Drug Administration (FDA) approvals of the first drug (teplizumab) that can delay onset of type 1 diabetes diagnosis in people at high risk for developing the disease; the first cellular therapy (islet transplantation) to treat adults with type 1 diabetes who have recurrent episodes of dangerously low blood glucose levels; and hybrid artificial pancreas devices that have greatly eased the burden of type 1 diabetes management. Other successes stemming from the Program include the paradigm-shifting understanding of how type 1 diabetes progresses in distinct stages from normal glucose levels to clinically overt disease, and clinical trial results that have transformed the treatment of diabetic retinopathy and diabetic macular edema worldwide.

The recent SDP renewal and historic funding increase are critical for building on the progress made by the Program's ongoing landmark research consortia and networks, as well as to support new and emerging research opportunities. These opportunities include exploring the use of sodium-glucose co-transporter-2 inhibitors (SGLT2i)—drugs that protect heart and kidney health in people with type 2 diabetes—as a treatment for type 1 diabetes; understanding the neurocognitive impact of type 1 diabetes in children to inform strategies to mitigate the risk of developing neurocognitive complications in later life; identifying mechanisms that promote the development of cardiovascular disease (CVD) in people with type 1 diabetes toward developing CVD prevention and treatment strategies for this population; identifying factors that restore awareness of hypoglycemia in adults with type 1 diabetes and impaired awareness of hypoglycemia toward tailoring treatment approaches for these individuals; and developing next-generation hybrid artificial pancreas systems. New type 1 diabetes research opportunities will also be discussed at a November 2024 meeting of the statutory Diabetes Mellitus Interagency Coordinating Committee. The FY 2025 President's Budget proposes a further increase to the SDP, with a level of \$260 million in FY 2025 and \$270 million in FY 2026.

Question. Four years after the start of the COVID pandemic, we still have many questions surrounding how to identify and treat Long COVID. In 2021, NIH launched the RECOVER Initiative to study Long COVID and look for treatments across different types of research studies. I have discussed the RECOVER Initiative both with those involved in the research, who defend its complexity, and others who are more critical due to the time spent defining the symptoms and a delayed emphasis on therapeutics. I believe in the NIH's ability to translate research into results patients feel on the ground, but I also understand the frustration that no "cure" or even real treatment has been found. Do you have any NIH-wide strategies to help RECOVER continue to work better given how varied the symptoms and treatments are?

Answer. NIH RECOVER is an agency-wide priority that involves many parts of NIH, including the National Heart, Lung, and Blood Institute (NHLBI), the National Institute of Neurological Disorders and Stroke (NINDS) and the National Institute of Allergy and Infectious Diseases (NIAID). Many of the investments made and structures created thus far were designed for the long haul. Given the challenge that infection-associated conditions have been thus far—with little evidence that advances our understanding or treatments, we knew tackling Long COVID was neither going to be quick or easy. Some of the learnings to date include better understanding of how the numerous symptoms cluster, how different types of people (adults, children, pregnant people, etc.) and communities are affected, and the effect the virus has on tissue and organ systems. These learnings are enabling us to identify potential therapeutic targets that can bring potential relief to those experiencing the greatest burden from clusters of specific symptoms. In addition, longer term follow-up with individuals remains critical for NIH to understand how Long COVID behaves in patients over time.

The NIH strategy is to tackle Long COVID on many fronts. Understanding the pathology and how the virus affects specific organs and tissues has shown to be pivotal to evolving hypotheses surround therapeutic targets. Continuing to leverage data technologies and enable greater exploration of the data from others will similarly yield consideration of promising interventions. The clinical trials approach enables multiple potential therapies to be tested at the same time, with the expectation that additional interventions and therapeutics will be added to these platforms in the future. Finally, NIH is listening to the numerous ideas that are coming to us through various channels and from various communities of patients, caregivers,

clinicians, policy makers, and of course, researchers with knowledge in infection associated conditions. It is our hope that this strategy will allow NIH to find therapeutics and hopefully a treatment for this debilitating disease.

QUESTIONS SUBMITTED TO DR. W. KIMRYN RATHMELL, M.D., PH.D., M.M.H.C.

QUESTIONS SUBMITTED BY SENATOR JOE MANCHIN, III

Question. Dr. Rathmell, West Virginia tops the fifty states in cancer risk. West Virginia University (WVU) is committed to reducing the risk of cancer for West Virginians through strengthening research. They are making great strides, evidenced by their growing cancer research portfolio. WVU is working to accelerate its progress by building a National Cancer Institute-designated cancer center with access to all NCI-sponsored cancer trials. I am 100% supportive of that goal as studies show patients treated at NCI-Designated Cancer Centers have higher survival and recovery rates.

I understand there are three basic types of Cancer Centers: Comprehensive Cancer Centers, Clinical Cancer Centers, and Basic Laboratory Cancer Centers. NCI creates strict guidelines for what criteria a facility must meet to become a cancer center, but NCI has yet to consider facilities that serve large rural populations, or conduct research predominately in rural areas.

Will NCI consider adding a new category for Cancer Center Support Grants (CCSGs) awards for cancer centers that are primarily providing care to rural and disadvantaged populations?

Answer. The National Cancer Institute (NCI) Cancer Centers Program⁴² represents a substantial commitment to supporting research on breakthrough approaches to preventing, diagnosing, and treating all types of cancers for patients in communities across the United States. The program currently supports 72 NCI-Designated Cancer Centers, in 36 states and the District of Columbia. NCI supports the research infrastructure for designated cancer centers to advance scientific goals and foster cancer programs that draw together investigators from different disciplines. The NCI Office of Cancer Centers⁴³ (OCC) consults on a regular basis with cancer centers such as West Virginia University (WVU) planning a first-time application for NCI designation. The timeline for attainment of the designation varies greatly, depending on the status of the center at the time of initial contact with OCC. The OCC is pleased to continue working with WVU on this process and recognizes the opportunity that WVU has to improve services for medically underserved, rural populations in their catchment area.

NCI recognizes that the remarkable advances in cancer prevention, treatment, and survivorship made in recent decades are not experienced equitably across all populations in the United States. Patients living in rural areas are among those individuals who are less likely to have access to cutting-edge cancer care. It has been a longstanding goal of NCI to ensure that any person with a cancer diagnosis, or at risk of developing cancer, has an opportunity to participate in cancer research—and take advantage of the latest therapies and prevention strategies. NCI-designated Cancer Centers, through their Community Outreach and Engagement (COE) efforts, create programs catered to their catchment area that have increased the reach to rural communities. This is one of many key NCI-supported initiatives focused on rural areas across the country, including the NCI Community Oncology Research Program (NCORP), NCI's Virtual Clinical Trials Office, ongoing research focused on rural cancer control, and the recently created Working Group in Support of Efforts to Enhance Community Cancer Research and Quality Care.

—NCORP is part of NCI's National Clinical Trials Network (over 2,200 sites across the United States) that brings cancer clinical trials and care delivery studies to people in their own communities. NCI-supported trials are available in every state, not limited to NCI-designated centers. NCI clinical trials networks reach across the country and make this possible, with a specific focus on bringing cancer clinical trials to rural populations. More than 100 NCI-supported trials are available in West Virginia, including at WVU—this includes pediatric trials through NCI's Children's Oncology Group.⁴⁴

—In February 2024, NCI launched the Virtual Clinical Trials Office Pilot Program, which aims to address clinical trials staffing shortages by providing re-

⁴² cancer.gov/research/infrastructure/cancer-centers.

⁴³ cancercenters.cancer.gov/Home.

⁴⁴ cancer.gov/research/participate/clinical-trials-search/r?lcnty=United%20States&loc=2&lst=WV&rl=2.

mote support staff.⁴⁵ The ultimate goal of the program is to make it easier for community sites to support enrollment in clinical trials, particularly in rural and other underserved areas. NCI is optimistic that by providing support through a centralized team of remote support staff—including research nurses, clinical research associates, and clinical data specialists—eventually all clinical practices, regardless of their scope, patient population, or location, will benefit from the lessons learned during this pilot. Six institutions across the United States with various geographical settings and clinical practice characteristics have been selected to receive virtual clinical trials staffing from NCI for the initial phase of the pilot program.

—NCI supports ongoing research focused on cancer control in rural areas, including recent funding opportunities focused on improving the reach and quality of cancer care in rural populations⁴⁶ and social and behavioral intervention research to address modifiable risk factors in rural populations.⁴⁷ These funding opportunities supported 12 research projects focused on rural populations, including a project providing high-quality technology-based supportive care resources to patients with metastatic cancer living in rural Pennsylvania and rural West Virginia,⁴⁸ as well as a project leveraging community pharmacists to enhance provision of smoking cessation services for people who smoke in rural Appalachia.⁴⁹

—Also in February 2024, NCI established the Working Group in Support of Efforts to Enhance Community Cancer Research and Quality Care through NCI's Board of Scientific Advisors. The Working Group includes experts from across the country, including other Federal agencies, and is charged with providing guidance on ways to increase community capacity to conduct cancer research and provide high-quality cancer care—across every community oncology clinic and every patient across the nation. One of the things this group will do is look at best practices of institutions that participate in the National Clinical Trials Network and NCORP.

NCI remains committed to ensuring cancer research advances reach all communities, including rural communities, and that cancer research efforts, including clinical trials, are conducted in rural communities. NCI will continue to pursue these opportunities through a variety of appropriate research mechanisms, including NCI-designated cancer centers, NCI clinical trials networks, rural cancer control research projects, and other emerging research opportunities.

QUESTIONS SUBMITTED BY SENATOR JOHN BOOZMAN

Question. As you know, the University of Arkansas for Medical Sciences is working on getting designated as an NCI cancer center. If they're able to do so, it'll be the first and only NCI-designated cancer center in the state—which would be significant. However, this goal may still take several more years to accomplish, and in the meantime, I think it is vital that Arkansans can participate in cancer clinical trials—especially without having to travel long distances to do so, given the rural nature of the state.

What is NCI doing to support clinical trial capacity at the community level?

How do we ensure that Americans, regardless of where they live, can participate?

Answer. The National Cancer Institute (NCI) Cancer Centers Program⁵⁰ represents a substantial commitment to supporting breakthrough approaches to preventing, diagnosing, and treating all types of cancers. The program currently supports 72 NCI-Designated Cancer Centers, in 36 states and the District of Columbia; there are 57 Comprehensive Cancer Centers, 8 Clinical Cancer Centers, and 7 Basic Laboratory Cancer Centers. The NCI-Designated Cancer Centers are recognized for their scientific leadership in laboratory and clinical research, in addition to serving their communities and the broader public by integrating training and education for biomedical researchers and healthcare professionals. These centers dedicate significant resources toward developing research programs, faculty, and facilities that will lead to better and innovative approaches to cancer prevention, diagnosis, and treatment. NCI supports the research infrastructure for designated cancer centers to ad-

⁴⁵ cancer.gov/MajorInitiatives/virtual_clinical_trials_office_pilot_program.htm.

⁴⁶ grants.nih.gov/grants/guide/rfa-files/RFA-CA-19-064.html.

⁴⁷ grants.nih.gov/grants/guide/rfa-files/RFA-CA-20-051.html.

⁴⁸ reporter.nih.gov/search/ztocNZSo1EOhnbaYLRlgUQ/project-details/10850646.

⁴⁹ reporter.nih.gov/search/McpeUAVT1U21vZJJlUXWoA/project-details/10701777.

⁵⁰ cancer.gov/research/infrastructure/cancer-centers.

vance scientific goals and foster cancer programs that draw together investigators from different disciplines.

The NCI Office of Cancer Centers⁵¹ (OCC) consults on a regular basis with cancer centers such as the University of Arkansas for Medical Sciences (UAMS) planning a first-time application for NCI designation. The timeline for attainment of the designation varies greatly, depending on the status of the center at the time of initial contact with OCC. If the center needs to both build the research base and address other essential characteristics prior to application, the process may easily take a decade or more, depending on resources available, leadership, and other factors. If it already has significant cancer research funding, and needs only to refine its organizational capabilities, the process may take only a few years. The OCC is pleased to continue working with UAMS on this process and recognizes the opportunity that UAMS has to improve services for medically underserved, rural populations in their catchment area.

NCI remains committed to providing access to cancer clinical trials to communities throughout the United States, including those with rural and underserved populations. In addition to the NCI-Designated Cancer Centers, the NCI Community Oncology Research Program (NCORP) is a national network that brings cancer clinical trials and care delivery studies to people in their own communities. NCORP is part of NCI's National Clinical Trials Network (over 2,200 sites across the United States) and is comprised of 7 Research Bases and 46 Community Sites, one of which serves Arkansas by providing access to NCI-supported cancer clinical trials and research studies. Fourteen of these community sites are designated as Minority/Underserved (M/U) Community Sites. NCORP covers 41 states, as well as the District of Columbia, Puerto Rico, and Guam. NCI-supported trials are available in every state, not limited to NCI-designated centers.

NCI clinical trials networks reach across the country and make this possible, with a specific focus on bringing cancer clinical trials to rural populations. More than 150 NCI-supported trials are available in Arkansas, including at the University of Arkansas for Medical Sciences.⁵²

Activities to increase access to cancer screening and treatment in rural regions are also often part of NCI-Designated Cancer Centers' Community Outreach and Engagement (COE) efforts, depending on the catchment area of the Cancer Center. COE activities are evaluated as part of Centers' applications for NCI designation. NCI's Center to Reduce Cancer Health Disparities (CRCHD) supports several initiatives to improve research capacity and cancer care among traditionally underserved populations, including those in rural areas.

In February 2024, NCI also launched the Virtual Clinical Trials Office Pilot Program to address the decline in participation in NCI-funded clinical trials that is due, in part, to clinical trials staffing shortages that were exacerbated by the COVID-19 pandemic. NCI is optimistic that by providing support through a centralized team of remote support staff—including research nurses, clinical research associates, and clinical data specialists—eventually all clinical practices, regardless of their scope, patient population, or location, will benefit from the lessons learned during this pilot. Six institutions across the United States with various geographical settings and clinical practice characteristics have been selected to receive virtual clinical trials staffing from NCI for the initial phase of the pilot program.

QUESTIONS SUBMITTED TO DR. JEANNE MARRAZZO, M.D., M.P.H.

QUESTIONS SUBMITTED BY SENATOR SHELLEY MOORE CAPITO

Rural Access to Infectious Disease Clinical Trials

Question. The national clinical trials infrastructure often excludes health facilities that serve communities that are typically underrepresented in studies, including individuals in rural and sparsely populated areas. What more needs to be done to increase access to infectious diseases clinical trials in rural communities?

Answer. The National Institute of Allergy and Infectious Diseases (NIAID) conducts and supports basic and applied research to better understand, treat, and prevent infectious, immunologic, and allergic diseases, including in communities underrepresented in clinical studies. NIAID's rural health-related research and activities support this mission. Many of these activities aim to increase access to care for rural residents and help improve the quality of their lives. For example, NIAID—

⁵¹cancercenters.cancer.gov/Home.

⁵²cancer.gov/research/participate/clinical-trials-search/r?lcnty=United%20States&loc=2&lst=AR&rl=2.

in collaboration with other National Institutes of Health (NIH) Institutes and Centers—has helped establish and maintain the national clinical trials infrastructure needed to serve communities that are typically underrepresented in HIV research.

In support of the Department of Health and Human Services (HHS) Ending the HIV Epidemic in the U.S. (EHE) initiative, NIAID in collaboration with the National Institute of Mental Health (NIMH) supports implementation science research that focuses on expanding and/or improving engagement and re-engagement in HIV prevention, testing, treatment, and care services. A major component of this activity involves deploying innovative community-based prevention strategies directed toward populations at an increased likelihood of HIV largely unreached by current programs, including people living in rural or medically underserved areas, or people and communities experiencing clusters and outbreaks. These research projects, supported through administrative supplements to the NIH Centers for AIDS Research (CFARs) and NIMH AIDS Research Centers (ARCs), focus on 57 priority geographic areas, including seven states (Alabama, Arkansas, Kentucky, Mississippi, Missouri, Oklahoma, and South Carolina) with a substantial number of HIV diagnoses in rural areas.

To date, NIAID and NIMH have funded over 45 projects in these states, with several projects explicitly focusing on addressing barriers to engaging rural populations. NIAID funds two CFARs located in these seven states: the University of Alabama at Birmingham (UAB) CFAR and the new Midwest Developmental CFAR (D-CFAR) at Washington University in St. Louis, Missouri. Both CFARs have established scientific working groups to address the needs of their rural communities. The UAB “Ending HIV in Alabama Scientific Working Group” was created in 2017 to promote interdisciplinary research through: (1) the development of novel approaches to improve outcomes in HIV prevention, testing, linkage to care, retention in care, and viral suppression; (2) implementation of evidence-based interventions through coordination of interdisciplinary teams; and (3) recruitment and mentoring of trainees and early stage investigators in epidemiologic and implementation science research aimed at eliminating HIV in Alabama. Investigators at the UAB CFAR also are working to identify counties in Alabama at greatest risk for an HIV outbreak among persons who inject drugs in order to inform implementation strategies to integrate person-centered HIV, harm reduction, and addiction services. The “Neglected Populations Scientific Working Group” at the Midwest D-CFAR aims to establish a collaborative community involving academics, regional partners, and community-based partners. This collaboration will conduct pragmatic, community-engaged, and stakeholder-embedded research targeted towards neglected populations affected by HIV. The overall goal of these working groups is to improve health services for underserved communities.

In addition, the NIAID-funded North American AIDS Collaborative Cohort on Research and Design (NA-ACCORD) added clinical sites to assess the disproportionate burden of HIV infection and HIV-related morbidity and mortality rate of HIV in the South. These sites, which highly represent the sex, race/ethnicity, and HIV transmission risk groups, enroll urban, suburban and rural residents. In total, NA-ACCORD now features seven sites considered in the “Deep South” which markedly enhances the ability to assess the HIV epidemic in this increasingly important region.

NIAID will continue to conduct and support clinical research to better understand, treat, and prevent infectious diseases, including HIV, affecting underrepresented communities such as those in rural areas. NIAID also is committed to working with NIH Institutes, Centers, and Offices to help maintain the robust national clinical trials infrastructure needed to increase access to clinical trials in rural communities.

QUESTIONS SUBMITTED TO DR. NORA D. VOLKOW, M.D.

QUESTIONS SUBMITTED BY SENATOR JOE MANCHIN, III

Question. In 2023 alone, 109,000 Americans died from drug related overdoses and more than 76,000 of those deaths involved illicit fentanyl and other synthetic opioids. We have lost more Americans to drug overdoses since 1999 than the number of American lives lost in wars or conflicts since the Civil War, and it is absolutely heartbreaking.

Dr. Volkow, you have been to West Virginia, visited the West Virginia University's Rockefeller Neuroscience Institute, and have seen first-hand the work being done to study and find treatments for substance use disorder.

How can NIDA continue to support research institutions that are studying the science of substance use disorder and working on treatments for substance use disorder, especially those working with rural populations?

What are other ways that we can better expand access to substance use disorder treatment in rural America, particularly in West Virginia, where the overdose rates continue to be some of the highest in the nation?

Answer. Through a variety of NIH funding mechanisms, The National Institute on Drug Abuse (NIDA) continues to fund meritorious applications submitted by researchers from diverse institutions to maximize its support of research, including researchers who work with underserved rural populations. There are also multiple NIH mechanisms geared toward increasing research infrastructure. For example, the congressionally mandated Institutional Development Award program builds research capacity at institutions in states with historically low levels of NIH funding, including West Virginia.⁵³ NIDA also uses novel approaches to bring more institutions that work with rural populations into the research enterprise. For example, with funding from the NIH Helping to End Addiction Long-term®, or the NIH HEAL Initiative®, NIDA expanded its Clinical Trials Network (CTN) by adding five additional research nodes, including the Appalachian Node, a collaboration between West Virginia University, University of Pittsburgh, and Penn State University.⁵⁴ NIDA is also currently participating in two NIH funding opportunities to further increase the diversity, breadth, and geographic locations of research programs.^{55,56} Together, these efforts aim to encourage research that includes underserved rural populations and increases the scientific value and impact of research.

NIDA acknowledges the vital need to ensure rural access to evidence-based interventions and supports substance use research in rural communities. The Rural Opioid Initiative (ROI), which is in the process of concluding, was a collaboration of NIDA with the Appalachian Regional Commission, the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control and Prevention (CDC). The researchers supported under this initiative worked with state and local health departments to fill data gaps regarding the opioid epidemic (including polysubstance use) and supported the development and testing of locally focused interventions to address overdose and expand access to evidence-based services. These efforts included peer-based efforts to increase access to treatment for drug use disorders and Hepatitis C, development of local infrastructure for harm reduction, and establishment of mobile drug use and Hepatitis C services. To continue this important work, NIDA recently released a funding opportunity in collaboration with SAMHSA focused on drug use prevention in rural areas.⁵⁷ Applications are under review now.

Telehealth approaches are promising tools to increase access to services for people in rural areas. NIDA's Clinical Trials Network has conducted research to test ways to expand medications for opioid use disorder in rural settings, including a study that tested adding telemedicine components to opioid treatment in rural primary care clinics.⁵⁸ Additionally, the increased flexibilities in telehealth prescribing and take-home doses of medications for opioid use disorder during the COVID-19 pandemic allowed research opportunities to understand the benefits and risks of expanded telehealth treatment access. Studies from NIDA, CDC, and other researchers have shown that these enhanced flexibilities were not associated with increases in methadone- or buprenorphine-involved overdose deaths and were associated with reduced risk for fatal overdose and increased retention in treatment.^{59,60,61} NIDA is also funding the development of new, longer acting forms of medication for substance use disorders, such as once-weekly oral methadone,⁶² that would benefit those in rural areas with limited access to treatment clinics.

With funding from the NIH HEAL Initiative®, NIDA supports large research programs in real-world settings in collaboration with a diverse range of partners to ensure that the strategies being studied are sustainable and scalable, including studies focused on rural populations. The HEALing Communities Study is investigating the impacts and challenges of implementing evidence-based strategies to reduce opioid-related overdose deaths, increase uptake of medications for opioid use dis-

⁵³ nigms.nih.gov/Research/DRCB/IDeA/Pages/default.aspx.

⁵⁴ heal.nih.gov/research/research-to-practice/enhancing-clinical-trials-network.

⁵⁵ grants.nih.gov/grants/guide/pa-files/PA-23-122.html.

⁵⁶ grants.nih.gov/grants/guide/pa-files/PA-23-144.html.

⁵⁷ grants.nih.gov/grants/guide/rfa-files/RFA-DA-24-036.html.

⁵⁸ ncbi.nlm.nih.gov/pmc/articles/PMC10718290/.

⁵⁹ pubmed.ncbi.nlm.nih.gov/35830198/.

⁶⁰ pubmed.ncbi.nlm.nih.gov/36662523/.

⁶¹ pubmed.ncbi.nlm.nih.gov/36988913/.

⁶² reporter.nih.gov/project-details/10455129.

order, and reduce high risk opioid prescribing in 67 communities across four states, including in rural areas highly affected by the overdose crisis. The Harm Reduction Research Network is testing the effectiveness, implementation, and impact of harm reduction approaches in rural areas and other communities. As part of the HEAL Integrative Management of chronic Pain and opioid use disorder (OUD) for Whole Recovery (IMPOWR) program, one study is developing and testing interventions for co-occurring chronic pain and OUD to meet the needs of people in rural and Black communities.^{63,64} Another HEAL-funded NIDA study is focused on disrupting social determinants of health to improve substance use and mental health outcomes for parents in rural regions.⁶⁵ Findings from these studies will provide valuable insights into how specific rural communities can increase access to interventions for substance use disorder through tailored approaches that meet individual and community needs.

QUESTIONS SUBMITTED BY SENATOR SHELLEY MOORE CAPITO

Smoking Cessation

Question. According to NIDA, addiction to nicotine in tobacco remains the most deadly substance use disorder, resulting in more than 480,000 deaths each year from tobacco-related diseases including lung cancer. What role do you see for new safe and effective smoking cessation therapies to help patients be more successful in their quit attempts? Do we need new tools in the smoking cessation toolkit?

At a Cancer Moonshot event at the White House last year, you asked Dr. Califf what more could be done to bring forward new, more effective smoking cessation treatments. What role do you see for product innovation to advance more effective smoking cessation therapies for patients?

Smoking cessation products have been on the market for decades. Why are patients not more successful in their quit attempts with the current FDA approved methods? What do we need to do to change that?

Answer. There are effective treatments that support tobacco cessation, including both behavioral therapies and FDA-approved medications; however, fewer than one in ten adults who smoke cigarettes succeed in quitting each year.⁶⁶ This is due in part to underutilization of existing treatments.

Although most people who smoke cigarettes make a quit attempt each year, less than one-third use FDA-approved cessation medications or behavioral counseling to support their attempts.⁶ In the recently published HHS Framework to Support and Accelerate Smoking Cessation,⁶⁷ several primary goals aim to address this issue by strengthening cessation services and supports and increasing access to comprehensive evidence-based cessation treatments. This framework provides a unifying vision for the agency to help drive progress towards cessation, especially in populations that experience smoking- and cessation-related disparities.

Beyond existing treatments, supporting the development of new safe and effective strategies for tobacco cessation is an important priority for the National Institute on Drug Abuse (NIDA) to increase the number of people who are able to stop smoking. Current NIDA-funded research is focused on developing and testing innovative therapeutics and behavioral interventions for tobacco cessation to expand the evidence-based options available to help people. A multi-site randomized clinical trial is underway testing psilocybin for smoking cessation.⁶⁸ Another study is following up on promising preclinical data to examine the effects of a ketamine infusion on craving and tobacco cessation in people who smoke.⁶⁹ NIDA-funded researchers are also conducting a study using transcranial magnetic stimulation to modulate brain circuitry in people with co-occurring tobacco use disorder and schizophrenia and test if this treatment helps people to decrease or quit smoking.⁷⁰ NIDA has developed a standardized research electronic cigarette (SREC) to facilitate clinical research on e-cigarettes,⁷¹ which is allowing high quality studies to be done on the impacts of

⁶³ heal.nih.gov/research/clinical-research/integrative-management-chronic-pain.

⁶⁴ reporter.nih.gov/project-details/10378923.

⁶⁵ reporter.nih.gov/search/vlx60WJV9UKmf-cEMTrRlg/project-details/10892474.

⁶⁶ cdc.gov/tobacco-surgeon-general-reports/reports/2020-smoking-cessation/index.html.

⁶⁷ hhs.gov/sites/default/files/hhs-framework-support-accelerate-smoking-cessation-2024.pdf.

⁶⁸ reporter.nih.gov/search/ggAdH7ElMU-dTkjCgGg8zA/project-details/10491336.

⁶⁹ reporter.nih.gov/search/UWMVimJmYUikO6pI49-iRQ/project-details/10371688.

⁷⁰ reporter.nih.gov/search/xxJttoaLJkSZ7VmE4C-Ouw/project-details/10775767.

⁷¹ nida.nih.gov/research/research-data-measures-resources/nida-drug-supply-program-dsp/nida-drug-supply-program-dsp-ordering-guidelines/nida-standardized-research-electronic-cigarette-srec-for-clinical-research.

switching from cigarettes to SRECs on use behaviors, chemical exposures, and biological effects across a range of populations and will inform our understanding of the value of e-cigarettes as potential cessation interventions.^{72,73,74,75}

Research is also needed to develop cessation therapies for youth, since there are currently no FDA-approved tobacco cessation medications for this population. To help address adolescent nicotine vaping, NIDA is funding a clinical trial testing varenicline to determine if it can help adolescents who vape nicotine and want to quit.⁷⁶ NIDA is also funding a project developing a brief behavioral activation mobile app to help adolescents stop vaping nicotine.⁷⁷ NIDA and the National Cancer Institute (NCI) have developed a funding opportunity, “Advancing Adolescent Tobacco Cessation Intervention Research,”⁷⁸ to support research that will develop, test, implement, and evaluate behavioral tobacco cessation interventions for adolescents, with a focus on the critical developmental risk period of mid- to late adolescence (approximately 14–20 years old). This funding opportunity aims to address the critical need for empirically validated tobacco cessation interventions for adolescents.

QUESTIONS SUBMITTED TO DR. GARY H. GIBBONS, M.D.

QUESTIONS SUBMITTED BY SENATOR SHELLEY MOORE CAPITO

Pulmonary Fibrosis Research

Question. Pulmonary fibrosis results in the deaths of 40,000 Americans each year, how is the NHLBI working to strengthen the pipeline of pulmonary fibrosis investigators to ensure that there is ongoing, robust research into this devastating disease.

Answer. The National Heart, Lung, and Blood Institute (NHLBI) supports a robust portfolio of basic, translational, and clinical research focused on understanding the causes of pulmonary fibrosis (PF), and improving early detection, diagnosis, and treatment outcomes across the lifespan.

NHLBI is harnessing data science and machine learning to drive precision medicine for heart, lung, blood, and sleep conditions including pulmonary fibrosis. This information will enable us to discover new targets for interventions that may improve health outcomes for diseases such as pulmonary fibrosis, that has historically had poor prognosis. NHLBI’s Trans-Omics for Precision Medicine (TOPMed) program has assembled one of the world’s largest, most diverse collections of genomic and multi-omic data, derived from participants in NHLBI-funded studies including the Women’s Health Initiative, Framingham Heart Study, Jackson Heart Study and others.⁷⁹ Through TOPMed, 2,180 cases of idiopathic pulmonary fibrosis (IPF), the most common type of PF which has no known cause, were sequenced and data was tested for association focused on the combined effect of rare variants within genes or regions. Researchers identified individual rare variants within the TERT and RTEL1 genes as high risk factors for IPF and as potential new therapeutic targets.⁸⁰ Continued utilization of the IPF TOPMed data will yield additional discoveries to advance diagnosis, treatment and prevention of this disease.

An NHLBI-supported multicenter clinical trial testing the drug Setanaxib in patients with IPF holds the potential to shift future PF clinical trial design more towards meaningful patient outcomes. This drug inhibits nicotinamide adenine dinucleotide phosphate (NADPH) oxidase (NOX) isoforms, known to play an important role in the development of IPF. The trial represents the bedside application of a series of NOX translational and basic studies and discoveries, over several years, supported by NHLBI. Treatment with Setanaxib could result in significant benefit for PF, which currently has limited treatment options.

NHLBI is committed to strengthening a diverse pipeline of future researchers in PF to guarantee the future of research in this disease. The Institute’s workforce development programs offer a myriad of mechanisms geared at all careers levels including high school and undergraduate level, postbaccalaureate, graduate, doctoral and postdoctoral levels, along with early career, mid-career and established inves-

⁷² reporter.nih.gov/search/MSUv_jmK2k2w0_j2RFALgA/project-details/10811935.

⁷³ reporter.nih.gov/search/tozXm3VREkyB2cyj4EuvPw/project-details/9752505.

⁷⁴ reporter.nih.gov/search/49YSVOqdu0KVzL4TkoabjA/project-details/9788397.

⁷⁵ reporter.nih.gov/search/49YSVOqdu0KVzL4TkoabjA/project-details/9688221.

⁷⁶ reporter.nih.gov/project-details/10689064.

⁷⁷ reporter.nih.gov/search/7QIGg_2Dd0iXuyF_V6s4w/project-details/10250714.

⁷⁸ grants.nih.gov/grants/guide/rfa-files/RFA-CA-22-043.html.

⁷⁹ topmed.nhlbi.nih.gov/.

⁸⁰ ncbi.nlm.nih.gov/pmc/articles/PMC10161759/.

tigators. Similarly, NHLBI's workforce training programs encompass a variety of career development and training opportunities.

The Institute prioritizes support for early-stage investigators (ESI's) with initiatives such as the BioData Catalyst Fellows program, which provides ESI's with funding opportunities to support research on novel and innovative data-science and data-focused research programs.⁸¹ The Institute's Stimulating Access to Research in Residency Transition Scholar Career Development program (StARRTS) and Mentored Research Scientist Career Development Award support career development opportunities for ESI's to accelerate the transition to independent careers across heart, lung, blood and sleep research.^{82,83}

NHLBI's T32 Training Program for Institutions that Promote Diversity, which provides research capacity development at institutions that do not receive substantial NHLBI funding.⁸⁴

Heart Disease and Maternal Health

Question. Cardiovascular disease is the leading cause of maternal death, how is the NHLBI addressing maternal health in its research to protect women's heart health before, during, and after pregnancy?

Answer. The maternal mortality rate in the United States is higher than in any developed country in the world. In 2021 more than 1,200 women died of causes related to pregnancy in the United States.⁸⁵ The National Heart, Lung, and Blood Institute (NHLBI) has taken a lead role in research to reduce the nation's alarming rates of maternal mortality and morbidity. Black women have a three-times greater risk for death during pregnancy or childbirth compared to White women.⁸⁶ American Indian, Alaska Native, Native Hawaiian, and other Pacific Islander populations also experience increased risk. NHLBI recognizes that addressing maternal morbidity and mortality requires a life-course approach that focuses on improving women's heart health before, during, and after reproductive age.

NHLBI is the second largest funder of maternal health studies at NIH. Some key programs NHLBI leads and/or has strong involvement in include:

- Nulliparous Pregnancy Outcomes Study: Monitoring Mothers-to-be Heart Health Study (nuMoM2b) studies the effects of pregnancy complications on future cardiovascular health, including links between social factors that correlate with the future heart health of new parents, especially in communities of color.⁸⁷
- Women with adverse pregnancy outcomes, such as gestational hypertension, gestational diabetes, preeclampsia, and preterm delivery were more likely to:
 - Have higher blood pressures, glucose, insulin, and obesity in the first trimester.
 - Have higher risk of hypertension 2–7 years after delivery.⁸⁸
- Early Intervention to Promote Cardiovascular Health of Mothers and Children (ENRICH), which works directly with communities that have a high burden of cardiovascular disease (e.g., low-socioeconomic status communities, tribal nations, low- resource areas).⁸⁹
- Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE), which was designed to understand and reduce health disparities among populations disproportionately affected by maternal morbidity and mortality, including African American, American Indian, Alaska Native, Asian American, Pacific Islander, Hispanic/Latina, very young women, older women, and women with disabilities.⁹⁰
- Maternal Health Community Implementation Program (MH-CIP), a community-driven initiative studying how evidence-based interventions, such as reg-

⁸¹ biodatacatalyst.nhlbi.nih.gov/fellows/program/.

⁸² nhlbi.nih.gov/grants-and-training/training-and-career-development/limited-competition-stimulating-access-research.

⁸³ nhlbi.nih.gov/grants-and-training/training-and-career-development/mentored-research-scientist-career-development.

⁸⁴ nih.gov/grants/guide/rfa-files/RFA-HL-22-001.html.

⁸⁵ [cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=In%202021%2C%201%2C205%20women%20died,20.1%20in%202019%20\(Table\)](https://cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=In%202021%2C%201%2C205%20women%20died,20.1%20in%202019%20(Table)).

⁸⁶ pubmed.ncbi.nlm.nih.gov/33216690/.

⁸⁷ numom2b.org/.

⁸⁸ pubmed.ncbi.nlm.nih.gov/33619977/.

⁸⁹ hvenrich.org/ENRICH_Main.asp.

⁹⁰ nichd.nih.gov/research/supported/IMPROVE.

- ular blood pressure readings, can work to improve women's heart health and reduce maternal mortality.⁹¹
- MH-CIP funds four regional coalitions, in areas with high maternal morbidity and mortality, to conduct community-engaged research testing implementation strategies to increase uptake and adoption of proven interventions to improve maternal health and address maternal health inequities.⁹²
 - Chronic Hypertension in Pregnancy (CHAP), which examined the safety of treating mild hypertension during pregnancy, found that treatment for mild chronic hypertension leads to better pregnancy outcomes and has no negative effect on fetal growth. Due to this study, the American College of Obstetricians and Gynecologists changed their clinical practice guidelines.^{93,94}
 - Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone Community Implementation Program (IMPROVE-CIP), the community-engagement arm of IMPROVE, which addresses underlying factors associated with health disparities (e.g., substance use, mental health, social determinants of health).⁹⁵
- NHLBI will continue to prioritize and advance research efforts in pursuit of tackling the current public health crisis in maternal health.

QUESTIONS SUBMITTED BY SENATOR SUSAN M. COLLINS

Question. Four years after the start of the COVID pandemic, we still have many questions surrounding how to identify and treat Long COVID. In 2021, NIH launched the RECOVER Initiative to study Long COVID and look for treatments across different types of research studies. I have discussed the RECOVER Initiative both with those involved in the research, who defend its complexity, and others who are more critical due to the time spent defining the symptoms and a delayed emphasis on therapeutics. I believe in the NIH's ability to translate research into results patients feel on the ground, but I also understand the frustration that no "cure" or even real treatment has been found. Dr. Gibbons, can you describe what research gains RECOVER has made and update us on clinical trial efforts?

Answer. For many, Long COVID is a long-lasting and life-altering experience. It presents with hundreds of heterogeneous symptoms that vary across the lifespan and demographic groups. The millions of adults and children currently struggling with debilitating symptoms of Long COVID urgently need proven tools for diagnosis, treatment, and care. Within a year of receiving supplemental appropriations for the study of Long COVID, NIH designed and launched RECOVER—the world's most comprehensive and diverse patient-centered research study to understand, treat, and prevent Long COVID. RECOVER is a multi-faceted research initiative that includes longitudinal observational studies, electronic health record (EHR) studies, pathobiology and tissue pathology studies, a mobile health platform, and clinical trials. RECOVER created a network of nearly 300 research sites (universities, hospitals, clinics) where hundreds of Long COVID researchers across the nation are working with nearly 90,000 adult and pediatric research participants, conducting medical tests and collecting data and then analyzing and sharing the data and results broadly with the research community, physicians, patients, and the public.

RECOVER has already established a comprehensive set of adaptive clinical trial platforms that focus on potential causes as well as the symptoms deemed most burdensome by Long COVID patients, which are collectively testing 13 active interventions for Long COVID. The adaptive nature of this platform approach enables the evaluation of multiple treatments simultaneously. This advanced methodology enables the best treatments to get to patients quicker than traditional trials. Interventions not showing promise can be ended and quickly allow for more nimble pivots to test new interventions as needed. Three RECOVER-sponsored clinical trials have started enrolling patients: RECOVER-VITAL (viral persistence and immune dysregulation) began enrolling in July 2023; RECOVER-NEURO (neurologic/cognitive dysfunction, such as "brain fog") in September 2023; and RECOVER-AUTONOMIC (autonomic dysfunction, such as racing heart, dizziness, fatigue) in March 2024, and two additional platform protocols were released this spring, RECOVER SLEEP (sleep disorders, such as excessive sleepiness or disrupted sleep) and RE-

⁹¹ nihceal.org/programs/maternal-health-community-implementation-program.

⁹² reporter.nih.gov/project-details/10258683.

⁹³ chap.obgyn.uab.edu/index.php/study-details/.

⁹⁴ acog.org/clinical/clinical-guidance/practice-advisory/articles/2022/04/clinical-guidance-for-the-integration-of-the-findings-of-the-chronic-hypertension-and-pregnancy-chap-study.

⁹⁵ nihceal.org/programs/implementing-maternal-health-and-pregnancy-outcomes-vision-everyone-community.

COVER ENERGIZE (exercise intolerance or fatigue). The first two of these trials (VITAL and NEURO) are nearing completion of enrollment.

Over the past 2 years, we have learned crucial information about Long COVID that is helping patients by informing diagnosis, monitoring, and preventive measures, including:

- The incredibly broad range of clinical symptoms in adults and children, and how these symptoms cluster;
- Risk factors for developing Long COVID;
- The impact of viral variants on the risk for and severity of Long COVID;
- The impact of vaccination on Long COVID;
- The risk of developing new-onset conditions and/or worsening of pre-existing conditions; and
- Health disparities in Long COVID.

As of May 2024, 54 scientific papers have been published or accepted for publication, 16 are under journal review, and another 77 reports are in preparation. Importantly, RECOVER is making its data publicly available to other authorized researchers with the hope of accelerating discoveries with greater data analyses. In April 2024, the first set of secure, deidentified data from RECOVER observational research was made publicly available on BioData Catalyst⁹⁶ to authorized researchers. The addition of RECOVER data to BioData Catalyst, NHLBI's cloud-based data repository, can help investigators identify and explore Long COVID connections that may benefit from or inform future studies.

This large and complex research enterprise is aimed at leaving no stone unturned for discoveries in Long COVID. Given the history of post-infection conditions, the enormous challenges these conditions pose, and the lack of progress for them, the RECOVER Initiative and its associated research assets aim to ensure meaningful advances for this post-infection condition, and likely others as well.

CONCLUSION OF HEARINGS

Senator BALDWIN. And now, the subcommittee will stand in recess.

Dr. BERTAGNOLLI. Thank you.

[Whereupon, at 11:45 a.m., Thursday, May 23, the hearings were concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

⁹⁶ biodatacatalyst.nhlbi.nih.gov/recover.

LIST OF WITNESSES, COMMUNICATIONS, AND PREPARED STATEMENTS

	Page
Baldwin, Senator Tammy, U.S. Senator From Wisconsin:	
Opening Statements of.....	99, 253, 323
Questions Submitted by.....	43, 129, 287, 357
Becerra, Hon. Xavier, Secretary, Office of the Secretary, Department of Health and Human Services	1
Prepared Statement of	6
Questions Submitted to	43
Summary Statement of	5
Bertagnolli, Dr. Monica M., M.D., Director, National Institutes of Health, Department of Health and Human Services	323
Prepared Statement of	330
Questions Submitted to	357
Summary Statement of	328
Boozman, Senator John, U.S. Senator From Arkansas, Questions Submitted by	87, 366, 373
Britt, Senator Katie, U.S. Senator From Alabama, Questions Submitted by	90, 314
Capito, Senator Shelley Moore, U.S. Senator From West Virginia:	
Questions Submitted by.....	66, 241, 362, 374, 377, 378
Statements of	3, 326
Cardona, Hon. Miguel, Secretary, Office of the Secretary, Department of Education	99
Prepared Statement of	107
Questions Submitted to	129
Summary Statement of	106
Collins, Senator Susan M., U.S. Senator From Maine, Questions Submitted by	251, 370, 380
Durbin, Senator Richard J., U.S. Senator From Illinois, Questions Submitted by	152
Gibbons, Dr. Gary H., M.D., Director, National Heart, Lung, and Blood Insti- tute, Department of Health and Human Service	323
Questions Submitted to	378
Graham, Senator Lindsey, U.S. Senator From South Carolina, Questions Submitted by.....	74, 311
Hodes, Dr. Richard J., M.D., Director, National Institute on Aging, Depart- ment of Health and Human Service	323
Hyde-Smith, Senator Cindy, U.S. Senator From Mississippi, Questions Sub- mitted by	76, 245, 312
Kennedy, Senator John, U.S. Senator From Louisiana, Questions Submitted by	363
Manchin, Senator Joe, III, U.S. Senator From West Virginia:	
Questions Submitted by.....	59, 237, 308, 360, 372, 375
Marrazzo, Dr. Jeanne, M.D., M.P.H., Director, National Institute of Allergy and Infectious Diseases, Department of Health and Human Services	323
Questions Submitted to	374
Merkley, Senator Jeff, U.S. Senator From Oregon, Questions Submitted by	236
Moran, Senator Jerry, U.S. Senator From Kansas, Questions Submitted by	75

	Page
Murray, Senator Patty, U.S. Senator from Washington, Questions Submitted by	147, 301
Rathmell, Dr. W. Kimryn, M.D., Ph.D., M.M.H.C., Director, National Cancer Institute, Department of Health and Human Services	323
Questions Submitted to	372
Reed, Senator Jack, U.S. Senator From Rhode Island, Questions Submitted by	303
Rubio, Senator Marco, U.S. Senator From Florida, Questions Submitted by	91, 248, 316, 367
Schatz, Senator Brian, U.S. Senator From Hawaii, Questions Submitted by	51
Shaheen, Senator Jeanne, U.S. Senator From New Hampshire, Questions Submitted by	49, 230
Su, Hon. Julie, Acting Secretary, Office of the Secretary, Department of Labor	253
Prepared Statement of	259
Questions Submitted to	287
Summary Statement of	258
Volkow, Dr. Nora D., M.D., Director, National Institute on Drug Abuse, Department of Health and Human Services	323
Questions Submitted to	375

SUBJECT INDEX

DEPARTMENT OF EDUCATION

OFFICE OF THE SECRETARY

	Page
Achieving Academic Excellence	108
Additional Committee Questions	128
Antisemitism	125
and Civil Rights Enforcement	114
Bipartisan Safer Communities Act	116
Boldly Improving Learning Conditions	109
Career and Technical Education	101
Charter Schools	103
Chronic Absenteeism	117
College Campus Protests and Antisemitism	102, 105, 106, 119, 126, 128
Creating Pathways For Global Engagement	109
Debt Burden	121
Department of Education Topline Request and Baseline	108
Education Research, Assessment, and Statistics	111
Elementary and Secondary Education	101
Enforcement of Civil Rights Laws	111
Fostering Diverse Schools Program	118
Free Application for Federal Student Aid	100, 103, 111, 115, 118
and Farm Assets	124
Impact of Title IX Regulations on Females	123
Making Postsecondary Education Inclusive and Affordable	110
Mental Health	101, 113
Postsecondary Education	100
Public Service Loan Forgiveness	120
Regulations	105
Rural Education Achievement Program	106
Schools Sharing Gender Status with Parents	123
Student Loan Financial Literacy	121, 122, 126
Title IX	122, 127
Regulations	106

DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

A Reinvigorated Cancer Moonshot	330
Additional Committee Questions	357
Alzheimer's:	
Research	343
Treatment	335
Amyotrophic Lateral Sclerosis	337
ARPA-H Funding	348
Blood Brain Barrier	338
Buildings and Facilities	333
Chronic Pain Treatment	345
Clinical Trials	351
Infrastructure	339
Data Sharing Across the Research Ecosystem	332

	Page
Diabetes	356
Drug Overdoses	356
Future of Scientific Research Workforce	352
Gain of Function Research	349
H5N1 Virus	333
IDeA Program	340
Impact of Continuing Resolutions	351
Long COVID	331
Maternal Mortality	350
Native Hawaiian Pacific Islander Health Research Office	345
NCI Designated Cancer Centers.....	336, 339
NIH Funding Increases	337
Overdose Deaths	334
Pandemic Preparation	349
Psychedelic Research	346
Respiratory Support in Rural Areas	354
Revolutionizing Mental Health with Precision Medicine	331
Sexual Harassment	341
Strengthening Biodefense	332
Substance Use Disorders	355
Tick Borne Illnesses	343
Ultrasound Slowing Addiction	335
Use of Emerging Data Methods in Research	347
Women's Health Research	342
Across the Lifespan	331

OFFICE OF THE SECRETARY

988 Implementation	20
Abortion	17, 38
Additional Committee Questions	43
Advancing:	
Health in Indian Country	10
Science to Improve Health	11
Alzheimer's Disease	40
ARPA-H	28
Behavioral Health	23
Cardiovascular Disease	33
Child Care	26
CMS Program Management	35
Enhancing Long-term Care in All Settings	9
Expanding Coverage and Lowering Health Care Costs	7
HHS employees	30
HRSA	23
Improving the:	
Customer Experience for the American Public	12
Well-being of Children, Families, and Older Adults	9
Insulin	36
Jessica Grubb's Legacy Act	21
Maternal Health.....	24, 26, 39
Medicare Advantage	31
Opioid Epidemic	13
Overdose Prevention	15
Preparing for Future Public Health Threats	10
Provider Relief Funds	41
Return to Work	29
Rural Health.....	14, 24, 41
Strengthening Maternal Health Outcomes and Reproductive Healthcare Access	9
Suicide Prevention	16
Supporting Program Operations and Mission-Critical Infrastructure	11
Telehealth	34
Title X	37
Transforming Behavioral Health	8
Youth Homelessness	27

DEPARTMENT OF LABOR

OFFICE OF THE SECRETARY

Additional Committee Questions	287
Advancing Equity	262
Apprenticeship Programs	257
Child Labor:	
Laws	271
Penalties	274
EBSA and Mental Health Services Enforcement	278
Employee Benefits Security Administration	255
Enforcing Child Labor Laws	258
Environmental, Social, and Governance Rule	282
ESG Investment Rule	256
Healthcare Workers & Workforce Violence	264
Highlights of DOL's Budget Request	287
H-2B Visa Program	267, 270
ILAB's Mission	263
Importance of Skilled Labor	272
Investing in Workforce Training Programs	254
Joint Employer Rule, The	283
Lack of Senate Confirmed Secretary at DOL	280
New:	
Emergency Response Standard	270
Overtime Rule	281
Rules Impacting Independent Contractor Status	256
Occupational Safety and Health Administration	255
Overtime Rule Compliance Timeline	265
Overtime Rule, The	265
Presidential Line of Succession	280
Proposed Changes to National Apprenticeship Systems	269
Registered Apprenticeship Program	254
Salary Imparities in Rural Areas	268
Schedule A Occupation List	285
Sexual Harassment:	
at FDIC	276, 286
in Federal Government	277
Strengthening Community College Training Grant Programs	274
Summary Statement of Hon. Julie Su	258
U.S. Workforce Reduction Impacts & WARN	263
Wage:	
and Hour Division	255
Theft Prevention	271
WARN Act	264
Women's Bureau	275
Workforce:	
Protection	259
Training Services for VETS	255