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6 THE FISCAL YEAR 2023 HHS BUDGET

7 WEDNESDAY, APRIL 27, 2022

8 House of Representatives,

9 Subcommittee on Health,

10 Committee on Energy and Commerce,

11 Washington, D.C.

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15 The subcommittee met, pursuant to call, at 10:18 a.m.  
16 in the John D. Dingell Room, 2123 of the Rayburn House Office  
17 Building, Hon. Anna Eshoo [chairwoman of the subcommittee],  
18 presiding.

19 Present: Representatives Eshoo, Butterfield, Castor,  
20 Sarbanes, Welch, Schrader, Cardenas, Ruiz, Dingell, Kuster,  
21 Kelly, Barragan, Blunt Rochester, Craig, Schrier, Trahan,  
22 Fletcher, Pallone (ex officio); Guthrie, Upton, Burgess,  
23 Griffith, Bilirakis, Long, Bucshon, Hudson, Carter, Dunn,  
24 Curtis, Crenshaw, Joyce, and Rodgers (ex officio).

25

26 Staff Present: Lydia Abma, Fellow; Jacquelyn Bolen,  
27 Health Counsel; Jesseca Boyer, Professional Staff Member;

28 Tania Calle, Fellow; Waverly Gordon, Deputy Staff Director  
29 and General Counsel; Tiffany Guarascio, Staff Director; Zach  
30 Kahan, Deputy Director Outreach and Member Service; Una Lee,  
31 Chief Health Counsel; Aisling McDonough, Policy Coordinator;  
32 Meghan Mullon, Policy Analyst; Juan Negrete, Junior  
33 Professional Staff Member; Kaitlyn Peel, Digital Director;  
34 Caroline Rinker, Press Assistant; Chloe Rodriguez, Clerk;  
35 Kylea Rogers, Staff Assistant; Andrew Souvall, Director of  
36 Communications, Outreach, and Member Services; Rick Van  
37 Buren, Health Counsel; Charlton Wilson, Fellow; C.J. Young,  
38 Deputy Communications Director; Alec Aramanda, Minority  
39 Professional Staff Member, Health; Kate Arey, Minority  
40 Content Manager and Digital Assistant; Sarah Burke, Minority  
41 Deputy Staff Director; Seth Gold, Minority Professional Staff  
42 Member, Health; Grace Graham, Minority Chief Counsel, Health;  
43 Nate Hodson, Minority Staff Director; Peter Kielty, Minority  
44 General Counsel; Emily King, Minority Member Services  
45 Director; Bijan Koohmaraie, Minority Chief Counsel, O&I Chief  
46 Counsel; Clare Paoletta, Minority Policy Analyst, Health;  
47 Kristin Seum, Minority Counsel, Health; Kristen Shatynski,  
48 Minority Professional Staff Member, Health; Olivia Shields,  
49 Minority Communications Director; and Michael Taggart,  
50 Minority Policy Director

51 \*Ms. Eshoo. The Subcommittee on Health will now come to  
52 order. Good morning, colleagues.

53           Good morning, Mr. Secretary. Welcome.

54           Due to COVID-19, today's hearing is being held remotely,  
55 as well as in person. For members taking part remotely,  
56 microphones will be set on mute to eliminate background  
57 noise. Members will need to unmute their microphones when  
58 you wish to speak.

59           Since members are participating from different locations  
60 at today's hearing, recognition of members for questions will  
61 be in the order of subcommittee seniority.

62           Documents for the record should be sent to Meghan Mullon  
63 at the email address we have provided to your staff, and all  
64 documents will be entered into the record at the conclusion  
65 of the hearing.

66           Secretary Becerra has a hard stop at 1:15 p.m. today, so  
67 I -- you will find that I will not be my usual generous self  
68 in terms of not lowering the gavel after five minutes is  
69 consumed. So we want to have enough time for every member to  
70 question.

71           So the chair now recognizes herself for five minutes for  
72 an opening statement.

73           Mr. Secretary, welcome to your first in-person hearing  
74 with our Health Subcommittee. What a difference a year  
75 makes. When you last testified at our subcommittee in May  
76 2021, our hearings were virtual, the vaccine rollout was just  
77 beginning, and Congress had just passed the American Rescue

78 Plan a few weeks before.

79 Today over 218 million Americans are fully vaccinated.  
80 COVID hospitalizations and ICU admissions are at the lowest  
81 they have been during the pandemic. Premiums under the  
82 Affordable Care Act are at an all-time low, and enrollment is  
83 at an all-time high. Nearly 6 million Americans have newly-  
84 gained health insurance coverage over the past year, and  
85 American families have saved an average of \$2,400 on their  
86 ACA health insurance premiums last year.

87 President Biden's fiscal 2023 budget request continues  
88 these achievements by helping American families rebuild from  
89 the COVID-19 crisis healthier and safer than before. The  
90 budget invests \$81.7 billion over 5 years in pandemic  
91 preparedness, including 40 billion for the development and  
92 manufacturing of vaccines, tests, and treatments, and \$28  
93 billion to rebuild the CDC and the public health workforce.  
94 These are incredible figures.

95 Importantly, the budget provides \$11 billion to address  
96 the overdose crisis. And every member of this subcommittee,  
97 Mr. Secretary, is engaged and cares deeply about this issue.

98 President Biden has called for a whole-of-government  
99 approach to save lives, get people the evidence-based care  
100 they need, and go after drug traffickers to stop overdose  
101 deaths. The President's budget outlines a strategy to use  
102 \$20.8 billion to improve our nation's mental health,

103 including increasing the availability of crisis care and  
104 achieving full parity -- this is so, so important -- and  
105 achieving full parity between physical and mental health care  
106 coverage.

107         The budget continues to focus on addressing health  
108 disparities. It invests in quality maternal health care,  
109 especially for Black and native women, while also increasing  
110 funding for the title 9 Family Planning Program. It takes  
111 the historic step of proposing \$142 billion over the next  
112 decade in mandatory funding. This is a first for the Indian  
113 Health Services.

114         Importantly, the President's request provides \$5 billion  
115 in the Advanced Research Projects Agency for Health, ARPA-H,  
116 which holds the potential for transformational advanced  
117 biomedical research to address diseases like Alzheimer's,  
118 diabetes, cancer, and ALS. As the House sponsor of the  
119 authorizing legislation for ARPA-H, I believe your decision  
120 to place ARPA-H within NIH -- let's just put it this way: I  
121 don't agree. That is in capital letters, with exclamation  
122 points.

123         There is still more to do. We still need a safe and  
124 effective vaccine for children under the age of five. We  
125 need to make sure that vulnerable Americans' health insurance  
126 coverage is not disrupted when the public health emergency  
127 expires. We have to continue the health insurance subsidies

128 from the American Rescue Plan. And we must finally allow  
129 Medicare to directly negotiate drug prices, so that  
130 prescription drugs are affordable.

131 So I look forward to working with you to develop a  
132 budget and policies to improve our nation's health and  
133 well-being. And we thank you for being here with us today,  
134 Mr. Secretary.

135 [The prepared statement of Ms. Eshoo follows:]

136

137 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

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139           \*Ms. Eshoo. The chair now recognizes Mr. Guthrie, our  
140 distinguished ranking member of our subcommittee, for five  
141 minutes for his opening statement.

142           \*Mr. Guthrie. Thank you. Thank you, Madam Chair.

143           Thank you, Mr. Secretary, for being here today, and  
144 today we are discussing the U.S. Department of Health and  
145 Human Services's proposed fiscal year 2023 budget.

146           Today also marks the second time that the Secretary has  
147 been before this subcommittee, and when the Biden  
148 Administration has extended the public health emergency five  
149 times, and we should hear more from our leaders of an agency  
150 that controls over \$1 trillion in spending. And I call on my  
151 Democratic colleagues to hold more HHS oversight hearings.  
152 It is one of the most important duties that we, as Members of  
153 Congress, have, and our constituents deserve better.

154           One stark example is the lack of oversight on COVID-19  
155 spending and response. The last time the Administration  
156 testified on COVID-19 before the committee was in March of  
157 2021, over a year ago. I know myself and other members of  
158 this committee have asked Secretary Becerra to provide a  
159 detailed plan for unwinding the COVID-19 public health  
160 emergency, and particularly how agencies intend on ensuring  
161 there are no significant disruptions as we transition from  
162 these waivers as they expire. And we have yet to receive a  
163 response, and hopefully we will do so soon.

164           Oversight is especially important, given the huge  
165 increases in funding requested by the Biden Administration.  
166 The HHS budget before today calls for a 12 percent increase  
167 in discretionary spending at HHS for fiscal year 2023. The  
168 budget specifically gives more than six billion combined  
169 boost in funding to the Centers for Disease Control and  
170 National Institutes of Health, both of which have come under  
171 fire recently over controversial mask guidance and COVID-19  
172 research funded by NIH using American taxpayer dollars.

173           We need to hold NIH accountable. We need to also ensure  
174 taxpayer dollars are not going to labs engaging in risky  
175 gain-of-function research, and ensure researchers are  
176 transparent about how they are spending taxpayer dollars from  
177 these funded research grants.

178           The budget even increases spending for climate change  
179 initiatives at HHS, and through a 174-page budget that we  
180 have here, it mentions climate change more than fentanyl.

181           I am increasingly concerned that HHS has lost its way  
182 since President Biden took office, and these budget  
183 priorities reflect this changing course. HHS has become  
184 increasingly more politicized, which we saw with CDC's school  
185 reopening and masking guidance, and less transparency with  
186 Congress, especially in the context of the use of COVID-19  
187 relief funding that a recent STAT news article outlines. The  
188 agency has also taken a punitive, one-size-fits-all approach



189 to combating COVID-19 through onerous vaccine mandates.

190         The Biden Administration has always failed the American  
191 people about planning to revoke title 42, which was used to  
192 prohibit migrants from entering the United States illegally  
193 to spread -- to prevent the spread of COVID-19. This poor  
194 decision comes despite the Biden Administration extending the  
195 public health emergency for another 90 days in the same  
196 month, without providing a clear plan of action to address  
197 what many expect will be a massive influx of migrants trying  
198 to enter the United States through our southern border.

199         We have seen an unprecedented level of fentanyl and  
200 fentanyl-related substances entering our country through the  
201 southern border and killing thousands of Americans. Between  
202 2020 and 2021 fiscal years combined, U.S. Customs and Border  
203 Patrol seized over 15,000 pounds of illicit fentanyl at our  
204 southwest border. This coincided with the highest number of  
205 drug overdoses our country has ever experienced, and the  
206 expected number of overdose deaths reaching 106,000 in the  
207 12-month period ending in November 2021.

208         We need to secure our borders and work to permanently  
209 schedule fentanyl-related substances to keep these poisons  
210 out of our communities. We can also do this while promoting  
211 public health programing like the bill Mr. Tonko and I  
212 partner with -- partnered on together. This legislation  
213 offers individuals seeking help overcoming their addiction

214 with the resources they need to get back on their feet, like  
215 workforce services and peer support services.

216 I finally am concerned with -- the Department has  
217 continued to restrict access to approving medical advances  
218 such as the first FDA-approved therapy to treat Alzheimer's  
219 disease in almost 20 years. I urge the Biden Administration  
220 to swiftly re-propose a new coverage policy that allows  
221 patients, doctors, and their families to make informed  
222 decisions about their treatment.

223 HHS must get back on track to using its resources for  
224 solutions that will drive down health care costs for  
225 Americans, keep deadly drugs off our streets, and bring new  
226 breakthrough and potentially lifesaving cures to patients.

227 [The prepared statement of Mr. Guthrie follows:]

228

229 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

230

231           \*Mr. Guthrie. Thank you, and I yield back.

232           \*Ms. Eshoo. The gentleman yields back. The chair now  
233 recognizes the chairman of the full committee, Mr. Pallone,  
234 for his five minutes of opening.

235           \*The Chairman. Thank you chairwoman Eshoo. And let me  
236 thank our former colleague and Secretary for being here today  
237 for this important hearing.

238           I am pleased to have you here to talk about the budget,  
239 because the budget is really an expression of our values, and  
240 the annual budget process provides us with an opportunity to  
241 review and consider the priorities of the Administration.  
242 That is why I am pleased this budget proposal puts resources  
243 towards the programs and agencies that help improve lives,  
244 prepare us for the future, and protect the health and  
245 well-being of all Americans.

246           The funding priorities in this budget provide a roadmap  
247 to continue to get back on track in the wake of the pandemic,  
248 to keep fighting COVID-19, continue making health care more  
249 affordable and accessible for all Americans, to improve our  
250 country's response to mental health challenges, and to  
251 address deep and persistent health inequities.

252           The impact and ongoing response to COVID-19 has helped  
253 to crystallize the importance of adequately funding public  
254 health, and I am pleased the budget makes critical  
255 investments in our public health infrastructure to ensure the

256 Federal Government has the resources it needs. And the  
257 budget increases funding for each of the agencies within HHS  
258 that are involved in pandemic response. And the work of  
259 these agencies has allowed Americans to return to a semblance  
260 of normalcy.

261 I am immensely proud of the Biden Administration's work  
262 to undertake the largest free vaccine program in our  
263 country's history. And as a result of their efforts, three  
264 out of four Americans have received at least one dose of the  
265 vaccine. And this has reduced hospitalizations and health  
266 care spending and, most importantly, saved millions of lives.

267 We are also in the midst of a mental health and  
268 substance use disorder crisis, and our country continues to  
269 be devastated by overdoses driven by the widespread  
270 availability of opioids and stimulants in the drug supply,  
271 such as fentanyl and methamphetamines. And I am glad to see  
272 that the budget prioritizes funding for programs and services  
273 to address this, and acknowledges the connection between  
274 mental health and substance use. The budget increases access  
275 to prevention, harm reduction, treatment, and recovery  
276 services. Each of these are critical components to  
277 effectively address substance use.

278 Now, without question, the Biden Administration's  
279 actions have dramatically improved access to health insurance  
280 coverage. And I want to commend Secretary Becerra for the

281 tremendous progress HHS has made in helping people get  
282 affordable, high-quality health care. During the 2022 open  
283 enrollment period, a historic 14.5 million people enrolled in  
284 health care coverage. Because of the success of the American  
285 Rescue Plan, families have seen lower premiums, and the  
286 national uninsured rate is near historic lows.

287 Despite these gains, there is still significant gaps in  
288 the health care safety net in the states that continue to  
289 refuse to expand Medicaid. Closing the coverage gap for  
290 uninsured people remains a priority, and the House has taken  
291 action to ensure that low-income Americans in every state  
292 will have access to quality, affordable health care.

293 I am most pleased the budget prioritizes investments in  
294 health equity across HHS, including funding for a number of  
295 critical maternal health programs that will reduce inequities  
296 that have long persisted in maternal health occurrences.

297 And finally, the budget also reiterates the Biden  
298 Administration's commitment to reducing prescription drug  
299 prices, and calls on Congress to pass legislation that aligns  
300 with the principles included in the Administration's  
301 comprehensive plan for addressing high drug prices.  
302 Americans pay, on average, three to four times more for the  
303 same drug as those in other countries. And we continue to  
304 watch drug prices increase year after year as our  
305 constituents struggle to afford the medications they need to

306 stay healthy.

307           This House has taken action to give the Secretary of HHS  
308 the ability to negotiate for lower drug prices, cap  
309 out-of-pocket costs in Medicare part D, and stop drug price  
310 increases at the rate of inflation. So it is imperative that  
311 these policies become law as soon as possible. And I am  
312 pleased that President Biden shares our commitment to  
313 reducing drug costs and saving American consumers money.

314           So let me thank you, Xavier, for being here today. I  
315 look forward to hearing from you on the Administration's  
316 priorities, and certainly appreciate your and HHS's ongoing  
317 work to ensure the health and well-being of the American  
318 people. Thanks again.

319           [The prepared statement of The Chairman follows:]

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321 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

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323           \*The Chairman. And I yield back, Madam Chair.

324           \*Ms. Eshoo. The gentleman yields back.

325           The chair is pleased to recognize the ranking member of  
326 our full committee, Congresswoman Cathy McMorris Rodgers, for  
327 your five-minutes opening statement.

328           \*Mrs. Rodgers. Thank you, Madam Chair.

329           And Mr. Secretary, welcome back to the Energy and  
330 Commerce Committee. This is an important day, and we have  
331 important questions that need to be answered.

332           Health and Human Services has been at the forefront of  
333 the COVID-19 response. You have jurisdiction over CDC, NIH,  
334 and many other agencies. And unfortunately, we have seen too  
335 many examples where Health and Human Services seems to  
336 prioritize what is an extreme political agenda, rather than  
337 staying focused on mission. The mission is to improve the  
338 health and well-being of all Americans.

339           I am very concerned about a lack of transparency that is  
340 eroding people's trust in public health, and eroding  
341 confidence in Health and Human Services.

342           First, there is the Administration's confusing response  
343 when it comes to the public health emergency. The  
344 Administration's decision-making hasn't been based on  
345 science. What we see more and more is that it is based upon  
346 power and politics. President Biden wants to lift title 42  
347 for a radical, open-border agenda, despite an overdose crisis

348 that is killing more than 100,000 people a year, mainly  
349 because of illicit fentanyl coming across the southern  
350 border. According to President Biden, there is no COVID-19  
351 emergency for illegal immigrants, but there is for toddlers  
352 in Head Start, who are still forced to wear a mask.

353 Student loans are still being deferred, costing  
354 taxpayers 4.3 billion per month and making the inflation  
355 crisis worse.

356 We see the Administration fighting to keep the mask on  
357 for those that are traveling on airplanes. None of this  
358 appears to be rooted in common sense, science, or an  
359 awareness of the crises in America today.

360 People want their freedom back. This is the land of the  
361 free. They want a secure border, a healthier future for  
362 their children, safer communities, and they want leadership  
363 that reflects these priorities.

364 We are not in the same place we were two years ago. And  
365 that is why in February I asked for the Administration's plan  
366 to properly unwind the public health emergency. And I have  
367 yet to receive a response.

368 I also want to discuss the Centers for Medicare and  
369 Medicaid Services' unprecedented decision to restrict  
370 coverage for an FDA-approved Alzheimer's treatment to only  
371 1,300 to 1,500 people fortunate enough to have been in the  
372 clinical trial. Worse yet, this decision applies not only to



373 the recently-approved drug Aduhelm, but an entire class of  
374 Alzheimer's treatments. We should trust doctors and patients  
375 to decide if an FDA-approved drug is right for them. FDA  
376 determined the drug is safe and effective, including for  
377 seniors in the Medicare program. This decision is clear  
378 second-guessing of FDA's authority to determine drug safety.

379 Democrats may say that the drug would bankrupt Medicare,  
380 but it is hard to take that concern seriously when Democrats  
381 voted for using savings from their government drug price  
382 control proposal to subsidize and inflate health insurance  
383 premiums for people not on Medicare. I urge that this  
384 proposal not be resurrected, and that you rethink the  
385 national coverage decision.

386 There is also other examples of how the Department is  
387 losing the public's trust. Inflation from out-of-control  
388 government spending is making everything more expensive,  
389 including health care and for seniors on fixed income.  
390 Seniors are now paying 15 percent more, the largest dollar  
391 increase in the program's history. Yet bipartisan laws  
392 signed by President Trump to lower costs remain unimplemented  
393 and unenforced.

394 We are still waking for -- waiting for the rules to make  
395 it easier for people to know what doctors are in network.  
396 And we haven't seen enforcement against hospitals refusing to  
397 post their prices. Yet we have seen other top priorities:

398 millions of dollars for a climate change office, forcing  
399 health care workers to perform abortions on demand, policing  
400 speech with Big Tech companies, price controls for fewer  
401 cures, colluding with teachers union to keep closed -- the  
402 schools closed and kids masked, undermining the rights of  
403 parents, avoiding oversight for how taxpayer dollars are  
404 spent on risky research in China. And again, the open  
405 borders, instead of cracking down on fentanyl trafficking.

406         This is not inspiring confidence. My message to Health  
407 and Human Services today is to stop digging the hole. Let's  
408 build trust. Let's make sure that we are trusting people to  
409 make the best decisions for themselves and their families.  
410 Our mission is to improve people's well-being.

411         [The prepared statement of Mrs. Rodgers follows:]

412

413         \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

414

415            \*Mrs. Rodgers. And with that, Mr. Chairman, I -- or Ms.  
416 -- Madam Chairman, I yield back.

417            \*Ms. Eshoo. The gentlewoman yields back. I will now  
418 introduce our witness.

419            Secretary Xavier Becerra is the twenty-fifth Secretary  
420 of Health and Human Services in our nation. Previously, he  
421 served as the attorney general of the great, great, great  
422 state of California. And very importantly, he served 12  
423 terms in the House of Representatives. And we are  
424 classmates; we entered the Congress together.

425            So welcome back, Mr. Secretary, to the subcommittee.  
426 You are now recognized for your time to provide your  
427 testimony to us.

428

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

431

432 \*Secretary Becerra. Chairwoman Eshoo, great to see you  
433 again.

434 Ranking Member Guthrie, good to see you also. And thank  
435 you again for the time you have made available to have  
436 conversations in the past.

437 To all the members of the committee, thank you for this  
438 opportunity to discuss the President's fiscal year 2023  
439 budget for the Department of Health and Human Services.

440 Today more than 257 million Americans have received at  
441 least one dose of a COVID-19 vaccine. Two-thirds of adults  
442 over the age of 65 have gotten a booster shot. We have also  
443 closed the glaring gap in vaccine rates we usually see for  
444 communities often left behind.

445 It has paid dividends to surge resources, including  
446 tests and treatments to our hardest hit and highest risk  
447 communities: 340 million free COVID-19 at-home tests shipped  
448 across America; 270 million free N95 masks; 100 million  
449 booster doses; almost \$186 billion in Provider Relief Funds  
450 distributed through more than 800,000 payments to over  
451 441,000 providers for COVID losses and expenses. That is  
452 441,000 hospitals, community health centers, doctors,  
453 pharmacies, nursing homes, and so many other health care

454 providers. Real money. Real relief. Real results.

455       Beyond COVID-19, today more Americans have insurance for  
456 their health care than ever before in the history of our  
457 nation. That includes a record-breaking 14.5 million  
458 Americans who secured health insurance through the Affordable  
459 Care Act. Many of those insured Americans are paying less  
460 than \$10 a month in premiums for that solid insurance  
461 coverage and the peace of mind that comes with it.

462       In addition, we launched Operation Allies Welcome, an  
463 HHS-led effort that has helped over 68,000 of our Afghan  
464 brothers and sisters resettle as refugees in America. And we  
465 have now begun to extend support to Ukrainian refugees  
466 fleeing the Russian invasion of their homeland.

467       We are coordinating with our 50 states, tribal  
468 governments, and territories nearly \$300 million in  
469 nationwide support to prepare for the launch of the new 3-  
470 digit 988 National Suicide Prevention Lifeline this July.  
471 What 911 is for local emergencies, we are working hard to  
472 make 988 for Americans who experience a mental or behavioral  
473 health crisis.

474       HHS has also made key investments to close holes in our  
475 public health system in areas like maternal health, where we  
476 have extended Medicaid coverage for postpartum care for a new  
477 mother and her baby from 2 months to 12 months.

478       The President's 2023 budget lets us build on that record

479 of investment in Americans' health. It proposes \$127 billion  
480 in discretionary budget authority, and \$1.7 trillion in  
481 mandatory funding, including a standout and historic  
482 investment to transform the mental health infrastructure in  
483 our country, a priority I know you share.

484 It also asks for \$82 billion for the President's  
485 pandemic preparedness proposal, to get ready for whatever  
486 might come next after COVID-19. Considering that COVID has  
487 cost our country more than \$4.5 trillion in direct support  
488 from the Federal Government so far, this is a no-brainer to  
489 prepare for the next pandemic. The funding we are requesting  
490 will be end-to-end, meaning for research, development,  
491 approvals, deployment, and effective response.

492 Madam Chair and members of the committee, this budget  
493 turns hardship into hope, inclusion into opportunity. I look  
494 forward to working with you to make it a reality, and to  
495 continue our efforts to give Americans real relief, real  
496 results, and real peace of mind.

497 With that, I am more than willing to answer any  
498 questions you may have.

499 [The prepared statement of Secretary Becerra follows:]

500

501 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

502

503           \*Ms. Eshoo. Thank you, Mr. Secretary. We will now move  
504 to member questions, and the chair recognizes herself for  
505 five minutes to do so.

506           First, Mr. Secretary, we know that we don't agree with  
507 -- or I don't agree with your decision relative to ARPA-H,  
508 but here are my two questions very quickly on it.

509           You have explained that, by placing it in NIH, it was  
510 necessary to do so, so that the administrative work of  
511 standing up the agency could take place. My question is,  
512 precisely how much time does ARPA-H need NIH's administrative  
513 support to get stood up? Just very quickly.

514           \*Secretary Becerra. Madam Chair, we are going to use  
515 NIH to make sure that those ministerial duties --

516           \*Ms. Eshoo. I know.

517           \*Secretary Becerra. HR --

518           \*Ms. Eshoo. How much time?

519           \*Secretary Becerra. We will wait to make sure that we  
520 get a director in place to find out exactly how much that  
521 director --

522           \*Ms. Eshoo. So you don't know --

523           \*Secretary Becerra. -- will want to use --

524           \*Ms. Eshoo. -- how much time yet.

525           \*Secretary Becerra. No, because we have to make sure  
526 that the new director has the ability --

527           \*Ms. Eshoo. Okay.

528 \*Secretary Becerra. -- to make --

529 \*Ms. Eshoo. Can ARPA-H, in your view, be an  
530 independent, stand-alone agency, once it is stood up?

531 \*Secretary Becerra. It will be an agency that has its  
532 own authorities, and its own direction, and its own director  
533 that will report directly --

534 \*Ms. Eshoo. I think I --

535 \*Secretary Becerra. -- to me.

536 \*Ms. Eshoo. I think I just got the answer.

537 Politico reports that FDA may wait to receive both  
538 Moderna and Pfizer's vaccine applications for children under  
539 five before beginning the authorization process. But  
540 Moderna's vaccine application may be ready before Pfizer's.  
541 Is it true that FDA plans to wait for both applications?

542 I mean, obviously, parents across the country are --  
543 their patience is strained.

544 \*Secretary Becerra. The FDA is waiting to receive that  
545 information from both of those manufacturers. And as soon as  
546 it has the information, it will move through the process of  
547 trying to find out if it is safe and effective --

548 \*Ms. Eshoo. So is FDA waiting for both applications?

549 \*Secretary Becerra. It still has not received the full  
550 applications from either one.

551 \*Ms. Eshoo. Okay. The COVID response -- back to the  
552 budget, the COVID response under the Trump Administration, I



553 think, was really marked by a great deal of chaos. The  
554 Strategic National Stockpile was empty, local public health  
555 departments were overwhelmed, it took far too long to get  
556 tests and treatments to the public.

557 In May of 2020, our subcommittee heard from former BARDA  
558 director, Rick Bright, about how he and his agency were  
559 marginalized and ignored when he pushed to develop critical  
560 COVID treatments and increase production of masks and other  
561 equipment. Under your leadership, BARDA is -- it is  
562 empowered to respond to COVID and future pandemics.

563 My question to you is -- BARDA's budget is continually  
564 raided to fund other HHS efforts. If Congress provides the  
565 new pandemic preparedness funding, will you commit that BARDA  
566 will not see its funding transferred to other agencies?

567 These are very important funds. The Strategic National  
568 Stockpile has its own funding: \$975 million, 828 billion  
569 with a \$80 million increase to BARDA. But if the figures are  
570 only markings on a sheet of paper, what needs to benefit the  
571 American people is not going to take place.

572 So I think my overarching question, Mr. Secretary, is  
573 the following: Are you changing course? And if so, how, in  
574 terms of pandemic preparedness?

575 We have learned many lessons. It is so important for us  
576 to demonstrate that we have learned the lessons of the past,  
577 and not just pile on more money to more programs. So can you

578 just spend a moment to describe where the changes are, and  
579 also your commitment to BARDA?

580 \*Secretary Becerra. Madam Chair, thank you for the  
581 question.

582 I won't speak for previous treatments of BARDA, but what  
583 I will tell you is, as you see in our budget, we call for a  
584 10 percent increase in its budget. BARDA will be one of the  
585 chief proponents of the President's pandemic preparedness  
586 plan moving forward. The work that is being done through H-  
587 CORE, which is the operation that took over from Operation  
588 Warp Speed, relies on BARDA. From my perspective, we can't  
589 get out of this pandemic without BARDA, and we are going to  
590 do everything we can to lift up BARDA, because it is the  
591 agency that Congress created to help us navigate those  
592 minefields.

593 \*Ms. Eshoo. I like your description of BARDA. It was  
594 -- I am very proud that it was my legislation that created  
595 it.

596 So I think at some point, Mr. Secretary, that you give  
597 an overall view -- perhaps today, if not in writing -- what  
598 is going to change, and the new dollars that -- the increases  
599 that are infused in the overall agency.

600 With that, the chair now recognizes the ranking member  
601 to question for five minutes.

602 \*Mr. Guthrie. Thank you.

603 Welcome back to the House, Mr. Secretary, glad to have  
604 you here today.

605 I toured the border last -- early in the year with Dr.  
606 Burgess, and the border was overwhelmed. My focus was -- for  
607 this subject of this committee, is -- was the illicit  
608 fentanyl coming across the border. And when we were talking  
609 to the Border Patrol, and Dr. Burgess asked the question, and  
610 he said that if -- what if we repealed title 42, revoked it,  
611 and he said it would go from a crisis to a catastrophe.

612 And so the concern is when CDC, HHS recommended -- I  
613 know it is tied up in court now, but did recommend removing  
614 this May 23rd, did you consider the flow of illicit fentanyl  
615 coming into the country, and what countermeasures -- you know  
616 this would create another opportunity for it to come forward.  
617 What was the concern when you made that decision about  
618 fentanyl?

619 Seventy percent of Kentuckians who died of overdose died  
620 of illicit fentanyl. I think that is typical for most of our  
621 state. So how do -- in revoking -- the decision to revoke  
622 title 42, what factors did you put into place for fentanyl or  
623 other drugs coming across our border?

624 \*Secretary Becerra. Congress, first -- or Congressman,  
625 first, I think we all recognize that we need to do everything  
626 when it comes to drug enforcement policy to make sure we  
627 interdict drugs that are trying to come into the country.

628 But you are confusing health policy with migration and drug  
629 interdiction policy, because title 42 would impact those  
630 immigrants who are actually crossing the border and not  
631 trying to clandestinely enter. They are trying to seek  
632 asylum. So when they come in, they present themselves.  
633 Therefore, if they were carrying fentanyl, we would be able  
634 to discuss --

635 \*Mr. Guthrie. So we asked that question of the Border  
636 Patrol. And what they said was anything that doesn't  
637 discourage people from coming, the volume continues to  
638 increase.

639 And therefore, as a matter of fact, we went through one  
640 of the processing centers and they said, "Look at every  
641 person in here with a badge, every person in here with a  
642 uniform, and that is somebody that should be on the border.'"

643 So I understand title 42, I am not confusing it. But I  
644 do know that it is a deterrent, that if you are going to  
645 remove that deterrent -- I know HHS has a different focus  
646 than Homeland Security, but surely the Administration has  
647 some kind of plan in place to keep -- to try to interdict  
648 this illicit fentanyl that is flowing across the border.

649 \*Secretary Becerra. And again, title 42 speaks to  
650 health conditions in the country. And what you are speaking  
651 to are either migration challenges or drug interdiction  
652 challenges. And so --

653           \*Mr. Guthrie. Right, but it is still a country  
654 challenge. I understand --

655           \*Secretary Becerra. That is correct. But you would use  
656 migration laws or drug interdiction laws to try to deal with  
657 those challenges, not health care laws.

658           \*Mr. Guthrie. So on the illicit fentanyl, currently it  
659 is temporarily scheduled. Do you think it should be  
660 permanently scheduled, illicit fentanyl, and subject to  
661 mandatory minimums?

662           \*Secretary Becerra. On fentanyl what I can tell you is  
663 that the FDA and the different agencies within HHS will be  
664 reviewing how we treat -- whether it is fentanyl or any other  
665 drug, whether we put it on any formularies.

666           \*Mr. Guthrie. Okay, but you are not going to take a  
667 position on whether it should be scheduled, if it is  
668 subject --

669           \*Secretary Becerra. I wouldn't want to get ahead of the  
670 agencies that actually do this through the science.

671           \*Mr. Guthrie. All right.

672           And so we talked a little yesterday. I remember last  
673 Thanksgiving trying to go around town in Bowling Green,  
674 Kentucky, trying to find tests for -- my kids thought that  
675 they might have brought fentanyl -- I mean, excuse me, COVID  
676 into our --

677           [Laughter.]

678           \*Mr. Guthrie. Not fentanyl, thank goodness. COVID into  
679 our --

680           \*Secretary Becerra. Hopefully, they didn't find that.

681           \*Mr. Guthrie. -- into our community. And, you know,  
682 and there was just a shortage.

683           Kentucky had to ration monoclonal antibodies for Delta.  
684 And the Vice President said, "We didn't see Delta coming."'  
685 I think most scientists did not -- upon whose advice and  
686 direction we have relief -- didn't see Delta coming. And  
687 every time we had Dr. Fauci, it was -- mask, we are going to  
688 do this. He goes, "Well, we don't know if a wave is  
689 coming.'" It seems like we didn't know a -- we expected a  
690 wave to come, and we weren't prepared for it. Could you talk  
691 about why we didn't have -- we are talking about all that --  
692 if you remember all the press conferences in April and May of  
693 2020. When the previous Administration was there, everybody  
694 was testing, testing, all the other things. And within three  
695 months -- you know, we are a year-and-a-half into it, and we  
696 weren't ready for a wave.

697           \*Secretary Becerra. Congressman, thanks for the  
698 question. And as we discussed previously, we had millions of  
699 tests available. What happened is that Americans started to  
700 demand the at-home tests. The tests that we had available  
701 were the tests that would take a week or two to get results,  
702 because they go into laboratories to give you the results.

703 People wanted immediate results, because they wanted to know  
704 if they could go visit their grandmother.

705 \*Mr. Guthrie. Exactly.

706 \*Secretary Becerra. So what we did was we really ramped  
707 up the availability of those instantaneous at-home tests,  
708 which, unfortunately, are less reliable than the PCR tests.

709 \*Mr. Guthrie. Well, why weren't we ready in May? And -  
710 - I mean, excuse me, November of 2021?

711 \*Secretary Becerra. I am sorry, where --

712 \*Mr. Guthrie. I mean I understand what you are saying,  
713 and the President set up the program where people can order  
714 these tests.

715 \*Secretary Becerra. Yes.

716 \*Mr. Guthrie. But why weren't we ready in November of  
717 2021? We didn't know it was going to come that month, but we  
718 knew a wave was coming, and we just didn't have that at-home  
719 tests.

720 \*Secretary Becerra. Well, remember, we had hundreds of  
721 millions of tests available for Americans as of the summer.  
722 In fact, it was -- we had no tests available for the American  
723 public a year ago, or about February/March of last year. So  
724 we ramped up dramatically.

725 But the shift came when people wanted to be able to take  
726 the test solely at home, very convenient --

727 \*Mr. Guthrie. And then we didn't have enough

728 antibodies. I know my time has expired, but thank you for  
729 your time. I appreciate --

730 \*Secretary Becerra. Thank you.

731 \*Mr. Guthrie. -- you being here.

732 \*Ms. Eshoo. The gentleman yields back. The chair is  
733 pleased to recognize the chairman of the full committee, Mr.  
734 Pallone, to question for five minutes.

735 \*The Chairman. Thank you, Chairwoman Eshoo, and thank  
736 you, Secretary Becerra, for your testimony.

737 I wrote a provision in the Families First Coronavirus  
738 Response Act in March of 2020 that provided states with an  
739 increase to their Federal Medicaid funding if they agreed to  
740 keep everyone enrolled in Medicaid during the public health  
741 emergency, and every state took the deal. And it has been a  
742 tremendous success at ensuring that poor and disabled  
743 Americans didn't lose their health insurance during the  
744 pandemic.

745 Now, when the public health emergency ends, states have  
746 to check that everyone on their rolls is still eligible for  
747 Medicaid. But I am worried that people could be wrongly  
748 dropped from Medicaid simply because they make a procedural  
749 mistake during the application process.

750 Now, the Centers for Medicare and Medicaid Services  
751 recently released guidance that promoted 12 months'  
752 continuous eligibility for children under Medicaid, 12



753 months' postpartum eligibility for new moms with Medicaid,  
754 and CHIP express lane eligibility. And these policies could  
755 help mitigate coverage losses after the public emergency  
756 ends.

757         So I was glad to see CMS endorse these policies because,  
758 as I am sure you know, the Build Back Better Act would  
759 actually require every state to put in place the continuous  
760 coverage policies that I just mentioned, and would  
761 permanently authorize express lane eligibility.

762         So my question after that long intro is it seems  
763 critical that Congress passes into law these policies to  
764 ensure that children and new mothers will keep their coverage  
765 when the public health emergency ends. And I just want you  
766 to say whether you agree. You don't have to just say yes or  
767 no, though, you can expand.

768         \*Secretary Becerra. Chairman, the results are there.  
769 It is clear that, by having provided that kind of coverage,  
770 extended coverage, we have kept Americans from falling into  
771 the poverty crack. And I hope that Congress is able to work  
772 together to continue that support, because today, as I  
773 mentioned, more Americans have health care coverage, fewer  
774 Americans are living in poverty than before.

775         \*The Chairman. Well, thanks. Now, the Tri-Caucus  
776 chairs has recently sent a letter to House and Senate  
777 leadership asking for these policies to be included in the

778 final reconciliation legislation. And I wanted to thank  
779 Representative Ruiz and Representative Kelly for their  
780 leadership on these issues, and their letter. The letter  
781 states that Black and Latino individuals in certain Asian  
782 American populations are disproportionately covered by  
783 Medicaid. And it stands to reason that these individuals  
784 would therefore be at greater risk for coverage losses at the  
785 end of the public health emergency.

786         So my second question, given these concerns, it seems  
787 that the continuous coverage provisions in the Build Back  
788 Better would help prevent disproportionate coverage losses  
789 among the minority groups, and are important for health  
790 equity. Do you agree with that?

791         \*Secretary Becerra. Absolutely. And the -- we know  
792 that there are some 12 to perhaps 15 million Americans who  
793 might lose their insurance coverage if we don't do the  
794 Medicare expansion and continuous coverage the right way.  
795 And so we hope that, in this process of unwinding from the  
796 public health emergency, we don't lose all those Americans  
797 who are currently getting covered.

798         \*The Chairman. Well, thank you.

799         Now, finally, Medicaid covers about half of the children  
800 in the country now, and pays for nearly half of all births.  
801 So these coverage provisions are not only far-reaching, but  
802 they are affordable. And as you know, we paid for them

803 entirely in the House legislation.

804           So my question is, given the low cost, given the low  
805 cost of these policies and the huge number of children and  
806 new mothers they would cover, it seems like they give us a  
807 tremendous bang for our buck. And that is my final question,  
808 whether you agree.

809           \*Secretary Becerra. As my mother would say, "Mejor  
810 prevenir que remediar," better to prevent than to remediate.

811           You did a phenomenal job of helping us prevent illness  
812 and disease, which makes it possible for families to have  
813 healthier children who become healthier leaders of our  
814 country in the future.

815           \*The Chairman. Well, I appreciate that.

816           You know, I think everyone on this committee knows that  
817 prevention saves money. But as you know, because you were on  
818 the Ways and Means Committee, that is not the way the CBO  
819 works, right? They charge us for everything, whether it  
820 prevents a further cost down the line. But I think we have  
821 to constantly remind everyone that prevention does save  
822 money. And I appreciate what you said.

823           So I don't know, it just seems obvious to me that, if we  
824 want to ensure that children and new mothers don't lose their  
825 Medicaid when the public health emergency ends, that we  
826 should include these coverage policies in the legislation  
827 before the public health emergency ends. So thank you again.

828 And I yield back. Thank you, Madam Chair.

829 \*Ms. Eshoo. The gentleman yields back.

830 The chair is pleased to recognize the ranking member of  
831 the full committee, Representative McMorris Rodgers, for your  
832 five minutes to question.

833 \*Mrs. Rodgers. Thank you, Madam Chair.

834 Mr. Secretary, in February I asked you and the President  
835 for a plan to end the public health emergency, hoping to get  
836 information about how to transition two vaccines, fully  
837 approved, to commercial distribution, and how states can  
838 quickly and easily incorporate flexibilities from the  
839 pandemic into their Medicaid programs.

840 We didn't receive a response or your plan, but we have  
841 received more requests for money. These requests have come  
842 without information on how you and the states have spent  
843 pandemic funds to inform needs today.

844 I will note the reports about COVID-19 funds going to  
845 fund things like a high-end hotel, a ballpark, and ski  
846 slopes.

847 Do you commit to following up on your current budget  
848 request, and also more funding requests to include all  
849 assumptions about operations, cases, and relevant existing  
850 available funds to all Members of Congress and the public?

851 \*Secretary Becerra. Congresswoman, we will continue to  
852 provide the information that outlines how we have used the

853 COVID money that we have received. We have provided volumes  
854 of paper in response to questions. We have done numerous  
855 briefings, bipartisan briefings, on the expenditures for  
856 COVID. We will continue to do that.

857 The President's plan to move us beyond COVID-19 but stay  
858 prepared for any future pandemic outlines in his budget how  
859 we would use the money. We are more than ready to brief you,  
860 as well, in more detail --

861 \*Mrs. Rodgers. Okay, okay.

862 \*Secretary Becerra. -- because we know we need to be  
863 ready.

864 \*Mrs. Rodgers. Yes. Well, it is pretty basic, and we  
865 need to have those details. And unfortunately, there is a  
866 lot of questions that have not been answered.

867 Do you anticipate the U.S. Government being the sole  
868 purchaser of COVID-19 vaccines for the rest of 2022?

869 \*Secretary Becerra. We know that there are other --  
870 whether it is nations or there are others who are looking to  
871 purchase, we will continue to make sure that we provide the  
872 American people with the supply that we need. And so we will  
873 do everything possible to make sure --

874 \*Mrs. Rodgers. Do you have a projected cost?

875 \*Secretary Becerra. -- what we need.

876 I am sorry?

877 \*Mrs. Rodgers. Do you have a projected cost to the

878 Federal Government?

879 \*Secretary Becerra. The Pandemic Preparedness Plan does  
880 outline what we think we would need. Remember that, if we  
881 are talking about getting further supplies of existing  
882 vaccines, that would be a different price than if we have to  
883 go towards a vaccine that deals with new variants --

884 \*Mrs. Rodgers. Okay.

885 \*Secretary Becerra. -- or if we have to go through a --  
886 toward a new vaccine, all together.

887 \*Mrs. Rodgers. Do you have a plan to transition to  
888 commercial distribution for vaccines?

889 \*Secretary Becerra. That is part of the President's  
890 Pandemic Preparedness Plan.

891 \*Mrs. Rodgers. Okay, okay. Thank you.

892 I asked last year if there would be any proposals that  
893 would give you, as Secretary, the ability to implement drug  
894 price controls using quality-adjusted life years, QALYs.  
895 QALYs put a price on a person's life. The National Council  
896 of Disability has recommended against using QALYs. I am  
897 introducing a bill this week to ban the use of QALYs.

898 Do any proposals in the budget require your Department  
899 to rely on QALYs to make decisions?

900 \*Secretary Becerra. Congresswoman, the best I can tell  
901 you is right now nothing that we are proposing would put any  
902 limits on the ability of an American to be able to get the

903 best quality care that America can afford to provide.

904 \*Mrs. Rodgers. Does your Department use QALYs?

905 \*Secretary Becerra. I am not aware of our particular  
906 agencies using anything like that to make final  
907 determinations.

908 \*Mrs. Rodgers. Well, I -- and I am pleased to hear  
909 that. I hope that you will look at my legislation. I think  
910 it is very important that we clarify and ban the use of  
911 QALYs.

912 Finally, because of inflation and surging prices,  
913 Americans are paying more for everything, including health  
914 care. Empowering them with information on the actual price  
915 of health care is more important than ever. Your budget  
916 states that "enforcement activities are necessary to drive  
917 compliance with price transparency.'" A recent survey found  
918 a majority of hospitals are not compliant with the hospital  
919 transparency rule. When will we start to see these  
920 enforcement actions?

921 \*Secretary Becerra. Congresswoman, we have begun  
922 enforcing that law as of this year. We have issued numerous  
923 challenges to some of the providers where we have evidence  
924 that they are not following through with the transparency  
925 requirements under the law.

926 Fortunately, most of those providers are responding in  
927 kind to make adjustments, and we will continue to enforce

928 that law.

929 \*Mrs. Rodgers. Well, I appreciate your commitment to  
930 this. I believe it is so important that we are getting this  
931 information. And, really, this is something that has been  
932 supported bipartisan, Republicans and Democrats coming  
933 together and making sure that we do have this transparency  
934 around prices.

935 \*Secretary Becerra. I agree.

936 \*Mrs. Rodgers. And finally, I just want to say, as it  
937 relates to the budget, it has been disappointing. We have  
938 been a bit frustrated that we haven't seen more details on  
939 how funds have been spent. But I did notice that you had  
940 found the resources to establish an office of climate change  
941 and health equity in August of 2021, and I also just saw this  
942 past Friday you released an initiative to lower hospital  
943 emissions.

944 I just hope that you will get back to the priorities  
945 that have been outlined in a bipartisan way.

946 I yield back, Madam --

947 \*Ms. Eshoo. The gentlewoman yields back.

948 The chair is pleased to recognize the gentleman from  
949 North Carolina, Mr. Butterfield, for your five minutes to  
950 question.

951 \*Mr. Butterfield. Thank you very much, Madam Chair.

952 And thank you, Mr. Secretary, for your testimony today.



953 It is good to see you, Mr. Secretary. I have great memories  
954 of our work when you served here in Congress. I even have  
955 great memories of our travel when you served with us in this  
956 body. I particularly remember when we accompanied President  
957 Obama to Charleston for the funeral of the Charleston nine.

958 \*Secretary Becerra. Yes.

959 \*Mr. Butterfield. And so I appreciate your friendship  
960 and appreciate your work.

961 Over the years, Mr. Secretary, I have been really,  
962 really alarmed about the growing mental health and substance  
963 abuse disorder crisis facing our families. I am very  
964 grateful that the Administration has taken action to address  
965 the growing mental health and substance abuse disorders.

966 In the midst of COVID, Congress provided nearly \$9  
967 billion to states, and to tribes, and communities to respond  
968 to emergency mental health and substance use needs through  
969 the appropriations, through the CARES Act, and the American  
970 Rescue Plan. The 2023 budget would build on those efforts,  
971 providing \$2.9 billion for mental health, 6.6 billion for  
972 prevention and treatment efforts within the Substance Abuse  
973 and Mental Health Services Administration.

974 My question is, what activities in communities does the  
975 Administration intend to target with these increased  
976 resources, and why?

977 \*Secretary Becerra. Congressman, first, thank you for

978 the earlier mention of the friendship, and I hope to continue  
979 to work with you on any number of these subjects, but  
980 certainly on this one, because the President had made it  
981 clear he intends to deploy game-changing resources and  
982 investments to make sure we tackle the mental health and  
983 behavioral health crisis.

984 I mentioned the 988 Lifeline that we hope to launch in  
985 mid-July that will let anyone who is suffering a mental or  
986 behavioral health crisis to be able to reach to someone who  
987 could offer them help.

988 We are going to do much more when it comes to drug  
989 overdose problems that we see. When over 100,000 Americans  
990 are dying in one year from drug overdose, we know we have to  
991 tackle the opioid and drug overdose crisis.

992 And we are going to do everything we can to help  
993 children, because we know COVID has exposed the belly of a --  
994 of what we see as a true problem with mental health being  
995 experienced by our youngest Americans. And so we are going  
996 to do everything we can to focus on that.

997 I am engaged right now in a national tour, visiting  
998 states throughout the country to try to highlight what the  
999 President is hoping to do in his budget.

1000 \*Mr. Butterfield. Thank you, Mr. Secretary. Let me  
1001 just ask you this. Let me ask you about the proposed crisis  
1002 care set-aside, and the prevention and early intervention

1003 set-aside in the mental health block grant, as well as the  
1004 proposed recovery support services set-aside and the  
1005 substance abuse block grant.

1006         Why do you believe these programs are important, and can  
1007 they have flexibility to meet the needs of our citizens?

1008         \*Secretary Becerra. Congressman, as I said earlier,  
1009 prevention is far better and more effective, and better for  
1010 the dollar than is remediation. If you wait until someone  
1011 has a real crisis, it costs a lot more money, just like going  
1012 into an emergency room, than it does in trying to prevent  
1013 someone from getting to the point of suffering a crisis.

1014         So we want to interdict where possible. We want to  
1015 intervene where we can. And what we want to do is let  
1016 families know that we want to be there, shoulder and --  
1017 shoulder to shoulder with them as they try to address these  
1018 crises, especially for these children.

1019         \*Mr. Butterfield. Thank you. I have time for one more,  
1020 Mr. Secretary.

1021         Since 2015 I have worked on a bipartisan basis to expand  
1022 access to disposable wound therapy for Medicare patients  
1023 receiving home health care. In 2015 we successfully created  
1024 a new Medicare benefit to this effect. Unfortunately, the  
1025 way this benefit was implemented makes it extremely difficult  
1026 for patients to access this technology. To fix this, Mr.  
1027 Mullin and I introduced legislation that would make technical

1028 corrections.

1029           Would you be so kind as to commit to work with us on  
1030 this proposal, so that it can make it to the President's desk  
1031 before the end of this Congress?

1032           \*Secretary Becerra. You have my commitment,  
1033 Congressman, to work with you to see where we can go with the  
1034 legislation.

1035           \*Mr. Butterfield. Thank you, Secretary Becerra.  
1036 I yield back, Madam [inaudible].

1037           \*Ms. Eshoo. The gentleman yields back.

1038           The chair is pleased to recognize the gentleman from  
1039 Michigan, Mr. Upton, for your five minutes to question.

1040           \*Mr. Upton. Thank you, Madam Chair.

1041           And welcome, Mr. Secretary. We are glad to have you in  
1042 person today. That is for sure.

1043           And I want to thank you, Chair, for holding this  
1044 important hearing, and your leadership on ARPA-H.

1045           I would like to think that we are close to moving  
1046 bipartisan authorization -- authorizing legislation through  
1047 this committee. And I would note that my Cures 2.0 partner,  
1048 Diana DeGette, and I look forward to working with you to  
1049 advance this important legislation, as well.

1050           We also look forward to working with you and Chairman  
1051 Pallone and Ranking Member Cathy McMorris Rodgers on another  
1052 important bipartisan piece of legislation. Cures 2.0, we

1053 continue to hear from patients, families, doctors,  
1054 researchers, innovators from across the country how important  
1055 it is to move forward. When this committee works together we  
1056 do improve Americans' lives, and I am thankful to be part of  
1057 it. Simply put, patients can't wait, and we have no time to  
1058 waste.

1059         So, Mr. Secretary, drug-resistant bacteria now kills  
1060 more folks than HIV, globally. Sad statistic. CDC is  
1061 reporting that both drug-resistant bacteria and fungi are on  
1062 the rise because of COVID. The PASTEUR Act, a bipartisan  
1063 bill that we included in 21st Century Cures 2.0, is an  
1064 urgently-needed solution to these growing threats. You  
1065 agree, I think, with the need to address the AMR and fungi  
1066 threats, as well, and I would appreciate your thoughts on the  
1067 PASTEUR Act as a solution.

1068         \*Secretary Becerra. Congressman, I -- let me just first  
1069 say thank you for tackling this, because too many people are  
1070 not aware of how rapidly we are losing the ability to use  
1071 antibiotics to treat what are pretty common diseases and  
1072 illnesses. And it is not affecting just us, but it is  
1073 worldwide.

1074         And unfortunately, as you know, it is tough to get the  
1075 manufacturing sector to jump on this, because there is not a  
1076 lot of money that they can make anymore. And so we have to  
1077 work to provide the incentives. So I am absolutely

1078 supportive of the efforts that you are making in this,  
1079 because AMR, antimicrobial resistance, is a problem not just  
1080 in developing countries, but here in the U.S.

1081 \*Mr. Upton. So I am also deeply concerned about --  
1082 thank you. And I am also deeply concerned about the state of  
1083 Federal health insurance programs like Medicare.

1084 In my view, Medicare's antiquated approaches to coverage  
1085 are not well suited for cutting-edge technologies that have  
1086 the potential to transform care. Some have pointed to the  
1087 issue of improving FDA-CMS communications on innovative  
1088 technologies that might help CMS better cover and, more  
1089 importantly, reimburse for them. Unfortunately, it seems  
1090 like the Administration might be moving in the wrong  
1091 direction with its decision to pull the MCIT rule.

1092 So can you tell me or share with me your thoughts on  
1093 improving the CMS-FDA communications, and what we might  
1094 expect with regards to the MCIT rule?

1095 \*Secretary Becerra. Once again, you ask a critical  
1096 question, because technology has taken this to a new place.

1097 There was a joint statement recently issued by both the  
1098 heads of the FDA and CMS to make clear how it is important  
1099 that these two distinct agencies work together where they  
1100 can, but still fulfill their separate, distinct missions as  
1101 well as possible. And we are going to run into these  
1102 circumstances, as you mentioned, more and more often, because

1103 technology is taking us farther and farther towards getting  
1104 new treatments and therapies.

1105         What I can tell you is that, so long as the mission of  
1106 FDA is to make sure that there is a safe and effective  
1107 treatment or drug available to the Americans, that is  
1108 critical. And at the same time, we have to make sure that  
1109 CMS's role, which is different, it is more an issue of  
1110 whether that particular therapy or drug is necessary -- is  
1111 the real issue that we have to confront. But I believe that,  
1112 with that joint statement of the two heads of these agencies,  
1113 they made it very clear they are going to, where possible,  
1114 make sure we are working together.

1115         \*Mr. Upton. Well, thank you.

1116         I yield back.

1117         \*Ms. Eshoo. The gentleman yields back. And I want to  
1118 reiterate once again, as I have previously, my fullest  
1119 support for Cures 2.0. I believe that is a must for our  
1120 subcommittee to advance, and the full committee, as well as  
1121 ARPA-H authorizing language.

1122         And I salute you and Congresswoman DeGette for the work  
1123 that you have done. We are all in your debt, because you  
1124 have been working on this for three years. And the  
1125 culmination of that will be what the subcommittee does with  
1126 it.

1127         The Chair is pleased to recognize the gentlewoman from

1128 Florida, Ms. Castor, for your five minutes to question.

1129       \*Ms. Castor. Well, thank you, Madam Chair, and welcome,  
1130 Secretary Becerra. It is great to see you. And I want to  
1131 thank you and President Biden for successfully lowering  
1132 health care costs and premiums for millions of American  
1133 families. That is what Democrats in Congress intended  
1134 through the American Rescue Plan.

1135       And now high-quality coverage is more affordable and  
1136 available to families at a time when they really needed to  
1137 put money back into their pocket: 14.5 million Americans now  
1138 rely on the Affordable Care Act, and it has been a particular  
1139 godsend in my home state of Florida, where we are the third  
1140 largest state in the country, but we have the highest  
1141 enrollment of any state, 2.8 million Americans now. That is  
1142 a 28 percent increase over last year, largely because we were  
1143 focused on lowering their costs through those enhanced tax  
1144 credits.

1145       Can you briefly discuss the impact of the American  
1146 Rescue Plan, and what it has meant -- what those enhanced tax  
1147 credits has meant for affordable health care coverage?

1148       How many new individuals signed up because of those tax  
1149 credits, and how many -- what is the scope, and what do you  
1150 predict the future holds?

1151       \*Secretary Becerra. Congresswoman, thank you. By the  
1152 way, thank you very much for the work you did to make sure



1153 that the Affordable Care Act could be there, and that we  
1154 could have the American Rescue Plan to make even better the  
1155 result of good, quality health care available to so many  
1156 Americans.

1157         You mentioned it with your -- the numbers. Americans  
1158 are speaking with their feet and with their voices in  
1159 applying for these health care plans: the fact that today  
1160 14.5 million Americans can rely on health insurance because  
1161 of the Affordable Care Act, 6 million of them new to the  
1162 program all together. And as you mentioned, several million  
1163 in Florida by itself, one of 50 states.

1164         The fact that we can offer, as a result of your work on  
1165 the American Rescue Plan, Americans a health insurance plan  
1166 of quality, not a junk insurance plan, but of quality, for  
1167 \$10 or less a month in premiums, you can't even go see a  
1168 movie today for \$10 or less for 1 movie, let alone a full  
1169 month of health insurance coverage. That is real peace of  
1170 mind.

1171         \*Ms. Castor. It is. I -- in the grocery store, in  
1172 church, everywhere I go in my home state, they really are  
1173 grateful.

1174         I mean, this came at a time we were dealing with a  
1175 pandemic, and a time when costs were really hammering our  
1176 families. So thank you for everything that you have done.  
1177 You must take great pride in the fact you were here when we

1178 passed it, and you are there when you see the expanded  
1179 coverage of these high-quality plans.

1180 I also had some sad news from a friend last week, who  
1181 was just diagnosed with an HPV-related cancer. And I am so  
1182 grateful that President Biden is there to -- and you -- to  
1183 help reinvigorate the Cancer Moonshot. And what you have  
1184 included in your budget related to trying to save American  
1185 lives and lower costs again by expanding the HPV vaccine  
1186 really deserves kudos. This is the first time it showed up  
1187 explicitly in the budget.

1188 And I would say, you know, when it -- that vaccine  
1189 wasn't around when we were younger, but it is now for kids  
1190 and adolescents. And what I have learned back home is when  
1191 you ask parents, if you could prevent your child from ever  
1192 contracting cancer, would you, and of course they would. And  
1193 here we have this safe and effective vaccine that has been  
1194 available since 2006. But the uptake rates are not high  
1195 enough.

1196 So talk to me about -- you have committed now to do more  
1197 on HPV. How does the Department plan to use what you have  
1198 identified as \$5 million to expand efforts to improve  
1199 coverage, and what can Congress be doing?

1200 We did pass a bipartisan bill out of this committee, by  
1201 the way, and a bill through the House of Representatives that  
1202 will help. But what is your plan?

1203           \*Secretary Becerra. Congresswoman, one of the things we  
1204 learned with the Affordable Care Act and the enrollment, the  
1205 record-breaking enrollment numbers, and with the vaccines and  
1206 reaching communities that are often left behind, today you  
1207 have Black Americans, Latino Americans who are vaccinated at  
1208 essentially the same rate as White Americans. A year ago,  
1209 there was a dramatically disparate difference.

1210           And what I will tell you is that what we found is that,  
1211 if you go to people, instead of waiting for them to come to  
1212 you, they latch on, they take up the effort. And so, when it  
1213 comes to HPV vaccine, other treatments that we know are  
1214 effective, we are going to go to those communities to let  
1215 them know about this. Because if, as you said, if they know,  
1216 they will make sure their kids get these vaccines.

1217           \*Ms. Castor. Thank you very much.

1218           I yield back my time.

1219           \*Ms. Eshoo. The gentlewoman yields back.

1220           The chair is pleased to recognize the former chairman of  
1221 our subcommittee, and one of our doctors, Dr. Burgess of  
1222 Texas, for your five minutes to question.

1223           \*Mr. Burgess. I thank the chair. And let me just start  
1224 by saying I do want to associate myself with the remarks of  
1225 our ranking member of the full committee, Ranking Member  
1226 McMorris Rodgers. I do feel one of the really severe  
1227 casualties of this pandemic has been the credibility in our

1228 public trust, the public trust in our public health  
1229 institutions. And we really do need to work to regain that,  
1230 and when you see it almost daily.

1231 I guess on the good news front, Dr. Fauci was on Judy  
1232 Woodruff last night, and pronounced the pandemic over. So  
1233 congratulations. I somehow missed it in the headlines this  
1234 morning, but I am glad that that is -- at least I hope that  
1235 that is true.

1236 I also want to associate myself with the remarks of the  
1237 chairwoman of the subcommittee on ARPA-H. It is a critically  
1238 important authorization that this committee needs to  
1239 undertake, and I share her concern about it being collocated  
1240 on the campus of the National Institute of Health.

1241 So, Secretary Becerra, you will remember the last time  
1242 we spoke was in our Budget Committee hearing across the way.  
1243 And I was concerned about funding for gain of function  
1244 research, particularly in adversarial countries. You  
1245 disagreed with me, and you said, I think, that question has  
1246 been answered before, and you didn't think it would be true.  
1247 I still remain concerned about it. I remain unconvinced that  
1248 NIH did not have some role in this funding. So I promised  
1249 you some articles supporting my position.

1250 I have asked that, Madam Chair, that we make those part  
1251 of the record today, and I will, at the conclusion of this  
1252 hearing, I will get those to you.

1253           But even if we disagree about NIH funding gain of  
1254 function research in adversarial countries, really, the point  
1255 is made over and over again in those documents that this was  
1256 all done in a BSL2 lab. The biosafety level of the Wuhan lab  
1257 was not a biosafety level three or four, as I think it should  
1258 have been, but it is almost like it is asking for a lab leak  
1259 if you are dealing with a pathogen such as this in a BSL2  
1260 lab.

1261           So, I guess the question is, are we at a point now where  
1262 we will be very careful about where we fund this type of  
1263 research?

1264           It bothers me that it was in an adversarial country, and  
1265 it really bothers me it was in a BSL2 lab.

1266           \*Secretary Becerra. Dr. Burgess, first, let me just say  
1267 that much of what you said I agree with. We should always be  
1268 very cognizant of how any gain of function research is done.  
1269 We should be very cognizant of where it is done for all the  
1270 reasons you mentioned. And I think that what I can do is  
1271 assure you that, at the NIH, at the Department of Health and  
1272 Human Services, we take those same concerns and admonitions  
1273 that you have just stated very seriously.

1274           And -- but I would agree with you that we have to be  
1275 very, very careful, because who knows what can surface as a  
1276 result of some of this research that is done, especially if  
1277 it is done in a place that is not equipped to really handle

1278 it.

1279 \*Mr. Burgess. Well, I really do hope that you will  
1280 provide the committee with the official HHS policy directing  
1281 the NIH in this regard.

1282 We had a hearing on mental health, and I appreciate your  
1283 comments on mental health. A couple of weeks ago I brought  
1284 up -- are you familiar with what is referred to as the IMD  
1285 exclusion, the Institute for Mental Disease exclusion that  
1286 prevents Medicaid from paying for coverage, hospital  
1287 coverage?

1288 So I brought up a concern about that, and I asked the  
1289 HRSA administrator if that was a barrier to getting care, and  
1290 she wasn't really -- she said there is some challenges there,  
1291 but I didn't get the impression that, really, she put that as  
1292 an obstacle to care. So let me just ask you: do you think  
1293 the IMD exclusion is a barrier for patients getting the  
1294 mental health treatment that they need?

1295 \*Secretary Becerra. Congressman, I think we are seeing  
1296 the growing need for health care. And Medicaid has become a  
1297 place that Americans have been able to rely upon to help them  
1298 pay for their mental health care services. IMD is -- doesn't  
1299 pose a restriction. I believe it is a statutory restriction  
1300 that makes it tough for Medicaid to cover mental health  
1301 services in many cases.

1302 We are more than willing to work with you and your

1303 colleagues to try to make sure that Americans are able to  
1304 secure the type of health care, even if it is for mental  
1305 health, not just regular health that we need.

1306       \*Mr. Burgess. Well, I tried to add that as an amendment  
1307 when we were doing one of the reconciliation bills that was  
1308 defeated on a party line vote. I hope I can look to your  
1309 help when bringing that forward again in legislative  
1310 language, because I agree with you, it is a legislative fix  
1311 that is required.

1312       And it is expensive. I grant that it is. But it is the  
1313 old thing about pay me now, pay me later. What is the cost  
1314 of doing nothing? And I think we have found it to be  
1315 extremely high.

1316       Thank you for your testimony today.

1317       I will yield back.

1318       \*Secretary Becerra. I look forward to working with you  
1319 on it.

1320       \*Ms. Eshoo. The gentleman yields back. The chair is  
1321 pleased to recognize the gentleman from Maryland, Mr.  
1322 Sarbanes, to question for five minutes.

1323       \*Mr. Sarbanes. Thank you very much, Madam Chair.

1324       Secretary Becerra, welcome. I appreciate the work that  
1325 has gone into this budget proposal. It is very much, for the  
1326 most part, I think, a lessons learned budget. It really  
1327 looks at what we have been through, and tries to reposition

1328 us in a visionary way for the future. So I thank you for  
1329 your efforts and the efforts of your staff.

1330 The pandemic, as we know, has taken a really heavy toll  
1331 on health care providers, public health workers. That is  
1332 obvious. And these frontline heroes have been very stressed,  
1333 very over-burdened during the crisis. Many have left the  
1334 workforce, as we know.

1335 And we also know that a strong, well-trained workforce  
1336 in the health field is critical to supporting a high-quality  
1337 delivery system. And we have to make data-driven decisions  
1338 about how to prioritize the workforce. To that end, I know  
1339 the agency, your agency, is -- currently has a number of  
1340 initiatives in the health workforce space, including this  
1341 National Center for Health Workforce Analysis, and I support  
1342 that effort.

1343 Could you describe the work of the center just a little  
1344 bit, and how you see the fiscal year 2023 budget request  
1345 responding to this need for collecting, analyzing, and  
1346 ultimately acting on workforce shortages and related  
1347 challenges?

1348 \*Secretary Becerra. Congressman, thank you for your  
1349 interest, and all of the work that you have done over the  
1350 years on these issues. I think a lot of working Americans  
1351 appreciate what you are trying to do.

1352 The National Center for Health Workforce Analysis



1353 conducts research. It tries to help us determine if there is  
1354 a sufficiency of the workforce throughout the country, the  
1355 geographical distribution, what the level of education is for  
1356 the workforce. Essentially, it tries to inform you, the  
1357 policymakers, about where the gaps are, where the  
1358 deficiencies are, so you can better target your resources to  
1359 make sure that, if one region of the country lacks a certain  
1360 type of health care professional -- nurses, for example --  
1361 that we are able to make sure we target it appropriately. So  
1362 this way we spend every dollar that we have most efficiently  
1363 to make sure we boost up the workforce.

1364       \*Mr. Sarbanes. I think it is going to be very important  
1365 to do the analysis carefully because, in addition to there  
1366 being a lot of competition among health care providers for  
1367 those workforce positions, there is also going to be  
1368 competition between the health care industry and other folks  
1369 that are looking for workers. There is a lot of teacher  
1370 vacancies, for example, across the country, et cetera. So we  
1371 have got a real labor workforce potential challenge coming at  
1372 us. And navigating that with some good, strong data review  
1373 and analysis is going to be important.

1374       I certainly support this center, and I am hoping the --  
1375 my colleagues in the House Appropriations Committee will even  
1376 double the funding for the center to make sure that we are in  
1377 a position to handle this challenge, working together, moving

1378 forward.

1379           Let me turn to another topic real quick. We talked  
1380 about this the last time you were here. It is school-based  
1381 health centers. I think all the evidence is, when you have  
1382 these resources in place with a captive audience, which is a  
1383 school full of children that need support and help and health  
1384 care for themselves, and often times connected to their  
1385 families and their communities, it makes a huge, huge  
1386 difference. And I am happy to see that HHS has been making  
1387 strong investments in the health and well-being of our  
1388 nation's children, including through recently-announced joint  
1389 initiatives between HHS and the Department of Education to  
1390 expand health services in schools.

1391           Can you talk a little bit about the HHS commitment here  
1392 to supporting school-based health centers and the students  
1393 that they serve in this coming year, including through the  
1394 initiative that I just mentioned?

1395           I mean, if I had my way, there would be a full health  
1396 suite in every school in America. It seems kind of like a  
1397 no-brainer, when you think of all the good that that could  
1398 do. So I would love to hear your thoughts about that.

1399           \*Secretary Becerra. Congressman, maybe you are -- you  
1400 are younger than me, but I remember when I was going to  
1401 school in elementary school, there was a nurse at our school.  
1402 Today, if you find a nurse in an elementary school, you are

1403 very fortunate. It is one of the major losses that we have  
1404 seen over the years in trying to provide our children with as  
1405 much access to health care, especially for kids who have  
1406 parents who can't afford insurance. It is a big loss that we  
1407 have seen over the years.

1408         The President has made a commitment to try to reach out  
1409 to communities to provide health services to children,  
1410 including at school-based settings. We are providing \$40  
1411 million for a new pilot program to integrate behavioral  
1412 health supports in a community setting. So whether it is in  
1413 school community centers, somewhere where it is accessible to  
1414 families, where they don't have to travel a long distance, we  
1415 would like to continue to work with you and others to see if  
1416 we can build up programs like Project Aware, which is a  
1417 program that helps us focus resources and attention into  
1418 places like schools, so that our children do have access to  
1419 care when often times they don't have access otherwise.

1420         \*Mr. Sarbanes. Thanks very much. I look forward to  
1421 working with you and others in the Department.

1422         I yield back.

1423         \*Ms. Eshoo. The gentleman's time has expired.

1424         The chair is pleased to recognize the gentleman from  
1425 Virginia, Mr. Griffith, for your five minutes to question.

1426         \*Mr. Griffith. Thank you very much, Madam Chair.

1427         Secretary Becerra, Ranking Member Rodgers, Subcommittee

1428 Ranking Member Guthrie, and myself have sent numerous  
1429 questions on COVID origins to the NIH. Can you please get  
1430 them to answer? Yes or no?

1431 \*Secretary Becerra. I am sorry. What is the question?

1432 \*Mr. Griffith. Will you get the NIH to answer our  
1433 questions in related -- relationship to COVID origins?

1434 \*Secretary Becerra. Congressman, I know that the NIH  
1435 has answered --

1436 \*Mr. Griffith. Yes or no?

1437 \*Secretary Becerra. -- many of the questions that were  
1438 asked on --

1439 \*Mr. Griffith. Okay. If you can get me a more detailed  
1440 answer later, I would appreciate it. I got a lot of  
1441 questions to ask --

1442 \*Secretary Becerra. Okay.

1443 \*Mr. Griffith. -- in a short period of time, as you are  
1444 familiar.

1445 Last June, after visiting the border, I asked Acting  
1446 Assistant Secretary of the Administration for Children and  
1447 Families whether the Office of Refugee and Resettlement, ORR,  
1448 needed additional authority or resources from Congress to  
1449 improve the inadequate process of vetting potential sponsors  
1450 of unaccompanied children. And what they are telling the  
1451 American people is that they are doing background checks.  
1452 And what they are doing is they are doing a background check

1453 on a computer that is not part of the criminal background  
1454 system in our country. They are just checking, you know,  
1455 PeopleFinders, or been verified, that kind of thing. Not  
1456 adequate.

1457 I got a written response stating, "ORR is currently in  
1458 conversations with our agency partners to determine what  
1459 additional authority or resources are needed from Congress in  
1460 order to improve the sponsor vetting process," but nothing  
1461 further. In the meantime, unaccompanied children continue to  
1462 arrive in the U.S., ORR continues to place children with  
1463 sponsors with no real background check.

1464 If we were doing this in a custody case -- and I used to  
1465 practice that kind of law -- either the attorneys or the  
1466 judge would be in front of somebody trying to figure out why  
1467 they didn't do a proper background check.

1468 So have you taken any action to improve the vetting  
1469 process for unaccompanied minors and their truly unvetted  
1470 sponsors, yes or no?

1471 \*Secretary Becerra. Congressman --

1472 \*Mr. Griffith. I understand you may have to get back to  
1473 me. Can you get back to me with a full written answer on  
1474 that? Because I am very concerned about this, because while  
1475 I don't think they should be here, if they are going to be  
1476 here, let's make sure we are putting them with safe people.

1477 I will continue with another question, and expect a full

1478 answer. Can you get me an answer? I do need something  
1479 affirmative.

1480 \*Secretary Becerra. Well, I can tell you I don't agree  
1481 with the way you have posed the question, but I will provide  
1482 you with an answer to try to give you as best information I  
1483 can.

1484 \*Mr. Griffith. And I appreciate that. And I just --  
1485 look, most of that is -- I stated the facts. We might  
1486 disagree on whether they should be here or not, but the facts  
1487 are they aren't doing a proper vetting process. And if our  
1488 court systems were doing this, there would be people in  
1489 trouble with the public.

1490 All right. I want to go back to another question --

1491 \*Secretary Becerra. On the issue of vetting, that is  
1492 where I disagree with you. But we will respond to your  
1493 questions.

1494 \*Mr. Griffith. All right. Well, we are going to have  
1495 to continue to disagree on that, because it is just plain  
1496 poor.

1497 All right, last year you and I discussed the fact that  
1498 President Biden had instructed agencies to maximize the use  
1499 of goods, products, and materials produced in the United  
1500 States. I hope you are making plans to refill the Strategic  
1501 National Stockpile. American manufacturers stand ready to  
1502 provide supplies. Will you commit to ensuring products that

1503 your agencies buy come from manufacturers whose operations  
1504 are in the U.S., yes or no?

1505 \*Secretary Becerra. Three hundred and forty million  
1506 free at-home tests shipped, two hundred and seventy million  
1507 free N95 masks. We have done what we need to do to make sure  
1508 we have a stockpile that can --

1509 \*Mr. Griffith. But are they American manufactured?  
1510 Because we got lots of people out here who are saying they  
1511 are going to go out of business because we are buying from  
1512 the Chinese again.

1513 \*Secretary Becerra. And we -- and by the way, because  
1514 of the instruction given by Congress, we have more  
1515 authorities to make sure domestically manufactured products  
1516 are available. And that --

1517 \*Mr. Griffith. And we will give you whatever you need  
1518 on that, I am sure.

1519 \*Secretary Becerra. I look forward to working with you.

1520 \*Mr. Griffith. Last week I joined my colleagues, Cathy  
1521 McMorris Rodgers and Brett Guthrie, in sending you a letter  
1522 with some questions about troubling increase in deaths  
1523 associated with substance use disorder. Will you commit to  
1524 getting us a timely response, a complete timely response on  
1525 that question, on those questions?

1526 And I know you probably haven't seen it, but if you can  
1527 give us a timely response, it would be greatly appreciated.

1528 Say, June 1st, June 15th.

1529 \*Secretary Becerra. Congressman, we are committed to  
1530 try to respond as quickly as we can, and please just be in  
1531 touch if you haven't gotten the responses you need.

1532 \*Mr. Griffith. I appreciate that. We will be.

1533 In its response to a March 8th letter I sent to SAMHSA,  
1534 it stated that it is not and has no plans for conducting,  
1535 collaborating, or funding studies about the mental health  
1536 impact of the pandemic. Do you not agree that the  
1537 institution responsible for overseeing our nation's mental  
1538 health should be involved in such work, yes or no?

1539 \*Secretary Becerra. Okay. I am not sure I understood,  
1540 because SAMHSA is absolutely engaged in trying to make sure  
1541 we are assessing the needs throughout the country for mental  
1542 health services.

1543 \*Mr. Griffith. Well, that is not what they told me. I  
1544 will send you a copy of the letter.

1545 \*Secretary Becerra. Thank you.

1546 \*Mr. Griffith. All right. Last, but not least, when it  
1547 comes to treating patients with substance use disorder, it is  
1548 critical that 42 CFR part 2 be revised to better align with  
1549 HIPAA regulations. The CARES Act instructed Substance Abuse  
1550 and Mental Health Services Administration, SAMHSA, to do so,  
1551 with a deadline of March 2021. These regulations have yet to  
1552 be published.



1553           Earlier this month I asked your colleague, Dr. Delphin-  
1554 Rittmon, for a status update. She was unable to provide it.  
1555 Can you?

1556           \*Secretary Becerra. Congressman, you threw a lot of  
1557 numbers, code sections, at me.

1558           \*Mr. Griffith. Okay.

1559           \*Secretary Becerra. Without further reference, it would  
1560 be hard for me to respond.

1561           \*Mr. Griffith. All right, and I do appreciate that.  
1562 And that is why I said I had to move quick, because I had a  
1563 lot of questions in a lot of big areas --

1564           \*Secretary Becerra. I --

1565           \*Mr. Griffith. -- and these are not simple questions.  
1566 I will get you a written question.

1567           \*Secretary Becerra. I appreciate that.

1568           \*Mr. Griffith. But I really would like a response on  
1569 that, because we are a year behind on what the law says you  
1570 all were supposed to do.

1571           \*Secretary Becerra. I appreciate it.

1572           \*Mr. Griffith. I yield back.

1573           \*Secretary Becerra. We will follow up.

1574           \*Ms. Eshoo. The gentleman yields back. The chair is  
1575 pleased to recognize the gentleman from Vermont, Mr. Welch.

1576           \*Mr. Welch. Thank you very much.

1577           Mr. Secretary, it is so good to see you, and welcome.

1578 It really is. I am going to ask you in three -- about three  
1579 different topics: DIR fees; drug pricing, which you have  
1580 been a long-time champion of; and also a substance abuse  
1581 treatment program in Vermont that I think has broad  
1582 applicability.

1583 First of all, on the DIR fees, it is really brutal, what  
1584 is happening to the cost of drugs that gets passed on to  
1585 seniors and also to our community pharmacies. And I am  
1586 someone who thinks that the community pharmacies are an  
1587 essential component in our health care system. And I know  
1588 your agency is looking at the DIR rule in an effort to change  
1589 it. It would save about \$20 billion in out-of-pocket drug  
1590 costs for folks who are on the part D program. My hope is  
1591 that the rule will be finalized without delay for the year  
1592 2023.

1593 By the way, this has got a lot of bipartisan support  
1594 here in this committee. So my question is, where do we stand  
1595 on that, Mr. Secretary, and can we have confidence that we  
1596 will get this done this year?

1597 \*Secretary Becerra. Congressman, good to see you. And  
1598 thank you for the question, an important question.

1599 We agree with you, it is an important rule. We are  
1600 working it as quickly as we can. I can't give you a specific  
1601 timeline, as I can't give you too many specifics, but we  
1602 understand how important it is because patients -- or costs

1603 are at stake, and we want to make sure that no one is paying  
1604 more than they should for the drugs and medicines and  
1605 treatments that they need.

1606 \*Mr. Welch. Well, let me just emphasize this has been a  
1607 tug of war for a number of years. The insurers are pushing  
1608 back, pushing hard. And this is about whether it is their  
1609 profits or we are going to get fair pricing. And it is also  
1610 about fairness to our community pharmacies.

1611 I mean, they really have this bizarre situation, as you  
1612 know, where they sell the product at the stated price, and  
1613 they get a letter from the pharmacy benefit managers saying,  
1614 "Oh, by the way, that product you sold at the price we agreed  
1615 on three months ago, we were just kidding, and you owe us  
1616 money.'" I mean, can that at all be justified as a business  
1617 model? Seriously.

1618 \*Secretary Becerra. Congressman, we are in the midst of  
1619 rulemaking. You know it would be inappropriate for me to  
1620 respond to questions that go to the substance.

1621 \*Mr. Welch. All right. Well, I hope you heard my plea  
1622 here -- again, bipartisan.

1623 \*Secretary Becerra. I remember hearing it for many,  
1624 many years. And it is a good message.

1625 \*Mr. Welch. And drug pricing, again, I acknowledge your  
1626 role you have played when you served here, and, of course, in  
1627 your role as attorney general in California. So I know you

1628 are totally committed to doing everything we can to get price  
1629 negotiation. I know the Administration is -- that is part of  
1630 Build Back Better. Where are we on this?

1631 I mean, folks are paying huge amounts for everything  
1632 from insulin to lifesaving medication. And the drug industry  
1633 is just unrelenting, and using its pricing power, and they  
1634 are increasing prices as we sit here. And it has nothing to  
1635 do with supply chains. It has to do with their infinite  
1636 unrestrained power to raise prices, to raise profits.

1637 Where are we?

1638 \*Secretary Becerra. Congressman, we have some  
1639 authorities, as you know, to take some action to try to help  
1640 keep drugs at the prices that are fair. But we need more  
1641 authorities.

1642 That question, "Where are we," is a question I know we  
1643 are posing to Congress. Where are we? How close can you  
1644 come to actually giving us the statutory authority we would  
1645 need to actually be able to competitively drive down the  
1646 price of prescription medication?

1647 And so we will do what we can with the authority we  
1648 have. It certainly would help if Congress passes a measure  
1649 that enhances our ability to actually go toe to toe and  
1650 negotiate for fair prices for Americans.

1651 \*Mr. Welch. Okay, thank you. And my third topic, Mr.  
1652 Secretary, is on substance abuse.

1653           In Vermont, we have this program that is working out  
1654 combining telehealth with a system where the medically-  
1655 assisted medication is in a wheel that can only open every 24  
1656 hours, and a person can go on their app in their home and, in  
1657 the visual observation of the provider who may be 100 miles  
1658 away, take that pill, and there is assurance that there is no  
1659 abuse. It is really a tremendous program. We had one person  
1660 who said it saved her life, because she didn't have the  
1661 ability -- she had no car, and she couldn't get to where she  
1662 had to be.

1663           So what -- can -- is there any hope that we could have  
1664 that sensible approach, which we have on a pilot basis in  
1665 Vermont, institutionalized?

1666           \*Secretary Becerra. I think we have learned that, as a  
1667 result of COVID, quite honestly, how much we can  
1668 institutionalize when it comes to telehealth. But we need,  
1669 again, statutory authority, because some of the prescriptions  
1670 are written into law, and we need Congress to act to give us  
1671 more discretion.

1672           \*Mr. Welch. Right.

1673           \*Secretary Becerra. But we have certainly learned how  
1674 important telehealth can be.

1675           \*Mr. Welch. Okay, I yield back. And thank you to all  
1676 the health care workers --

1677           \*Ms. Eshoo. The gentleman --

1678           \*Mr. Welch. -- that have been sticking through it for  
1679 over two years.

1680           Thank you, Madam Chair.

1681           \*Ms. Eshoo. Sure. The gentleman yields back. The  
1682 chair is pleased to recognize the gentleman from Florida, Mr.  
1683 Bilirakis, for five minutes to question.

1684           \*Mr. Bilirakis. Thank you. Thank you very much, Madam  
1685 Chair.

1686           Welcome, Secretary Becerra. In your budget hearing last  
1687 year I asked you a question about partial birth abortion or  
1688 late term abortions, which are prohibited under law, in which  
1689 you stated there is no -- and I quote -- "there is no law  
1690 that deals specifically with the term 'partial birth  
1691 abortion'.'" We know, of course, that this is incorrect.  
1692 Not only is there a Federal law, but the Biden Administration  
1693 and your Department in particular has continually undermined  
1694 these life protections in the years since we have seen you.

1695           Mr. Secretary, let's try again. Will you commit to  
1696 working with Attorney General Garland to enforce the Partial  
1697 Birth Abortion Ban Act of 2003, which is law upheld by the  
1698 Supreme Court in Gonzales versus Carhart in 2007? Will you  
1699 commit to upholding the law, sir, in this case?

1700           \*Secretary Becerra. Congressman, thank you for the  
1701 question. Good to see you. I will -- I can absolutely  
1702 commit to work with Attorney General Garland to make sure we

1703 are complying with the law, and enforcing the law that we  
1704 have when it comes to the issue of abortion.

1705 \*Mr. Bilirakis. Thank you. Next question, Mr.  
1706 Secretary. Historically, decisions about the safety and  
1707 efficacy of drugs have been left to the FDA. Yet in your  
1708 tenure HHS seems to have gone the opposite direction by  
1709 significantly limiting the use of FDA-approved drugs that  
1710 could potentially help millions of Alzheimer's patients and  
1711 Medicare's national coverage determination -- and again,  
1712 through repealing the MCIT, or the Medicare Coverage of  
1713 Innovation Technology, which further limits the FDA-approved  
1714 products.

1715 Why do you seem intent, Mr. Secretary, on adding an  
1716 additional layer of red tape around your agencies?

1717 If that is not the case, please tell me. I think it  
1718 undermines each other in the eyes of the public, especially  
1719 with treatments and devices that may help alleviate suffering  
1720 for patients.

1721 And of course, this is a very important issue. I have  
1722 many seniors in my district, as most do, that have been  
1723 inflicted with this terrible disease, Alzheimer's. So if you  
1724 could answer that question, sir, I would appreciate it very  
1725 much.

1726 \*Secretary Becerra. Thanks for the question. Let me  
1727 see if I can try to clarify, because it is an important

1728 question.

1729           There is no doubt that Americans, whether it is because  
1730 of Alzheimer's or any other illness or condition, are in  
1731 search of anything that can help their loved ones. I have  
1732 family that has done the same thing.

1733           But what we have to remember is that FDA and CMS are two  
1734 separate agencies with distinct authorities and distinct  
1735 missions. The FDA is the agency charged with telling us if a  
1736 particular new drug might -- will be safe and effective. It  
1737 is CMS's responsibility to tell us if that particular  
1738 medicine is reasonable and necessary for the diagnosis or  
1739 treatment of an illness or an injury. Two different  
1740 entities, two different missions, both based on science and  
1741 data to give results.

1742           And so you -- we cannot confuse what FDA's mission and  
1743 role is with that of CMS, and that is why you have distinct  
1744 decision-making. As I have said, the heads of both agencies  
1745 have come out with a joint statement talking about how it is  
1746 important, where they are allowed to, to collaborate and work  
1747 together so that what we can do is give the American people  
1748 the best result that we can when it comes to either  
1749 therapies, drugs, treatments.

1750           And I think they are going to work as closely as we can  
1751 because, as I mentioned, I think, to Mr. Upton --

1752           \*Mr. Bilirakis. Let's make sure that is the case,



1753 because there are a lot of people with, again, that --

1754 \*Secretary Becerra. Without a doubt --

1755 \*Mr. Bilirakis. -- early onset of Alzheimer's that can  
1756 be helped with this particular drug. So I would like to see  
1757 it approved, so that, you know, Medicare would cover it for  
1758 our seniors.

1759 Mr. Secretary, this Administration continues to pressure  
1760 Big Tech to stifle free speech under the guise of health  
1761 information, despite your own CDC pushing out misleading and  
1762 inconsistent information.

1763 I am sure, from your days as Secretary, of course state  
1764 attorney general of the State of California, you understand  
1765 the First Amendment prohibits governments from pressing -- or  
1766 pressuring private companies into censoring free speech,  
1767 which has made recent actions by the surgeon general  
1768 particularly troubling, in my opinion.

1769 We are in the middle of an opioid and mental health  
1770 crisis, as you know, with overdose deaths surging to all-time  
1771 highs. And yet the surgeon general has instead prioritized  
1772 policing speech online. Did you direct the surgeon general  
1773 to seek information about individuals on social media  
1774 platforms?

1775 And is your aim to silence certain people?

1776 If you can answer that question -- maybe if you can't  
1777 right now because we are out of time, I would like for you to

1778 submit the answer. Thank you, Mr. Secretary.

1779 \*Secretary Becerra. Thank you.

1780 \*Mr. Bilirakis. I appreciate it.

1781 \*Ms. Eshoo. You are going to submit on the record --  
1782 for the record?

1783 \*Secretary Becerra. We can respond later, for the  
1784 record.

1785 [The information follows:]

1786

1787 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1788

1789           \*Ms. Eshoo. All right, the gentleman yields back.

1790           The chair is pleased to recognize the gentleman from  
1791 California, Mr. Cardenas, for your five minutes to question.

1792           \*Mr. Cardenas. Thank you very much, Chairwoman Eshoo  
1793 and Ranking Member Guthrie, for holding this important  
1794 hearing, and giving us an opportunity to go through the  
1795 details of the fiscal year 2023 budget.

1796           Secretary Becerra, it is great to see you. I enjoyed  
1797 serving with you in Congress, and you served our state well  
1798 and our country. And thank you for dedicating -- continuing  
1799 dedicating your lifelong service to all the people in this  
1800 great country as our Secretary.

1801           I want to start today by focusing on an area of  
1802 increasing urgency: the rollout of the 988 mental health  
1803 crisis line. As you know, 988 will go live in July of this  
1804 year, just a few short months from now. This program has the  
1805 potential to revolutionize the way we respond to our  
1806 neighbors in crisis, and it will help us shift away from  
1807 having law enforcement respond to those people with a mental  
1808 health crisis moment. I truly believe that 988 will save  
1809 lives, but it will only be successful if we meaningfully fund  
1810 the program throughout the continuum of care.

1811           Secretary Becerra, I am curious what the  
1812 Administration's vision for 988 is, and my question is this:  
1813 at its most effective, how does Health and Human Services see

1814 988 operating?

1815           And why is the 697 million that was requested for 988 so  
1816 necessary in order to see that vision become a reality?

1817           \*Secretary Becerra. Congressman, great to see you.  
1818 Please tell everyone back home I say hello when you get  
1819 there.

1820           Nine-eight-eight is indispensable. We have to do it  
1821 right. We have been dispensing some \$300 million so far  
1822 throughout the country to 50 states, the territories, and  
1823 tribal governments to make sure that we are ready.

1824           Remember, we have a patchwork right now of this lifeline  
1825 for suicide prevention, but it depends on different phone  
1826 numbers, different entities to provide the services. This is  
1827 the effort through 988, to combine it all, to put the glue  
1828 together to make it work for everyone under the rubric of a  
1829 3-digit phone number, instead of trying to remember a 10-  
1830 digit number. That is the first part, making sure that  
1831 someone, if they decide to seek help instead of go the wrong  
1832 direction, that they get a voice that can support them right  
1833 away.

1834           But you make a really great point, and that is we have  
1835 to make sure the service is follow-through. And that is  
1836 where we want to work with the states, territories, and  
1837 tribal governments to make sure that that is available, as  
1838 well.

1839           It is a locally-operated system. We are there to help  
1840 glue it together. We hope that you will continue to support  
1841 that.

1842           \*Mr. Cardenas. Yes, thank you so much, Mr. Secretary,  
1843 for reminding us that 911 is a localized system, but it is a  
1844 nationwide system. And same thing with 988, it is a  
1845 localized system.

1846           And I want to first thank you so much for the 300-plus  
1847 million-dollar roll-out that you are already engaged with  
1848 already to make sure that we can, as best as possible, hit  
1849 the ground running when 988 goes live in the middle of July  
1850 of this year.

1851           And also, it is about making sure that, when people make  
1852 that phone call, that there are people linguistically and  
1853 culturally competent to be able to help those people in the  
1854 most effective way possible. So with that, can you talk a  
1855 little bit about what effort is underway to ensure that  
1856 folks, for example, who speak Spanish and other languages can  
1857 access this 988 line effectively?

1858           \*Secretary Becerra. Absolutely. And that is a fabulous  
1859 question, because it doesn't help if you make a call and you  
1860 can't really communicate well with the person who is trying  
1861 to help you. We are doing everything we can to encourage  
1862 localities to have the workforce in place that can provide  
1863 that service directly.

1864           We are also helping establish backup centers, so in case  
1865 a particular location is getting a lot of calls, that there  
1866 is a -- another backup center that can take up some of that  
1867 volume. We don't want someone to call -- when they are  
1868 making that decision of whether to do something really  
1869 drastically bad or get some help when they call that 988  
1870 number, we want them not to be put on hold, and not to get a  
1871 busy signal.

1872           And so, first and foremost, making sure there is someone  
1873 who can actually provide them with real help. And secondly,  
1874 as you said, making sure we back them up. But all through  
1875 that process, it has to be culturally and linguistically  
1876 sensitive, so that we are getting someone who can really help  
1877 that person that is crying out for some support.

1878           \*Mr. Cardenas. Well, thank you so much. And once  
1879 again, I appreciate your proactive efforts.

1880           I want to go on to my question about HRSA, the uninsured  
1881 program. And there are as many as 30 million uninsured  
1882 Americans who continue to face unique barriers, especially  
1883 when it comes to COVID-19 testing and care. And  
1884 unfortunately, that money has run dry. What is the  
1885 Administration doing to address these needs, now that this  
1886 program has run out of money? And what can Congress do to  
1887 help?

1888           \*Secretary Becerra. Congressman, we have requested of

1889 Congress further support for COVID activities, including that  
1890 uninsured fund for -- that providers can seek relief from.  
1891 We hope that you are able to work through the process and get  
1892 us some additional resources.

1893 \*Mr. Cardenas. Thank you.

1894 I yield back, Madam Chair.

1895 And Mr. Secretary, please say hello to Dr. -- your  
1896 better half, Carolina Reyes. Thank you.

1897 \*Ms. Eshoo. The gentleman yields back.

1898 Just a comment on 988. I think members will recall that  
1899 all of the contracting from HHS to the states went to the  
1900 state departments of health, not to OES. And I don't know if  
1901 that was the best design, but that is the design. And I just  
1902 -- fingers crossed that it is going to work the way we all  
1903 want it to, because it is really going to be an essential  
1904 service in our country.

1905 The chair now is pleased to recognize the gentleman from  
1906 Missouri, Mr. Long, for your five minutes to question.

1907 \*Mr. Long. Thank you, Madam Chair.

1908 And thank you for being here, Secretary Becerra. When  
1909 you leave Congress, or when you make parole from Congress, do  
1910 they issue you a hyperbolic chamber?

1911 \*Secretary Becerra. Congressman, forgive me, you lost  
1912 me. Can you ask that question --

1913 \*Mr. Long. Well, I have never met any congressman that

1914 has made parole around his place, gotten out, a year or two  
1915 later that doesn't look a lot younger and a lot better than  
1916 when they left here.

1917 [Laughter.]

1918 \*Mr. Long. And you look really good. So I am just  
1919 asking.

1920 \*Secretary Becerra. I am taking you home with me.

1921 \*Mr. Long. -- hyperbolic chamber when you leave here.

1922 \*Secretary Becerra. I am taking you wherever I go,  
1923 Congressman.

1924 \*Mr. Long. Now I am going to test your history a little  
1925 bit. Harry Truman, great Missourian, Harry Truman famously  
1926 asked to be sent a one-handed economist, as I am sure you  
1927 remember, having tired of the dismal -- or exponents of a  
1928 dismal science proclaiming, "on the one hand and on the other  
1929 hand.'" So that is why he wanted a one-handed economist.

1930 On the one hand -- and I think we need a one-handed CDC  
1931 director -- on the one hand, the CDC feels that the public  
1932 health emergency is still dire enough to want to extend mask  
1933 mandates for air travelers and other public transportation,  
1934 and you are asking for tens of billions of more dollars for  
1935 emergency pandemic spending. But on the other hand, it is  
1936 lifting title 42 May 23rd if this stay doesn't get waived, as  
1937 if there is no pandemic at the southern border.

1938 Last month alone, there were more than 220,000 migrant



1939 encounters at the southern border, and half were turned away  
1940 by title 42, which I think is still a necessary and common-  
1941 sense policy to prevent the spread of COVID. Lifting title  
1942 42 sends a clear message for illegal immigrants that, "Come  
1943 on in, olly, olly, oxen free," and go on to lead to a huge  
1944 migrant surge that the Administration is not prepared for.

1945         The estimates are, with the Border Patrol -- the  
1946 population of Springfield, Missouri is 169,176 folks,  
1947 according to the 2020 census. If this title 42 is lifted,  
1948 every 9.4 days you could repopulate the -- my hometown, the  
1949 city of Springfield, Missouri, with 169,176 people.

1950         As HHS Secretary, you oversee the CDC. How can you  
1951 square up the message that the pandemic is essentially over  
1952 at the border by lifting title 42, but still bad enough to  
1953 mandate mask usage for Americans traveling on planes?

1954         Are we in a public health emergency or not?

1955         \*Secretary Becerra. Congressman, thank you for the  
1956 question. I know a lot of folks are asking the very question  
1957 you asked. The public health emergency declaration that I  
1958 issued is based on the data we have about where we are in  
1959 terms of this pandemic. Title 42 is a separate measure in  
1960 the statutes that deals more specifically with things like  
1961 quarantine. It is not the same to equate title 42 with the  
1962 public health emergency, because, as you and I would probably  
1963 agree, there are still, what, 300 or so Americans dying every

1964 day of COVID. There are still more than 1,000 people being  
1965 hospitalized every day because of COVID.

1966 So we are still in a condition of pandemic -- much  
1967 better circumstance than we previously found ourselves. But  
1968 the situation at the border has presented a number of  
1969 migration challenges. You -- it is inappropriate to use a  
1970 public health law, title 42, that deals principally with  
1971 quarantines to try to deal with a migration challenge that we  
1972 face, because CDC is required to look at the facts and the  
1973 evidence-based on health conditions, not on immigration or  
1974 migration challenges that we face.

1975 \*Mr. Long. I worry even now, because you lost me on  
1976 that one.

1977 \*Secretary Becerra. I apologize.

1978 [Laughter.]

1979 \*Mr. Long. It was issued due to a health pandemic,  
1980 correct?

1981 \*Secretary Becerra. Title 42 was based on the  
1982 conditions -- the health conditions that we were in at the  
1983 time that have since changed. Yes.

1984 \*Mr. Long. Okay. This issue should not be siloed.  
1985 Encounters are up 33 percent since February. And I think  
1986 that lifting 42 directly affects what happens at the southern  
1987 border. Its lifting sends a clear signal to me that illegal  
1988 immigrants won't be turned away, and we are seeing a massive

1989 surge at the border because of it. And I find it very  
1990 concerning.

1991 If the Biden Administration is not taking -- is the  
1992 Biden Administration not taking into account when looking  
1993 over our overwhelmed border?

1994 \*Secretary Becerra. Congressman, remember that  
1995 President Biden presented, his first week in office, a plan  
1996 to reform a broken immigration system. And what you are  
1997 pointing to, I think, again, verifies that we have a broken  
1998 immigration system. We should be using immigration laws to  
1999 deal with that border immigration challenge, not health care  
2000 laws to try to deal with it.

2001 It is a very -- it is like using a knife to do work that  
2002 you would use a screwdriver to do. You might have some  
2003 success in some ways, but it is not the right tool.

2004 \*Mr. Long. Okay, thank you. I appreciate you being  
2005 here.

2006 I yield back.

2007 \*Secretary Becerra. Thank you.

2008 \*Ms. Eshoo. The gentleman yields back.

2009 The chair is now pleased to recognize the gentleman from  
2010 Oregon, Mr. Schrader, for your five minutes to question.

2011 \*Mr. Schrader. Thank you very much, Madam Chair, and I  
2012 thank the Secretary for being here. Always good to see a  
2013 former colleague, and who has moved up the food chain, and is

2014 doing such great work, frankly.

2015 Well, I would like to talk a little bit about health  
2016 care. I am very pleased to see that the President's budget  
2017 includes policy that I have sort of worked on for the past  
2018 few years to end some of the gaming of the generic drug  
2019 application process and bring less-costly, effective  
2020 medications to the market sooner.

2021 If anything, my understanding is the proposal goes a  
2022 step further in the President's budget, and uses commercial  
2023 marketing, rather than just filing as a time trigger. The  
2024 BLOCKING Act that I have proposed has a slightly different  
2025 mechanism.

2026 What concerns does the Administration have right now  
2027 around generic drug applications filing, and marketing, and  
2028 all the timelines?

2029 \*Secretary Becerra. Congressman, I think the President  
2030 would likely tell you that we want to make sure that generic  
2031 drugs, safe and effective generic drugs, are made available  
2032 as quickly as possible to the American people.

2033 We know that, within that sphere of the manufacturing  
2034 industry for drugs, a lot goes on. I can tell you about this  
2035 as the former attorney general in California, how we tried to  
2036 make this a more competitive marketplace, and how we tried to  
2037 stop the gaming of deals that are done behind closed doors  
2038 that limit accessibility to safe and effective generic drugs.

2039           The President has charged us with -- to do everything  
2040 possible to try to make the drug industry a more competitive  
2041 place. That would mean that we would be able to put generic  
2042 drugs out into the public's hands more quickly.

2043           \*Mr. Schrader. I totally agree, totally agree. We have  
2044 also been working on our BIOSIM Act to encourage providers to  
2045 use more of the biosimilars like they do in Europe, and  
2046 reduce drug costs. So we are totally in sync, I think.

2047           Switching gears to mental health, youth mental health in  
2048 particular, how are the increases in the critical SAMHSA  
2049 programs proposed in the President's budget going to help  
2050 address the mental health needs of our kids out there?

2051           \*Secretary Becerra. Congressman, hopefully, working  
2052 with you and folks in your communities, what we will do is we  
2053 will concentrate some of those resources that I hope you are  
2054 able to get to us to help children, whether it is school,  
2055 through community settings so they can access that mental  
2056 health coverage or service a lot faster.

2057           We find that still too many families don't have good  
2058 mental health coverage in their health insurance plans. We  
2059 are trying to change that, as well, to make sure that no one  
2060 is denied health care simply because it is a mental health  
2061 condition versus a more generalized physical health  
2062 condition.

2063           But we will work with you because, if we get the

2064 resources that the President has asked for, a game-changing  
2065 level of resources, we should be able to go into your  
2066 communities and communities throughout this country and  
2067 really make a difference for the -- in the lives of so many  
2068 young people.

2069       \*Mr. Schrader. Well, I hear so much, you know,  
2070 certainly post-pandemic and even a little pre-pandemic,  
2071 about, you know, some of the travails of young America  
2072 dealing with a lack of social interaction in the traditional  
2073 school environment. Some of the problems that are at home,  
2074 they became exacerbated as a result of the COVID epidemic.  
2075 And, you know, the lack of counselors and whatever that are  
2076 out there for these children to seek like we had when I was a  
2077 youngster -- we actually had counselors in the schools, every  
2078 school. It has been very different.

2079       It kind of leads me into the last question on, you know,  
2080 provider workforce. I just got off a call a few moments ago  
2081 with our hospital association. I have talked with our  
2082 nursing providers. I mean, it is in turmoil. The lack of  
2083 workforce is legendary now, post -- well, not quite post-  
2084 COVID yet, we are still in COVID, I totally agree with that.

2085       \*Secretary Becerra. That is right.

2086       \*Mr. Schrader. You know, what is HHS doing to evaluate  
2087 current flexibilities and programs during the COVID-19  
2088 pandemic that help get health care workers, CNAs, whatever,

2089 to the workforce quicker and on a more permanent basis?

2090 \*Secretary Becerra. Congressman, you hit it on the --  
2091 right on the nail. We are losing nurses, we are having  
2092 facilities fight for, you know, health professionals, and  
2093 they are paying major dollars to have these traveling health  
2094 professionals come to their facilities. It is a difficult  
2095 situation.

2096 We just recently, a couple of months ago, put out a  
2097 grant proposal of about \$103 million to help with facilities  
2098 that are trying to help their workforce cope. So whether it  
2099 is facing burnout, whether it is those who are trying to get  
2100 trained up so they can move up a notch, or whether it is  
2101 simply giving those -- that workforce a little bit more time  
2102 to rest, that money we have made available so that providers  
2103 could actually reward their workforce for everything they  
2104 have done during COVID.

2105 \*Mr. Schrader. Great.

2106 \*Secretary Becerra. And it is not enough, obviously,  
2107 but it is something to try to help deal with the burnout that  
2108 we are seeing in the industry.

2109 \*Mr. Schrader. Excellent. Very good, very good. I  
2110 look forward to working with you. Thank you very much.

2111 \*Secretary Becerra. Absolutely, thank you.

2112 \*Mr. Schrader. I yield back, Madam Chair.

2113 \*Ms. Eshoo. The gentleman yields back. The chair is

2114 pleased to recognize the gentleman from Indiana, one of our  
2115 doctors on our subcommittee, Dr. Bucshon.

2116       \*Mr. Bucshon. Secretary Becerra, thank you for being  
2117 here today. I appreciate it. I wanted to start today  
2118 talking about the topic that you and Congress have  
2119 corresponded frequently on since you were confirmed, and that  
2120 is the No Surprises Act, or the surprise billing legislation.

2121       As you know, the U.S. District Court for the Eastern  
2122 District of Texas recently ruled that the rebuttable  
2123 presumption of a benchmark rate and the interim dispute  
2124 resolution process portion of your rule was not valid. The  
2125 judge ruled that this provision conflicts -- quote,  
2126 "conflicts with the unambiguous terms of the Act."

2127       I and the majority of my colleagues on both sides of the  
2128 aisle involved in writing the legislation have sent multiple  
2129 letters to you, and have been speaking frequently with your  
2130 office, both before and after the issuance of the rule,  
2131 stating that this provision, in our opinion, violated  
2132 congressional intent and the delicate balance we struck in  
2133 getting a deal that protects patients and is fair to both  
2134 providers and plans.

2135       So on behalf of the Administration, can you commit to  
2136 more closely following the will of Congress and the -- and  
2137 also the courts, and finalize a rule that does not include a  
2138 rebuttable presumption of a benchmark in the independent



2139 dispute resolution process?

2140           \*Secretary Becerra. Congressman, thank you for the  
2141 question. We are in the midst of trying to issue the final  
2142 rule. We are heeding the ruling, the court ruling that came  
2143 out recently. We are going to try to stay in communication  
2144 with those of you who worked very hard on this legislation.

2145           There is no doubt that the American people want to see  
2146 this work well. They should not be blindsided with these  
2147 medical bills that we are not expecting. And so we are going  
2148 to do everything we can to continue to extract the patient  
2149 from that food fight that occurs between the provider and the  
2150 insurer. And working with you, we hope we are able to issue,  
2151 fairly soon, a final rule that puts into effect in a  
2152 meaningful way that new law.

2153           \*Mr. Bucshon. Great, thank you, because -- and to your  
2154 point -- we all agree that the patient has to be taken out of  
2155 this. And we heard testimony of just some crazy cases where  
2156 people got these tens of thousands of dollars in bills, and  
2157 we just can't have that. And we are in agreement. All  
2158 right, I look forward to working together with you.

2159           As you know, the roll-out of the Federal portal for the  
2160 payment disputes we have -- you know, was delayed by nearly a  
2161 month and a half. So there has been -- that has continued.  
2162 It is my understanding that, due to the delay, there are now  
2163 hundreds of payment disputes where the 30-day business day

2164 open negotiation period has already expired. And -- that was  
2165 in the law. And there are many more disputes where the 30-  
2166 day business days will be exhausted soon. This means that  
2167 there is going to be a flood of disputes that will inundate  
2168 the Federal portal, as well as the Federal arbiters over the  
2169 next couple of weeks.

2170 I have two questions about that, and -- what caused the  
2171 delay, and will the Federal portal will be able to handle and  
2172 resolve the flood of disputes that were created by the delay?

2173 \*Secretary Becerra. Yes. And, Congressman, I think  
2174 lawsuits have consequences. And when we have to wait for a  
2175 ruling to determine how we can move forward, it makes it  
2176 difficult.

2177 We intend to move as quickly as we can, because we want  
2178 folks to believe that this is a law that they can count on.  
2179 So I -- we look forward to working with you. The sooner we  
2180 get that final rule issued, I think the easier it will be to  
2181 try to process these cases.

2182 \*Mr. Bucshon. Great, thank you very much.

2183 On another topic, the Medicare Access and CHIP  
2184 Reauthorization Act, or MACRA, and the topic of congressional  
2185 intent, I mean, you were in Congress and on the committee of  
2186 jurisdiction when we worked to pass MACRA. So you know -- so  
2187 I know you can appreciate me wanting to make sure the  
2188 agencies are continuing to use their authority to help

2189 maximize what Congress intended to do.

2190 I still hear concerns about how physicians find it hard  
2191 to enter into and participate in alternative payment models,  
2192 or that the incentive just isn't there to do so. I think we  
2193 need to have more oversight hearings on MACRA, something I  
2194 have called on this committee to do, so that we can see why  
2195 this is the case and, in general, look at how we can build  
2196 upon what is successful about MACRA and shifting to a value-  
2197 based health care system, and not just have a fee for  
2198 service. You know, base it on value and alternative payment  
2199 models.

2200 Congress and HHS must find solutions to the existing  
2201 physician shortage, and making sure we better value  
2202 providers' work is a great first step. As you know, adjusted  
2203 for inflation, in-practice costs physicians pay within  
2204 Medicare actually declined 20 percent from 2001 to 2021.  
2205 Given that the cost of running a medical practice has  
2206 increased 39 percent over the same time -- otherwise,  
2207 reimbursement declined 20 percent, increase in practice costs  
2208 up 39 percent.

2209 I know I am out of time, so I will submit this for the  
2210 record, but I am going to read the question: What is HHS  
2211 doing to stop the decline in physician reimbursement in  
2212 Medicare? And we will submit that for the record.

2213

2214 [The information follows:]

2215

2216 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2217

2218           \*Mr. Bucshon. Thank you, I yield back.

2219           \*Ms. Eshoo. The gentleman yields back. The chair is  
2220 pleased to recognize another one of the doctors on our  
2221 subcommittee, Mr. Ruiz, for his five minutes to question.

2222           \*Mr. Ruiz. Thank you.

2223           Secretary Becerra, it is good to see you, my friend.  
2224 Thank you for being here today. I know that the  
2225 Administration as a whole, and you personally, hold health  
2226 equity as a top priority. I appreciate all the work that you  
2227 have done on this front, and I look forward to continuing to  
2228 work together on policies that address this critical issue.

2229           As someone who grew up in Coachella, and then later  
2230 practiced medicine there in the Coachella Valley in the  
2231 district I represent, I saw firsthand the very real effects  
2232 that health access disparities like physician shortages have  
2233 on the health of under-served populations. I came to  
2234 Congress to fight for health equity and to level the playing  
2235 field so that people have the same access to affordable  
2236 health care, regardless of where they live or how much money  
2237 they make.

2238           A shortage of health care providers is one of the  
2239 biggest challenges to health care access that we face. And  
2240 the outlook is not good. According to research by the  
2241 Association of American Medical Colleges, by 2034 we will  
2242 have a shortage of up to 124,000 physicians. That shortage

2243 is most pronounced in under-served areas, and that is why we  
2244 need to make sure that we are increasing provider access in  
2245 the areas that need it most.

2246 I recently met with regional leaders from eastern  
2247 Coachella Valley and Imperial County, two of the most under-  
2248 served areas of California, to discuss health care challenges  
2249 that our areas face. And we must ensure that these areas do  
2250 not get left behind.

2251 That is why I have been a long-time advocate of the  
2252 Teaching Health Center program, which gets more providers in  
2253 under-served areas. Not only are physicians who train in  
2254 community health centers more likely to practice in under-  
2255 served areas, it also generates a more diverse workforce in  
2256 under-served areas. Because of the program's success,  
2257 Congress has allocated increased funding over the years to  
2258 expand the program.

2259 However, one of the biggest challenges that the program  
2260 has faced is uncertainty over funding, which relies on short-  
2261 term reauthorization from Congress. That makes planning  
2262 difficult, which in turn makes it harder to expand and  
2263 recruit residents. Given the workforce shortages that we are  
2264 facing across this country, we need to robustly support this  
2265 program.

2266 And this committee has shown bipartisan support  
2267 throughout the years on this issue. I have worked with

2268 Ranking Member McMorris Rodgers over several years to lead  
2269 legislation on this issue, and I was thrilled when Chairman  
2270 Pallone introduced legislation last year to permanently fund  
2271 and expand the program.

2272 Secretary Becerra, do you support teaching health center  
2273 program parity with Medicare GME, which is permanently  
2274 authorized and funded, as well as expansion of the program  
2275 beyond what was authorized in the American Rescue Plan?

2276 \*Secretary Becerra. Congressman, you -- first, great to  
2277 see you, and thank you for all your work.

2278 But on this issue of community health centers, and  
2279 allowing them to be the teaching centers as well, you had me  
2280 at hello. It is indispensable to allow these health centers,  
2281 quality health centers that are providing care to some of the  
2282 least able to afford it, with the capacity to build. And  
2283 providing them with the workforce, the next generation of  
2284 doctors through the GME funding, but doing it specifically  
2285 for these community health centers, is not only a smart thing  
2286 to do, but it is the right thing to do.

2287 So absolutely, we look forward to working with you and  
2288 others. And you will see in the President's budget we make a  
2289 commitment, both in the mandatory allocation and in the  
2290 discretionary allocation, to continue to grow the workforce  
2291 through these communities -- through these community health  
2292 centers.

2293           \*Mr. Ruiz. Thank you. I fell in love with patient care  
2294 at a community health center when I was a freshman pre-med  
2295 student in undergrad.

2296           Now I am going to change gears a little here. I wanted  
2297 to ask about an issue that I am hearing about regarding  
2298 workforce issues at CMS call centers. Specifically, that  
2299 workers at two of the call centers that operate CMS's  
2300 customer service lines went on strike last month. We cannot  
2301 be in a situation where these crucial services for seniors  
2302 are disrupted.

2303           Can you commit that CMS will work with me in good faith  
2304 to ensure that there are not work stoppages that will lead to  
2305 service disruptions?

2306           \*Secretary Becerra. Congressman, we commit to work with  
2307 you to try to address some of these issues.

2308           \*Mr. Ruiz. Thank you. It is very important for the  
2309 seniors in my district. It is very important to the workers  
2310 that provide good services. And we want to make sure that  
2311 they have a fair shot, and that our seniors get the best  
2312 service that they can possibly get.

2313           And so I appreciate your time, I appreciate the work  
2314 that you have done, especially during the pandemic. We have  
2315 seen access to vaccine disparities dissolve within Hispanic  
2316 communities thanks to your excellent work, and I commend you  
2317 and the Administration on the work that you are doing on



2318 health equity.

2319 Thank you, I yield back.

2320 \*Ms. Eshoo. The gentleman's time has expired.

2321 The chair is pleased to recognize the gentleman from  
2322 Florida, Dr. Dunn, for your five minutes to question.

2323 \*Mr. Dunn. Thank you very much, Madam Chair and Ranking  
2324 Member Guthrie, for holding this hearing today.

2325 And thank you, Mr. Secretary, for being here. I do have  
2326 some serious concerns about the President's 2023 fiscal year  
2327 budget, which calls for more spending on radical, progressive  
2328 priorities that are, frankly, out of touch with what America  
2329 really is interested in at this time.

2330 Unfortunately, many of the issues we faced a year ago  
2331 are even worse today. Public confidence in our Federal  
2332 health agencies is at an all-time low, and that is due to  
2333 confused messaging by both the CDC and the President's COVID  
2334 response team.

2335 You know, politics and policies that are encouraging  
2336 school closures and unnecessary student masking has failed  
2337 our children, set them back tremendously. And this failure  
2338 is evidenced by CDC's own decision to lower the expected  
2339 developmental milestones for children earlier this year. And  
2340 that outraged pediatricians, speech pathologists, and  
2341 parents.

2342 This is nothing new. I think, you know, the

2343 Administration often changes COVID rules on a whim to serve  
2344 capricious political goals and interests.

2345 Mr. Secretary, I want to suggest that -- to you a  
2346 commitment to transparency just to get our public health  
2347 agencies back on track. CDC needs to be more forthcoming  
2348 about their data, and who influenced that, and who continues  
2349 to influence their issued guidance.

2350 NIH, we have found, has actively suppressed information  
2351 regarding the genetic sequence of SARS-CoV-2 and the  
2352 circumstances of the research conducted in Wuhan, China with  
2353 NIH dollars. American people deserve answers about the  
2354 origin of COVID. So I sincerely hope that you look into the  
2355 issue internally, for ways to improve the public's confidence  
2356 in Federal health agencies.

2357 So, a question, recently more than 60 immunology experts  
2358 and executives wrote to the FDA to express concerns over the  
2359 failure to incorporate cellular immunity into the vaccine  
2360 studies. I too am worried about that oversight. Congress  
2361 actually included language in the fiscal year 2022  
2362 appropriations bill encouraging NIH to utilize cellular  
2363 immunity data in research on vaccines, and requested an HHS-  
2364 wide assessment of your efforts to incorporate that data.

2365 To underscore that, cellular immunity is an extremely  
2366 important component of the immune response, and it has been  
2367 well recognized for a number of years as the key mediator of

2368 long-term immunity in coronaviruses. It predates the  
2369 pandemic.

2370           So right now, the Biden Administration is talking about  
2371 rolling out another round of booster shots for adults and  
2372 booster shots for kids 5 to 11. But yesterday the CDC  
2373 announced that three out of four children have already had  
2374 COVID. So why aren't we looking at T-cell immune response  
2375 data to make vaccine decisions?

2376           \*Secretary Becerra. Congressman, I think I followed  
2377 most of where you were going with your question.

2378           What I can tell you is that the CDC has continued to try  
2379 to be as transparent as it can with the information that it  
2380 has. And the NIH, in coming up with its decisions on how to  
2381 do its research, has also tried to be as transparent as it  
2382 can.

2383           \*Mr. Dunn. I am going to have to reclaim my time, just  
2384 because it is short.

2385           Everybody has told you that, unfortunately. But I will  
2386 say, respectfully, I have not heard yet back my requests for  
2387 information from the fiscal year 2022 budget hearings. So  
2388 that is a year ago. We would really like to -- you heard  
2389 that from other members, as well. They would like to hear  
2390 back from your department when we submit written questions.  
2391 And NIH and CDC are notoriously poor about that, just for  
2392 your information, as a guy on the other side.

2393           So I am a grandfather. I am really concerned about the  
2394 consequences of lockdown on kids. And you are probably aware  
2395 that Governor Ron DeSantis had made in-person learning a  
2396 priority. I encourage you to review data from the State of  
2397 Florida and other states that kept their school doors open to  
2398 explore the advantages of that for our children.

2399           I have another question regarding the status of  
2400 therapeutics funding, research funding, at BARDA. I know we  
2401 are short on time. You will get this question in writing.  
2402 But the truth is we only pursued monoclonal antibodies. We  
2403 did not pursue the small molecules that we know are so  
2404 effectively active against a lot of these pathways. We have  
2405 really good science on this. And I think that HHS --  
2406 certainly NIH, CDC, and FDA -- should be keenly interested in  
2407 following this data, because it is outstanding.

2408           So you will get those questions in writing from me.  
2409 Please, let's hear back this time.

2410           [The information follows:]

2411

2412           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

2413

2414           \*Mr. Dunn. Thank you very much, Mr. Secretary.

2415           Madam Chair, I yield back.

2416           \*Ms. Eshoo. The gentleman yields back. I just want to  
2417 make a quick comment, because there is a consistency, I  
2418 think, in terms of a theme today at our hearing about the  
2419 loss of confidence in public health during the pandemic.

2420           I, for one, could not help but notice over a two-year  
2421 period, where the chipping away in terms of attacks on some  
2422 of the most revered people in public health coming out of the  
2423 Congress, Dr. Fauci being that person. I mean, here is the  
2424 man that led the effort to cure HIV and AIDS. What are we  
2425 doing to ourselves when we do that?

2426           So we all want confidence to -- the American people to  
2427 have confidence, to have confidence in their institutions.  
2428 But this institution, I think, can be found guilty on many  
2429 fronts of diminishing those institutions. It damages our  
2430 democracy.

2431           The chair is now pleased to recognize the gentlewoman  
2432 from New Hampshire, Ms. Kuster, for her five minutes to  
2433 question.

2434           \*Ms. Kuster. Thank you so much, Chairwoman Eshoo, and I  
2435 want to welcome our good friend and former colleague,  
2436 Secretary Becerra.

2437           I would like to acknowledge at the outset my  
2438 appreciation for steps that the Biden Administration is

2439 taking to tackle the addiction and mental health crisis in  
2440 this country, and the investments in this budget in  
2441 adolescent mental health, especially. As we look to the  
2442 needs of Granite Staters and communities across the country  
2443 after COVID-19, we must build on the work of this committee,  
2444 and ensure that Americans struggling with mental health and  
2445 addiction are supported through increased access to treatment  
2446 and recovery. And I want to thank you for that.

2447         Secretary Becerra, another constant concern I hear from  
2448 my constituents in New Hampshire is the rising cost of  
2449 prescription drugs. I myself was surprised to pick up a  
2450 medication the other day, and my co-pay was \$182. Drug costs  
2451 in the United States are, on average, three to four times  
2452 higher than in other countries with comparable economies.  
2453 But in contrast with many other countries, and I might point  
2454 out, in contrast with the Veterans Administration and other  
2455 payers within the United States, the Medicare program lacks  
2456 the ability to negotiate with drug manufacturers on a volume  
2457 discount to lower the price of drugs.

2458         Do you agree that allowing the Secretary to negotiate to  
2459 lower the price of certain medication in the Medicare program  
2460 is critical to lowering overall drug costs?

2461         And is it fair to say that there are no other as  
2462 effective tools to constrain drugs [inaudible] when a drug  
2463 lacks competition?

2464           \*Secretary Becerra.  Congresswoman, first, good to see  
2465 you.

2466           But secondly, easy answer.  Yes, absolutely agree.

2467           \*Ms. Kuster.  So we have heard from opponents to these  
2468 reforms who claim that provisions like drug price negotiation  
2469 will [inaudible] innovation and delay the discovery of new  
2470 cures.  Do you agree that it must be one or the other, lower  
2471 costs or new cures?

2472           Or instead, can we protect patients while we also  
2473 protect innovation?

2474           \*Secretary Becerra.  Congresswoman, we are a society  
2475 that relies on competition and the free market.  It makes no  
2476 sense to not be allowed to negotiate for the best price.  You  
2477 wouldn't accept going into a car dealership and having to  
2478 take sticker price for that vehicle.  You wouldn't expect to  
2479 just take any price from some mechanic if you have to get  
2480 that vehicle repaired.  It is a true and tried provision --  
2481 part of our life in America to be able to get the best price  
2482 we can, and negotiate for that best price.

2483           \*Ms. Kuster.  Well, the President's budget reiterates  
2484 your support and the Administration's support for a  
2485 comprehensive prescription drug pricing plan.  How did the  
2486 drug pricing reforms included in our Build Back Better Act,  
2487 passed by the House, fulfill the Administration's goal of  
2488 lowering costs for consumers and patients?

2489           \*Secretary Becerra.  Congresswoman, one, that provision  
2490 would have allowed Americans to have a better insight into  
2491 how drug manufacturers price their products.  That  
2492 transparency that the bill would have provided is wholly  
2493 overdue.  As they say, sunshine is the best disinfectant.  We  
2494 should get to see the types of prices that we would be  
2495 charged.

2496           Secondly, by being able to actually negotiate on behalf  
2497 of Medicare's 65 million or so beneficiaries to get the best  
2498 price for all of them, that leverage allows us to get good  
2499 prices, not just for those seniors and those under Medicare,  
2500 but it would then set a trend for other pricing done in the  
2501 private sector through their other private markets, whether  
2502 it is through Medicare, Medicaid, the Veterans  
2503 Administration, or through health insurers.  The more  
2504 transparency you have, the more the right price will be  
2505 negotiated, because people get to see how -- what is really  
2506 at stake.

2507           And so to hide that ball from the American public, it  
2508 keeps prices very high.

2509           \*Ms. Kuster.  And do you agree that these policies, the  
2510 transparency combined with negotiating a volume discount for  
2511 the medication, work in tandem [inaudible] effectively lower  
2512 drug costs and stop price increases?

2513           \*Secretary Becerra.  Absolutely.  And at the same time,



2514 I believe it helps promote innovation, because we get to see  
2515 where we need medicines, and manufacturers will go into that  
2516 space to provide the medicines where the demand is there.

2517 \*Ms. Kuster. Terrific. Well, thank you, Secretary  
2518 Becerra. I am so pleased the Administration is committed to  
2519 lowering prescription drug costs for my constituents and for  
2520 Americans across this country. We have the solutions to  
2521 lower drug costs [inaudible] in the House. And I look  
2522 forward to seeing those enacted into law.

2523 And I yield back.

2524 \*Ms. Eshoo. The gentlewoman yields back.

2525 The chair is pleased to recognize the gentleman from  
2526 Utah, Mr. Curtis, for your five minutes to question.

2527 \*Mr. Curtis. Thank you, Madam Chair, thank you, Mr.  
2528 Ranking Member, Mr. Secretary.

2529 You may not remember, but last year in -- this  
2530 opportunity -- I invited you out to Utah, and I am going to  
2531 re-extend that invitation, and --

2532 \*Secretary Becerra. Let's work out a date, Congressman.

2533 \*Mr. Curtis. Yes, we would very much enjoy that. I  
2534 know as well as anybody how busy you are, and how busy the  
2535 schedule is. But you also know the sense that -- in middle  
2536 America that we have for wanting to be part of the solution  
2537 and part of the answers. I think what -- we are doing in  
2538 Utah a lot of things very well. And we would also love to

2539 brainstorm with you what we could do better. So --

2540 \*Secretary Becerra. A done deal. We will make it  
2541 happen.

2542 \*Mr. Curtis. Excellent, I like that. Maybe the best  
2543 question of the hearing, right?

2544 So as we know, the budget, the President's budget, is a  
2545 reflection of priorities. And so I want to talk to you about  
2546 one of the priorities that is showing up in the budget that  
2547 concerns me, not because of what is on face value -- and let  
2548 me explain what I mean by that -- but your budget allocates  
2549 funding -- it went from 10 million to \$110 million for  
2550 studying the potential impacts of climate.

2551 And for context, the budget has \$97 million for  
2552 nutrition research. And I am the first here to say what is  
2553 happening with the climate is important. We need to pay  
2554 attention to it. It has an impacts.

2555 \*Voice. [Inaudible.]

2556 \*Mr. Curtis. But could you see how that potentially --  
2557 Madam Chair, I think we have got somebody --

2558 \*Voice. Oh, awesome.

2559 \*Secretary Becerra. It sounds like --

2560 \*Ms. Eshoo. There is -- I think Annie Kuster, you need  
2561 to shut your microphone off. I think I recognize your voice.  
2562 You are interfering, and I think you don't mean to. Okay?

2563 \*Mr. Curtis. It sounds like she has got it, okay.

2564 \*Ms. Eshoo. All right, got it?

2565 \*Mr. Curtis. All right --

2566 \*Ms. Eshoo. The coast is clear.

2567 \*Mr. Curtis. Thank you. And let me just emphasize, you  
2568 know, on this whole thing, I founded the Conservative Climate  
2569 Caucus, I am very aware of the importance of this. But 70  
2570 percent of Americans are overweight. And prioritizing  
2571 climate over right nutrition and diabetes and health care,  
2572 you can kind of see the optics of this. And I would love  
2573 just to hear from you about the prioritization of this, and  
2574 realizing, like, you know that every dollar people are hoping  
2575 are -- spent is on their issues. And have we perhaps made a  
2576 mistake by prioritizing climate in this budget?

2577 \*Secretary Becerra. Congressman, first, can I thank you  
2578 for the thoughtful way you posed the question?

2579 I hope I could convince you on that trip to Utah that  
2580 the investment we are making to deal with climate change is  
2581 going to be critical to make sure Americans stay healthy.

2582 You come from a state like me, California, where the  
2583 warm temperatures, the high heat, can often times have major  
2584 impacts. We are finding that there are communities in  
2585 California that are running out of potable water. You cannot  
2586 raise a family if you can't access potable water easily, and  
2587 you can't afford to pay constantly for bottled water. And so  
2588 there are many ways that the climate changes that we are

2589 seeing are affecting families. We want to make sure we are  
2590 doing everything we can.

2591 We are going to put it in perspective, because the kind  
2592 of investment we are putting into that office, as opposed to,  
2593 as you mentioned, food nutrition, obesity, it doesn't  
2594 compare. We have absolutely been engaged on nutrition issues  
2595 of obesity for a long time. We are very committed. It is  
2596 not doing one over the other, but it is recognizing that  
2597 climate change has become a major issue when it comes to the  
2598 health of our country.

2599 \*Mr. Curtis. Your answer doesn't surprise me. Let me  
2600 just re-emphasize from -- I think from my district's  
2601 perspective, the optics, right, of this, and of saying, look,  
2602 of all the things that are out there that are important.

2603 And when you come to my district, you will hear this.  
2604 There is a fear that climate will be declared a public health  
2605 emergency. Could you comment on that?

2606 And I -- do you -- are you -- I can tell from your look  
2607 you are not sure of my question, like --

2608 \*Secretary Becerra. Right, if you could --

2609 \*Mr. Curtis. Yes.

2610 \*Secretary Becerra. -- question again.

2611 \*Mr. Curtis. Is -- yes or no, do you intend to declare  
2612 the climate a public health emergency?

2613 \*Secretary Becerra. Well, I think most people recognize

2614 that climate change has already become an emergency.

2615 \*Mr. Curtis. Right, but you understand the official  
2616 declaration, right, that I am --

2617 \*Secretary Becerra. Yes. As you know, there are many  
2618 elements that go into any kind of declaration of a public  
2619 health emergency.

2620 \*Mr. Curtis. So to be clear, is -- that is something  
2621 that we should -- that we will see coming?

2622 \*Secretary Becerra. Well, when it comes to the public  
2623 health emergency, we will outline the different criteria that  
2624 we take a look at. For example, right now we are in this  
2625 pandemic, and we are in a state of a public health emergency.  
2626 It relies on the evidence, the science, to guide us on that.  
2627 And we would do the same thing any time we are ready to  
2628 declare any form of public health emergency.

2629 \*Mr. Curtis. I want to -- I just have a few seconds  
2630 left, and I want to --

2631 \*Ms. Eshoo. No, you have another 20 seconds.

2632 \*Mr. Curtis. Okay, thanks.

2633 \*Ms. Eshoo. I will add on.

2634 \*Mr. Curtis. Thanks, Madam Chair.

2635 We know that COVID-19 exasperated existing health care  
2636 problems. Many in Utah and across the United States are  
2637 experiencing isolation. Children's mental health, I think we  
2638 could agree, is in a crisis. The more time that goes on, the

2639 more data comes out, you know, about some of the decisions  
2640 that we have made.

2641 I think, specifically in my district, you are going to  
2642 see an exploding of drug and substance abuse. We actually  
2643 took a few minutes the other day and sent out a notice to my  
2644 district that said, "Hey, I am going to have a chance to  
2645 speak on this," and these are the responses that came in,  
2646 personal stories about problems with substance abuse: 250  
2647 Americans every day die to drug overdose. I really want to  
2648 emphasize that, realizing the amount of time -- when you come  
2649 to Utah I would love to talk to you about that, as well.

2650 \*Secretary Becerra. I look forward to it.

2651 \*Mr. Curtis. Thanks, Madam Chair. I yield my time.

2652 \*Ms. Eshoo. The gentleman yields back. That is going  
2653 to be quite a visit. Exactly.

2654 The chair is pleased to recognize the gentlewoman from  
2655 Illinois, Ms. Kelly, for your five minutes to question.

2656 \*Ms. Kelly. Good afternoon, Secretary Becerra. Good to  
2657 see you so soon again. Thanks for being here today.

2658 Just a few weeks ago, as you know, we observed Black  
2659 Maternal Health Week, and we just discussed it last night,  
2660 the issues around maternal mortality rates, and especially  
2661 when it comes to Black mothers, who are three to four times  
2662 more likely to die from a pregnancy-related death than White  
2663 women. And I was very, very proud that the American Rescue

2664 Plan included a policy that I pushed for, with strong support  
2665 from this committee, that would give states the option to  
2666 cover new mothers on Medicaid for 12 months postpartum.

2667 Mr. Secretary, how many states have adopted the option  
2668 to provide 12 months of continuous coverage postpartum in  
2669 Medicaid and [inaudible] first?

2670 \*Secretary Becerra. Yes, Congresswoman, first, thank  
2671 you for what you did there, working with your colleagues.  
2672 Crucial.

2673 We had 5 states, as you mentioned, Illinois being the  
2674 first, to come on board to take us up on the challenge to  
2675 increase access to postpartum care for women for up to 12  
2676 months instead of just 60 days. We are now talking with  
2677 another 11 states, 12 states who are -- have indicated a deep  
2678 interest in moving in this direction, as well.

2679 And so, as a result of the American Rescue Plan, we hope  
2680 that what we can do is get some close to 800,000 women in  
2681 America under full coverage for a year of postpartum care,  
2682 rather than just have it drop off after 60 days.

2683 \*Ms. Kelly. That is great news. Can you just talk  
2684 about some of the benefits of providing 12 months of  
2685 continuous eligibility postpartum in Medicaid, and how it  
2686 will help address the maternal health crisis?

2687 \*Secretary Becerra. Congresswoman, I say this not just  
2688 as Secretary, but as the spouse of an obstetrician

2689 gynecologist who can tell you about many, many experiences  
2690 with some of her patients. Sixty days is helpful, but you  
2691 don't stop being a mother with all the stresses. The child  
2692 doesn't all of a sudden get healthy after 60 days. There is  
2693 a lot that happens after 60 days.

2694         We want to continue that care, so that child grows up  
2695 healthy and strong. We want that mother to be healthy,  
2696 physically and mentally, going through that process of  
2697 becoming a parent. And it is important that we continue to  
2698 provide access to the different health services that --  
2699 whether mother or child -- will be needing over that course  
2700 of time, because you want to set them on the right track.  
2701 And so this coverage that you made possible is indispensable.

2702         \*Ms. Kelly. Thank you. I am thrilled that so many  
2703 states have decided to take this option. But unfortunately,  
2704 we know this policy will sunset in five years. And what is  
2705 worse, you know, we are not seeing 50 states. So some states  
2706 have decided not to implement this policy at all, leaving  
2707 mothers without coverage at a very vulnerable time. We need  
2708 to pass mandatory and permanent Medicaid postpartum exemption  
2709 policy that is in my MOMMA's Act. And that was included also  
2710 in Build Back Better.

2711         But also I wanted to talk about how we are closing the  
2712 Medicaid coverage gap -- help women who are seeking prenatal  
2713 care, or care early in their pregnancy.



2714           \*Secretary Becerra. Yes, we hope that more states will  
2715 take up the opportunity to expand Medicaid coverage. We hope  
2716 that Congress succeeds to provide several million Americans  
2717 who are not in states where the expanded Medicaid has been  
2718 available. And what we know is the results are that families  
2719 get to get up-front, preventative care early, and it helps  
2720 American taxpayers from having to spend more money, whether  
2721 it is in an ER visit or whether it is because conditions get  
2722 so difficult.

2723           And so, whether it is through Congress -- and I hope  
2724 that you all are able to have success in expanding access to  
2725 coverage in Medicaid -- or whether it is simply the fact that  
2726 a state -- the 12 states that are -- have still not expanded  
2727 Medicaid coverage to their citizens will take that on, that  
2728 one way or the other we will continue to see more Americans  
2729 have access to quality health care.

2730           \*Ms. Kelly. Thank you so much. With the leaders of the  
2731 Tri-Caucus, the Democratic leadership and the President, we  
2732 sent a letter to outline the key Medicaid policies that  
2733 should be included in the final reconciliation bill. Thank  
2734 you so much for all the work you do. It is great to see you.

2735           And I yield back.

2736           \*Secretary Becerra. Thank you.

2737           \*Ms. Eshoo. The gentlewoman yields back.

2738           Thank you for your extraordinary leadership. This is

2739 what was -- is being heralded came from the Congress. And we  
2740 have an agency that is implementing, and implementing well.

2741 But really, I think, were it not for Congresswoman Kelly  
2742 and the work done of the subcommittee and the support of the  
2743 subcommittee going to the full committee, we wouldn't be  
2744 hailing what we are hailing today. These are such important  
2745 -- it is such important progress for our country.

2746 The chair is now pleased to recognize the gentleman from  
2747 Pennsylvania, another one of the doctors on our subcommittee,  
2748 Dr. Joyce --

2749 \*Mr. Joyce. Thank you, Madam Chair --

2750 \*Ms. Eshoo. -- to question.

2751 \*Mr. Joyce. Mr. Secretary, I would like to ask about  
2752 health care access, since your Department says that that is a  
2753 priority in the recent RFI on access to care and coverage in  
2754 Medicaid and CHIP.

2755 In that RFI, CMS asks for feedback on ensuring access to  
2756 timely providers and services. So I would like to know, do  
2757 you think it would be in the interest of Medicaid  
2758 beneficiaries if a state were to restrict access to providers  
2759 of mandatory services so that only hospital in their county  
2760 or service area in their region would be able to provide  
2761 Medicaid services (sic)?

2762 \*Secretary Becerra. Dr. Joyce, I want to make sure I  
2763 understand the question. You are talking about a program

2764 where Medicaid would compel the restricted access of  
2765 services?

2766 \*Mr. Joyce. Compelled only to be with hospitals that  
2767 had eligibility requirements by whether or not their  
2768 hospitals were unionized.

2769 \*Secretary Becerra. So if there is a requirement that  
2770 is based on a level of care, or if there are criteria that  
2771 are imposed before a hospital or other provider can be -- can  
2772 take -- make use of Medicaid services, it may be as a result  
2773 of an effort to make sure that the care that will be provided  
2774 is of quality.

2775 I would have to have more information to answer your  
2776 question more directly. But certainly, Medicaid is in the  
2777 game of trying to increase access, not decrease access to  
2778 care.

2779 \*Mr. Joyce. And if access was decreased because in  
2780 rural areas or throughout the Commonwealth of Pennsylvania  
2781 hospitals are not unionized, and thus would not be able to  
2782 accept Medicaid patients, and would then sever the services  
2783 that are available for those Medicaid patients, would that be  
2784 unacceptable?

2785 \*Secretary Becerra. We certainly want to make sure that  
2786 Medicaid is supporting hospitals or providers that offer  
2787 quality care. And we want to make sure that we keep  
2788 Americans and patients away from facilities, providers that

2789 don't offer that level of care that we would expect, because  
2790 not only would it be bad for the patient, but it would be bad  
2791 for taxpayers to be providing care in that way.

2792 So again, knowing the particulars would be helpful to be  
2793 able to give any specific response to any particular  
2794 provider.

2795 \*Mr. Joyce. So earlier you stated that you are  
2796 committed that Americans stay healthy. I share that  
2797 commitment.

2798 Americans who rely on Medicaid for health care need to  
2799 have access to care. As you know, per the letter that I sent  
2800 two weeks ago, my home state of Pennsylvania is preparing to  
2801 prohibit MCOs from contracting with hospitals and other  
2802 providers that had a work stoppage in the past five years if  
2803 the provider doesn't have a collective bargaining agreement  
2804 or labor peace agreement in place.

2805 Thus, this provision would not only be inconsistent with  
2806 your recently-published RFI, but it would also appear to be  
2807 in violation of existing Medicaid statutes, including 42 CFR  
2808 438.206, availability of services; 42 CFR 48214, provider  
2809 selection; 42 CFR 438.12, provider discrimination prohibited;  
2810 and a large amount of regulations and guidance that flow from  
2811 these laws, notably time and distance standards -- network  
2812 adequacy, in particular -- as well as State Guide to CMS  
2813 Criteria for Medicaid Management Career Contract that your

2814 agency just released in January of this year.

2815           With that information, I would ask you, Mr. Secretary,  
2816 would you be prepared to reject a contract, a contract  
2817 amendment, or estate plan amendment that undermines access to  
2818 care by denying Medicaid beneficiaries the access to only  
2819 hospitals in their county or in their service area?

2820           \*Secretary Becerra. Congressman, let me commit to you  
2821 that we certainly are willing to work with you if you believe  
2822 that there is a state plan for your state of Pennsylvania  
2823 that is not working in the best interest of any Medicaid  
2824 patients. Certainly, we will take a close look at that.

2825           We are in the process of reviewing any number of  
2826 requests from different states on how they implement their  
2827 Medicaid program. We always, as I said, try to make sure  
2828 that we move towards increasing access to care, quality care,  
2829 for those patients who would receive it through Medicaid.

2830           \*Mr. Joyce. Thank you, Mr. Secretary. I look forward  
2831 to working with you on that issue. It is important, and it  
2832 is beneficial that Medicaid patients have access to more  
2833 facilities, regardless of the presence of qualifying  
2834 relationships with organized labor. Thank you for agreeing  
2835 to address that with us.

2836           \*Ms. Eshoo. The gentleman yields back.

2837           The chair now recognizes the gentlewoman from  
2838 California, Ms. Barragan, for your five minutes of questions.

2839           \*Ms. Barragan. Thank you, Madam Chair.

2840           Thank you, Mr. Secretary, for being here today, and for  
2841 all your work to make sure that there is a strong vaccination  
2842 campaign to get the vaccine across the country and to people  
2843 who are most vulnerable, and that we are continuing to fight  
2844 COVID as we see new variants come through.

2845           I heard you testify about the difference between the FDA  
2846 and CMS, and I just want to comment on the decision that I  
2847 disagree with CMS on: finalizing a coverage policy to  
2848 tighten and restrict coverage of FDA-approved Alzheimer's  
2849 treatments for an entire class of drugs.

2850           I had a chance to speak to the administrator, and I had  
2851 a chance to hear your response. There seems to be a  
2852 disconnect. We are saying that the FDA can say something is  
2853 safe, but then the CMS will decide whether it is reasonably  
2854 necessary. That, to me, seems like we are saying the FDA  
2855 can't judge clinical data, but CMS can.

2856           It is also telling me and sending me a message -- and  
2857 this is about access -- once the FDA passes it, people who  
2858 have money and can pay for it will get it. People who are  
2859 under a CMS program won't. And that, to me, is an access  
2860 issue that continues to trouble me, and to -- something that  
2861 I continue to have an issue about.

2862           We talk about access to health care. This is access to  
2863 health care. The decision should be between a patient and

2864 their doctor. And so I will continue to speak out, because I  
2865 am just so disappointed, and that -- this is the first time  
2866 we have had a drug that has been approved under the  
2867 accelerated approval process that hasn't been covered by CMS,  
2868 a drug.

2869 So that is the comment I have. I am going to move on to  
2870 my questions, and those are on different topics. The first  
2871 one is on the Children's Health Insurance Program.

2872 Secretary Becerra, the Children's Health Insurance  
2873 Program, or CHIP, has been a remarkable success, reducing the  
2874 uninsured rate for children by 68 percent. And 2021 CHIP  
2875 enrollment averaged over 7 million individuals per month,  
2876 making it an essential source of children's health coverage.  
2877 And during the pandemic CHIP helped to ensure that children  
2878 and pregnant women had free access to COVID-19 testing and  
2879 treatment.

2880 Despite its success, CHIP is the only Federal insurance  
2881 program that isn't permanently funded. So every few years  
2882 Congress scrambles to prevent CHIP from running out of money.  
2883 Can you speak to the importance of CHIP, and your thoughts on  
2884 having it permanently funded?

2885 \*Secretary Becerra. Congresswoman, first, thank you for  
2886 all the work that you have done on these issues.

2887 There would be many more children living in poverty if  
2888 we didn't have the CHIP program. There would be many more

2889 children who we would discover late in their -- later in  
2890 their life that they were suffering from illnesses that might  
2891 be life-threatening, but are able to get the care they need  
2892 to prevent that from ever taking a life with the CHIP  
2893 program.

2894           And it just -- as I said earlier, my mom would always  
2895 tell me, "Mejor preventir que remediar," better to prevent  
2896 them to remediate. CHIP is a program that lets families who  
2897 are lower income prevent illness in their children from  
2898 becoming life-threatening. And we would be in disastrous  
2899 shape if we did not reauthorize CHIP.

2900           \*Ms. Barragan. Thank you. I want to talk a little bit  
2901 about the Cancer Moonshot and multiple myeloma.

2902           Mr. Secretary, an important factor in reducing the  
2903 mortality of cancer is research and early detection of rare  
2904 and aggressive forms of this disease. For example, multiple  
2905 myeloma is a rare fatal cancer of blood plasma cells with  
2906 disparities in all ages, all stages of the disease. African  
2907 Americans account for 20 percent of patients diagnosed with  
2908 multiple myeloma, despite being only 12 percent of the U.S.  
2909 population. My own sister, who is only a year older than me,  
2910 was diagnosed, and is now battling this, and will have it for  
2911 the rest of her life. There is no cure.

2912           Barriers to treatment are also present. Latinos have  
2913 the lowest stem cell transplant rate for the treatment of



2914 multiple myeloma.

2915           Given the mortality associated with rare cancers and  
2916 lack of treatment options, could you discuss how the  
2917 reignited Cancer Moonshot would expedite research to improve  
2918 the lives of people with rare, aggressive diseases such as  
2919 multiple myeloma?

2920           \*Secretary Becerra. Excellent question. And one of the  
2921 things that we are doing to try to help launch the  
2922 President's Moonshot proposal is to start by getting people  
2923 back into the doctor's offices to get screened. There are  
2924 estimates that 9 to 10 million Americans failed to make their  
2925 screening appointments for cancer because of the pandemic.  
2926 We are going to launch an effort to try to encourage  
2927 Americans to go back and get checked, because the sooner you  
2928 get checked, the quicker you can address some of those  
2929 cancers that can be preventable.

2930           I will tell you that we are also making every effort to  
2931 make sure that we take equity into account in who  
2932 participates in these clinical trials, and the work that is  
2933 done to make sure that we have treatments for everyone.

2934           \*Ms. Barragan. Thank you, Mr. Secretary.

2935           Madam Chair, I yield back.

2936           \*Ms. Eshoo. The gentlewoman yields back.

2937           The chair is pleased to recognize the gentleman from  
2938 Texas, Mr. Crenshaw, for your five minutes to question.

2939           \*Mr. Crenshaw. Thank you, Madam Chair. I thank you and  
2940 the ranking member for holding this important hearing.

2941           Thank you, Mr. Secretary, for joining us in person. I  
2942 have got to say it seems like there is some bipartisan  
2943 agreement on how CMS does approvals. So that is good to  
2944 hear, as well. It is not what I want to talk about, though.  
2945 I want to talk about title 42, as you can imagine.

2946           And Mr. Becerra, I want to ask you, why do you want to  
2947 end the expulsions at the border currently authorized under  
2948 title 42? I want to understand this.

2949           \*Secretary Becerra. Congressman, let me try to explain.  
2950 We don't base determinations about title 42, which is a  
2951 health care law that deals principally with quarantining  
2952 activities, we don't base those on what is occurring in terms  
2953 of the border, on immigration. It is a health care measure,  
2954 title 42, that is rarely applied. And when it is applied, it  
2955 is because the health conditions are such that CDC has  
2956 recommended that we use it to try to keep populations from  
2957 intermingling in ways that could lead to worse results when  
2958 something like COVID-19 hits us.

2959           \*Mr. Crenshaw. And I would take that as the answer if  
2960 you didn't also support title 42 authority to continue the  
2961 mask mandate on airplanes, to mask children in Head Start  
2962 programs, to authorize the eviction moratoriums. So you have  
2963 got to be consistent. You either believe that title 42 is

2964 still a necessary thing to do because of COVID, or you don't.  
2965 So which is it?

2966 \*Secretary Becerra. Well, in the various instances that  
2967 you have raised, you will see that the guidance that CDC has  
2968 provided has changed, whether it is for cruise ships, whether  
2969 it is for children in school settings. They have all been  
2970 adapting to the -- what the facts and the medicine and the  
2971 science tells us should be the case with regard to those --

2972 \*Mr. Crenshaw. I find it hard to believe that the  
2973 science tells us that there is still COVID on airplanes, even  
2974 though that has been debunked wildly. I mean, many, many  
2975 times, given the filtration systems on airplanes. You are  
2976 still pushing for that mandate. But there is no COVID on the  
2977 border, with 8,000 people crossing every single day? And  
2978 with title 42 rescinded, all estimates -- this isn't even a  
2979 partisan estimate -- all estimates point to about 18,000 a  
2980 day.

2981 So again, which is it? Is COVID still a problem or is  
2982 it not?

2983 \*Secretary Becerra. Congressman, I -- maybe you  
2984 disagree, but we are losing more than 300 Americans a day.  
2985 We still have over 1,000 Americans being hospitalized every  
2986 day.

2987 \*Mr. Crenshaw. So it is a problem. So then why not  
2988 keep title 42 at the border? Why not allow those expulsions?

2989           \*Secretary Becerra. Because, as I explained, the law  
2990 that I use to declare a public health emergency is different  
2991 from the law, title 42, that you are referencing that is used  
2992 principally -- and only very infrequently -- to deal with  
2993 things like quarantines.

2994           \*Mr. Crenshaw. Right, communicable diseases.

2995           \*Secretary Becerra. We have seen an evolution of this  
2996 pandemic.

2997           \*Mr. Crenshaw. I know, but again, there is clearly no  
2998 consistency here, and that is the problem --

2999           \*Secretary Becerra. There is absolutely --

3000           \*Mr. Crenshaw. -- right?

3001           \*Secretary Becerra. -- consistency in the -- what CDC  
3002 has done. CDC has been using the facts and the science to  
3003 drive what it does.

3004           Cruise ships are different from schools, which are  
3005 different from the border. And you -- it is not a cookie  
3006 cutter approach to the use of our health care -- of health  
3007 care authorities. Title 42 is not the same as the emergency  
3008 declaration --

3009           \*Mr. Crenshaw. I think we have -- you have utterly  
3010 failed to provide the scientific data and scientific backing  
3011 for saying that COVID measures are still required for  
3012 children over two years old and on airplanes, when both of  
3013 those things have been debunked many, many times, versus the

3014 border, with 18,000 people potentially crossing every day.  
3015 That is -- and, by the way, filling up our hospitals, filling  
3016 up on busses, moving into the United States, getting tickets  
3017 to wherever they want. This is a problem.

3018 And also, to say that HHS doesn't deal with immigration,  
3019 and that you do -- that you look at this completely  
3020 separately, that is also not true, because you oversee ORR,  
3021 right, which is the unaccompanied minors. So how on earth  
3022 can HHS deal with a tripling, quadrupling of unaccompanied  
3023 minors coming through your system, when you rescind title 42?

3024 \*Secretary Becerra. Congressman, once again, by law we  
3025 are the entity, ORR, the Office of Refugee Resettlement,  
3026 which takes custody of a child that is unaccompanied by an  
3027 adult found at the border. By law, the Department of  
3028 Homeland Security cannot hold that child for more than 72  
3029 hours. We then provide an accommodation.

3030 \*Mr. Crenshaw. Well, I understand what your job is. I  
3031 am saying --

3032 \*Secretary Becerra. That is not a --

3033 \*Mr. Crenshaw. -- there is no way you can do it under  
3034 these conditions. I don't care how much money we give you --

3035 \*Secretary Becerra. We are doing --

3036 \*Mr. Crenshaw. You are not, though. It is impossible.

3037 \*Secretary Becerra. Congressman --

3038 \*Mr. Crenshaw. You are letting people go --

3039 \*Secretary Becerra. -- you understand that title 42 --

3040 \*Mr. Crenshaw. -- in vast quantities.

3041 \*Secretary Becerra. Congressman, you understand that  
3042 title 42 --

3043 \*Mr. Crenshaw. That is a problem.

3044 \*Secretary Becerra. You understand, Congressman, that  
3045 title 42 has not applied to those children --

3046 \*Mr. Crenshaw. No, I understand that. But here is what  
3047 happens, right? You have an excessive number of people  
3048 crossing the border. And along with that is more people.  
3049 They come in large groups. This will happen in -- by  
3050 extraordinary numbers without title 42.

3051 \*Ms. Eshoo. The gentleman's time has expired.

3052 \*Mr. Crenshaw. And everybody agrees with that.

3053 \*Ms. Eshoo. The gentleman's time has expired.

3054 \*Mr. Crenshaw. All right, thank you.

3055 \*Ms. Eshoo. The chair now recognizes the gentlewoman  
3056 from Delaware, Congresswoman Blunt Rochester, for her five  
3057 minutes to question.

3058 \*Ms. Blunt Rochester. Thank you, Madam Chairwoman, and  
3059 thank you so much, Secretary Becerra, for joining us today to  
3060 discuss the President's fiscal year 2023 budget for the  
3061 Department of Health and Human Services.

3062 I want to start off by saying that I applaud the  
3063 Administration's efforts to make sure that Americans get

3064 health care coverage, and also to protect us from this  
3065 historic pandemic. It is not lost that we have come a long  
3066 way, and we still have a ways to go.

3067 But today I would like to focus on an issue that is  
3068 really a priority for me and so many others, and the pandemic  
3069 has exacerbated it, social challenges have exacerbated this,  
3070 and I am extremely pleased to see the Administration's budget  
3071 request include several important proposals to strengthen  
3072 access to mental health and substance use care and services.

3073 My colleagues on this committee and I have led efforts  
3074 to provide your Department and the Departments of Treasury  
3075 and Labor with new tools to strengthen the enforcement of  
3076 existing mental health parity laws.

3077 The Department's recently-released report found that  
3078 insurance companies are failing and falling short of  
3079 providing parity in mental health and substance use disorder  
3080 benefits. And the report documented numerous parity  
3081 violations. Secretary Becerra, can you briefly discuss the  
3082 report's findings, and why mental health parity is so  
3083 essential for our constituents?

3084 \*Secretary Becerra. Congresswoman, thank you for the  
3085 focus you have placed on this issue over time, and thank you  
3086 for the work that you have done.

3087 We can't say that we are going to really try to treat  
3088 with the health care needs of Americans if we leave out

3089 mental health services, especially at a time when, because of  
3090 the pandemic, we have seen how dramatically we -- the  
3091 increase in need for mental health services is out there, and  
3092 especially for our children.

3093         And so we are going to do everything we can to make it  
3094 clear that the President is willing to invest \$50 billion  
3095 over the next 10 years to change the way we deal with mental  
3096 health services. And we are going to start doing far more  
3097 work to aggressively enforce the law, to make sure there is  
3098 compliance with the mental health parity laws that we have in  
3099 books.

3100         \*Ms. Blunt Rochester. You know, the fact that some  
3101 insurance companies are still failing to deliver parity is  
3102 unacceptable. And that is why I am really pleased to see the  
3103 budget request includes funding for grants to help states  
3104 enforce mental health parity requirements.

3105         Can you briefly discuss the challenges that states face  
3106 in the enforcement and oversight of existing parity laws, and  
3107 why this funding is critical?

3108         \*Secretary Becerra. As the former attorney general in  
3109 the State of California, I will tell you that it is tough.  
3110 When you have a good partner in the Federal Government  
3111 helping you go out there and do some of this enforcement, you  
3112 can do far more than just the Federal Government by itself.

3113         And so I think many states will appreciate, if Congress



3114 provides us with this funding, the grant help that will  
3115 provide states who want to be out there and aggressively  
3116 enforce these parity laws.

3117       \*Ms. Blunt Rochester. For far too long frontline  
3118 workers have lacked access to coverage for mental health, and  
3119 -- due to loopholes in the current law that allows state and  
3120 local plans to opt out of mental health parity.

3121       I am also heartened to see that the budget includes a  
3122 request to finally close this loophole. Can you discuss the  
3123 importance of ensuring that frontline workers are protected  
3124 by mental health parity laws?

3125       \*Secretary Becerra. That is -- isn't it tragic when you  
3126 find out that you are working real hard, you are doing  
3127 everything to keep someone else healthy, and then you don't  
3128 have access to the kind of care you need?

3129       We are going to do everything we can, Congresswoman, to  
3130 eliminate those kinds of barriers that really don't belong in  
3131 the 21st century, not in America.

3132       \*Ms. Blunt Rochester. And lastly, Medicaid and CHIP  
3133 cover 40 million children. Therefore, Medicaid and CHIP  
3134 investments in access to needed mental health services are  
3135 critical to addressing the national child mental health  
3136 emergency. What are you proposing in your budget to  
3137 specifically address children's mental health challenges  
3138 under Medicaid and CHIP?

3139           \*Secretary Becerra. Congresswoman, we are trying to  
3140 make sure that, first, Medicaid is available to all families.  
3141 And we still have some states that aren't taking up the  
3142 Medicaid opportunity to provide their families with that  
3143 care.

3144           Secondly, we are trying to make sure that we expand  
3145 coverage into places in the community setting, so it is not  
3146 just reimbursement at a hospital, but there is more and more  
3147 conversation about the possibility that Medicaid could  
3148 actually be there in schools to provide those kinds of  
3149 services, mental health services, that many of our children  
3150 need.

3151           I have been in conversation with Secretary Cardona in  
3152 the Department of Education. We are going to continue to  
3153 work together to see if we can expand access to health care  
3154 for our children, including in our schools.

3155           \*Ms. Blunt Rochester. First of all, I just want to  
3156 again thank you so much for this focus. We have experienced  
3157 individual trauma, as well as collective trauma as a country  
3158 through all of this. And your efforts are going to make a  
3159 big difference. And thank you so much for being here.

3160           I yield back, Madam Chair.

3161           \*Ms. Eshoo. The gentlewoman yields back. The chair now  
3162 recognizes the gentlewoman from Minnesota, Ms. Craig, for her  
3163 five minutes of questions.

3164           \*Ms. Craig. Thank you so much, Madam Chair.

3165           Secretary Becerra, thank you for being here today to  
3166 testify in front of the committee.

3167           As a Member of Congress, I know that you know one of my  
3168 top priorities has been to lower the cost of health care for  
3169 my constituents, a priority that I was so happy to see  
3170 reflected in HHS's 2023 budget.

3171           When discussing the high cost of prescription drugs,  
3172 those who rely on insulin specifically, we understand why  
3173 prescription drug reform is so critical. According to the  
3174 research by RAND Corporation, drug companies charge more for  
3175 insulin in the United States than in nearly 3 dozen other  
3176 countries, and the average price in America across all types  
3177 of insulin was more than 10 times higher than the average  
3178 price for all the other countries combined. That is why any  
3179 solution to reduce drug prices must include solutions to  
3180 reduce the cost of insulin.

3181           I am incredibly pleased that the House recently passed  
3182 my bill, the Affordable Insulin Now Act, which would cap the  
3183 out-of-pocket costs for insulin at \$35 for those with private  
3184 health insurance coverage or Medicare part D. But we know  
3185 that capping the cost -- out-of-pocket cost alone is just not  
3186 enough. We must continue to work on solutions to effectively  
3187 lower the list price of lifesaving medications like insulin,  
3188 including through drug price negotiation.

3189           So, Secretary Becerra, insulin has been available for  
3190 roughly a century, and yet the costs that patients face are  
3191 increasing year after year. In your view, Mr. Secretary, is  
3192 there any justification for this?

3193           \*Secretary Becerra. Congresswoman, first, thank you for  
3194 the work you are doing on this subject.

3195           It makes no sense that a drug that has become so readily  
3196 available continues to increase in price. It shows how  
3197 broken our system is for drug pricing in this country, and  
3198 why Americans pay far more than most people around the world  
3199 for the same drug, a drug often times manufactured here in  
3200 the U.S.

3201           I applaud your effort. I hope that you succeed in  
3202 making it clear that we have to corral these prices and have  
3203 something that makes sense for the American people. I hope  
3204 you are able to pass a measure that goes beyond just one  
3205 particular medicine, because there are so many drugs that are  
3206 being overpriced here in this country.

3207           And so what I can tell you is that no American should  
3208 not be able to get the drugs they need. And every American  
3209 should be aware of the effort that you are making to make  
3210 those drugs much more affordable for them.

3211           \*Ms. Craig. Thank you. Thank you so much, Mr.  
3212 Secretary. I want to just dig in a little bit about your  
3213 view here.

3214           So how do measures already passed by the House, like the  
3215 insulin bill, such as empowering Medicare to negotiate drug  
3216 prices, right, inflationary rebates, how do all of those  
3217 things work together to lower insulin costs?

3218           And I will just follow that up by saying -- any comments  
3219 you have on other efforts the Administration is undergoing to  
3220 address the high cost of prescription drugs in America.

3221           \*Secretary Becerra. Congressman, by opening those  
3222 curtains to how these drug manufacturers operate, and how  
3223 they price their products, that transparency would give  
3224 everyone sight on how this is being done -- probably not in  
3225 the best interest of patients.

3226           Secondly, we are a country that believes in competition,  
3227 and it makes no sense that the biggest purchaser of drugs,  
3228 the U.S. Government, whether for Medicare or Medicaid or  
3229 through the Veterans Administration program, cannot try to  
3230 get the best price for all those patients, for all those  
3231 Americans who deserve to have that treatment. And we know  
3232 that, if we are able to get the best price, that we will save  
3233 Americans not just a lot of money, but we will probably add  
3234 years to their life because they will be able to afford their  
3235 medication.

3236           One of every three Americans right now tells us that  
3237 they skimp on their medication because they have to make it  
3238 last longer, because they don't have enough money to use it

3239 the way it is supposed to be used. That is not right. We  
3240 need to tackle that. And that is where your efforts are  
3241 going to be indispensable in making it possible for Americans  
3242 to get the drugs they need.

3243 \*Ms. Craig. Mr. Secretary, I am going to slip in one  
3244 last question around your directive to CMS to re-evaluate the  
3245 Medicare part B premium increase. Any updates you can share?  
3246 I know my constituents really do need the relief.

3247 \*Secretary Becerra. Congresswoman, that is underway.  
3248 It is a complicated process, and CMS is working hard so we  
3249 can give you an answer.

3250 \*Ms. Craig. Thank you so much for being before the  
3251 committee today. I appreciate your leadership and  
3252 partnership.

3253 And with that, Madam Chair, I yield back.

3254 \*Ms. Eshoo. The gentlewoman yields back. The chair is  
3255 pleased to recognize the gentlewoman from Washington State,  
3256 Dr. Schrier, to question for five minutes.

3257 \*Ms. Schrier. Thank you, Madam Chair.

3258 And thank you, Secretary Becerra, for coming before this  
3259 committee today to talk about the HHS budget and priorities.

3260 First, let me just say, as a pediatrician, I want to  
3261 thank you for prioritizing children in your budget in so many  
3262 ways. One thing I am especially pleased to see is the  
3263 expansion of the Vaccines for Children program to cover CHIP

3264 enrollees. And this aligns with the provisions in the  
3265 bipartisan bill that I sponsored with Dr. Joyce,  
3266 Representative Butterfield, and Representative McKinley that  
3267 strengthens this already excellent and really important  
3268 program.

3269 I was also really happy to see the proposal to improve  
3270 access for more children by expanding the network of  
3271 providers who participate in the Vaccines for Children  
3272 program. And this is really important. We are seeing a drop  
3273 in routine childhood immunization rates because of COVID.  
3274 Just last week it was reported that hundreds of thousands of  
3275 students are no longer adequately protected from common  
3276 diseases -- what used to be common diseases like measles,  
3277 mumps, and pertussis. And this is particularly dangerous for  
3278 the tweens in middle school who are particularly behind on  
3279 their vaccines, where we already see outbreaks of whooping  
3280 cough.

3281 On the topic of immunization, again, as a pediatrician  
3282 mom, I know that the best way to help anxious parents feel  
3283 comfortable about vaccinating their children is a  
3284 conversation with an empathetic, compassionate, trusted  
3285 provider. I also know from experience that these  
3286 conversations take time, and that trust is not built  
3287 overnight. The Medicaid program acknowledged this last  
3288 summer, and is now recognizing the considerable time and

3289 effort this can take in a clinic visit, and implementing  
3290 programs to make sure that every person who wants a vaccine  
3291 can get it.

3292 Secretary Becerra, how will HHS work with CDC to ensure  
3293 that children get caught up on routine childhood  
3294 vaccinations?

3295 And how can we make sure that [inaudible] pediatricians  
3296 can take adequate time to have these thoughtful  
3297 conversations?

3298 \*Secretary Becerra. Congresswoman, first, you have  
3299 really pointed out how important it is that those trusted  
3300 voices that get Americans to take the leap are so essential  
3301 in this effort. And pediatricians are among the most trusted  
3302 individuals when it comes to encouraging families to take  
3303 important measures, safety measures, for their children.

3304 So we are going to be working with those trusted voices,  
3305 including folks like you and others, pediatricians, who can  
3306 really reach out and connect with families in ways that  
3307 others can't. We are going to continue to make every effort  
3308 to provide states and local governments with the capacity to  
3309 do more screening of our families, so that they can get the  
3310 type of information they need. So if we find out they  
3311 haven't yet received a vaccination, that those families will  
3312 take the step to let those children be vaccinated.

3313 And we are going to try to do everything we can to make



3314 sure that, under the health programs that the Federal  
3315 Government helps administer -- Medicare, Medicaid, in case of  
3316 children, and CHIP -- are available to help those families  
3317 who have lower incomes be able to include their kids when it  
3318 comes to the protections that a vaccine provides.

3319       \*Ms. Schrier. I appreciate that, and I appreciate  
3320 having multiple locations where kids can get those  
3321 vaccinations. It also may make sense because those  
3322 conversations are so long, and can take away from other  
3323 important conversations we have with patients to even have  
3324 the ability to do a [inaudible] visit just regarding  
3325 vaccines.

3326       I also want to highlight your comments about ensuring  
3327 that Americans have access to affordable health care. And  
3328 with the help of the American Rescue Plan, there was a  
3329 dramatic drop in insurance premiums last year. In fact, in  
3330 my state nearly 60,000 Washingtonians enrolled in new  
3331 coverage, and more than 100,000 Washingtonians paid -- pay  
3332 \$100 or less every month, thanks to these subsidies. And I  
3333 just want to emphasize how important it is to keep those  
3334 cost-cutting subsidies, and to not let them expire at the end  
3335 of the year. And also, of course, to expand Medicaid in  
3336 states that opted out.

3337       Is there anything, Secretary Becerra, that Congress can  
3338 do to work with you to keep health care affordable for

3339 Americans with the Affordable Care Act plans?

3340           \*Secretary Becerra. Congresswoman, I think you  
3341 mentioned one of the most important things that you can do,  
3342 and that is to continue those subsidies that have made  
3343 quality health care. These are robust plans. They are not  
3344 those skinny, junk plans, insurance plans, that some people  
3345 have to buy because they have -- they only pay a small amount  
3346 up front in premiums, but when they actually end up using the  
3347 health care services they pay a ton of money out of pocket.

3348           And so these plans, as you mentioned, \$100 a month in  
3349 premiums for some families, under \$10 a month for other  
3350 families, it is the way to go. With your help, we can make  
3351 it possible for more --

3352           \*Ms. Eshoo. The gentlewoman's time has expired.

3353           \*Ms. Schrier. Thank you. I yield back --

3354           \*Ms. Eshoo. The chair now recognizes the gentleman from  
3355 Georgia, Mr. Carter, for five minutes to question.

3356           \*Mr. Carter. Thank you, Madam Chair.

3357           Mr. Secretary, along with 12 other Members of Congress,  
3358 I sent a letter to you and Commissioner Califf on February  
3359 16th about an important issue about blood testing, and about  
3360 the policies, and about the American Red Cross. The  
3361 bacterial mitigation method in question has been implicated  
3362 in several cases of sepsis and two patient deaths. In  
3363 December the FDA said that they were investigating more

3364 cases. Are you aware of any results of this investigation?

3365 \*Secretary Becerra. Congressman, I don't know of any  
3366 final results on that, but we can check back in, and -- or I  
3367 can have the folks, Dr. Califf and the folks from the FDA,  
3368 get back to you, as well.

3369 \*Mr. Carter. I would hope so, because this is very  
3370 concerning to me. As you know, there are three different  
3371 methods that can be used here. And the one that the American  
3372 Red Cross is using -- and they are the primary supplier of  
3373 blood -- is -- the one that they are using, not only is it  
3374 the most expensive of all of them, but it has a shorter shelf  
3375 life. And we have had these instances of sepsis that have  
3376 been reported, and have resulted in a loss of life.

3377 And that is of concern for a number of reasons,  
3378 particularly in a district like mine, where I have a large  
3379 rural area. When you don't have a long shelf life on some of  
3380 these things, then rural hospitals suffer because of it. The  
3381 longer shelf life, obviously, the better it is for them. And  
3382 obviously, the cost is a factor, as well.

3383 And I am really concerned about the choice -- the  
3384 hospitals' choices being limited, and the customers are only  
3385 being provided with one bacterial mitigation methodology.

3386 And can you understand what -- my concern here? When  
3387 the American Red Cross requires that the most expensive, the  
3388 shortest shelf life, and the one that is -- has been

3389 indicated to cause sepsis to -- that is the only choice they  
3390 have. Can you understand my concern there?

3391 \*Secretary Becerra. Absolutely. I hear what you are  
3392 saying, and certainly I can make sure that we follow up with  
3393 you, whether it is FDA directly or some other folks on our  
3394 team. We could try to follow up with you.

3395 \*Mr. Carter. I hope so, and I look forward to that,  
3396 because this is extremely important.

3397 Mr. Secretary, as you know, I am a pharmacist and a  
3398 health care professional, and I have been fighting for years  
3399 to get rid of DIR fees. You know what those are.

3400 \*Secretary Becerra. I do.

3401 \*Mr. Carter. They are clawback fees. You know, it was  
3402 put best, I think, by one of my colleagues, Representative  
3403 Peter Welch, you know, that those DIR fees, a pharmacy may  
3404 get paid \$10, and then 6 months, a year, 2 years later the  
3405 insurance company comes back and says, "Well, we should have  
3406 only paid you \$7, so you owe the \$3.'" I mean, that is just  
3407 not a sustainable business model. And this is what the PBMs  
3408 have been doing with the DIR fees, and it makes it tough on  
3409 small businesses and on small pharmacies, as well.

3410 As, you know, pharmacists are the most accessible health  
3411 care professionals in America: 95 percent of our population  
3412 lives within 5 miles of a pharmacy. We need to keep  
3413 pharmacies open. It is important to our health care delivery

3414 system, accessibility.

3415 I was very encouraged in -- that in January your  
3416 Department proposed a common-sense policy that would require  
3417 price concessions in the Medicare part D program at the point  
3418 of sale, where it should be, so that we know it is going to  
3419 the patient and not to the third party, not to the middleman,  
3420 the PBM that serves -- and brings no value whatsoever to the  
3421 health care system, in my opinion.

3422 I wanted to make sure. Do you agree that your rules --  
3423 actuary analysis that seniors would save, on net, \$21.3  
3424 billion over the next 10 years?

3425 \*Secretary Becerra. Congressman, as you know, when we  
3426 are in rulemaking I have to be very circumspect in what I  
3427 say. But we stand by what we have produced so far, and we  
3428 are hoping to issue that final rule very soon.

3429 \*Mr. Carter. And I hope that this will go through, and  
3430 I hope that you will implement this rule. I have heard some  
3431 chatter, if you will, some noise that it may be delayed.  
3432 Again, I hope that is not the case.

3433 This is an actual situation where we can decrease  
3434 prescription drug costs for patients without inhibiting  
3435 research and development, without discouraging research and  
3436 development, but simply by having transparency in the drug  
3437 pricing chain, and making certain that the discounts are at  
3438 the point of sale, where they are going to the patient.

3439           \*Secretary Becerra.  Congressman, I can say it  
3440 emphatically that we are looking forward to working with you  
3441 on this issue.

3442           And by the way, if you will permit me, I would like to  
3443 just salute all those pharmacists who have been real heroes  
3444 in this effort to try to tackle COVID.

3445           \*Mr. Carter.  Well, thank you.  I am very proud of my  
3446 profession, and very proud of the work that they have done,  
3447 because, as you mentioned, and as I mentioned earlier, the  
3448 most accessible health care professionals in America.

3449           \*Secretary Becerra.  They stepped up.

3450           \*Mr. Carter.  And extremely important.  That is why this  
3451 issue with PBMs --

3452           \*Ms. Eshoo.  The gentleman's time --

3453           \*Mr. Carter.  -- and DIR fees needs to be addressed.

3454           \*Ms. Eshoo.  -- has expired.

3455           \*Mr. Carter.  And I thank you, and I yield back.

3456           \*Ms. Eshoo.  The gentleman's time has expired.  The  
3457 chair recognizes the gentlewoman from Massachusetts,  
3458 Representative Trahan, for five minutes to question, followed  
3459 by the gentlewoman from Texas, Mrs. Fletcher, followed by --  
3460 and I understand the Secretary has agreed to this -- the  
3461 gentleman from Alabama, who is waiving on.  And that will  
3462 conclude the hearing today.  All right?

3463           So Mrs. Trahan, you are recognized.

3464 \*Mrs. Trahan. Thank you, Madam Chair.

3465 Mr. Secretary, thank you for being here with us today.

3466 The fiscal year 2023 proposed budget indicates that,  
3467 once again, this Administration prioritizes expanding  
3468 affordable, accessible, high-quality health care for all  
3469 Americans, including those in our under-served communities.

3470 In my district, in Massachusetts, no one has done more  
3471 to deliver quality, affordable care to the under-served, and  
3472 under extremely challenging circumstances, than the nurses,  
3473 doctors, and administrators at Lawrence General Hospital in  
3474 Lawrence, Mass.

3475 As you may recall from your visit to Lawrence last  
3476 August, the hospital serves the 80,000 residents of a  
3477 beautiful, bustling, diverse, and historic city. And 80  
3478 percent of the city's residents are of Hispanic or Latino  
3479 descent.

3480 And you may remember that the area was struck by a  
3481 series of natural gas explosions in September 2018, which  
3482 devastated the community. You know, just as the city was  
3483 recovering, the pandemic struck, setting progress back. On a  
3484 per capita basis, the city has suffered greater numbers of  
3485 COVID infections than nearly any of the other 350 cities and  
3486 towns in Massachusetts. And at one point, three-quarters of  
3487 Lawrence General's inpatient capacity was dedicated to  
3488 recovering COVID-19 patients.

3489           Time and again, Lawrence General has come through for  
3490 the community, particularly the 20 percent living in poverty.  
3491 Indeed, approximately 75 percent of its patient population is  
3492 public payer, primarily Medicare and Medicaid. However, by  
3493 caring for an under-served and COVID-ravaged community,  
3494 Lawrence General has experienced an unprecedented increase in  
3495 expenses. And because COVID forced them to pause or postpone  
3496 more lucrative services, Lawrence General is struggling  
3497 financially.

3498           The proposed budget does not include sufficient targeted  
3499 funding for our safety net hospitals like Lawrence General,  
3500 who were particularly hard hit by COVID-19, and now  
3501 financially unstable. So, Mr. Secretary, I am just curious  
3502 how you see the fiscal year 2023 budget helping hospitals  
3503 like Lawrence General keep their doors open as they continue  
3504 to provide critical care to their communities through  
3505 COVID-19.

3506           \*Secretary Becerra. Congresswoman, thank you for the  
3507 question. And thank you, by the way, for your constant,  
3508 consistent advocacy for the people in your district who use  
3509 Lawrence General Hospital, for the workforce, the men and  
3510 women, health care workers at Lawrence, for all the good work  
3511 they do, as well.

3512           We are going to continue to do everything we can,  
3513 whether it is through the Medicaid program or whether it is



3514 through the Medicare program, to provide the services to  
3515 those -- excuse me, provide the resources to those providers  
3516 who are out there providing services, especially to our less-  
3517 well-served families throughout the country.

3518 I will tell you that, as we have had conversations with  
3519 regard to the Provider Relief Fund that Lawrence and other  
3520 providers throughout the country were utilizing to try to  
3521 help cover some of those COVID costs that they had, that we  
3522 think that it would be a phenomenal opportunity for Congress  
3523 to provide us with additional resources to supplement the  
3524 Provider Relief Fund, because it is now essentially out of  
3525 dollars, so we could continue to provide services and support  
3526 to those providers who stepped up.

3527 And as I have explained to you before, we try to do the  
3528 distribution of those dollars in a very transparent way. We  
3529 can't speak for what was done before we came to office, but  
3530 any time that we distribute a dollar under the Provider  
3531 Relief Fund, you will know exactly how it got distributed.

3532 \*Mrs. Trahan. Well, I appreciate that.

3533 You know, just curious. The HHS didn't request  
3534 additional funding for safety net hospitals or provider  
3535 relief in the COVID supplemental. Could you just speak to,  
3536 you know, the priorities that were reflected in the  
3537 supplemental, and how we can go about working together so  
3538 that we do get the safety net hospitals the funds that they

3539 need to get through?

3540           \*Secretary Becerra. Congresswoman, and if you will look  
3541 at the original request that we made for a supplemental  
3542 earlier, much earlier this year, it did include funds that  
3543 would have been made available to the Provider Relief Fund.  
3544 That request was substantially more than what at this stage  
3545 is being discussed in negotiations in Congress for a  
3546 supplemental package.

3547           We would love to see dollars included in a supplemental  
3548 package that would provide additional resources to the  
3549 Provider Relief Fund. We don't have a vote in that process.  
3550 It is you and your colleagues here in the House and then in  
3551 the Senate who will make a decision. But we hope that, in  
3552 your wisdom, that you will include funding for the Provider  
3553 Relief Fund, so we can continue to provide those services  
3554 that those hospitals and other providers have dispensed to  
3555 many of our uninsured population who need that support.

3556           \*Mrs. Trahan. Thank you. Thank you, Mr. Secretary. I  
3557 am out of time.

3558           I yield back.

3559           \*Ms. Eshoo. The gentlewoman yields back. The chair  
3560 recognizes the gentlewoman from Texas, Mrs. Fletcher, for her  
3561 five minutes to question.

3562           \*Mrs. Fletcher. Thank you Chairwoman Eshoo, and thank  
3563 you, Secretary Becerra, for coming today to discuss the

3564 President's fiscal year 2023 budget request for the  
3565 Department of Health and Human Services and its agencies. I  
3566 have three issues I would like to raise with you in my time  
3567 today.

3568         First, I am thrilled that Congress authorized the  
3569 Advanced Research Projects Agency Health, ARPA-H, this year.  
3570 And recent advances in biomedical and health sciences, from  
3571 immunotherapy to treat cancer to highly effective COVID-19  
3572 vaccines, demonstrate the strengths and successes of the U.S.  
3573 biomedical enterprise. Such advances present an opportunity  
3574 to revolutionize how we prevent, treat, and even cure rare  
3575 diseases including cancer, Alzheimer's, infectious disease,  
3576 and many others that affect a significant number of Americans  
3577 and people around the world.

3578         Secretary Becerra, in March you announced that ARPA-H  
3579 would be part of NIH, but that the physical location would  
3580 not be at the agency's campus in Maryland. And as my  
3581 colleagues on this committee have heard many times, I  
3582 represent many people who work in the Texas Medical Center in  
3583 Houston, which is the largest medical center in the world,  
3584 and home to some of the most innovative medical research in  
3585 the world today.

3586         The Texas Medical Center is uniquely situated to house  
3587 ARPA-H with its existing infrastructure, world-leading  
3588 research institutions, and incredible people. The people who

3589 work there are willing and eager to ensure this new agency is  
3590 successful.

3591           So I want to ask you first when you plan on announcing  
3592 the location of ARPA-H, and what you are taking into account  
3593 when making this decision about its location.

3594           \*Secretary Becerra. Congresswoman, thank you for your  
3595 interest and your support for ARPA-H.

3596           We are right now in the process of making some of those  
3597 decisions. We would like to try to work as closely as we can  
3598 with the inaugural director of ARPA-H before we launch too  
3599 far. But what I can tell you is that we wanted to have as  
3600 much independence as possible, untethered from some of the  
3601 previous ways that we have done some of the research, because  
3602 this research we want to be -- have the applicability as  
3603 quickly as possible, versus some of the basic research that  
3604 we see that is phenomenal research that is done by NIH.

3605           I will tell you that I have duly noted that you have  
3606 mentioned that there is a great site there in Texas that  
3607 could accommodate ARPA-H. I will tell you that there are a  
3608 whole bunch of folks who have reached out to us and told us  
3609 the same thing. It is a fabulous opportunity for America to  
3610 launch. Just as DARPA for the Department of Defense was able  
3611 to launch some real innovation, we hope ARPA-H will do the  
3612 same on health care.

3613           \*Mrs. Fletcher. Terrific. Thank you so much.

3614 I also want to touch on two other issues affecting  
3615 Texas. Unfortunately, a little bit less positive, but I am  
3616 hoping to get your insights here and raise these issues with  
3617 you. I have raised this first issue directly with CMS:  
3618 patients who use Medicaid have been unable to access basic  
3619 critical reproductive health care services at Planned  
3620 Parenthood for almost a year, because of the [inaudible]  
3621 termination of Planned Parenthood from the Texas Medicaid  
3622 program. It has had a disastrous impact, and has really just  
3623 decreased access to care and led to poor health outcomes. It  
3624 is a violation of the Medicaid free choice of provider  
3625 requirement. I saw your exchange with Representative Chu  
3626 when you testified in front of the Budget Committee, and I  
3627 look forward to swift action from CMS to enforce this  
3628 requirement.

3629 The second issue I would love to ask you about, as well,  
3630 is a similar topic. [Inaudible] really incredibly important  
3631 component to ensure reproductive autonomy is access to  
3632 medication abortion, which we know is the safe and effective  
3633 option in early pregnancy. And now that [inaudible]  
3634 burdensome risk evaluation mitigation strategy requirements  
3635 have been eliminated from [inaudible], one of the medicines  
3636 used during medication [inaudible], I want to be sure that  
3637 HHS is doing everything in its power to protect and expand  
3638 access to this care, especially in states [inaudible] where

3639 there are so many restrictions increasing every day.

3640 I really appreciate that you took steps to form the  
3641 Reproductive Healthcare [inaudible] Task Force, and was  
3642 hoping you could update the committee on the steps that the  
3643 Department and the task force are taking to ensure that  
3644 medication [inaudible] care continues to be accessible to  
3645 patients.

3646 You know, what specifically is HHS doing to facilitate  
3647 dispensing and provision of care via clinics, mail order,  
3648 pharmacy [inaudible], mail, and telehealth?

3649 You know, there are just a few seconds left. If you  
3650 could share with us and prioritize this issue, we would very  
3651 much appreciate it. Thank you.

3652 \*Secretary Becerra. Congresswoman, respecting the time  
3653 that is left, what I can do is follow up with you more  
3654 specifically.

3655 But what I will tell you is when a medication is made  
3656 available because FDA has decided that it is safe and  
3657 effective -- and we have a job to make sure that we provide  
3658 care to as many Americans as possible -- we are going to do  
3659 everything we can to enforce the law to make sure everyone,  
3660 including women, including for abortion care, get the  
3661 services and the products that the medical products that they  
3662 need to be able to exercise their rights.

3663 \*Mrs. Fletcher. Thank you so much, Mr. Secretary. I

3664 have talked over my time.

3665 Madam Chair, I yield back, and thank you for  
3666 accommodating [inaudible].

3667 \*Ms. Eshoo. The gentlewoman yields back.

3668 Mr. Secretary, I want to ask you to do something. I  
3669 know that you are 10 minutes past where you want to be. Mr.  
3670 Palmer is waiving on, Mr. Palmer of Alabama. Would you take  
3671 his questions? And then --

3672 \*Secretary Becerra. Certainly.

3673 \*Ms. Eshoo. Okay. The gentleman from Alabama is  
3674 recognized for five minutes to question.

3675 \*Mr. Palmer. Well, thank you, Madam Chair.

3676 I truly appreciate your indulgence, Secretary Becerra.  
3677 I have expressed this concern in other hearings, and I think  
3678 we are facing a crisis of confidence in our nation, public  
3679 confidence in many of our institutions. A lot of it has  
3680 borne out of the handling of COVID. We have become even more  
3681 divided as a nation, and it is impacting health care and the  
3682 trust in health care.

3683 And what I want to ask you about -- and I hate to do  
3684 this, but HHS has just issued a medicare physician fee  
3685 schedule final rule that includes a provision that will  
3686 provide a financial incentive for doctors to create and  
3687 implement an anti-racism plan. And that is raising a lot of  
3688 concerns among people. And I just want to hear from you a

3689 little bit about how this is going to operate.

3690 And I will tell you my concerns. I think it undermines  
3691 public confidence in two ways. I think it raises questions  
3692 in the minds of minorities that, if they see a physician who  
3693 is not of the same race or color, that they are not going to  
3694 get quality care. And it undermines the confidence of people  
3695 who are White that they are going to be discriminated  
3696 against. How would you address that?

3697 \*Secretary Becerra. Congressman, I want to be as  
3698 thoughtful in my answer as you were in the question.

3699 First, we don't have a policy as you have described.  
3700 Our policy is to try to tackle the disparities that we see in  
3701 health care access. There are -- I could tell you the number  
3702 of stories I have heard from women, mostly Black women, who  
3703 go in to get care and they are not believed when they say  
3704 that they are in pain. There are people who have  
3705 experienced, because of sickle cell, experienced deep, deep  
3706 pain when they presented in an emergency room, aren't  
3707 believed, and don't get immediately the treatment that really  
3708 should be provided to someone who is suffering from sickle  
3709 cell disease.

3710 We know that this happens. To ignore it is to ignore a  
3711 travesty our in our system. We are simply trying to say that  
3712 no one should be denied health care simply because the  
3713 disparities that exist prevent you from getting the care you



3714 need.

3715 \*Mr. Palmer. But we already --

3716 \*Secretary Becerra. We are going to try to tackle those  
3717 the best we can.

3718 \*Mr. Palmer. Yes, but we already have those rules.

3719 And by the way, one of my best friends, Dr. Tim Townes,  
3720 was one of the leading researchers in the world at the  
3721 University of Alabama Birmingham on sickle cell research, and  
3722 he is White, and he has devoted his entire career to that.

3723 And I just -- I want you to understand that there is a  
3724 divide that is being created here that is going to further  
3725 undermine public confidence. And we have to be extremely,  
3726 extremely careful about how we address these. All of us, not  
3727 just the Biden Administration, but all of us.

3728 \*Secretary Becerra. I agree.

3729 \*Mr. Palmer. And it creates serious concerns that, you  
3730 know, if you go into a doctor's office and you think if you  
3731 put down you are White, you are not -- you are going to be --  
3732 it --

3733 \*Secretary Becerra. But Congressman, to that point, if  
3734 you will permit me, it is -- much of this is driven by the  
3735 myths and disinformation. I would challenge you to show me  
3736 where in our policies we call anything we are doing  
3737 anti-racism policies. We are simply trying to make sure  
3738 everyone has equal access to health care.

3739           \*Mr. Palmer. Well, if there are doctors out there that  
3740 are discriminating against anybody for any reason, they need  
3741 to be dealt with in another manner, because that is totally  
3742 unacceptable, totally unacceptable.

3743           \*Secretary Becerra. I agree with you.

3744           \*Mr. Palmer. So I just want to raise that point, let  
3745 you know that this is an issue. There are people out there  
3746 that have raised concerns to me about it, and I intend to  
3747 address it further at the appropriate time.

3748           But I do appreciate very much you answering the  
3749 question, and your assurances that it is not the intent of  
3750 HHS to discriminate against anyone. I will hold you to that.

3751           And also, again, I sincerely appreciate you staying 30  
3752 minutes past the original time that you said you would give  
3753 us.

3754           And with that, Madam Chairman, I will yield the  
3755 remainder of my time.

3756           \*Ms. Eshoo. The gentleman yields back the remainder of  
3757 his time.

3758           And, Mr. Secretary, thank you for accommodating the  
3759 members and the member that has -- that waived on, and that  
3760 you would take their questions. It is very generous of you.  
3761 Thank you for being here today. We have covered a lot of  
3762 ground.

3763           I would just quickly raise two points, Mr. Secretary.

3764 You are a former Member of Congress. You know that you  
3765 wanted your questions answered when you addressed, you know,  
3766 those that were representing the agencies. I think the  
3767 assistant secretary of legislation has some work to do, some  
3768 catch-up work here, because on both sides of the aisle  
3769 members have made reference to writing, but they haven't had  
3770 their questions answered.

3771 And secondly, I think that it is important, as Secretary  
3772 of HHS, to have a plan if, in fact, title 42 is lifted. You  
3773 have responsibility for a plan, a public health plan, so that  
3774 there is not any public health disaster relative to those at  
3775 the border. So that is your responsibility. I know that 42  
3776 is -- seems to be kind of up for grabs right now because of  
3777 the court case. But nonetheless, HHS has to have a plan. I  
3778 don't know what that plan is, but I expect that you would  
3779 come out with one and outline it.

3780 So thank you --

3781 \*Secretary Becerra. And Madam Chair, on that point --

3782 \*Ms. Eshoo. Yes?

3783 \*Secretary Becerra. -- if you are referring to the  
3784 situation at the border, we do have a plan to address those -  
3785 - that situation, post-title 42. If you are speaking more  
3786 generally, in terms of what happens to the country without  
3787 title 42, we have been working on that, as well, and we can  
3788 present that to you and the committee members if you would

3789 like.

3790 \*Ms. Eshoo. No, it was the former, not the latter.

3791 \*Secretary Becerra. Yes. And remember, Madam Chair,  
3792 that title 42 has not applied to the individuals at the  
3793 border that HHS has jurisdiction over, the children. We  
3794 haven't had title 42 apply to unaccompanied migrant children  
3795 since December 2020.

3796 \*Ms. Eshoo. Anyone that comes into the country that is  
3797 admitted into the country, there are public health issues  
3798 there. And we have had to deal with them before, and we  
3799 might be presented with that case, I don't know, given the  
3800 courts are -- what the Administration is going to do.

3801 But you always have to have a plan, and I don't think we  
3802 can walk away from that.

3803 All right, I just have a unanimous consent request to  
3804 enter two items to the record. Does the ranking --

3805 \*Mr. Guthrie. No objection.

3806 \*Ms. Eshoo. No objections. So without objection, so  
3807 ordered.

3808 [The information follows:]

3809

3810 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3811

3812           \*Ms. Eshoo. Members have 10 business days to submit  
3813 additional questions for the record.

3814           And the witness, we ask that the Secretary respond  
3815 promptly to any questions that are received.

3816           And at this time the subcommittee is adjourned.

3817           [Whereupon, at 1:33 p.m., the subcommittee was  
3818 adjourned.]