

1 Diversified Reporting Services, Inc.

2 RPTS TARDIEU

3 HIF132140

4

5

6 THE FISCAL YEAR 2022 HHS BUDGET

7 WEDNESDAY, MAY 12, 2021

8 House of Representatives,

9 Subcommittee on Health,

10 Committee on Energy and Commerce,

11 Washington, D.C.

12

13

14

15 The subcommittee met, pursuant to call, at 10:30 a.m.
16 via Webex, Hon. Anna Eshoo [chairwoman of the subcommittee],
17 presiding.

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

24

25 Also present: Representatives Doyle, Schakowsky,
26 Clarke, McNerney, Tonko, Rice; and Lesko.

27 Staff Present: Joe Banez, Professional Staff Member;

28 Shana Beavin, Professional Staff Member; Jacquelyn Bolen,
29 Health Counsel; Jeff Carroll, Staff Director; Waverly Gordon,
30 General Counsel; Jessica Grandberry, Staff Assistant; Tiffany
31 Guarascio, Deputy Staff Director; Stephen Holland, Health
32 Counsel; Saha Khaterzai, Professional Staff Member; Una Lee,
33 Aisling McDonough, Policy Coordinator; Meghan Mullon, Policy
34 Analyst; Juan Negrete, Junior Professional Staff Member;
35 Kaitlyn Peel, Digital Director; Tim Robinson, Chief Counsel;
36 Chloe Rodriguez, Deputy Chief Clerk; Samantha Satchell,
37 Professional Staff Member; Kimberlee Trzeciak, Chief Health
38 Advisor; Rick Van Buren, Health Counsel; C.J. Young, Deputy
39 Communications Director; Alec Aramanda, Minority Professional
40 Staff Member, Health; Sarah Burke, Minority Deputy Staff
41 Director; Grace Graham, Minority Chief Counsel, Health; Nate
42 Hodson, Minority Staff Director; Peter Kielty, Minority
43 General Counsel; Emily King, Minority Member Services
44 Director; Clare Paoletta, Minority Policy Analyst, Health;
45 Kristin Seum, Minority Counsel, Health; Kristen Shatynski,
46 Minority Professional Staff Member, Health; Olivia Shields,
47 Minority Communications Director; Everett Winnick, Minority
48 Director of Information Technology.

49

50 *Ms. Eshoo. So good morning, everyone. Welcome to the
51 Subcommittee on Health, which will now come to order.

52 Due to COVID-19, today's hearing is being, obviously,
53 held remotely. All members and witnesses will be
54 participating via video conferencing.

55 As part of our hearing, microphones will be set on mute
56 to eliminate background noise, and members and our witness,
57 you will need to unmute your microphone each time you wish to
58 speak.

59 Documents for the record should be sent to Meghan Mullon
60 at the email address we provided to your staff. And all
61 documents will be entered into the record at the conclusion
62 of the hearing.

63 The Secretary, as I said, has a hard stop at 2:00 p.m.
64 Eastern Standard Time. So, as I just mentioned a few moments
65 ago, I will be -- I will have to enforce the five-minute
66 clock to ensure there is enough time for all subcommittee
67 members to ask questions.

68 I know that there are full committee members that are
69 joining us today. I hope we have time for you to ask
70 questions. We will do our best, but the subcommittee members
71 will, obviously, come first.

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

74 Welcome, Secretary Becerra. You are so welcome here,

75 and we wish you every success. As you succeed in leading
76 HHS, the American people will succeed.

77 The Secretary and I are classmates. We came into the
78 Congress at the same time.

79 And Mr. Secretary, you have inherited a position with
80 enormous responsibilities, especially as our nation recovers
81 from COVID-19. I think you are already making progress. HHS
82 and the Biden Administration have administered over 200
83 million COVID-19 vaccine doses, and are on track to vaccinate
84 70 percent of American adults by the Fourth of July. That
85 would be a new kind of celebration of the birth of our
86 country. New COVID-19 cases are at, thank God, at a seven-
87 month low. We are seeing children safely going back to
88 school, states reopening, and normalcy -- some normalcy --
89 returning.

90 The Biden Administration has moved quickly to reverse
91 the damage done to our health care system by the previous
92 Administration: enrolling over one million more Americans in
93 the ACA health coverage, and reversing the draconian cuts to
94 in-person enrollment help; rescinding the approval of several
95 states' unlawful Medicaid work requirements; ending the
96 discriminatory public charge rule, which would have penalized
97 people for legally using health care services such as
98 Medicaid; returning the U.S. to the World Health
99 Organization; protecting women's health by proposing

100 regulations to end the title 9 gag rule; as well as ending
101 the global gag rule; and ending discrimination in health care
102 based on gender identity or sexual orientation. These
103 actions are in addition to quickly and responsibly
104 distributing the billions of dollars in emergency public
105 health funding provided through the American Rescue Plan.

106 President Biden's fiscal year 2022 budget request
107 continues these achievements by helping American families
108 rebuild from the COVID-19 crisis, healthier and safer than
109 before. The budget request addresses the systemic failures
110 revealed by the pandemic, by restoring and expanding public
111 health capacity by providing the CDC with its largest budget
112 increase in 2 decades, in 20 years, supplying \$1.6 billion
113 for the Community Mental Health Services Block Grant, more
114 than doubling our nation's mental health funding. That is an
115 issue, Mr. Secretary, that every member of this subcommittee
116 has spoken to, and worked on.

117 Investing \$10.7 billion to end the opioid crisis after
118 last year's tragic record-high number of overdose deaths:
119 another bipartisan issue. And addressing our nation's racial
120 health disparities by increasing the Indian Health Service's
121 budget by \$2.2 billion; and making major investments at the
122 CDC to reduce maternal mortality, especially for Black women.

123 Importantly, the President's request also provides \$6.5
124 billion to launch the Advanced Research Projects Agency for

125 Health, ARPA-H, which holds the promise for transformational
126 advanced biomedical research.

127 I very much look forward to hearing more about this
128 today, about what the Administration envisions for this
129 agency, but there is still so much more to do. I think there
130 always is.

131 Our national security is at risk, because our dependence
132 on foreign manufacturing for medical supplies and
133 pharmaceuticals continues. We are unprepared for the
134 avalanche of patients who will need care for chronic long
135 COVID. We still don't have an effective or easy-to-access
136 treatment for COVID-19. And our nation continues to face
137 stark and persistent racial disparities in health coverage,
138 chronic disease, and mortality.

139 So we have a lot more work to do, Mr. Secretary. We
140 look forward to working with you to develop a budget and
141 policies to improve our nation's health and well-being. And
142 we thank you for being with us today.

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

144

145 *****COMMITTEE INSERT*****

146

147 *Ms. Eshoo. The chair now recognizes the ranking member
148 of our subcommittee, the gentleman Mr. Guthrie, for his five
149 minutes for an opening statement.

150 *Mr. Guthrie. Thank you, Chair Eshoo, for having this
151 important hearing.

152 And thank you, Secretary Becerra, for being here today
153 as we examine the fiscal year 2022 Department of Health and
154 Human Services budget.

155 I was alarmed to see the amount of spending that the
156 Administration believes we can afford after reviewing the
157 Biden Administration's skinny budget. In total, the proposed
158 budget is more than an 8 percent increase over the amount
159 appropriated for fiscal year 2021. This increase will be on
160 top of the nearly 4 trillion Congress has already allocated
161 for the COVID-19 pandemic in the first 5 COVID-19 relief
162 bills.

163 I supported these relief bills that were focused on
164 providing needed COVID-related assistance for our country;
165 \$1.3 trillion of this funding has yet to be disbursed from
166 relief packages. That doesn't include the 1.9 trillion
167 recently authorized for President Biden's COVID-19 package,
168 which only 9 percent goes towards fighting the virus.

169 The HHS budget proposal in front of us today grows HHS
170 by almost a quarter, with 131.7 billion included in the 1.5
171 trillion fiscal year 2022 budget.

172 I agree we need to improve public health infrastructure
173 and better prepare for future public health emergencies.
174 However, as we work on these improvements, we also have the
175 responsibility to be good stewards of taxpayer dollars. We
176 have seen firsthand how public-private partnerships such as
177 Operation Warp Speed have allowed this country to get
178 vaccinated and reopen months ahead of our peers around the
179 world. I hope we can work across the aisle to fully evaluate
180 the programs that need support, and allocate funds wisely.

181 There is no doubt that we must continue to increase
182 funding for the National Institutes of Health. In fact,
183 Republicans have worked with Democrats to increase funding
184 for NIH each year over the past five years. As we look at
185 the budgets of Federal agencies that help with COVID-19
186 response efforts, we need to assess any increase in the
187 context of their performance. I specifically want to mention
188 my strong concerns with certain areas of what we know of the
189 proposed budget.

190 First, I am pro-life. I believe in protecting the
191 unborn. I am very concerned with President Biden's comments
192 on removing the Hyde Amendment. Hyde has been around since
193 1976, and agreed upon for both Republicans and Democrats for
194 its inclusion in appropriation bills for years. I strongly
195 disagree with removing this protection and allowing taxpayer
196 dollars to fund abortion procedures.

197 Secondly, I would like to speak with the current crisis
198 at our southern border. Last Congress I served as ranking
199 member of the Oversight and Investigations Subcommittee. The
200 subcommittee held hearings on the management, care, and
201 treatment of unaccompanied children. At that time, U.S.
202 Customs and Border Patrol was experiencing a record number of
203 encounters with unaccompanied children. And as a result, the
204 Office of Refugee Resettlement was experiencing a number --
205 record numbers of referrals. Since President Biden has taken
206 office, there has been a rush of migrants arriving at our
207 southern border. CBP and ORR are experiencing even higher
208 numbers than they did in 2019.

209 According to CBP data, starting in January of this year,
210 the number of UCs and single minor land border encounters
211 each month has been higher than the numbers were during those
212 same months in previous years. As of May 2nd, 2021, there
213 were over 22,000 unaccompanied children in ORR's care. As a
214 result, ORR has had to open several temporary influx care
215 facilities and emergency intake sites, but has yet to open
216 one of the temporary influx facilities that the Trump
217 Administration kept in a warm status to quickly stand up for
218 surges in UC referrals.

219 Further, there have been reports of thousands of migrant
220 children being kept in overcrowded Border Patrol facilities
221 for longer than 72 hours. I joined several of my colleagues

222 on this committee to request information from the Biden
223 Administration on capacity issues, allegations of abuse, and
224 COVID-19 protocols. While we received responses to some of
225 the questions yesterday, we await answers on the rest. The
226 Biden Administration must get a better grasp on handling this
227 crisis and the massive influx of UC referrals.

228 Secretary Becerra, I appreciate you being here today,
229 and I appreciate our phone call yesterday. And I look
230 forward to hearing your testimony and responses to important
231 questions from my colleagues, and I yield back my time.

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

233

234 *****COMMITTEE INSERT*****

235

236 *Ms. Eshoo. The gentleman yields back. The chair now
237 recognizes the chairman of the full committee, Mr. Pallone,
238 for his five minutes of -- opening statement, I am sorry.

239 Good to see you, Frank.

240 *The Chairman. Thank you, Chairwoman Eshoo. This is,
241 obviously, a very important hearing, and it is really great
242 to see our new Secretary, who is one of our colleagues, and a
243 former member of the Democratic leadership, Xavier Becerra.

244 Great to see you, Xavier.

245 At last year's hearing with the Trump Administration,
246 Democrats highlighted the implications of massive cuts that
247 were being proposed to vital health programs, while
248 simultaneously hearing Federal witnesses attest to the
249 terrifying potential of then new virus known as COVID-19.
250 The Biden Administration's fiscal year 2022 budget request is
251 comparatively a breath of fresh air, and we can now bolster
252 our nation's public health agencies by acting on this
253 request.

254 I heard Mr. Guthrie express concern about the increases,
255 but I believe that, given the pandemic, I think these
256 increases are absolutely necessary. Overall, the request
257 includes 131.7 billion for HHS and its adjoining agencies; a
258 23.5 increase from the 2021-enacted level. This includes
259 critical investments to improve our nation's public health
260 preparedness, such as 905 million for the Strategic National

261 Stockpile, and 8.7 billion for capacity improvements and
262 public health threat detection and assistance at the Centers
263 for Disease Control. If enacted, this would be the largest
264 budgetary increase for CDC in nearly 20 years.

265 The request also includes funding for vital safety net
266 programs, and for addressing health inequities in COVID-19
267 and beyond. It increases funding for CDC's Social
268 Determinants of Health Program. It aims to reduce maternal
269 mortality and morbidity through strengthening maternal
270 mortality review committees, and provides a funding increase
271 to the Indian Health Service, very important to many of our
272 members on this committee. It also provides an 18 percent
273 budget increase for the title 10 family planning program, and
274 this program has historically served over 4 million low-
275 income people a year by providing critical screenings and
276 health services.

277 Now, the Biden Administration's budget request would
278 also expand cross-agency research capabilities to combat
279 life-threatening diseases through the National Institutes of
280 Health that would establish the Advanced Research Projects
281 Agency, or ARPA, a research agency that would initially focus
282 on diseases such as cancer, diabetes, and Alzheimer's. I
283 look forward to learning more about how the proposed agency's
284 activities may build off NIH's existing research to find
285 lifesaving cures. I know the President talked about this in

286 his address, Mr. Secretary.

287 And lastly, the budget request also makes significant
288 investments in improving mental health and combating the
289 opioid epidemic. It would provide \$1.6 billion to the
290 Community Mental Health Services Block Grant, and 10.7
291 billion to fight the opioid crisis, which has been
292 exacerbated -- as we know, we have had hearings on this,
293 Madam Chair -- by the COVID-19 pandemic.

294 Now, these investments are bold and necessary, but we
295 can't stop there. The COVID-19 pandemic laid bare the
296 impacts chronic underfunding of public health has had on our
297 surveillance, preparedness, and response efforts. And it is
298 my hope to work with the Biden Administration to ensure
299 rebuilding our public health infrastructure is a key
300 component of any jobs and infrastructure plan.

301 And we also have to take action to lower the cost of
302 prescription drugs -- the President mentioned it in his
303 address -- by passing H.R. 3, the Elijah Cummings Lower Drug
304 Costs Now Act. And we have to make permanent the enhanced
305 premium tax credits that we enacted into law on a temporary
306 basis in the American Rescue Plan.

307 The Administration recently announced that nearly a
308 million Americans signed up for health coverage during the
309 special enrollment period, and the enhanced subsidies are
310 reducing monthly premiums by over 40 percent. Thank you

311 again, Secretary Becerra, for really pushing that special
312 enrollment period. I know how important it is to you.

313 We also have to ensure that low-income Americans have
314 access to quality, affordable coverage. And now is the time
315 to finish the work we began over a decade ago with the
316 Affordable Care Act.

317 [The prepared statement of The Chairman follows:]

318

319 *****COMMITTEE INSERT*****

320

321 *The Chairman. Now, I just wanted to say this. I heard
322 Mr. Guthrie mention ORR, and the southern border, and the
323 unaccompanied children.

324 You know, I have to be critical, Mr. Guthrie, because
325 you somehow suggested that, you know, that the Trump
326 Administration played a positive role in this. Maybe that is
327 not what you meant, but it sounded that way. And I have to
328 say, after having gone through four years with the Trump
329 Administration, which forcibly separated children from their
330 families, caused terrible damage to not only the children,
331 but to the ORR program itself, I cannot see anything positive
332 that came out of that.

333 You know, during the time that they were in charge, the
334 Republicans on this committee refused to even hold a single
335 hearing to examine what was happening, and hold the Trump
336 Administration accountable for their outrageous actions. So,
337 you know, the Biden Administration was left with this
338 decimated system, but they are working hard to process those
339 children humanely. And thanks to you, I know we are going to
340 hold a hearing within the next month in our Oversight and
341 Investigations Subcommittee, where the head of the ORR will
342 testify, and we will examine how the ORR program is
343 functioning. I like to be bipartisan, but I can't excuse the
344 Trump behavior on this. And I think the Biden Administration
345 is doing their best to deal with was what was left in a

346 terrible situation.

347 Thank you, Madam Chair.

348 *Ms. Eshoo. The gentleman yields back. The chair now
349 recognizes the ranking member of the full committee,
350 Representative Cathy McMorris Rodgers, for her five minutes
351 for an opening statement.

352 *Mrs. Rodgers. Thank you, Madam Chair. Good morning,
353 everyone.

354 Just very quickly on the border, under the Trump
355 Administration there was action taken very quickly to get
356 more money, to actually get the border under control, to get
357 families back together, to get more judges in place so that
358 we could secure our border, and also help those that were
359 knocking on our door. And I believe that more -- we need --
360 this needs to be a priority now.

361 Unfortunately, the crisis at the border is being ignored
362 by the current Administration. And I know we are going to
363 work on that some more. This committee has been at the
364 forefront of this issue.

365 Today we have Secretary Becerra with us, and I wanted to
366 join in saying congratulations, and I too served with
367 Secretary Becerra in the House of Representatives.

368 And I look forward to working with you in this new
369 position. Certainly, as Secretary of the Department of
370 Health and Human Services, you are at the forefront of a

371 critical time in our nation's history, and as we turn the
372 corner on the pandemic. And really, thanks to the historic
373 innovation of the private sector and the Trump
374 Administration's Operation Warp Speed, we are delivering
375 fast, and effective, and safe vaccines to millions of
376 Americans. And it is something that we came together to
377 accomplish, and it is an American success.

378 We hope that your leadership will provide clear and
379 consistent evidence-based guidance as we reopen, including
380 100 percent of our schools, and bring optimism to America
381 again.

382 Mr. Secretary, after a year of lockdowns, fear,
383 isolation, too many in our communities are battling the
384 deaths of despair. Our communities are seeing record-high
385 overdose deaths. Mental health emergencies have increased.
386 We know the pandemic and top-down government decisions from
387 lockdowns and school closures, unfortunately, have made it
388 worse. It is going to take our nation's best and brightest
389 in local communities, doctors, the private sector to fix
390 these problems and deliver a solution that families
391 desperately need and want.

392 We have broken families, we have broken systems, and we
393 must address it. Unfortunately, socialized medicine, a
394 government-run health care system, is not the solution. It
395 will only lead to -- it won't lead to personalized care. We

396 need personalized care for every individual, every person, to
397 have a chance for a better quality of life.

398 I am concerned about so many that have continued to
399 advocate for a single-payer system and socialized medicine,
400 Medicare for all. Centralized government health care is full
401 of empty promises. This is the reality. Rather than provide
402 certainty, it kicks roughly 180 million people off their
403 employment-based plans, and significantly raises costs.
404 Rather than modernize our health care system to empower
405 patients to catch up to the 21st century, Medicare for all
406 would take us -- would take back the clock to an outdated,
407 politically-influenced government takeover of our health care
408 system.

409 Just like Speaker Pelosi's drug price control scheme,
410 single-payer will destroy innovation for new cures and
411 breakthrough medical treatment. It will also limit access.
412 CBO reported, "Public plan might not be as quick to meet
413 patients' needs, such as covering new treatments.'" That is
414 CBO.

415 My colleagues and I aren't going to accept the empty
416 promises of socialized medicine. I will take freedom over
417 empty promises for free stuff any day of the week. There is
418 too much at stake as we crush this pandemic. Fight the
419 deaths of despair, and build a new future for a modern health
420 care system. We should be taking action to make sure that

421 people can make the best decisions for themselves.

422 And I did want to address the border crisis. Illegal
423 border crossings remain at a 20-year high. More than 22,000
424 children are in facilities right now. This is a record. We
425 need to hear what we are going to do to slow this down. And
426 in many cases, the Administration, unfortunately, has been
427 silent. We need accountability. We need to have answers.

428 I appreciate you being here today. From the immediate
429 crisis at the border to the long-term crisis that will result
430 if we don't modernize our health care system, bring price
431 transparency, empower individuals, empower patients, that
432 needs to be our goal. So thank you again for joining us. I
433 hope this is an opportunity to work together, to build trust,
434 and to really focus on the American people and the best
435 health care system in the world.

436 And with that, I yield back.

437 *Ms. Eshoo. The gentlewoman yields back. I now would
438 like to introduce our witness. In so many ways he doesn't
439 need an introduction, because so many of us know him well.

440 But let me just say that Secretary Becerra is the 25th
441 Secretary of the Department of Health and Human Services. He
442 previously served, just before he came back to D.C., as the
443 Secretary -- served as the attorney general of the State of
444 California, the second-largest department of justice in the
445 country, outside of the DoJ in the -- in Washington, D.C.

446 And he served, very importantly, for 12 terms in the United
447 States House of Representatives. And we are all very proud
448 of him.

449 We are very proud of you, Mr. Secretary. So welcome to
450 the subcommittee. You are no stranger, obviously, to the
451 House. While you were not a member of the Energy and
452 Commerce Committee, you were a part of the tax writing. So
453 you did the tax work, we did the big policies. And it is
454 really great to see you. As I said, to the extent that you
455 succeed in leading this agency, the nation will succeed, so
456 we want to work with you to ensure that.

457 So you are now recognized for your five minutes of
458 opening statement. You look great, and take it away.
459

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

462

463 *Secretary Becerra. Chairwoman Eshoo, Ranking Member
464 Guthrie, and members of the committee, first, great to see so
465 many familiar faces, and thank you for the opportunity to
466 appear before you to discuss the President's 2022
467 discretionary HHS budget.

468 The COVID-19 pandemic has shed light on how health
469 disparities and the lack of national coordination and funding
470 can leave us vulnerable to crises. Now, more than ever, we
471 must assure that HHS has the resources to achieve its mission
472 and protect the health of our communities. The budget
473 President Biden has put forward is targeted and forward-
474 thinking to meet Department goals.

475 For HHS the budget proposes \$131 billion in
476 discretionary budget authority. This \$25 billion increase
477 from fiscal year 2021 underscores the Administration's
478 commitment to prepare the nation for the next public health
479 crisis, to address disparities in health care, and to support
480 our state and local partners, and as well to invest
481 meaningfully in behavioral health, among other very important
482 priorities.

483 To start, the budget provides \$905 million for the
484 Strategic National Stockpile, which has served a critical

485 role in the COVID-19 response, but is in need of upgrade.

486 The budget also makes the largest investment in CDC in
487 almost two decades. With these 2022 investments, CDC will
488 address preparedness within the United States, and strengthen
489 global health security. As we continue to confront new and
490 emerging COVID-19 variants, as well as an accelerating surge
491 of cases in places like India, support for CDC's work is ever
492 more important.

493 Madam Chair, the budget provides funding increases to
494 address violence in our communities: \$489 million to support
495 and protect domestic violence survivors, and \$66 million to
496 support victims of human trafficking and torture.

497 Gun violence, very much a public health issue, is
498 addressed by doubling both CDC and NIH funding for firearm
499 violence prevention research.

500 And to ensure that HHS is equitably serving all
501 Americans, the discretionary request to invest over \$200
502 million to reduce maternal mortality and morbidity, which
503 disproportionately affects women of color, it funds a range
504 of rural health care programs, and expands the pipeline of
505 rural health care providers. It includes a \$2.2 billion
506 increase, and advance appropriations for the Indian Health
507 Services.

508 The budget increases funding for title 10 family
509 planning programs to improve access to vital reproductive and

510 preventative health services, and to advance gender equity.

511 To help build the best possible future for our children,
512 the budget provides \$19.8 billion for the Department's early
513 care and education programs, including 11.9 billion for Head
514 Start, and 7.4 billion for the Child Care and Development
515 Block Grant.

516 The budget also invests in improving the child welfare
517 system, particularly to address racial inequity.

518 The President's budget also takes action to address the
519 epidemic of opioids and other substance use, investing \$10.7
520 billion across HHS, and increasing access to medications for
521 opioid use disorder, and expanding the behavioral health
522 provider workforce, particularly in underserved areas.

523 And in a notable investment, the budget provides \$1.6
524 billion to the Community Mental Health Services Block Grant
525 to respond to the systemic strain on our country's mental
526 health care system.

527 To support innovation and research, the budget increases
528 funding for NIH by \$9 billion, 6.5 billion of which will go
529 to establish the Advanced Research Projects Agency for
530 Health, ARPA-H, with an initial focus on cancer and other
531 deadly diseases. This major investment in Federal research
532 and development will speed transformational innovation in
533 health research, and speed application and implementation of
534 health breakthroughs.

535 HHS plays a critical role in promoting the well-being of
536 those who come across our border seeking refuge. The budget
537 reflects that commitment by increasing funding for the Office
538 of Refugee Resettlement to rebuild the resettlement
539 infrastructure and ensure unaccompanied children are safely
540 cared for.

541 Finally, given the magnitude of HHS's work, and the
542 taxpayer dollars that are used to fund it, it is critical
543 that we ensure our funds are used appropriately. The
544 discretionary request invests in meaningful oversight and
545 accountability, including efforts to combat fraud, waste, and
546 abuse in Medicare, Medicaid, and private insurance.

547 I want to thank the committee for inviting me to discuss
548 the President's fiscal year 2022 HHS budget, and I want to
549 thank the staff at HHS for their Herculean effort in fighting
550 COVID-19 and protecting the health of their fellow Americans.

551 To build back a prosperous America we need a healthy
552 America. President Biden's discretionary request builds on
553 that vision.

554 Madam Chair, thank you.

555 [The prepared statement of Secretary Becerra follows:]

556

557 *****COMMITTEE INSERT*****

558

559 *Ms. Eshoo. Thank you, Mr. Secretary. We will now move
560 to member questions, and the chair recognizes herself for
561 five minutes.

562 You mentioned ARPA-H, and I am glad that you did. The
563 President's budget contains \$6.5 billion in it to create this
564 new independent agency. Tell me what you -- what the
565 rationale is to have this in NIH. This is modeled on DARPA
566 and ARPA-E, and it doesn't seem to me that, as extraordinary
567 as NIH is, and the work that they do, that, you know, that
568 successful independence that is the imprimatur of DARPA and
569 ARPA-E is really there. So that is my -- I know that you
570 support the subagency, but if you could, comment on where you
571 think it needs to be.

572 Two other things. Our subcommittee was the first in the
573 Congress to have a hearing on long COVID. We have powerful
574 testimony, Mr. Secretary, from patients. When I asked both
575 the CDC and NIH -- because they both testified -- when I
576 asked them who is leading the coordinated whole-of-government
577 response to what is taking place with long COVID, we were
578 told there was no such leader or coordinator at HHS. So we
579 need you to tell us, you know, what you are going to do about
580 that. We need a coordinated response from the government,
581 and we need someone to lead that.

582 On the \$6 billion provided for HHS for therapeutics in
583 the American Rescue Plan, I think that we need a strategy for

584 supporting the development of an effective therapeutic. It
585 has been over a year since we have been -- the pandemic has
586 visited us, and the current monoclonal antibody therapies on
587 the market really have not been as successful as we would
588 have hoped. But newer monoclonal antibodies are being
589 developed that could be delivered outside of a hospital
590 setting, which is really important, and I think could be
591 effective against variants. So I would like you to tell us
592 how you are going to spend that \$6 billion.

593 And on the Provider Relief Fund, I think maybe someone
594 mentioned that in their opening statement. I think that the
595 Trump Administration failed at managing this. The money went
596 out too slowly, and it wasn't a transparent process. So can
597 you clarify for the subcommittee how much money remains in
598 the Provider Relief Fund, and when you plan to disperse it,
599 and is there a priority order for who receives it next?

600 And my last question is I think that we need more
601 resources in the FDA for inspections, both domestic and
602 foreign. The foreign inspectors, actually, their work is
603 voluntary. And I think that we have a long, long way to go
604 on this. The American people depend on these inspections.
605 Look what happened at Emergent. I mean, it is a national
606 disgrace.

607 So those are all my questions, Mr. Secretary, and you
608 have two minutes to answer. And if you can't answer all of

609 them, of course, you will respond in writing. So welcome,
610 and thank you.

611 *Secretary Becerra. Thank you. I was actually going to
612 take two minutes to just say thanks for having me and great
613 to be with you. So I will try to cut that out, and go right
614 to the questions.

615 First, on ARPA-H, Madam Chair and members, I think what
616 President Biden is saying is we know what basic research can
617 do for us. It leads to some of the greatest scientific
618 discoveries. But sometimes we have got to move it faster
619 because, for some people, contracting a disease is a death
620 sentence, and it is a quick death sentence. So what
621 President Biden has simply said is, let's accelerate this.
622 If we have something innovative, something promising in the
623 works, let's jump on it.

624 And I applaud President Biden for wanting to devote
625 energy -- we can't do it with every particular condition or
626 disease, but we can focus. You mentioned cancer. We talked
627 about some of the deadly diseases. We can name any number of
628 them. But what he is saying is we are going to partner with
629 the private sector --

630 *Ms. Eshoo. But where do you want to put it? What is
631 your view as to where this should be?

632 *Secretary Becerra. Well, I certainly know that NIH
633 continues to do the basic research. I think we have any

634 number of places that we could feel comfortable with it. But
635 NIH continues to do the basic research. If we want to just
636 lift that up and launch faster, we can discuss that.

637 But the important thing is that we launch, and not let
638 issues about -- bureaucratically, where we are going to
639 locate ARPA-H, get in the way of a great idea, because there
640 are communities out there, clamoring for us to help them find
641 that next discovery that keeps their loved one alive.

642 Let me -- should I move on to some of the other
643 questions --

644 *Ms. Eshoo. Please, as quickly as possible.

645 *Secretary Becerra. Sure. COVID response by HHS. Here
646 I will tell you, Madam Chair, that we are fortunate to have
647 the experts. We know this, whether it is CDC, at FDA, NIH.
648 And with the President's team working on this, as well, at --
649 we are coordinating. But there is -- everyone is at the
650 helm, all hands on deck. I can tell you that you don't put
651 more than 200 million shots in arms in a little over 100 days
652 if you are not coordinating and working together.

653 And so, at HHS, we have a team that will continue
654 forward, working closely with the President. This is the
655 priority, is making sure we beat out the COVID launching --

656 *Ms. Eshoo. My time has expired, Mr. Secretary. Thank
657 you again. It is great to see you. And the chair now
658 recognizes Mr. Guthrie, again, the ranking member of our

659 subcommittee, for his five minutes of questions.

660 *Mr. Guthrie. Thank you, Madam Chair, and thanks, Mr.
661 Secretary, for being here. And we did have hearings on the
662 border before, and ORR before us. As a matter of fact, when
663 we had the professionals before us, they said that the
664 position really changed at the border.

665 The situation got so much better after Congress finally
666 passed the supplemental bill. And the supplemental was asked
667 for some -- I don't have the numbers in front of me, because
668 I didn't prepare for this line of discussion, but the
669 supplemental some time in mid-spring was asked for by the
670 Administration. We didn't pass it until some time in mid-
671 summer -- I do not know that for a fact -- with a majority of
672 Republican votes. And the people who had the biggest
673 concerns in the hearing voted against the supplemental. So I
674 just want to set that record straight.

675 But we did have your predecessor before us, Mr.
676 Secretary. And as a matter of fact, there were some very
677 passionate discussions from colleagues on the other side of
678 the aisle to the point, when he got up and left, I said, "Who
679 in the world would want to take one of these jobs?" And so
680 I just want to say I am going to treat you with respect, and
681 with -- because your office deserves it, and you deserve it,
682 as a person. So I appreciate that. But just because I am
683 doing that doesn't mean I am less passionate about what is

684 going on at the border today.

685 And I just want to talk about -- there was a -- there
686 was an article, I guess it was in Texas, investigating abuse
687 allegations at a migrant facility. Just -- it is the migrant
688 facility in San Antonio that is holding over 1,600
689 unaccompanied children, and the allegations of sexual abuse,
690 insufficient staffing, children not eating, and tested
691 positive for COVID not being separated. And I know you are
692 aware of that.

693 I just wanted to say has ORR investigated these
694 allegations? And if so, what can ORR share about these
695 allegations?

696 And have you had the opportunity to visit an ORR
697 facility? I know I have had the opportunity to do so. And
698 if not, when do you plan to do so?

699 So if -- the allegations, and if they have been
700 investigated, would be the first question.

701 *Secretary Becerra. Congressman Guthrie, thank you very
702 much for the question, and thank you also for the manner in
703 which you have asked the question. I appreciate that.

704 We are absolutely on top of any reports, any allegations
705 of abuse. We take our role very seriously, in making sure
706 that, not only do we follow the law when it comes to the care
707 of these migrant children, but that we provide them with the
708 well-being that they deserve while they are in our custody.

709 Temporary as it might be, and we don't get into the
710 discussion about their immigration status, whether they are
711 going to be sent back home or not, but we make sure we take
712 care of them. So any report we will investigate, and we
713 continue to do that.

714 But what I can tell you is the several thousand children
715 that have come through our custody are all being cared for
716 and cared for well.

717 *Mr. Guthrie. Thank you. I think they were before,
718 once they got into the ORR facility. You have some
719 professionals there that are outstanding, and they really
720 worked hard, and did a really, really good job.

721 So switching to drug pricing, we are -- all want lower
722 drug pricing, all Americans want lower drug pricing. Though
723 the President said in the State of the Union, as we talked
724 about, that, if we can't agree on everything, let's at least
725 pass the things that we agree on. We have a bill, H.R. 19,
726 that has 36, I think, unanimous, bipartisan bills that will
727 make an effect on drug prices.

728 Some people say it is small ball; it is not. If you
729 reform Medicare Part D, it is every American over 65.

730 And so what we want to talk -- ask -- the question is,
731 one, can we not proceed on areas in which we agree, which
732 would be H.R. 19, that does make a difference?

733 And if we go with H.R. 3, we had a hearing the other

734 day, and the witness on the Democrat side kept talking about
735 it would just be a -- 10 to a dozen bills, and bills that
736 have been around -- I mean, pills, or drugs that have been
737 around for a long time and, therefore, really wouldn't affect
738 innovation, because they have been around for a long time.

739 But we all know that, in any business, you take your
740 previous revenues and put them into your research to move
741 forward. So I do think that was very dismissive of the
742 problem of -- H.R. 3 could case in moving forward. So can we
743 not work together on what we agreed on?

744 And two, if H.R. 3 is part of a package, it -- let's
745 hope it is not going to be a pay-for for other priorities.
746 For instance, these are people's premiums, people's payroll
747 taxes that they put in. We want to make sure that money --
748 can you commit that money will stay in Medicare?

749 *Secretary Becerra. Well, Congressman, let me first
750 agree with you, we need to work together. And I hope that
751 you will test us at HHS if you need technical assistance, if
752 our team can be of any service in helping you noodle through
753 the particular issue, as we try to tackle what I think every
754 American agrees with, and that is that we have to lower drug
755 prices. Then, hopefully, we will -- not only will the
756 working together produce results, but we will do it quickly.

757 And so I can guarantee you that, if you give us an
758 assignment, we will take it on. And if you give us dollars

759 to make it happen, we will keep that money where it is
760 supposed to stay. We will follow the law. Whatever you all
761 decide to pass, we will implement it, and make sure we comply
762 with whatever the prescriptions are within that legislation
763 that you pass and have become law

764 *Mr. Guthrie. I only have 10 seconds. So would the
765 Administration, though, want the Medicare money to stay in
766 Medicare if --

767 *Secretary Becerra. We want to make sure --

768 *Mr. Guthrie. Yes.

769 *Secretary Becerra. We certainly want to make sure that
770 we are improving Medicare. And so we will look at what you
771 all send us to make sure that we can, not only improve
772 Medicare, but make health care better for all Americans.

773 *Mr. Guthrie. Thank you. Thank you for being here, and
774 thank you for your testimony. And I yield back.

775 *Ms. Eshoo. The gentleman yields back. The chair is
776 now pleased to recognize the chairman of the full committee,
777 Mr. Pallone, for his five minutes of questions.

778 *The Chairman. Thank you, Madam Chair. And again, I
779 don't want to pick on Mr. Guthrie, but I don't think he
780 accurately portrayed what happened at the H.R. 3 hearing, or
781 what happened at the border.

782 I mean, it is clear that President Trump's
783 Administration forcibly separated kids from their families at

784 the border, and caused terrible damage to the kids into the
785 ORR program. You know, I don't want to debate that here, but
786 I mean, to suggest otherwise, I just don't think is accurate.

787 Also, it -- the President said in his joint address that
788 he wanted to have legislation passed this year to lower the
789 price of prescription drugs by giving his Administration the
790 power to negotiate prices, and specifically said that that
791 money should be a pay-for for health care programs. I mean,
792 I don't think there is any question that that should be used
793 for, you know, things like ACA, Medicare, Medicaid. That is
794 the President's position, and that is certainly my position.

795 But I wanted to get into -- quickly, if I could, Mr.
796 Secretary, ask about negotiated prices, about public health
797 infrastructure, and then, finally, mention the Provider
798 Relief Fund. So let me quickly get into this.

799 On the prescription drug issue in H.R. 3, I just want
800 your opinion. The testimony at the hearing last week is
801 that, in order to effectively reduce prescription drug costs,
802 we have to have a comprehensive solution like H.R. 3 that
803 includes negotiated prices. And so, from your perspective,
804 is empowering the Secretary to negotiate drug prices an
805 essential tool to lowering drug prices?

806 *Secretary Becerra. Chairman, absolutely. I think the
807 President has made that very clear, and I will restate that.
808 Absolutely, if we want to lower those drug prices, we have to

809 have the ability to negotiate.

810 *The Chairman. Well, thank you. Now, let me get to
811 this second thing.

812 In both the LIFT Act, which is our committee's
813 infrastructure piece, and the Moving Forward Act, which
814 passed in the House in the -- we specifically included
815 protecting and investing in the public health infrastructure.
816 And I am not asking you to specifically comment on that
817 legislation, but I just wanted to know whether you would
818 support investments for our public health infrastructure --
819 for example, improving our public health labs,
820 infrastructure, or modernizing our hospital infrastructure.
821 We would like to have that as a component of any
822 infrastructure package considered in Congress.

823 And I know you said that you would support whatever we
824 put forward, and that is fine. But I want you to -- I wanted
825 you, if you would, to comment on the need to have a public
826 health infrastructure component in this, if you would.

827 *Secretary Becerra. Mr. Chairman, there is no doubt
828 that the President and we at HHS have a wish list of what we
829 would love to see you do, but we ultimately will work with
830 whatever you are able to pass.

831 But without a doubt, we must end the cycle of boom and
832 bust funding for our public health infrastructure. We have
833 to make the kinds of investments that we saw in the American

834 Rescue Plan. That helped to secure long-term funding at the
835 Federal, state, and at the local level. And so, for sure, we
836 have to do this the right way, that gives real certainty
837 moving forward of how we are going to be able to expand
838 health care and make it more affordable.

839 *The Chairman. All right. And the last thing, I guess,
840 is not really a question, Xavier, but I did want to mention
841 it. I wanted to mention that I am very interested in how the
842 Department is distributing the critical funds provided by
843 Congress over the last year through the Provider Relief Fund.

844 You know, I was constantly trying to push your
845 predecessor to get this money out in an effective way during
846 the COVID crisis. And I understand our staffs have been in
847 touch to schedule a briefing on the funds that remain. And I
848 just want the Administration to permit providers who have
849 received these critical funds to extend their availability
850 through the end of 2021, as we continue to respond to COVID.

851 You know, this Provider Relief Fund ensures that
852 frontline workers can keep their doors open during this time,
853 and it is just imperative that the funds go to those who need
854 it the most.

855 Again, I am not asking you a question, but you know, and
856 everybody on this committee on both sides of the aisle knows,
857 that we were very concerned during the pandemic under the
858 Trump Administration with the various tranches that some of

859 that -- much of it was not using formulas that actually got
860 it out to the areas that had the greatest need. And so I
861 just want to express our concern. If you want to comment on
862 it, you can. I am not asking you a question, but if you want
863 to comment on it, you certainly can.

864 *Secretary Becerra. Mr. Chairman, we hear you loud and
865 clear. We couldn't agree more with what you have just said.

866 And I will only add that, for me, what will be important
867 with regard to the Provider Relief Fund, having been at the
868 state level at the time that it was first being implemented,
869 we are going to demand accountability and transparency as we
870 disburse the remaining 25 billion or so that was originally
871 in the pot, and also the 8 billion or so that was made
872 available for our rural communities.

873 *The Chairman. Thank you so much.

874 Thank you, Madam Chair.

875 *Ms. Eshoo. The gentleman yields back.

876 The chair now recognizes the ranking member of the full
877 committee, Mrs. McMorris Rodgers, for your five minutes of
878 questions.

879 *Mrs. Rodgers. Thank you, Madam Chair. I am concerned.
880 I am concerned, because it sounds like the Democrats want to
881 take the Medicare dollars and pay for ACA policy again. But
882 I am going to move on.

883 Mr. Secretary, I thank you for your commitment to price

884 transparency. You recently responded to a letter, and I do
885 hope that that is an area where we can work together to
886 enforce the rule, and continue to get that price
887 transparency, which is so important to patients across the
888 board.

889 I have some questions here. Mr. Secretary, I know
890 President Biden is noted for saying, "Don't tell me what you
891 value. Show me your budget, and I will tell you what you
892 value.'" The one thing that I hope that we can all agree on
893 is the dignity and the value of every life, including those
894 Americans with disabilities and debilitating diseases.

895 For years now, the National Council on Disability, an
896 independent Federal agency, has warned policymakers about
897 relying on quality-adjusted life years. That is QALYs. So,
898 Mr. Secretary, first I wanted to ask, do you agree with the
899 National Council on Disability, and the Consortium of
900 Citizens with Disabilities, that relying on QALYs is an
901 unacceptable and discriminatory policy?

902 *Secretary Becerra. Congresswoman, thank you for the
903 question, and I couldn't agree more with you, that we have
904 not done enough to focus on issues of health for folks with a
905 disability. More and more, we are beginning to realize that
906 so many of our loved ones actually have a disability, whether
907 physical or mental. And more and more, we are learning,
908 unfortunately, to our detriment, that we haven't provided the

909 same level of resources and commitment to tackle those types
910 of conditions as we have for the more common types of
911 physical ailments.

912 And so I will tell you that I absolutely agree with the
913 general concept that we have to do a better job of making
914 sure we are targeting money, and getting things done for
915 Americans with a disability. What I will tell you is that
916 a --

917 *Mrs. Rodgers. So -- yes.

918 *Secretary Becerra. I am sorry.

919 *Mrs. Rodgers. Okay.

920 *Secretary Becerra. Go ahead.

921 *Mrs. Rodgers. Well, I wanted to ask specifically
922 regarding QALYs, the -- this policy of a quality-adjusted
923 life year. And I wanted to ask if there would be any
924 provisions in your budget that would give you, as Secretary,
925 the authority to set prices based upon foreign drug prices
926 that are established using quality-adjusted life years.

927 *Secretary Becerra. Congresswoman, let me say this. I
928 know that the team at HHS can probably give you some
929 particulars on this. I won't profess to be the expert. And
930 so what I will do is just -- I will take this matter back to
931 the folks at HHS, and I look forward to being able to respond
932 to you --

933 *Mrs. Rodgers. Okay.

934 *Secretary Becerra. -- as quickly as possible. Again,
935 if it involves drug prices, we are going to do something.

936 *Mrs. Rodgers. Okay. Well, we all are committed to
937 bringing down drug prices, prescription drug prices for
938 patients.

939 One of my biggest concerns with the proposal right now
940 that is before this committee is that, in an effort to bring
941 down prescription drug prices, it includes a reliance on
942 foreign drug prices developed using QALYs. So foreign drug
943 prices that measure quality-adjusted life years, so they are
944 determining the value of an individual, especially an
945 individual with disabilities. And so that is one issue that
946 we really need to address.

947 I wanted to ask also about Medicare for all, because we
948 continue to hear the drumbeat about Medicare for all. And we
949 know that households with employer-sponsored health coverage
950 would, on average, have more than \$10,000 less in disposable
951 income every year with this policy. Medicare for all, or
952 single-payer system, would cost more than 32 trillion over 10
953 years, a doubling of our projected taxes over that period.
954 And I just wanted to ask if you would commit in your budget
955 to not include a Medicare-for-all proposal that would take
956 away employer-sponsored health insurance from 180 million
957 Americans.

958 *Secretary Becerra. Congresswoman, I can assure you

959 that the President has spoken with a clarion voice on this
960 issue. He campaigned on this, and everything he has done so
961 far makes it very clear: we are going to work to make sure
962 that we can expand the Affordable Care Act, make it better.
963 And, as a result of the American Rescue Plan, I think every -
964 - virtually every American can say it is actually much
965 better, and certainly the million people who have in the last
966 few weeks signed up to get a plan under the Affordable Care
967 Act are showing full proof that the --

968 *Mrs. Rodgers. Okay, thank you.

969 *Secretary Becerra. -- ACA is --

970 *Mrs. Rodgers. I have one more question, one more
971 question.

972 During your confirmation hearing, Senator Daines said --
973 or you responded to Senator Daines and said, "My job will be
974 to make sure that I am following the law. The Hyde
975 Amendment, which is current law, makes it illegal to use
976 taxpayer dollars to fund elective abortions.'" Do you
977 continue --

978 *Ms. Eshoo. The gentlewoman's --

979 *Mrs. Rodgers. Okay.

980 *Ms. Eshoo. The gentlewoman's time has expired.

981 *Mrs. Rodgers. Okay, I will ask that question in
982 writing. Thank you, Madam Chair.

983 *Ms. Eshoo. Thank you. I think we are all going to be

984 submitting questions in writing to the Secretary.

985 The chair is pleased to recognize the gentleman from
986 North Carolina, Mr. Butterfield, for your five minutes of
987 questions.

988 *Mr. Butterfield. Thank you, Madam Chair, for convening
989 today's hearing. And thank you to our good friend, Secretary
990 Becerra, this morning.

991 Good morning, Mr. Secretary. It is good to see you. I
992 wish we had time to chat this morning, but I am going to get
993 right to it. I would like to focus just a few minutes of my
994 time on the investments in biomedical research put forward in
995 this proposal.

996 For decades, publicly-funded research has laid the
997 foundation for the treatments and cures patients use today.
998 NIH, which has long enjoyed bipartisan, bicameral support, is
999 the largest public funder of biomedical research in the
1000 world. And the positive impact of this agency is clear:
1001 heart disease and stroke and diabetes are less deadly; cancer
1002 mortality rates are also, overall, on the decline; Americans
1003 are living longer, healthier. Yet there is always more we
1004 can do to support the health of our constituents.

1005 And so I applaud the Administration for investing more
1006 resources into biomedical research, and I am really
1007 interested in learning more about the proposed Advanced
1008 Research Projects Agency. We call it ARPA. I am interested

1009 in learning more about this.

1010 Mr. Secretary, the funding request put forward \$6.5
1011 billion for the creation of ARPA-H, which I understand is
1012 part of a larger \$51 billion request for NIH. Can you talk
1013 with us about the responsibilities for this new agency?

1014 *Secretary Becerra. Congressman, absolutely. And it is
1015 great to see you. We will consider this a five-minute chat.

1016 What I will tell you is that ARPA-H is meant to
1017 complement, not compete with NIH's basic research. And what
1018 we will do is, hopefully, be the springboard to take some of
1019 those budding ideas, and actually start them off fast track.
1020 And we are going to partner far more with the private sector,
1021 because we know that they are incubating some of these
1022 things, as well. But if you don't have a dedicated source of
1023 funding for that, with an agency that has a proven track
1024 record, as you have said, of success, it is hard to get the
1025 private sector to believe that they should make the same
1026 investment to try to do this.

1027 COVID-19 is now being attacked by successful vaccines.
1028 Why? Because it was a partnership, and we did everything to
1029 accelerate those vaccines as much as we could, while still
1030 maintaining safety. And so ARPA-H gives us a chance to say,
1031 on something in the future, we are going to do the same
1032 thing.

1033 *Mr. Butterfield. How do you envision the work of ARPA-

1034 H coinciding with other NIH institutes, such as the National
1035 Center for Advancing Translational Sciences, or the work of
1036 NIH in general?

1037 How are we going to coordinate these efforts?

1038 *Secretary Becerra. As I said, Congressman, they are
1039 going to complement each other because, remember, NIH does
1040 the foundational research. Before you can ever run, you have
1041 to learn how to walk. And before you can walk, you have to
1042 learn how to crawl. NIH is the body that has shown us,
1043 scientifically, with facts, how you learn how to crawl, walk,
1044 and then run.

1045 What we are simply saying with ARPA-H is, look, this kid
1046 is learning how to walk a lot faster than we thought.
1047 Shouldn't we invest a little bit more money to find out why
1048 it is that that is the case?

1049 And it then complements the work that NIH has already
1050 done to let us launch on some of these innovations. Because
1051 I guarantee you, Congressman, if you or I had a loved one who
1052 was dying of Alzheimer's, we would want to know if there is
1053 some innovative, promising research out there, that we could
1054 launch it faster.

1055 *Mr. Butterfield. I am glad you mentioned Alzheimer's,
1056 Mr. Secretary. The request identifies a few specific
1057 diseases like Alzheimer's, and cancer, and diabetes. And,
1058 although I think we can all agree that scientific progress in

1059 these areas would be welcome, how might this agency target
1060 other important areas, like heart or respiratory diseases,
1061 which are also leading causes of death?

1062 *Secretary Becerra. Congressman, that is the big
1063 question, right?

1064 And I will tell you, the best response that I can give
1065 you is we will follow the science. We won't let politics
1066 drive us. It will be the science, because what we want is
1067 for Americans to have confidence that, when we launch, it is
1068 because we are driven by the data and the science, not
1069 because we decided to drive it in the direction of one
1070 politician or the other. It has got to be science-driven.

1071 *Mr. Butterfield. This is innovative and exciting.
1072 Thank you very much, Mr. Secretary.

1073 I yield back, Madam Chair.

1074 *Ms. Eshoo. The gentleman yields back.

1075 It is a pleasure to recognize the gentleman from
1076 Michigan, the former chairman of the full committee, a
1077 highly-valued member, Mr. Upton, for your five minutes of
1078 questions.

1079 *Mr. Upton. Well, thanks very much, Madam Chair. And
1080 Mr. Secretary, and friend, welcome back before our committee.
1081 We have got a couple of questions.

1082 You know, as we know, the drug industry helped our
1083 country get into this very enviable spot, having access to

1084 lifesaving vaccines for COVID-19, in large part because of
1085 what we were able to accomplish in this committee,
1086 unanimously, when we passed 21st Century Cures, which
1087 President Obama signed in December of 2016. And while
1088 certainly the industry deserves credit for the speed and
1089 efficacy of these medications, and we made sure that there
1090 were no safety standards that were removed, while I
1091 understand the desire to help other countries suffering from
1092 COVID -- and look what is happening in India, for sure -- I
1093 want to make sure that it is a responsible way for all
1094 parties, which is why a number of us are very concerned about
1095 the Administration's recent support of the waiver to release
1096 and transfer the IP for the vaccine, which may have a real
1097 chilling effect on innovation in the future.

1098 So Dr. Gottlieb argued that a much more effective means
1099 of helping other countries would be to, in fact, ramp up
1100 production here, here in the U.S. And I would like to ask,
1101 did the Administration consider other options besides IP
1102 transfers, like what Dr. Gottlieb suggested?

1103 And if so, what were they, and why were they rejected in
1104 favor of the IP transfer issue?

1105 *Secretary Becerra. Congressman, first, great to see
1106 you again. Thank you for the question, critical question.

1107 I have to first say there is no country that has done
1108 more to help the world when it comes to tackling COVID than

1109 the United States of America. And that is because of the
1110 generosity of Congress, our Federal Government, but most
1111 importantly, the American people.

1112 And what we are going to continue to do is help, as we
1113 are in India, for example, with the pipeline of PPE. We are
1114 doing everything we can to help them accelerate the
1115 production of more vaccine. We are going to do our part, as
1116 a global citizen, and as the most important country and
1117 powerful country in the world.

1118 What I will tell you is that, when you have
1119 extraordinary circumstances, as we have with this pandemic,
1120 you have to apply extraordinary measures. And so we are
1121 going to do everything under the sun, the all-of-the-above
1122 list, to try to see what we can do to try to help the global
1123 community recover. And what we are doing is exactly that.
1124 We are going to do it at the same time we want to respect
1125 those that make those innovations possible.

1126 And so we are going to try to promote the access to
1127 vaccines, and promote access to the materials, the PPE, and
1128 so forth, that the world needs, but do it the right way,
1129 because we understand that this is a partnership, not just
1130 among countries, but with the private sector, as well.

1131 *Mr. Upton. But did you actually look at going back to
1132 the industries, the Pfizer, which happens to be in district,
1133 go back to those and ask if they could further ramp up their

1134 production that, in fact, we might be able to send those
1135 doses, rather than share that IP technology?

1136 *Secretary Becerra. Absolutely. The Biden
1137 Administration has been having conversations with the
1138 industry from the very beginning. And it continues to this
1139 day. No action has been taken without having consultation
1140 with all those who are stakeholders. And certainly, the
1141 industry that has helped create these vaccines is part of the
1142 stakeholder group.

1143 *Mr. Upton. I know we have talked a little bit about
1144 ARPA-H in this hearing, and Chair Eshoo and others were
1145 involved in a meeting with the President at the Oval Office
1146 back in March. We are all, all very excited about ARPA-H,
1147 and, obviously, we want to make sure that it doesn't
1148 interfere with the other functions at the NIH and -- others
1149 that have.

1150 We have made the pledge, as we look to the future, as we
1151 look for an update on 21st Century Cures, to, in fact,
1152 include ARPA-H as part of that, to help us get that
1153 legislation through. I really appreciate your input to try
1154 and make sure that everybody is on the same page. And so we
1155 look forward to working on that. We are very pleased to see
1156 that in the President's budget. It was released early on,
1157 shortly after, in fact, the meeting that we had in the Oval
1158 Office. So we are looking forward to get that done.

1159 I might just compliment Janet Woodcock, the acting
1160 director of the FDA. She was a mighty big player, as we
1161 worked to listen to all the different parties, asking what we
1162 could do to expedite the approval of -- the 21st Century
1163 Cures. I know you know her well, but I just -- we appreciate
1164 her continuing to work with us, and look forward to that
1165 relationship, particularly as we look to do an update, 2.0 on
1166 Cures.

1167 And with that, Madam Chair, I yield back.

1168 *Ms. Eshoo. The gentleman yields back. I join him in
1169 his well-earned praise of Dr. Woodcock. She should be the
1170 next permanent commissioner, I think, of the FDA.

1171 The chair now recognizes Dr. Burgess of Texas for his
1172 five minutes of questions.

1173 Oh, I am sorry, I am sorry, I am sorry, mea culpa. The
1174 chair now recognizes the gentlewoman from California, Ms.
1175 Matsui, for her five minutes of questions, followed by Dr.
1176 Burgess.

1177 *Ms. Matsui. Thank you very much, Madam Chair, for
1178 having this hearing.

1179 And, Mr. Secretary, it is really wonderful to see you in
1180 this new role. And I look forward to many other
1181 conversations, as we move forward.

1182 Over the past year our nation has simultaneously
1183 confronted the COVID-19 crisis, multiple incidents of

1184 systemic racism, and an economic recession. Understandably,
1185 these crises have impacted the mental health and well-being
1186 of millions of people. In response, the Biden-Harris
1187 Administration stepped in and requested \$4 billion of
1188 emergency support through the American Rescue Plan for mental
1189 and behavioral health services, including certified community
1190 behavioral health centers.

1191 While these actions are important, we must continue to
1192 look ahead. This HHS funding request proposes \$1.6 billion
1193 for the Community Mental Health Services Block Grant at
1194 SAMHSA. I do applaud the Administration for this historic
1195 investment, as we know the block grant acts as an important
1196 safety net for some of our nation's most vulnerable.

1197 Mr. Secretary, the pandemic has been especially
1198 disruptive for America's children. How will your Department
1199 prioritize the mental and behavioral health needs of children
1200 and young people?

1201 *Secretary Becerra. Congresswoman Matsui, I feel like I
1202 am at a family reunion, and so forgive me for saying that,
1203 but it is so nice to see so many -- by the way, there is a
1204 lot of disagreements, even among families, when they get into
1205 these reunions, so I understand that. But at the end of the
1206 day, we are still a family.

1207 Children -- you hit it on the mark -- I think we want to
1208 make sure we do everything we can to address the stresses

1209 that our kids have been facing. Sometimes they don't have
1210 the same markers, and they don't express it the same way, but
1211 we know it is there. And so we have made an historic
1212 investment in behavioral health and mental health services.
1213 SAMHSA will have an increased budget. We are going to do
1214 everything we can to deal with the trauma and the stress that
1215 kids are facing, and we look forward to working with you to
1216 make sure we do it right.

1217 *Ms. Matsui. Well, thank you very much for that, Mr.
1218 Secretary.

1219 And also, I want to just take a minute to raise an issue
1220 that I know you are familiar with: the ongoing actions of
1221 drug companies who have chosen to rewrite the 340B program to
1222 deny discounts on drugs dispensed through -- covered under
1223 contract pharmacy. As you know, HHS has issued an advisory
1224 -- concluding that these actions are illegal, yet drug
1225 companies have made it clear they do not intend to comply
1226 with the law.

1227 I, along with over 220 of my House colleagues wrote a
1228 letter to you earlier this year outlining our strong
1229 opposition to these actions. The 340B is essential to
1230 providing access to care to low-income and rural patients. I
1231 encourage you to take swift enforcement action to put a stop
1232 to these efforts to undermine the program. That is my
1233 comment to you.

1234 Okay, I am on to telehealth now. In the past year
1235 telehealth has truly taken root, and we have seen exponential
1236 growth in the adoption of virtual care across Americans of
1237 all ages, location, and conditions. As Congress considers
1238 permanent telehealth reform, we will need the support of HHS
1239 in sharing evidence to assess how telehealth flexibilities
1240 extended in response to the pandemic impacted both the
1241 Medicare program and beneficiaries.

1242 With that said, Mr. Secretary, do you believe that there
1243 are some telehealth regulatory restrictions that Congress and
1244 HHS can work together to address in the near term that do not
1245 require additional data? For example, the statutory
1246 limitations on using telehealth at certain zip codes, or
1247 requiring beneficiaries to travel to a clinical setting to
1248 receive virtual care.

1249 *Secretary Becerra. Congresswoman, we learned a lot
1250 through COVID about telehealth, and there are some things
1251 that we can do without Congress having to pass a law to make
1252 telehealth work better. We have some flexibility, and we are
1253 going to do everything we can, based on what we learned, the
1254 facts and the evidence that we learned from COVID.

1255 What I will tell you, though, is that we are going to
1256 still have to find that mountain when it comes to broadband
1257 access around the country. We have to make sure that we deal
1258 with the transportation issues that sometimes make it -- even

1259 with telehealth -- difficult for families. And we have to
1260 have the flexibility to put the money where it should go.
1261 And so we will work with you, because I think we have all now
1262 learned that telehealth can be a godsend for those who don't
1263 have easy access to health care.

1264 *Ms. Matsui. Right, absolutely. We found that out in
1265 this crisis, and certainly broadband access, that is also a
1266 purview of this committee, too, so we will be working with
1267 you. Thank you very much, it was great to see you. And I
1268 don't know whether you are my constituent, but it is great --
1269 California.

1270 Thank you, and I yield back.

1271 *Ms. Eshoo. The gentlewoman yields back, and the chair
1272 now recognizes Dr. Burgess for your five minutes of
1273 questions.

1274 *Mr. Burgess. I thank the chair and, Mr. Secretary,
1275 welcome to our humble subcommittee.

1276 Mr. Secretary, I have got a couple of questions on the
1277 Texas Medicaid 1115 waiver that was originally issued back in
1278 2011, extended in 2017, and then Texas had received in early
1279 January a 10-year extension on the 1115 waiver. It wasn't a
1280 new program, it was an extension on an existing waiver.

1281 Since then, about three months later, the waiver
1282 extension was totally rescinded. And this has created a
1283 great deal of uncertainty for the State of Texas, certainly

1284 for doctors, certainly for patients, certainly for hospitals.
1285 It is very difficult for hospitals who are having to plan
1286 ahead for their fiscal year, and plan for their financial
1287 stability, and dealing with financial hardships from the
1288 pandemic.

1289 So could you tell the committee a little bit about the
1290 process involved in rescinding this waiver four months after
1291 its approval?

1292 *Secretary Becerra. Congressman, first, great to see
1293 you, and thank you for the question. It is an important one,
1294 because it is not just Texas. There are a number of states
1295 who have requests for waivers.

1296 First it is important to make it clear that Texas
1297 continues with its existing waiver, which still has, oh,
1298 close to two years to run. What we have been discussing with
1299 Texas is the extension, which was an extraordinarily long
1300 extension of 10 years. Typically, they would run about five
1301 years. And it dealt with a lot of money.

1302 And so what, we wanted to make sure is that, if there is
1303 going to be an extension of an existing waiver, that it
1304 complies with all aspects of the law. And where we found it
1305 deficient was in the public comment that -- in the notice and
1306 public comment that was not provided for something with so
1307 big, in terms of money, and for such a long time. And so we
1308 are working with Texas to make sure we address their

1309 interests, and try to make sure that we can move forward with
1310 something to extend their waiver.

1311 *Mr. Burgess. Yes, I am eager to know -- my discussions
1312 with former CMS Administrator Seema Verma, here in the middle
1313 of a pandemic, and it was an existing program. And so it was
1314 not, in her opinion, it was not unusual to condense the
1315 comment period and allow for the extension.

1316 But can you just tell me at what point you became
1317 involved in the decision to rescind the waiver?

1318 *Secretary Becerra. Guys, remember, we didn't -- the
1319 previous Administration didn't condense the notice and
1320 comment; they didn't hold any notice and comment. There was
1321 no opportunity, at the Federal level, to -- for anyone to
1322 comment on this.

1323 *Mr. Burgess. So when did you become involved in the
1324 decision to rescind the waiver?

1325 *Secretary Becerra. Well, HHS has been working on this,
1326 CMS has been working on this since before I was confirmed.
1327 And we are working on it, simply because it did raise a
1328 number of serious concerns about how it was administered and
1329 promulgated.

1330 *Mr. Burgess. Okay, so here is the problem that I have,
1331 Mr. Secretary. There was an acting administrator prior to
1332 you, Acting Administrator Fletcher. But it seems unlikely
1333 that this decision would have -- she would have made that

1334 decision on her own. Wouldn't that be unusual for an acting
1335 administrator to make a decision of that significance, just
1336 on their own?

1337 *Secretary Becerra. Congressman, I am not -- I can't
1338 tell you how other administrations have worked, and how
1339 administrators at CMS have worked with the secretary. I am
1340 very involved. I try to be very involved with all the
1341 different shops within HHS. But I can tell you that, in this
1342 particular case, before I was confirmed and had a chance to
1343 sit in this seat, work was already being done on these
1344 particular types of waivers.

1345 So we continue to work with Texas. We have never not
1346 worked with Texas and your delegation, and we will continue
1347 to do so. At the end of the day, this is about making sure
1348 Texans and all Americans have good health care the right way.
1349 And we all comply with the law. So I think that, so long as
1350 we all can feel like there is public notice and comment
1351 provided, that we are providing the right resources to do the
1352 job for Americans, we will see an extension.

1353 But remember, this is an extension that would not take
1354 place until, what, 2023 or --

1355 *Mr. Burgess. Let me just go back to the question,
1356 though. Has an acting administrator ever rescinded the state
1357 flexibility waiver before?

1358 *Secretary Becerra. I can't answer that, because I

1359 don't know what previous administrators have done.

1360 *Mr. Burgess. And, well, and that would be the other
1361 part of the question: If an acting administrator has ever
1362 rescinded a state flexibility waiver previously, what about a
1363 state flexibility waiver granted by a previous
1364 administration?

1365 That is, a new administration coming in and going back
1366 and saying, "No, you don't have that flexibility waiver,
1367 after all.'" It does seem to me --

1368 [Audio malfunction.]

1369 *Mr. Burgess. -- and politically-motivated decision.

1370 And I do have a number of things, Madam Chair, that I
1371 have submitted for the record, and I would ask those be made
1372 -- ordered at the appropriate time at the end of the hearing.

1373 I recognize the constraints of time, Mr. Secretary, I
1374 will follow up with you about this. I appreciate your
1375 answers, and I will yield back.

1376 *Secretary Becerra. Thank you.

1377 *Ms. Eshoo. Yes, I asked at the beginning of the
1378 hearing that everyone stick with their five minutes. The
1379 gentleman's time has expired.

1380 The chair now recognizes the gentlewoman from Florida,
1381 Ms. Castor, for her five minutes of questions.

1382 *Ms. Castor. Well, thank you, Chairwoman Eshoo for
1383 calling this important hearing.

1384 And thank you, Secretary Becerra, for joining us today.
1385 It is great to see you.

1386 It is also heartening to see President Biden's budget
1387 prioritize affordable health care for American families. It
1388 is clear that your aim is to help our communities back home
1389 build back better and healthier. And I wanted to share with
1390 you what I am hearing from Florida Families First.

1391 They are grateful for everything that is being done to
1392 crush COVID-19. It is remarkable that we have now reached
1393 the milestone, thanks to the American Rescue Plan and all the
1394 hard work of everyone, that we have 150 million Americans
1395 with their vaccination already. I know we have a ways to go,
1396 but kudos to you and everyone at NIH, FDA, CDC, all across
1397 the enterprise.

1398 I am also hearing how grateful they are for the
1399 Affordable Care Act. You know, ever since it was -- it came
1400 into law, Florida has led in the number of sign-ups in the
1401 healthcare.gov marketplace. But the -- due to the American
1402 Rescue Plan, now we have been able to lower premiums and
1403 lower co-pays. And it was great to see -- it is such a
1404 lifeline for families. And Florida had one-third of that
1405 million-person sign-up under the special enrollment period.
1406 It is -- it was there when people lost their jobs during
1407 COVID. It has been there for them.

1408 And I also want to give credit to our navigators back

1409 home. They are the ones that are sitting with families,
1410 working through all of their options to choose the plan that
1411 is best for them. So thanks to HHS for making \$80 million
1412 available for grants to our navigators. They are very
1413 excited about those additional resources, and you can see
1414 what it has meant for enrollment.

1415 But COVID-19 has also laid bare a lot of weaknesses.
1416 One of them was in data. It was a struggle, especially early
1417 on, to understand infection rates, testing. We had governors
1418 like mine that actually tried to hide some of the data. They
1419 weren't being transparent. And I really appreciate you all
1420 in CDC saying that you are going to use the resources we have
1421 provided to update the public health data systems. And I
1422 want to work with you on that, going forward.

1423 And then, one other thing before I get to my question,
1424 thank you and President Biden for your leadership on
1425 addressing the climate crisis. Hotter temperatures and
1426 dirtier air and water are impacting the health of everyone,
1427 but especially folks on the front lines. And in this budget
1428 request you are proposing a new Office of Climate Change and
1429 Health Equity to help address the harmful impacts of the
1430 climate crisis, especially on communities of color and
1431 communities on the front line.

1432 So here is my question; it has to do with junk plans.
1433 The Trump Administration finalized a rule to expand short-

1434 term, limited-duration plans. Of course, you know, these
1435 junk plans are not required to comply with the consumer
1436 protections in the Affordable Care Act. Often times they
1437 discriminate against people with pre-existing conditions,
1438 they limit benefits, and they leave our neighbors back home,
1439 often, with these huge surprise bills. Even former Secretary
1440 Azar agreed, when I asked him if these plans discriminate
1441 against folks with pre-existing conditions, he agreed.

1442 So you are aware of how these junk plans operate, Mr.
1443 Secretary, aren't you?

1444 *Secretary Becerra. Yes, I am, Congresswoman. And you
1445 are absolutely correct.

1446 *Ms. Castor. So on January 28th, President Biden signed
1447 an executive order directing your Department to review all
1448 existing regulations, guidance documents, or policies that
1449 undermine the Affordable Care Act, and raise costs on
1450 families, and undermine protections for pre-existing
1451 conditions. Has your Department taken -- undertaken a review
1452 of this junk plan final rule, to ensure that it is consistent
1453 with the policies set forth in the President's executive
1454 order?

1455 *Secretary Becerra. We are undertaking that review, as
1456 we speak.

1457 *Ms. Castor. Terrific. Well, we will be very
1458 interested in that.

1459 And also, the American Families Plan, if there is
1460 something that we need to do to make sure that health care is
1461 affordable for families, maybe continuing the policies we
1462 enacted in the American Rescue Plan to make sure the premiums
1463 and co-pays are affordable for families. And if there is
1464 something we need to do to address junk plans in a lot of
1465 these fly-by-night operations that take advantage of our
1466 neighbors --

1467 *Ms. Eshoo. The gentlewoman's time has expired.

1468 *Ms. Castor. Thank you, Madam Chair, I yield back.

1469 *Ms. Eshoo. The gentlewoman yields back.

1470 It is a pleasure to recognize the gentleman from
1471 Virginia, Mr. Griffith, for your five minutes of questions.

1472 *Mr. Griffith. Thank you very much, Madam Chair. I
1473 appreciate it.

1474 And, Mr. Secretary, I appreciate you saying earlier that
1475 you were willing to work with all of us, and I do greatly
1476 appreciate that.

1477 On May 14th of 2020, almost a year ago, we had a hearing
1478 in our committee, and a Michael Bowen of Prestige Ameritech
1479 told his story about how he invested in machinery to make
1480 masks, et cetera. At that time our country was struggling to
1481 find the PPE necessary --

1482 *Ms. Eshoo. Would the gentleman suspend for a moment --

1483 *Mr. Griffith. Yes.

1484 *Ms. Eshoo. Because the clock is not correct. Whomever
1485 is in charge of it, please reset the clock so that the
1486 gentleman's five minutes are -- that he has the five minutes?

1487 [Pause.]

1488 *Ms. Eshoo. Well, please reset the clock, whomever is
1489 in charge.

1490 [Pause.]

1491 *Ms. Eshoo. Well, why doesn't the gentleman continue?
1492 I am sorry. All right, so I will try and time you on my
1493 watch. How is that?

1494 *Mr. Griffith. Yes, ma'am. I appreciate it. Thank you
1495 very much.

1496 *Ms. Eshoo. Thank you for talking about Mr. Bowen.

1497 *Mr. Griffith. Yes, so Mr. Secretary, Mr. Bowen was
1498 very concerned and, you know, he wanted us to guarantee him
1499 contracts with the Federal Government because the last time
1500 he had done this, geared up and started making more masks, as
1501 soon as our crisis was over, or as soon as there was a supply
1502 from foreign suppliers, all of the sudden he had no business.
1503 The Asian markets shut him out. They put a lot of products
1504 onto the market at low prices, and he was not able to compete
1505 effectively, and he had to shut down a lot of his equipment.
1506 He had to put in mothballs, et cetera. And before he geared
1507 it back up he wanted to know, are we going to be buying
1508 American?

1509 Likewise, since that time, a number of companies, as a
1510 result of the need in this country, a number of companies in
1511 my district and across Virginia started making PPE. There is
1512 a company that I have been talking with out of Elaine Luria's
1513 district, there is a company in my district. I know there is
1514 at least three or four in my district that have started, and
1515 they are all saying the same thing: now that, you know, the
1516 Asians have gotten a hold of the situation, they are once
1517 again dominating the market.

1518 And, in fact, one of my sources tells me that a recent
1519 contract was let, where they could have competed just fine,
1520 but they weren't even aware of it. And a lot of folks who
1521 are supplying the Federal Government and other governments
1522 are, in fact, using these sources that are, you know, all
1523 approved, et cetera, and then they outsource it to China and
1524 other countries. So what are we going to do?

1525 Do we need -- and I would submit that we do, but I want
1526 your opinion -- do we need a Berry-style amendment to say
1527 that the Federal Government is going to buy its PPE from
1528 American manufacturers? Because if not, every time we have a
1529 crisis, we are going to have another boom and bust.

1530 You said earlier you didn't like boom-and-bust funding.
1531 That is what these small businesses in the United States are
1532 now facing, who were willing to make the PPE, make it at a
1533 reasonable cost, and sell it to whomever. But if they are

1534 just going to get shut down every time by markets overseas,
1535 it doesn't make sense, and it doesn't make sense for a long-
1536 term policy in the United States. What say you, Mr.
1537 Secretary?

1538 *Secretary Becerra. Congressman, what I say is I am
1539 with you in everything you just said. If we didn't learn a
1540 lesson from COVID, that too much of our supply was not at our
1541 disposal -- and, by the way, that is a risk for the life and
1542 health of our people -- if we have to depend on others, then
1543 we are in trouble.

1544 Not only that, why is it that we can't have Americans
1545 producing what Americans need?

1546 And President Biden is on top of this. And we have a
1547 \$10 billion fund that you all made possible through the
1548 American Rescue Plan and other initiatives to try to make
1549 sure we boost domestic manufacturing. And we are going to be
1550 on that one. And I hope you all will work closely with us,
1551 because we want to prove to Americans that, if they are
1552 willing to make an investment and produce here, we want to
1553 support them, because there is no excuse for us to have to go
1554 somewhere abroad to get masks, when we got Americans willing
1555 to produce them here. And by God, I think this is one that
1556 we could take on on a bipartisan basis.

1557 *Mr. Griffith. Well, I would agree it can be
1558 bipartisan. It is masks, it is gowns, it is gloves, it is

1559 everything.

1560 And on January 25th of this year, the President signed
1561 an executive order ensuring the future is made in all of
1562 America by all of America's workers, and asked each of the
1563 agencies to look into that. Do you know what your agency has
1564 found out so far, or what we can do, even before we can maybe
1565 get a bill passed?

1566 *Secretary Becerra. We are going to continue to do the
1567 work on that. We can report to you back, I look forward to
1568 talking to you on that.

1569 But what I can tell you is this, that we are going to
1570 make sure that the \$10 billion that has been made available
1571 for Defense Production Act are accountable dollars, and that
1572 Americans take a look at where it went. And so we have to be
1573 transparent in the use of that money. And I hope you all
1574 will work with us to make sure that we --

1575 *Mr. Griffith. Well, I heard from the chair of the full
1576 committee that we are going to be doing an ORR --

1577 *Ms. Eshoo. The gentleman's --

1578 *Mr. Griffith. Is my time up, Madam Chair?

1579 *Ms. Eshoo. Just about.

1580 *Mr. Griffith. All right.

1581 *Ms. Eshoo. I think you have five seconds left.

1582 *Mr. Griffith. All right. I am just going to say we
1583 are going to have to talk some more about ORR, but I would

1584 like to see us buying all the PPE for those facilities from
1585 American sources.

1586 Thank you. I yield back, Madam Chair.

1587 *Ms. Eshoo. Amen to the gentleman. The chair now
1588 recognizes the gentleman from Maryland, Mr. Sarbanes, for his
1589 five minutes, and just hold for a second.

1590 Whomever is controlling the clock, excuse me for putting
1591 it this way, you are doing a lousy job, because it is really
1592 messed up. And we need every second. Members need every
1593 second they can get to question the Secretary. So would you
1594 please reset the clock?

1595 *Voice. It is a technical problem, they are trying to
1596 fix it.

1597 *Ms. Eshoo. It is a technical problem? Well, you know
1598 what? We will keep track on our iPhones here.

1599 Mr. Sarbanes, you are recognized for your five minutes.
1600 I am sorry.

1601 *Mr. Sarbanes. Thank you, Madam Chair.

1602 Secretary Becerra, welcome to the committee. It is
1603 great to see you, and thank you for coming to discuss the
1604 2022 budget.

1605 Over the past year, obviously, we have made incredible
1606 investments in our health care system through bills such as
1607 the CARES Act, the American Rescue Plan. We have to continue
1608 to ensure there is robust funding for programs that will help

1609 us recover from the coronavirus pandemic, and ensure the
1610 long-term viability and stability of our health care system.
1611 You are, obviously, in a very, very critical position to help
1612 facilitate that.

1613 In your testimony you wrote, "Our experiences as
1614 children shape the adults we become, and support in childhood
1615 can mean success in the future," and I couldn't agree more
1616 with that. I know we share a commitment to ensuring that our
1617 young people have what they need to succeed.

1618 One important program for our youth are school-based
1619 health centers, and I was proud to have my bill, the School-
1620 Based Health Centers Reauthorization Act, passed last
1621 December. My pride of ownership in that is really just
1622 derivative of an extension of Lois Capps's investment in that
1623 issue for many, many years, as you know, being a colleague
1624 and, obviously, a fellow Californian.

1625 School-based health centers provide high-quality,
1626 comprehensive primary health care, mental health services,
1627 preventive care, social services, and youth development to
1628 primarily low-income children and adolescents across the
1629 nation, play a critical role in helping to reach underserved
1630 populations, and achieve health equality.

1631 During this pandemic, many school-based health centers
1632 have been using telehealth to reach students and provide
1633 health care services they need. However, it is incredibly

1634 important that SBHCs are able to stay open, especially as
1635 children come back to school, and may require a variety of
1636 oral, social, medical, mental health services.

1637 Can you speak to the investments that will be made in
1638 school-based health centers, or similar programs for our
1639 youth in the 2022 HHS budget?

1640 And what additional investments would you recommend to
1641 ensure that children receive the health and mental health
1642 services they need following the coronavirus pandemic?

1643 Let me just add I look forward to working with you to
1644 expand the impact of school-based health centers, and be as
1645 creative and innovative there as we can possibly be. Thank
1646 you.

1647 *Secretary Becerra. Congressman, as usual, we are on
1648 the same page on this subject. And I will tell you that HHS
1649 will do everything it can to make these school-based health
1650 centers successful.

1651 As you know, we don't dictate to the locals how they do
1652 things, but we do help them. We assist with resources. We
1653 provide guidance. And I will tell you that, if we are smart,
1654 we will be able to use some of the investments that are in
1655 the President's budget to help with our children, whether it
1656 is children who are in need of special care, or whether it is
1657 those with a particular disability, or whether it is just
1658 making sure we get these kids back on track when they get

1659 back to school. We want to make sure that we are supportive.

1660 And fortunately, with the help of Congress, with your
1661 work and others' in American Rescue Plan -- and if we get the
1662 American Family Plan through -- I can guarantee you that HHS
1663 will be very busy working with our school-based health care
1664 centers to make sure that kids have what they need to succeed
1665 in life.

1666 *Mr. Sarbanes. Thanks very much. I look forward to
1667 that collaboration.

1668 I yield back, Madam Chair.

1669 *Ms. Eshoo. The gentleman yields back.

1670 The chair now recognizes the gentleman from Florida, Mr.
1671 Bilirakis, for your five minutes of questions.

1672 *Mr. Bilirakis. Thank you. Thank you very much, Madam
1673 Chair. I can't get this to work.

1674 *Ms. Eshoo. You sound fine. It sounds like it is
1675 working.

1676 *Mr. Bilirakis. Yes. I can't read that. Okay, got it.

1677 Secretary Becerra -- thank you, Madam Chair, I
1678 appreciate it -- during your confirmation hearing you told
1679 Senator Daines that, when it comes to laws related to
1680 abortion -- and I am quoting -- "My job will be to make sure
1681 that I am following the law.'" And the question is do you
1682 agree that partial birth abortion is illegal, sir?

1683 *Secretary Becerra. Congressman, thank you for the

1684 question. And here, as I said in response to some of those
1685 questions during my confirmation hearing, we will continue to
1686 make sure we follow the law.

1687 Again, with due respect, there is no medical term like
1688 "partial birth abortion." And so I would probably have to
1689 ask you what you mean by that to describe what is allowed by
1690 the law. But Roe versus Wade is very clear, it set a
1691 precedent, and a woman has a right to make decisions about
1692 her reproductive health. And we will make sure that we
1693 enforce the law and protect those rights.

1694 *Mr. Bilirakis. Okay, and you agree with this
1695 particular law?

1696 *Secretary Becerra. Which law are we talking about,
1697 sir?

1698 *Mr. Bilirakis. The law concerning partial birth
1699 abortion.

1700 *Secretary Becerra. Well, again, as I said, there is no
1701 law that deals specifically with the term "partial birth
1702 abortion." We are -- we have a clear precedent in the law
1703 on the rights that women have to reproductive health care.
1704 And we -- as I said in that confirmation hearing, we will
1705 follow the law, and protect the rights of all Americans to
1706 their health care.

1707 *Mr. Bilirakis. Thank you. So you will follow the law.
1708 You will enforce the current law. Thank you very much. I

1709 want to get on to the next question.

1710 Mr. Secretary, 93 to 95 percent of the 7,000 known rare
1711 diseases have no FDA approval therapy. I think you know
1712 this. For those who do have therapy available, the
1713 development process takes an average of 15 years. As the co-
1714 chair of the bipartisan Rare Disease Caucus, I believe we can
1715 do better in the United States. And FDA -- we know this --
1716 okay, do you agree that we can do better, and that one way to
1717 do this would be to ensure coordinated, dedicated efforts at
1718 the FDA to make sure they are aligned to address the unique
1719 challenges rare diseases patients face?

1720 So that is my question, sir.

1721 *Secretary Becerra. Congressman, we should always
1722 strive to do better. That is what we believe here at HHS.
1723 And I hope you are supportive of our efforts with ARPA-H,
1724 because that will allow us to do better.

1725 *Mr. Bilirakis. Okay, and I believe coordination, of
1726 course, is the key. I introduced H.R. 1730, the Speeding
1727 Therapy Access Today, or the STAT Act, with my Rare Disease
1728 Caucus co-chair, and good friend, G.K. Butterfield. This
1729 bipartisan legislation, at its core, would create a center of
1730 excellence for rare diseases at the FDA. The Center of
1731 Excellence model has been embraced by the FDA in recent
1732 years, and was originally authorized by the very popular
1733 bipartisan 21st Century Cures Act of 2016.

1734 As we have been seeing with the oncology COE FDA, we
1735 know this model can help advance therapies and regulatory
1736 science. So the next question is -- and I am not sure how
1737 much time I have left -- but the next -- yes, would you like
1738 to address that, sir, in any way?

1739 *Secretary Becerra. Congressman, why don't you pose the
1740 question, so I know what you would like me to address?

1741 *Mr. Bilirakis. Okay, well, do you agree with the
1742 center of excellence, with regard to the rare diseases?

1743 Do you agree we can do better, that one way to do this
1744 would be to ensure coordinated, dedicated efforts at the FDA,
1745 make sure they are aligned to address the unique challenges
1746 rare disease patients face?

1747 *Secretary Becerra. Congressman, I think that is being
1748 done, and certainly we can always try to do it better. But I
1749 think, at FDA, I think you can say that we have the strongest
1750 agency around in the world to try to deal with these
1751 innovations, and these therapies, and treatments that we need
1752 for these rare diseases. But we can always do better, no
1753 doubt.

1754 *Mr. Bilirakis. I think this bill will really speed up
1755 the process. So I look forward to possibly discussing this
1756 with you, along with my co-chair and colleague.

1757 Mr. Secretary, the next --

1758 *Ms. Eshoo. The gentleman's time has expired.

1759 *Mr. Bilirakis. Oh, it --

1760 *Ms. Eshoo. And again, we apologize to members for the
1761 mess-up with the clock that you see on your screens. But we
1762 are keeping track by iPhone, right to the second. So I think
1763 the gentleman yields back, we thank him, and the chair is
1764 pleased to recognize the gentleman from Vermont, Mr. Welch,
1765 for his five minutes of questions.

1766 *Mr. Welch. Thank you very much.

1767 Welcome, and congratulations. Mr. Secretary, I have
1768 questions in three areas: one is the 340B program; two is
1769 the new ARPA-H program; and three is prescription drug price
1770 negotiation.

1771 I know you are concerned about access to health care in
1772 community health centers and community hospitals. And I have
1773 been alarmed, as my local hospitals and community health
1774 centers have been, that six pharma companies -- I believe
1775 illegally -- are not passing on the discounts required under
1776 the 340B program. Is it the -- your intention to enforce
1777 continued access to the discounts for our community hospitals
1778 and community health centers?

1779 *Secretary Becerra. Congressman, first, great to see
1780 you.

1781 Secondly, we are on this one, because we know that
1782 vulnerable populations are at risk. And so everyone -- I
1783 have been saying all along we have to follow the law.

1784 Everyone has to follow the law.

1785 *Mr. Welch. Okay, thank you. Second, we are all
1786 excited about President Biden's \$50 billion program, ARPA-H.
1787 And, of course, that is going to focus on cures for
1788 Alzheimer's, diabetes, and cancer. Is there any
1789 consideration to including Lou Gehrig's disease, ALS, in
1790 research that would be benefitted by that fund?

1791 *Secretary Becerra. Congressman, that is where we are
1792 going to be working with you and the White House to make sure
1793 we know how to focus the money. We certainly could use more
1794 than six billion to address all these deadly diseases, but we
1795 are going to try to let the science drive us there, because
1796 that is the best way to ensure that we will have, not just a
1797 good result, but one that people will trust.

1798 *Mr. Welch. Thank you. Finally, on prescription drug
1799 pricing, there is some dispute here. Pharma companies do not
1800 want the U.S. to be involved in price negotiation, yet we
1801 have just had a recent example where negotiation was very
1802 successful. Government worked in partnership with pharma, we
1803 got the vaccine. There was an agreed-upon price, 19.50 per
1804 dose. The Pfizer executive is now saying after the pandemic
1805 they may go up to \$175 per dose.

1806 My concern about health care in general is that the cost
1807 is too high, and not sustainable. It hurts taxpayers, it
1808 hurts private employers trying to provide access.

1809 Pharma concern about price negotiation is that the
1810 government won't be fair. Now, pharma is happy with
1811 government providing patent protection, providing a market
1812 through the Part D program, providing taxpayer funding
1813 through Medicare and Medicaid.

1814 You would play a major role in any kind of price
1815 negotiation plan that occurred. How would you address the
1816 purported concern that, if the government negotiated so that
1817 we did not continue to pay three times, four times what other
1818 countries pay, we would still be the leader on innovation?

1819 *Secretary Becerra. Great question, Congressman. What
1820 I will tell you is, first and foremost, failure is not an
1821 option here in dropping drug prices. We have to do better,
1822 especially when we see the rest of the world paying less than
1823 we do for some of these same drugs.

1824 So President Biden has made it very clear he wants to
1825 see negotiation of these prices. We can make this a win-win
1826 for everyone, including the pharmaceutical industry. We have
1827 to make sure that we are partnering with them. We have to
1828 have them sitting at the table. But we have to make sure we
1829 are moving. There is no reason why Americans should be
1830 paying this much their for their prescription medication.

1831 And so, whether it is tough love, or, you know, sitting
1832 down and collaborating, one way or the other, we are going to
1833 have to drop the prices of drugs. And we want to have

1834 everyone who is a stakeholder be at the table when we do it.

1835 *Mr. Welch. Thank you very much, Mr. Secretary.

1836 Madam Chair, I yield back.

1837 *Ms. Eshoo. The gentleman yields back. The chair is
1838 pleased to recognize the gentleman from Missouri, Mr. Long,
1839 for your five minutes of questions.

1840 *Mr. Long. Thank you, Madam Chair.

1841 And thank you, Secretary Becerra, for being here today.
1842 Good to see you again.

1843 And the President tasked HHS with a supply chain review
1844 of pharmaceuticals and API, among other sectors. At the
1845 time, he suggested that these sectors were so critical to the
1846 national security of the United States that their supply
1847 chains merited additional scrutiny. Last week, however, the
1848 White House announced that it was back in the negotiations to
1849 eliminate international IP protections for these same
1850 products.

1851 Can you share the status of the supply chain review, and
1852 your views on the importance of ensuring the United States
1853 has a strong and innovative domestic biopharmaceutical
1854 industry, including our future pandemic response?

1855 *Secretary Becerra. Congressman, first, great to see
1856 you again, and thank you for the question. And, actually,
1857 this is one where I hope you all will be very interested in
1858 working with us on this, because we want to work hard on this

1859 one. We want to pounce on this.

1860 President Biden has made it very clear. He made sure in
1861 the American Rescue Plan we had \$10 billion so we could make
1862 sure we improve on domestic manufacturing and production, and
1863 we have to make sure that that supply chain is working. And
1864 so we hope we are able to work with you, because we know
1865 there are a lot of small businesses, innovators out there,
1866 who want to be able to compete, and they think they have got
1867 a good product. And so, if we are working with you, we will
1868 spot them, and we will let them know that we want them in the
1869 game.

1870 And so I don't know how better to say it than to say
1871 that, on this one, there is no separation, I think, between
1872 you and me when it comes to making sure that American
1873 manufacturers, American small businesses have a chance to
1874 compete to provide Americans what they need to keep
1875 themselves healthy.

1876 *Mr. Long. Well, it just seemed like a complete
1877 reversal, though, from the Administration policy, and that is
1878 what I am trying to get to the bottom of here, when last
1879 week, like I said, they announced that they are back in
1880 negotiations to eliminate what they said was very critical,
1881 IP -- international IP protections for these products. So
1882 how do you weigh that out?

1883 *Secretary Becerra. So, remember, Congressman, that

1884 what the President announced is a way to get a global
1885 response to this pandemic. And we are willing to sit down
1886 and negotiate to see if there is a way to deal with this.

1887 But everything is still the same until we have
1888 negotiated. And once again, the stakeholders -- in this
1889 case, the pharmaceutical industry, which has intellectual
1890 property protections -- gets to sit at the table as we figure
1891 out how we get vaccines and other COVID responses out as
1892 quickly as possible to places like India.

1893 But right now, when we are talking about domestic supply
1894 chains, domestic manufacturing, I don't think there is any
1895 separation between what you have said and what the President
1896 has said in making sure we are targeting American business
1897 for a lot of this resource that we are going to put out there
1898 to increase the domestic supply, and keep that supply chain
1899 going with American manufacturers.

1900 *Mr. Long. Okay, I will have my staff follow up with
1901 yours, because I don't think that I am communicating well,
1902 and I don't think I am get my question out to you in the
1903 proper form, apparently.

1904 But currently, all of the Provider Relief Funds have
1905 been expended by June -- or will be expended by June 30th,
1906 2021. I have heard from several hospitals about the
1907 uncertainty surrounding this deadline, given the changes in
1908 the reporting guidelines. I know the Department of Treasury

1909 has issued guidance extending the timeline to the end of 2021
1910 for state and local government funding extended under the
1911 CARES Act. Will HHS be issuing an extension to the health
1912 care providers regarding the use of provider relief funding.

1913 *Secretary Becerra. Congressman, we are going to be
1914 working hard to make sure that we provide those health care
1915 providers who work very hard with the resources they need.
1916 Some of those folks have asked for an extension. We are
1917 looking at all that very, very closely.

1918 What I will tell you is that we are, again, going to be
1919 driven by the facts in this case to make sure those providers
1920 who have a need get those needs addressed. That is why you
1921 all passed the money, and that is why we are going to make
1922 sure that we can dispense it in a way that is, not only
1923 accountable, but it really does go to those who need it most.

1924 *Mr. Long. Okay, thank you. And President Biden's
1925 Administration announced a \$6 billion investment community
1926 health centers to expand access to vaccines in underserved
1927 communities. However, the current Medicare FQHC
1928 reimbursement system may create a barrier to access a COVID-
1929 19 vaccine.

1930 FQHCs are not paid separately for vaccines, but are
1931 reimbursed by CMS 12 to 18 months after the fact. This has
1932 been an ongoing problem for flu and monoclonal vaccines that
1933 have now reached critical levels in the administration of

1934 COVID vaccines to Medicare patients.

1935 Are you or will you commit to working with our health
1936 centers to address this issue, so that they have the tools
1937 and resources that they need to provide expanded access to
1938 these vaccines?

1939 *Secretary Becerra. We have always had a good
1940 relationship with the community health centers, and intend to
1941 have that, as well. So we will work closely with them. Yes,
1942 sir.

1943 *Mr. Long. Okay, thank you --

1944 *Ms. Eshoo. The gentleman's --

1945 *Mr. Long. It is good to see you, and I yield back.

1946 *Ms. Eshoo. The gentleman's time has expired, he yields
1947 back. It is a pleasure to recognize two doctors coming up
1948 from our committee: the first, Dr. Ruiz of California,
1949 followed by Dr. Bucshon of Indiana.

1950 So you have five minutes, Dr. Ruiz, for your questions.

1951 *Mr. Ruiz. Thank you very much.

1952 Secretary Becerra, thank you for being here. I want to
1953 touch on a few different topics today.

1954 First, I would like to commend the Administration for
1955 prioritizing vaccine equity and the distribution of vaccines
1956 into our underserved communities. As a doctor and public
1957 health expert vaccinating my constituents in underserved
1958 communities, I can say firsthand that President Biden's

1959 Federal Retail Pharmacy Program, mobile clinics, and direct
1960 vaccine allocation to FQHCs are effective. However, we still
1961 have a ways to go in reaching a national herd immunity.

1962 And I am concerned by reports that vaccine rates are
1963 plateauing, while around 50 percent of Americans still need
1964 to be vaccinated, and with underserved communities still
1965 having low vaccination rates. In fact, the Desert Sun
1966 newspaper reported this week, after analyzing California,
1967 HHS, and Census Bureau data, that vaccine rates are still
1968 significantly higher in the White, older, wealthier zip codes
1969 in my district by up to 30 percent, compared to poor,
1970 younger, minority communities. While some of that could be
1971 because older people were first to get the vaccine, older
1972 individuals in underserved communities still lag behind. And
1973 all ages have been eligible since mid-April.

1974 Secretary Becerra, since we have reached a plateau in
1975 vaccination rates, has there been a shift in the
1976 Administration's efforts and methods around reaching the
1977 individuals that have not yet been vaccinated to address
1978 barriers like time, language, and transportation restraints?

1979 *Secretary Becerra. Congressman, it is great to see
1980 you, and the answer is absolutely yes, there have been
1981 changes made. In fact, later this week I will be going to a
1982 rural community in California, where there will be a small
1983 vaccination clinic targeting folks who are most underserved

1984 and the most difficult to reach in some of our rural areas.

1985 *Mr. Ruiz. Thank you, and I think that is very, very
1986 critical, to partner with local communities and taking the
1987 vaccines to the people, and I applaud your efforts in doing
1988 that.

1989 So now, pivoting to an issue that this committee worked
1990 on prior to the pandemic, which is surprise billing, my
1991 Republican colleague, Dr. Bucshon, and I worked with several
1992 of our colleagues in a bipartisan manner to craft a solution
1993 that would, first and foremost, protect the patient from
1994 surprise medical bills, and to create a solution that is fair
1995 to both providers and insurers, which included a baseball-
1996 style arbitrator, independent dispute resolution process that
1997 this committee and Congress adopted. And so I would like to
1998 ask you some questions regarding the implementation of the
1999 law.

2000 So first, regarding the IDR process, I urge the
2001 Administration not to weigh any one factor to be considered
2002 by the arbitrator more heavily than the others. The
2003 legislation signed into law represents a balanced approach
2004 that treats providers and insurers equally, and does not
2005 favor one party over another. I am concerned that, if any of
2006 the factors are weighed more heavily than the others, it will
2007 tilt the balance, resulting in an unfair system that will
2008 unintentionally lead to a benchmark rate which runs counter

2009 to congressional intent.

2010 Second, it is my understanding that HHS is meeting with
2011 stakeholders and requesting their input. I appreciate the
2012 Administration soliciting feedback. I strongly urge you to
2013 move forward with a proposed rule that includes a full public
2014 comment period, so that the process is transparent, and all
2015 stakeholders have an opportunity to comment, to provide
2016 feedback.

2017 Mr. Secretary, have you made a decision on the
2018 rulemaking process, and whether it will include public
2019 comment?

2020 *Secretary Becerra. Congressman, thanks for all the
2021 questions. We are going to make sure that people have an
2022 opportunity to know what is going on with these rules. We
2023 are going to try to move them as quickly as we reasonably
2024 can.

2025 What I will tell you is this: paramount will be making
2026 sure that the patient is not -- doesn't get in the mix of the
2027 -- any fight that may exist. We are not going to weigh any
2028 side more than another, and we are going to make sure that we
2029 launch these committees as quickly as possible. That will
2030 help us make these decisions, because everything you have
2031 said is accurate.

2032 *Mr. Ruiz. Thank you very much. And for my final
2033 question I would like to ask about an issue near and dear to

2034 me, advance appropriations for the Indian Health Service.

2035 As you know, IHS is severely underfunded, and
2036 continuously struggles financially, which hurts patients'
2037 access and care. So, Mr. Secretary, can you talk about the
2038 benefits of advance appropriations, and how it will help the
2039 IHS better serve our tribal communities?

2040 *Secretary Becerra. Our tribal communities, as you
2041 know, Congressman, have been underfunded, severely
2042 underfunded, for too many years. President Biden has now
2043 made a major commitment to restore some of that funding, but
2044 he has also made the commitment that Indian country has been
2045 asking for for a long time, and that is that they be treated,
2046 when it comes to health, the way we treat every other aspect
2047 of health care for all other communities, and that is that
2048 they have predictability in their funding, moving forward.
2049 And that is why the advance appropriation is so critical.
2050 And that is why, with your help, we will get that done.

2051 *Mr. Ruiz. Thank you very much, Mr. Secretary, I yield
2052 back my time.

2053 *Ms. Eshoo. The gentleman yields back.

2054 The chair is pleased to recognize the gentleman from
2055 Indiana, Dr. Bucshon, for your five minutes of questions.

2056 *Mr. Bucshon. Thank you, Madam Chairwoman, I appreciate
2057 that.

2058 Secretary Becerra, thank you very much for appearing

2059 before the committee today. To show pretty significant
2060 bipartisanship, I am going to focus on surprise medical
2061 billing, as my colleague Dr. Ruiz has just mentioned, and
2062 particularly, the agency's implementation of the No Surprises
2063 Act. As you probably know, Dr. Ruiz and I, as he mentioned,
2064 worked to advance legislation into law that is both fair and
2065 balanced and, most importantly, as you mentioned, take the
2066 patient out of the middle of all of this. That is the key.

2067 The No Surprises Act establishes an independent dispute
2068 resolution process that allows both sides the opportunity to
2069 present a list of criteria to be -- to an arbiter to make
2070 their case. The list includes, among other factors, the
2071 median network rate, market share, good faith/bad faith
2072 efforts, and prior contracted rates.

2073 Some -- in my opinion, biased -- economists have
2074 suggested subverting the intent of Congress by suggesting HHS
2075 should implement the long-awaited -- overemphasizes a low
2076 benchmark or qualified payment amount in the IDR process.
2077 Congress agreed to a deal that carefully balances a host of
2078 important arbitration criteria to make sure that no side has
2079 an unfair advantage.

2080 I want to echo what my colleague -- Dr. Ruiz's concern
2081 with a letter -- in a letter that was sent, asking for any
2082 rule promulgated by HHS to follow congressional intent, in
2083 which the factors specified in the law must be weighted

2084 equally to ensure that patients have access to affordable and
2085 quality care.

2086 So my first question is, generally speaking, how do you
2087 intend to make sure the process is fair and balanced, and
2088 doesn't just revert -- reverting to a benchmark in practice
2089 -- we don't want that to happen -- which this compromise
2090 framework in the No Surprises Act was intended to avoid?

2091 *Secretary Becerra. Congressman, thank you for the
2092 question. And first, I have to just say thank you for the
2093 work that you all did to get this done. And now we -- it is
2094 our job, as you said, to follow the intent of Congress on
2095 this.

2096 And so the most important thing we can say is what you
2097 said. We have got to take the patient out from underneath
2098 the weight of these disagreements, and we make sure that that
2099 will be the case. When we move forward with the committees
2100 that will explore these things, we are going to make sure
2101 that we have taken patients into account.

2102 But to your point, we are not interested in favoring one
2103 side over the other in the dispute. What we do want to make
2104 sure is we take the patient out of the dispute, all together,
2105 but then we are going to be even-handed when it comes to the
2106 dispute itself. And so the factors that will go into that,
2107 that is -- we are going to hear from everyone to figure out
2108 how we can have a balanced approach. And that is where your

2109 input will be important, because you all were the minds
2110 behind this, and we hope you will provide us with a good
2111 input as we move forward to get this up and going.

2112 *Mr. Bucshon. I appreciate that, because we do feel
2113 like congressional intent is that all the factors be weighed
2114 equally. And the law --

2115 *Secretary Becerra. We are with you.

2116 *Mr. Bucshon. -- you, as Secretary, along with
2117 consultation from Treasury and Department of Labor, define
2118 what the median network rate is -- in-network rate is. Can
2119 you guarantee that the data to calculate the median, in-
2120 network rate is independent, valid, and transparent?

2121 *Secretary Becerra. That is our goal, Congressman, and
2122 you will get to see the work that we do to make sure that is
2123 the case, and hold us accountable.

2124 *Mr. Bucshon. I appreciate that, because the
2125 transparency, I think, at agencies is as important to Members
2126 of Congress, of course.

2127 Nothing is more frustrating -- and you know this,
2128 because you were here for a while -- when you work on
2129 legislation, and then you see that it is implemented by an
2130 agency, and you have questions about whether or not that has
2131 followed congressional intent. So, if anyone understands
2132 that, it would be you.

2133 The No Surprises Act is clear that, no later than 30

2134 days after the claim is submitted to a health plan, that the
2135 plan must issue an initial payment or a denial. How will you
2136 protect physician practices in the event that health plans
2137 fail to respond to the claim, that the claim is being
2138 considered -- respond to the claim that the claim is
2139 considered de facto accepted by the health plan? Does that
2140 make sense?

2141 *Secretary Becerra. I think I understand --

2142 *Mr. Bucshon. Basically, how do you hold the plans
2143 accountable, if they don't address the claim in a timely
2144 manner?

2145 *Mr. Bucshon. Yes, and that is where the dispute
2146 resolution process will be critical, because there have to be
2147 teeth, right? And you understand this because, at the end of
2148 the day, when a decision is made, there has to be follow-
2149 through, especially by those that are providing the payment,
2150 the reimbursement.

2151 And so I hope what we will be able to show you is that
2152 we come up with a system that actually is accountable, and
2153 shows results because, at the end of the day, the public is
2154 not going to believe us, that we meant this, if we don't do
2155 it right. And while we keep them out of the dispute, at the
2156 end of the day somebody has to get paid.

2157 *Ms. Eshoo. The gentleman's time has expired.

2158 *Mr. Bucshon. Okay, thank you, Madam Chair.

2159 *Ms. Eshoo. Thank you.

2160 The chair now recognizes the gentlewoman from Michigan,
2161 Mrs. Dingell, for your five minutes of questions.

2162 *Mrs. Dingell. Thank you, Madam Chair and Ranking
2163 Member Guthrie.

2164 And Mr. Secretary, it is great to see you. I want to
2165 thank you for being here, and I really look forward to
2166 working with you on so many issues that we both care about,
2167 from the opioid crisis, the high prescription cost of drugs,
2168 to clean, accessible water. But today I want to talk about
2169 strengthening our nation's readiness for the public health
2170 crisis.

2171 As you know, public health funding follows a pattern of
2172 panic and neglect, where large amounts of money are invested
2173 during a crisis. And then, once the crisis is over, funding
2174 is not adequately maintained. I think that maybe this
2175 pandemic has opened our eyes to the deadly shortcomings of
2176 this pattern. And this committee has worked to, not only
2177 shore up the current needs, but shed light on the realities
2178 of the needs to come, whether planned or not.

2179 So, Mr. Secretary, how is the Administration's funding
2180 request for this year reflective of the Department's effort
2181 to break this cycle, and achieve long-term public health
2182 preparedness sustainability?

2183 *Secretary Becerra. Congresswoman, great to see you,

2184 and a critical question, because we saw, through COVID, how
2185 the stockpile needs to be modernized.

2186 I will say this. First, we have to make sure we have
2187 got the resources to make sure we have got the right amount
2188 of the supplies, that we have a supply chain that works. And
2189 so we are going beyond just putting product in storage and
2190 making it available. We are going to go into taking a look
2191 at how we actually distribute.

2192 You know, we need visibility on that supply chain, and
2193 we need to have accountability, as well. And, as we
2194 discussed earlier, to the degree possible, we should make
2195 sure that Americans are providing the product that we are
2196 using in that supply chain. And so we are going to work as
2197 hard as we can. The resources come through. I guarantee you
2198 what you are going to find is that we are going to lift up
2199 the strategic national stockpile in ways that make it a 21st
2200 century process.

2201 *Mrs. Dingell. That is great, and I think we need to
2202 bring that supply chain back to this country as fast as we
2203 can.

2204 And just as an aside, I would also like to say that, in
2205 this recent surge, my nurses still lacked from -- PPE
2206 supplies, and did not have N95 masks.

2207 So the funding request includes 905 million for the
2208 Strategic National Stockpile for supplies and maintaining

2209 restructuring efforts initiated during the pandemic. What
2210 are the Department's immediate priorities for the stockpile,
2211 and how will this be -- funding be used for the critical
2212 improvements we need right now?

2213 *Secretary Becerra. Congresswoman, some of that is
2214 pretty basic. We have to make sure we know what is in the
2215 stockpile. We have to know if it works, and we have to know
2216 if it really meets the needs of the 21st century crises, the
2217 national pandemics that we might face. And so we have a lot
2218 of work to do.

2219 We have to make sure that we can work with the
2220 technology that lets us move instantaneously, because we know
2221 that it is not just a matter of having it in storage, it is
2222 getting it where it needs as quickly as possible because
2223 lives are at stake. So it is, essentially, all of the above,
2224 but we are going to have to do a scrub to make sure the SNS
2225 is really working for Americans the right way.

2226 And so I look forward to working with you on this,
2227 because I think we have learned that this is going to be a
2228 critical component of being able to respond adequately and
2229 quickly to any future health care crisis.

2230 *Mrs. Dingell. I am going to sort of ask you my last
2231 two questions, because I don't have that much time, but I
2232 really want to work with you on this.

2233 I mean, what should we, as Congress, be considering as

2234 we conduct oversight on the COVID-19 response, and consider
2235 possible legislation to address failures in preparedness?

2236 But also, as somebody who became -- my district became
2237 the arsenal of health at the last minute, but there were
2238 start-up problems, but they were doing both PPE equipment and
2239 the ventilators. What is the -- how do we examine the role
2240 for more private-public partnerships in purchasing, securing,
2241 and stockpiling PPE?

2242 And what, if any, SNS capabilities can be better
2243 managed, maybe even at the state level than the Federal
2244 level?

2245 *Secretary Becerra. Congresswoman, I think we learned a
2246 couple of things.

2247 One, we need to have better communication and
2248 coordination with the state and local partners that we have.
2249 They need to have a better sense of what we have got in the
2250 stockpile, how it is going to be dispersed, what they can
2251 expect.

2252 We also need to work with them a little closer so they
2253 know that we have to know that there will be results. If
2254 they want something, we have to know it is going to go to the
2255 right people at the right time. And so we have to have far
2256 more coordination.

2257 You know, there was a lot of disjointed activity
2258 occurring at the very beginning of this pandemic. And it

2259 wasn't clear, you know, if the left hand was guiding the
2260 right, or vice versa. We can't afford to have that happen.
2261 So better communication, better coordination, and stronger
2262 partnerships, not just with our local and state government
2263 partners, but with our private sector partners, as well.

2264 *Mrs. Dingell. Thank you, Mr. Secretary. Twenty-four
2265 seconds doesn't let me ask another question, so I will yield
2266 back. But it is great to have you back.

2267 *Secretary Becerra. Great to see you.

2268 *Mrs. Dingell. Madam Chair, I yield back.

2269 *Ms. Eshoo. The gentlewoman yields back. We thank her.
2270 It is a pleasure to recognize the gentleman from
2271 Oklahoma, Mr. Mullin, for your five minutes of questions.

2272 [Pause.]

2273 *Ms. Eshoo. Can you hear me? Am I unmuted?

2274 *Mr. Mullin. No, I was on mute.

2275 *Ms. Eshoo. Oh, I see, okay.

2276 *Mr. Mullin. I started talking, and I forgot to hit the
2277 little red button that says "unmute.'" But, Madam Chair,
2278 thank you so much, and Mr. Secretary, thank you for being
2279 here.

2280 Last Congress we appropriated \$47 billion for COVID
2281 testing. Do you know how much of those funds still are
2282 available?

2283 *Secretary Becerra. Congressman, I don't have that

2284 number off the top of my head, but if you like, I could get
2285 back to you on that, or your staff.

2286 *Mr. Mullin. Yes, I would appreciate it. We are just
2287 trying to figure out if -- you know, what the funds are going
2288 to be used for, or if Congress is going to need to
2289 reappropriate those dollars. If -- and if we are not going
2290 to be testing -- because I believe we -- if I am remembering
2291 this correctly, we appropriated an additional 50 billion that
2292 was provided in March for COVID. And the Administration is
2293 saying now they won't need but about 13 billion of that,
2294 which -- that is a -- you know, we got 37 billion still
2295 sitting there.

2296 Do you have any idea, you know, what the intent is going
2297 to be with your office on how to use those funds?

2298 Are you able to use it in a different way or, once
2299 again, is Congress going to need to reappropriate these?

2300 *Secretary Becerra. Congressman, excellent question.
2301 And what I will tell you is that, as you watch what is going
2302 on in India, and we learn more about these variants that are
2303 popping up, we are not done, and no one should get any
2304 impression that we are done tackling COVID or whatever comes
2305 -- you know, the mutants that come from -- mutations that
2306 come from COVID. And so we have to continue an aggressive
2307 testing strategy. We have to continue to make investments to
2308 prevent the spread of COVID and its variants.

2309 And so I will tell you that, while we -- I can't tell
2310 you exactly how much money is there right now, and I can get
2311 back to you on that, and we could certainly make sure that we
2312 are keeping you abreast of what the plans are to make sure
2313 that we continue to tackle COVID and whatever comes next.

2314 *Mr. Mullin. Well, I have no doubt, you know, your
2315 dedication to tackling COVID. It is just, you know, with
2316 that much money sitting there, what we don't want to see is
2317 it is just sitting there, and it doesn't go away. What we
2318 have -- we have a lot of accounts throughout government that
2319 -- money is just sitting there that Congress appropriated
2320 for, and it is -- it can't be used.

2321 So if there is a better way for us to appropriate it --
2322 for instance, as Mrs. Dingell was saying with PPE, if we need
2323 to re-appropriate it for the Strategic Stockpile, if we need
2324 to use it more focused on rural areas -- and that is an area
2325 -- if we need to go to the -- take it to the border -- I
2326 mean, right now I think the President requested \$4.3,
2327 roughly, billion for a refugee resettlement camp.

2328 And, I mean, kind of a question there: does that 4.3,
2329 does that account for what is going on with the Biden border
2330 crisis right now on the southern border, and the influx of
2331 the illegal immigrants?

2332 *Secretary Becerra. So I think you asked two different
2333 things there. If you want, I can -- on the question about

2334 the resources for testing, I will tell you that we can stay
2335 in touch with you. We appreciate your interest and concern.
2336 We are going to make sure that, whatever resources we have,
2337 we will use not only appropriately, but transparently. And
2338 so we can stay in touch on how we are making the investments
2339 to keep Americans safe.

2340 On the issue of the border, Congressman, can I ask you
2341 to repeat that question one more time?

2342 *Mr. Mullin. What I was -- the reason why I was
2343 comparing the two is, do we need to reappropriate those
2344 dollars to what is happening on the border, with the crisis
2345 that is taking place there?

2346 Because the President authorized \$4.3 billion to -- for
2347 the refugee resettlement. And with the influx of the illegal
2348 immigrants that is coming across, and the high amount of
2349 those that are being detained, and not being tested, do we
2350 need to reappropriate funds to go to that sector?

2351 *Secretary Becerra. Congressman, as you know, we -- at
2352 HHS we have many obligations.

2353 *Mr. Mullin. Right.

2354 *Secretary Becerra. One of them is to make sure we
2355 continue to test the American public for COVID. We will
2356 continue to do that, and we will make sure that we are in
2357 touch with your office on the resources that it takes to do
2358 that.

2359 When it comes to the migrant children at the border, we
2360 have a responsibility to make sure that they are -- their
2361 well-being is cared for for however long they might be in
2362 this country, and whatever their ultimate status will be.
2363 Our job at HHS is different from DHS. We have to provide the
2364 care that we expect for any child. We will do this and,
2365 obviously, need resources to make that happen.

2366 *Mr. Mullin. Mr. Secretary, it is not just that. It is
2367 the adults, too. I mean, I fly through Dallas almost every
2368 week. And when you go through Dallas, what you will see is
2369 someone walking around with a manila envelope and a card that
2370 says "No English.'" And they are being shipped to wherever.
2371 And it could be the day before when they were actually
2372 apprehended on the border, and there is no way they can be
2373 tested that quick.

2374 And so before we are letting these people, literally, be
2375 deported -- or be transported, I mean, all over the United
2376 States, I think it would be wise for us to make sure they are
2377 being tested. And there is no way they are being tested
2378 right now. And so that is what I am getting at. Should we
2379 reappropriate those funds to go towards those testing?

2380 *Secretary Becerra. Well, I would question the premise
2381 that they are not being tested, but I want to make sure that
2382 it is clear we have to put the resources where we need them.
2383 And at HHS, we -- whether it is the testing issue, or with

2384 the children at the border, we have -- together a responsible
2385 proposal to get both of those things done.

2386 *Mr. Mullin. Right. I will yield back, but I would
2387 check into the testing --

2388 *Ms. Eshoo. The gentleman's time -- yes.

2389 *Mr. Mullin. Thank you.

2390 *Ms. Eshoo. The gentleman's time has expired. The
2391 chair is pleased to recognize the gentlewoman from New
2392 Hampshire, Ms. Kuster, followed by Mr. Hudson.

2393 So you are recognized, Annie, for your five minutes.

2394 *Ms. Kuster. Thank you so much, Madam Chair.

2395 And Mr. Secretary, wonderful to be with you. And thank
2396 you for your -- today. Welcome back to the People's House,
2397 and congratulations once again on your confirmation as our
2398 Health and Human Services Secretary.

2399 The funding request for HHS put forward by the Biden-
2400 Harris Administration is exactly what we need in this moment
2401 to address the many challenges facing our country.

2402 One challenge I look forward to working with you and
2403 other HHS agency officials on is how we can address the
2404 increasing number of drug overdoses, and expand access to
2405 prevention, treatment, and long-term recovery services for
2406 those suffering from substance use disorders. An important
2407 priority of mine this Congress is identifying ways to expand
2408 access to care and treatment within incarcerated settings.

2409 Last Congress, Senator Booker and I partnered on new
2410 bipartisan legislation, the Humane Correctional Health Care
2411 Act, which would allow Medicaid to follow our justice-
2412 involved population during their time in Federal prison in
2413 order to provide much-needed mental health and substance
2414 abuse treatment.

2415 A catalyst to our recidivism crisis is that our justice-
2416 involved population does not receive adequate health care,
2417 particularly when it comes to treating mental health and
2418 addiction, leaving these vulnerable Americans with the same
2419 substance misuse disorders when they leave prison as when
2420 they arrive. And we all act shocked. We are not shocked
2421 when they go back to their diabetes. We shouldn't be shocked
2422 that their untreated mental health and substance abuse
2423 problems persist.

2424 Senator Booker and I are working on reintroducing
2425 bipartisan legislation. I would welcome the opportunity to
2426 work with your Department and CMS on this critically-
2427 important public health issue.

2428 Now, with respect to the HHS budget, I was pleased to
2429 see it includes \$10 billion across your agency to combat the
2430 substance misuse epidemic, which I understand is nearly a \$4
2431 billion increase over the past fiscal year. I applaud this
2432 bold investment. I want to ask about your goals for this
2433 funding.

2434 Secretary Becerra, this is a significant amount of
2435 funding proposed to fight the drug epidemic. How will this
2436 be spread across your agency?

2437 And what actions do you plan to take with these
2438 investments?

2439 *Secretary Becerra. Congresswoman, wonderful to see you
2440 again, and excellent question. And if we are able to
2441 continue with the resources that we have seen so far -- and
2442 thank you for the help in getting some of those resources in
2443 the American Rescue Plan -- we will be able to let SAMHSA at
2444 HHS really take the lead to try to address some of these
2445 concerns.

2446 And we know, because of COVID, it is an even sharper
2447 concern. Some 81,000 Americans died this past year from drug
2448 overdoses. And I think that is the largest number we have
2449 seen in quite some time. And it is clear that there are a
2450 whole bunch of Americans who are very stressed, and they need
2451 that assistance. So we are going to get out there and work
2452 with state and local partners the best we can.

2453 But SAMHSA will take the lead, and we will try to
2454 supplement what we can with the resources that our state
2455 partners have. We are going to try to be innovative, I will
2456 tell you that. We are going to try to make sure that we
2457 allow for those medically-assisted treatment programs to get
2458 out there and do their job.

2459 We want to make sure that Americans know, especially the
2460 young population knows, that we want to catch them. We want
2461 to catch them before they fall completely. And I think,
2462 working with you, we can make a real dent in this, and prove
2463 to Americans that we are serious about tackling this.

2464 *Ms. Kuster. Well, thank you. And on behalf of all the
2465 members of our bipartisan Addiction and Mental Health Task
2466 Force, we look forward to working with you, as well.

2467 We know that only a fraction of patients with substance
2468 use disorders have access to --

2469 [Audio malfunction.]

2470 *Ms. Kuster. Can you discuss how -- improve access to
2471 evidence-based treatment, including in rural communities like
2472 my district in New Hampshire?

2473 *Secretary Becerra. And that is where Congress can --
2474 as I mentioned, it is important that we work with our state
2475 and local partners, because they are the ones that are going
2476 to be implementing on the ground.

2477 I will tell you, as my -- in my former work as the
2478 attorney general for our State of California, we worked very
2479 hard to get to the point of actually having a major
2480 settlement with some of these drug manufacturers, and drug
2481 distributors of opioids, to try to help make sure we put
2482 money into our communities to address the abatement needs of
2483 a lot of these jurisdictions, and to try to go out there and

2484 provide services.

2485 If we are smart, we are going to work closely with our
2486 partners to make sure that they take that settlement money,
2487 we take the money that is coming out of the American Rescue
2488 Plan, and we are applying it so that we are actually
2489 providing on-the-ground services quickly to a lot of our
2490 families.

2491 And so we have an opportunity to do something we haven't
2492 done in a long time, and that is actually make a dent in this
2493 crisis.

2494 *Ms. Kuster. Well, thank you so much. And with that, I
2495 yield back.

2496 *Ms. Eshoo. The gentlewoman yields back. We want to
2497 put more than a dent in it. We have dents, but we could --
2498 under your leadership, we want to rid ourselves of this.

2499 The chair now recognizes the gentleman from North
2500 Carolina, Mr. Hudson, for your five minutes of questions.

2501 *Mr. Hudson. Thank you, Madam Chair.

2502 And Mr. Secretary, welcome. Thank you for your time
2503 today. Like many Americans, I am concerned about the
2504 worsening crisis on our southern border. Data shows that
2505 crossings, unaccompanied minors, and drugs like fentanyl
2506 encountered at the border are at record highs. In fact, it
2507 was just reported by Border Patrol that apprehensions in
2508 April reached the highest total in 20 years.

2509 I recently visited the border and saw this humanitarian,
2510 public health, and national security crisis firsthand,
2511 specifically at the Donna migrant facility designed for 250.
2512 They were holding 3,500 children inside. I hope you agree
2513 this is a real crisis. And it appears the government is
2514 running out of capacity to house more than 20,000 minors, a
2515 record-high number. This week I read a report that HHS is
2516 considering sending hundreds of those unaccompanied minors to
2517 a North Carolina city.

2518 And, Madam Chair, I would like to enter into the record
2519 an article from the Washington Examiner entitled, "The North
2520 Carolina City Could Be Next to House Unaccompanied Minor
2521 Children."

2522 Mr. Secretary, can you confirm if this report is true?

2523 Have you already sent, or are you planning to send
2524 minors to North Carolina?

2525 *Secretary Becerra. Congressman, thank you for the
2526 question. And first, let me respond by saying that we are
2527 always trying to make sure that we are providing a safe and a
2528 legal shelter for the kids who are in our custody. And so we
2529 do. And as you mentioned, there are several thousand of
2530 them. Because it is our responsibility to take these kids
2531 from the Customs and Border Patrol detention centers and
2532 actually provide them with the type of housing that is
2533 expected for a child.

2534 But I will tell you that there is no plan that we have
2535 to shelter children in North Carolina. We are always looking
2536 for sites where we can provide the type of safety and
2537 security that children need. And we have sites throughout
2538 the country. But there is no plan that I could tell you
2539 right now to shelter children in North Carolina.

2540 *Mr. Hudson. Thank you for that answer.

2541 You know, currently, if an American citizen wants to fly
2542 from Mexico to the United States, we are required to have a
2543 negative COVID test first. Before your agency sends migrants
2544 to some of these locations you mentioned around the country
2545 when you receive them from the Border Patrol, are they being
2546 given a COVID test before they are put on public
2547 transportation?

2548 *Secretary Becerra. Congressman, they are absolutely
2549 being checked, because the last thing we can afford to do is
2550 have a spread of the virus at the locations where we are
2551 housing a number of these kids.

2552 And, as you probably are aware, we don't -- we have them
2553 in quarters that are quite tight at times, and so we have to
2554 protect their safety and the safety of the Americans who are
2555 working with them. And so we absolutely make sure they are
2556 tested before they come to us.

2557 *Mr. Hudson. So 100 percent of these minors that you
2558 are receiving, of the 20,000 are being tested before they

2559 leave from the border location to enter the other places in
2560 the United States, 100 percent are being tested?

2561 *Secretary Becerra. Absolutely.

2562 *Mr. Hudson. Well, that is comforting. I appreciate
2563 that.

2564 And so, in March, I sent a letter to our North Carolina
2565 governor and to the DHS Secretary because there was an
2566 article that was saying that migrants were not being COVID
2567 tested, and some that actually were tested, and tested
2568 positive, were then being put on buses. And one of the
2569 individuals being interviewed for the story said that he had
2570 a ticket to leave the next morning for North Carolina. So
2571 that is really where my concern is coming from, that -- you
2572 know, that these individuals, if they are testing positive,
2573 were being put on transportation anyway.

2574 Could you tell me, when you were testing these
2575 unaccompanied minors, if they have a positive test, what is
2576 then being done with that individual?

2577 *Secretary Becerra. Great question, Congressman. We
2578 have to make sure we isolate them from the rest of the
2579 population, which is one of the reasons why it has been such
2580 a tough assignment, because we have to make sure we have the
2581 space to accommodate these kids.

2582 Remember, we are still under a legal obligation, as a
2583 government, to move these children out of CBP's custody

2584 within a certain amount of time, 72 hours. And so, whether
2585 the child is positive or not, CBP is under a mandate to move
2586 them, and they come to us. And so we have to make sure that
2587 any child is safe. If there is a COVID-positive child, we
2588 have to make sure they are safe, but that they are also not
2589 spreading the disease. And so we make accommodations, which
2590 is not easy. It is not cheap. But we do it, because that is
2591 the right thing to do.

2592 *Mr. Hudson. Well, what I learned at the border, at the
2593 Donna facility, is there were children who had been there 28
2594 to 30 days. And so, I -- you know, I imagine -- you know, I
2595 am hopeful that you are able to comply with the law. At the
2596 time that wasn't happening.

2597 *Secretary Becerra. Can I just -- just to give you a
2598 sense, as of yesterday, there were zero children in Customs
2599 and Border Patrol custody who had been there more than 72
2600 days -- 72 hours, excuse me, more than 72 hours. Zero kids.
2601 But you are absolutely right, there was a time when they had
2602 in their custody quite a few. But that has now changed.
2603 There are -- the average time that a child is now in Customs
2604 and Border Patrol custody is 25 hours.

2605 And so, Congressman, what I can tell you is we at HHS
2606 have worked very hard to make sure that, not only do we
2607 relieve the pressure that CBP was under in housing these
2608 kids, but we do it the right way, we do it legally, we do it

2609 responsibly. And while it takes some money and it takes some
2610 time, we are going to do it right.

2611 *Ms. Eshoo. The gentleman's time has expired.

2612 *Mr. Hudson. Thank you.

2613 *Ms. Eshoo. I thank the gentleman.

2614 *Mr. Hudson. Thank you, Madam Chair.

2615 *Ms. Eshoo. Thank you. The chair is pleased to
2616 recognize the gentlewoman from Illinois, Ms. Kelly, followed
2617 by the gentleman from Georgia, Mr. Carter.

2618 *Ms. Kelly. Thank you, Chairwoman Eshoo, Ranking Member
2619 Guthrie, for your leadership and opportunity to serve an
2620 informed discussion on the Department of Health and Human
2621 Services budget priorities.

2622 Secretary, it is always good to see you. Thank you for
2623 testifying before the committee today. I would like to
2624 discuss the issue of maternal health and maternal mortality
2625 in the United States.

2626 As noted in the Administration's budget request, the
2627 U.S. has one of the worst rates of maternal mortality among
2628 developed countries in the world. In 2017 the U.S. recorded
2629 a maternal mortality ratio of 17.4 deaths per 100,000
2630 pregnancies, ranking last among industrialized countries.
2631 The numbers are far worse for Black women. In the same year
2632 Black mothers experienced a maternal death ratio of 37.1
2633 deaths per 100,000 pregnancies, more than twice the rate of

2634 White mothers. The causes of death vary, but it is clear
2635 they are widely inequitable outcomes for maternal health in
2636 our country.

2637 I fully support your request to increase investments in
2638 maternal health. The HHS funding proposal requests increased
2639 funding for maternal mortality review committees, rural
2640 maternal health care, implicit bias training for clinicians
2641 and health workers, and state pregnancy medical home
2642 programs. Many of these proposals have also been priorities
2643 for the E&C Committee, and I believe these provisions are
2644 critically important to addressing the maternal health
2645 crisis.

2646 Secretary Becerra, improving maternal health outcomes
2647 requires assessable quality, preconception, prenatal,
2648 delivery, and postpartum care. How could the investments the
2649 Administration has requested improve maternal health care,
2650 and narrow these persistent inequities we see in maternal
2651 health outcomes?

2652 *Secretary Becerra. Congresswoman, great to be with
2653 you, and thank you for the important question. This -- I am
2654 glad you asked this question, because too many Americans
2655 don't realize that we have a maternal mortality crisis in
2656 America. It is just that it is hidden. It only occurs in
2657 certain communities, but it is a crisis. And we are going to
2658 tackle this.

2659 And I hope that we are able to work with you and others
2660 who are interested, because we are going to use an evidence-
2661 based intervention approach. We are going to go where we
2662 know the crisis exists. We are going to use the types of
2663 procedures and treatments that we know have worked.

2664 By the way, my wife will salute you for having asked the
2665 question, as a high-risk perinatologist, essentially dealing
2666 with these types of crises. She wants to know that we are
2667 making the investments. And what we are going to do is go
2668 into the communities.

2669 And by the way, part of this is not just on the medical
2670 side. Part of this is just making sure a woman has access to
2671 the type of information and services she needs during the
2672 pregnancy to make sure that she doesn't end up having a
2673 crisis on delivery.

2674 And so we are going to work closely with those who know
2675 how to do this, and I guarantee you we are going to make a
2676 difference. That \$200 million is going to be money well
2677 spent.

2678 *Ms. Kelly. Thank you.

2679 Last Congress the House passed the Maternal Health
2680 Quality Improvement Act in an overwhelmingly bipartisan
2681 fashion. The bill included grants for implicit bias training
2682 similar to the proposals in the budget request, as well as
2683 additional provisions to address maternal health and training

2684 for health care providers.

2685 Unfortunately, this bill did not become law last
2686 Congress, but I continue to believe these policies are
2687 critically important. Can you discuss the value of implicit
2688 bias training for health care providers, especially in the
2689 context of maternal health?

2690 *Secretary Becerra. And here is where Carolina, my
2691 wife, could do a far better job, because she has actually
2692 witnessed this, but what she would tell you is that, often
2693 times, when a woman -- especially a woman, but it could be
2694 anyone -- comes in, if you don't have a provider, a physician
2695 who has -- or other kind of provider who hasn't really
2696 experienced the type of circumstance that some of these --
2697 some of the patients come in with, it is tough. And we use
2698 our -- these biases that we don't even know about, these
2699 implicit biases to make judgments and decisions about the
2700 health care for these patients.

2701 And so what we need to do is just understand that we
2702 need people who have that sensitivity. We have to provide
2703 the training. But more than that, we have to give the
2704 patients some control over this to make sure that they know
2705 where to go to get the care that they need. And that is
2706 where, if we tackle the implicit bias the right way, what we
2707 are going to do is actually ensure a better outcome for, not
2708 just the patient, but, if it is a woman who is pregnant, for

2709 the future of our country.

2710 *Ms. Kelly. Any other additional policies you want the
2711 committee to consider?

2712 *Secretary Becerra. Well, I --

2713 *Ms. Kelly. You could send them on, if you don't have
2714 them off the top of your head.

2715 *Secretary Becerra. Well, listen, Medicaid has been
2716 relied on by so many of these mothers that we are talking
2717 about, if we could just make sure that we continue to support
2718 Medicaid, continue to urge some of those states that have not
2719 expanded their Medicaid to do so, we would really be dealing
2720 with this.

2721 And remember, we have now put a challenge out there. If
2722 there are states that want to expand care postpartum for a
2723 woman from 60 days to a year, we are with them, and we will
2724 provide them some additional support.

2725 *Ms. Kelly. Well, thank you so much. I look forward to
2726 working with you. I am proud to say Illinois was the first
2727 state to do it, so -- with your help.

2728 Thank you so much, and I yield back.

2729 *Ms. Eshoo. The gentlewoman yields back. And Mr.
2730 Secretary, no Member of the House of Representatives has done
2731 more on this issue than Ms. Kelly. So she is our leader on
2732 this.

2733 I understand that two Republicans, Mr. Carter of

2734 Georgia, Mr. Dunn of Florida, are not going to be
2735 questioning.

2736 So I am going to move to recognize Mr. Curtis of Utah
2737 for your five minutes of questions, followed by Ms. Barragan
2738 of California.

2739 *Mr. Curtis. Thank you, Madam Chair.

2740 And Mr. Secretary, it is nice to be here with you today,
2741 and I regret -- I have not been in Congress long enough to
2742 know you from your D.C. life, but it won't surprise you that
2743 you made a few headlines as attorney general in California,
2744 and I have heard of you. In that role you have led a charge
2745 against the previous Administration's efforts to expand
2746 access to association health care plans. And I would like to
2747 discuss those for a minute.

2748 Although you have led that charge, research shows that
2749 premiums in states that allow these plans decreased,
2750 enrollments in ACA-exchange plans increased, and the number
2751 of new plans offered in these marketplaces increased by 61
2752 percent. Those are all good numbers. However, the
2753 individual marketplace, prior to the actions taken by the
2754 previous Administration, which you oppose, tell a different
2755 story, and show an increase in premiums by 105 percent.

2756 Would you agree that, overall, philosophically, more
2757 plan offerings will strengthen our health care system and
2758 drive down costs, which is clearly the case here?

2759 *Secretary Becerra. Congressman, first, I welcome the
2760 opportunity to get to know you, and work with you, and thank
2761 you for the question and the thoughtful way in which you
2762 posed it.

2763 I will tell you that we want to make sure that Americans
2764 have a choice. Lots of choice, right? But we want to make
2765 sure that, when they choose, they are getting something that
2766 has value. And so whatever the source, however it is put
2767 together, we just want to make sure that Americans have a
2768 choice of plans that offer real benefits.

2769 *Mr. Curtis. I certainly can't disagree with that
2770 statement, but I do feel like sometimes that -- those of us
2771 make value decisions for other people, and that sometimes we
2772 need to let them make their own informed decisions.

2773 Now, let me just shift gears slightly. You have
2774 continually called for the ACA expansion, while calling
2775 short-term plans "junk plans.'" We have talked about that a
2776 number of times in this hearing. Despite this, the ACA plans
2777 have notoriously limited patient choices by cutting provider
2778 networks and implementing strict prior authorization
2779 standards, which only harm our most vulnerable patients.

2780 Isn't this just another form of health discrimination?

2781 And what would you say to rare disease patients with ACA
2782 plans who lost access to lifesaving care because of these
2783 actions?

2784 *Secretary Becerra. Congressman, I bet you, if you and
2785 I sat down, we would find that we could agree on this issue
2786 because, at the end of the day, we are looking for
2787 comprehensive plans that have quality coverage for all
2788 Americans.

2789 And there is, under the Affordable Care Act, a place for
2790 some short-term plans. But it is truly short-term plans for
2791 those who need short-term care, who are in between jobs, for
2792 example, or who are going overseas for a little while, and
2793 can't -- don't have the luxury to have a plan that is long-
2794 term, because you only need it short-term. So there is a
2795 place for that.

2796 But I think you and I would agree it is about quality,
2797 and making sure it is affordable for people. And the way you
2798 do that is to make sure that what they are getting is what
2799 they thought.

2800 *Mr. Curtis. Well, let me be the first to invite you to
2801 Utah in your new role. We would love that conversation, and
2802 would love to have a thoughtful dialogue with you. And I can
2803 promise you a delightful experience out in Utah when your
2804 travels take you out that way.

2805 Let me -- speaking of Utah, I have a very, very large
2806 rural part of my district, about 80 percent of my geography
2807 is rural, but only about 10 or 15 percent of my constituents.
2808 Telehealth has played just an amazing, critical role during

2809 the pandemic. There is an increasing sense that, I will say,
2810 the train has left the station, and these expanded services
2811 should be made permanent.

2812 I am also aware that private insurers that have
2813 committed to permanently reimburse for telehealth services
2814 planned to that end.

2815 What specific plans do you have for HHS to -- related to
2816 telehealth, as states reopen again?

2817 And what role do you see for Congress in making these
2818 plans permanent, especially for our seniors?

2819 *Secretary Becerra. Congressman, I think just about
2820 everything you just said on telehealth I agree with. I would
2821 just -- I would add a little bit.

2822 We have learned a lot from COVID on how to do this. We
2823 want to make sure we offer flexibility, but we want to make
2824 sure that we don't leave anyone out. And so it is a matter
2825 of making sure that we understand that telehealth requires
2826 broadband. There are certain communities, especially rural
2827 communities, that don't have access to good broadband. It is
2828 going to take resources to make sure that happens. Some
2829 parts of the country already can use telehealth, but what we
2830 don't want to do is find the inequities that we found as a
2831 result of COVID, where we leave certain communities, rural or
2832 poor, behind.

2833 And so we can do this working together, and it will take

2834 your effort, because some of these things we can do
2835 administratively, but a lot of it will --

2836 *Mr. Curtis. I am going to run out of time, but I want
2837 to just tell you it is as if we tee'd each other up, because
2838 I wanted to talk broadband with you, and we just, hopefully -
2839 - hopeful that you would support broadband as we reform it,
2840 and make it so it is more accessible.

2841 And, Madam Chair, zero seconds left. I yield my time.

2842 *Ms. Eshoo. Good job, excellent job, Mr. Curtis. The
2843 gentleman yields back.

2844 It is a pleasure to recognize our California colleague,
2845 Ms. Barragan, for her five minutes of questions.

2846 *Ms. Barragan. Thank you, Madam Chair, and thank you,
2847 Mr. Secretary, for joining us here today.

2848 Just to chime in a little on the conversation about
2849 migrants at the border, I was just at the Donna facility last
2850 Friday. There has been remarkable progress with the almost
2851 80 percent decline of kids that are now in Border Patrol
2852 custody. And that is why I want to applaud you, Mr.
2853 Secretary, for the work that you have done with HHS to get
2854 kids out of custody of Border Patrol as quickly as possible.
2855 When I was at the Donna facility, which, again, is a Border
2856 Patrol facility, there was no child there over 24 hours. So
2857 that has just been a success in the Administration on their
2858 willingness to take action, and to not have kids in Border

2859 Patrol custody.

2860 I mean, I did visit some of the HHS facilities, one
2861 there at Delphi, and of course, the one in Long Beach, right
2862 next to my district -- one, Mr. Secretary, I know you
2863 visiting soon -- to see that, not only are children being
2864 tested before they arrive, but they are being tested for
2865 COVID throughout the entire week there. And so it is great
2866 that you are able to visit that facility, and see firsthand.

2867 Mr. Secretary, I want to move on to a couple of issues
2868 that are near and dear to me. One is the issue of social
2869 determinants of health.

2870 We saw, as a result of the COVID-19 pandemic, that
2871 communities of color were hit very hard. And we have also
2872 seen that -- how a community's resources directly impact the
2873 health of its residents. Unsafe or unstable housing, food
2874 insecurity, the lack of transportation, all these things put
2875 some populations at higher risk during this pandemic
2876 emergency. Addressing these social determinants of health is
2877 crucial to reducing health disparities, not only during the
2878 current crisis, but we must work to strengthen our public
2879 health infrastructure into the future.

2880 I was excited to see that President's budget request,
2881 \$153 million to the CDC's Social Determinants of Health
2882 Program, which was modeled after my bill, the Improving
2883 Social Determinants of Health Act, or H.R. 379, which

2884 supports state, local, territorial, and tribal health
2885 agencies, address these underlying issues that contribute to
2886 inequity.

2887 Mr. Secretary, can you talk about the Administration's
2888 commitment to addressing social determinants, and why you
2889 believe funding programs, including at the CDC, is crucial in
2890 addressing disparities?

2891 *Secretary Becerra. Congresswoman, thank you for the
2892 question, great to be with you, and I look forward to working
2893 with you on this particular issue. I know this is a lifetime
2894 commitment for you, as it is for me.

2895 We are not only going to take the resources that the
2896 President wants to make available to us, but I have made it
2897 very clear throughout the Department, here at HHS, that
2898 equity will permeate everything we do. So it is not just in
2899 the programs that we are trying to administer or create, it
2900 is in everything that we will do at HHS. We take into
2901 account that we have to remember those who have often times
2902 been left in the corners.

2903 And so those social determinants of health, by the way,
2904 we need good data to know what those determinants are. We
2905 have to make sure we are collecting good data. We have to
2906 make sure we are working really hard with our local partners
2907 to make sure they also get it. That equity should be at the
2908 forefront of what they do.

2909 And if you will give me a second, Congresswoman, I would
2910 like to just say thank you to you for your efforts and help
2911 in making sure that the Long Beach site that we are using for
2912 some of these unaccompanied migrant children is not only
2913 working, but working well. And I think I have to tip my hat
2914 to the people at the Health and Human Services Agency who
2915 have been doing just a phenomenal job in making sure we do it
2916 the right way.

2917 *Ms. Barragan. Well, thank you. Thank you, Mr.
2918 Secretary.

2919 I was excited to hear that the President discussed
2920 ending cancer, as we know it, during his joint address to
2921 Congress. I wish to take a moment to highlight one form of
2922 cancer, multiple myeloma. Unfortunately, my sister, who is
2923 only a year older than me, last November was diagnosed with
2924 multiple myeloma. It was pretty devastating for me and my
2925 family and, of course, to her and her family.

2926 This is a cancer that forms -- is a type of a blood
2927 cancer -- let me back up here. Multiple myeloma is a cancer
2928 that forms in a type of white blood cell, and accumulates in
2929 the bone marrow. In 2021 it is estimated that there will be
2930 34,920 new cases of myeloma, and an estimated 12,410 people
2931 will die of this disease.

2932 Unfortunately, large socioeconomic, geographic, and
2933 racial disparities exist in myeloma treatment, which can

2934 greatly impact patient outcomes. Among these disparities
2935 include delayed diagnosis, stem cell utilization rates,
2936 limited access to new therapies, and access to clinical
2937 trials.

2938 I just wanted to put this on your radar, Mr. Secretary,
2939 so that we can make sure we are looking at things like
2940 multiple myeloma when we are looking at where to invest the
2941 \$6.5 billion.

2942 And I also want to applaud the Administration and you
2943 for looking at climate change, and making sure that we are
2944 looking at this as a public health crisis, and addressing
2945 that, as well.

2946 And with that, I yield back.

2947 *Ms. Eshoo. The gentlewoman's time has expired. It is
2948 a pleasure to recognize Dr. Joyce of Pennsylvania for his --
2949 am I doing this right? Yes.

2950 *Mr. Joyce. Thank you.

2951 *Ms. Eshoo. Dr. Joyce, you are recognized for your five
2952 minutes.

2953 *Mr. Joyce. Thank you, Chair Eshoo and Ranking Member.

2954 This is a great opportunity to be with you here today,
2955 Secretary. I would like to return to some of the remarks
2956 that you made earlier, when it didn't seem clear that you
2957 understood what my colleague, Mr. Bilirakis, meant by the
2958 term "partial birth abortion.'" And I think that it needs to

2959 be defined as it is in statute. Section 1531 of Title 18
2960 U.S. Code is literally titled, "Partial Birth Abortions
2961 Prohibited.'" That statute very clearly defines this
2962 inhumane procedure in section B, subsection 1.

2963 So now, with that clarification, could you please
2964 recognize that that does exist in statute?

2965 And I would ask you, do you agree that this law is
2966 correct?

2967 *Secretary Becerra. Congressman, thank you very much,
2968 and thanks for trying to clarify. I actually -- I think I
2969 understood the question, and I think I understand your
2970 question, as well. What I am trying to explain is that the
2971 term, "partial birth abortion," may be recognized in
2972 politics, and by politicians, but it is not a medically-
2973 recognized term.

2974 Perhaps, if you were to talk about what you probably
2975 know as dilation and extraction, which is a procedure used by
2976 OB/GYNs like my wife, to care for a woman who is having a
2977 difficult pregnancy, where there is a chance that the fetus
2978 will not survive, then we can talk about that.

2979 But what I am saying to you is that, under the law, a
2980 physician or any provider of health care must make sure that
2981 it -- he, or she, it abides by the law. And right now, what
2982 our law says, and it is pretty settled, is that a woman is
2983 entitled to reproductive rights.

2984 And so my question is not so much with the term,
2985 "partial birth abortion," it is with what the rights are of
2986 a woman under our statutes and under our precedents to
2987 provide her with reproductive care that she is entitled to.
2988 And, as my wife would tell you, as an OB-GYN, is that the
2989 dilation and extraction procedure that is often used, late-
2990 stage abortions for women, it is to protect the health and
2991 life of that woman.

2992 *Mr. Joyce. So, just for further clarification, partial
2993 birth abortions are prohibited right now under current
2994 statute, and that is something that you recognize, correct,
2995 Mr. Secretary?

2996 *Secretary Becerra. Congressman, as I said, I recognize
2997 that the law provides women with reproductive rights, and
2998 that the Roe versus Wade decision made very clear under what
2999 circumstances women can exercise those rights.

3000 I will do everything I can to make sure we comply with
3001 precedent and the law when it comes to protecting a woman's
3002 right to her reproductive health.

3003 *Mr. Joyce. And that does include enforcing this
3004 statute, correct?

3005 *Secretary Becerra. I will make sure that we are
3006 providing women with the protections they need on their
3007 reproductive rights and, again, there -- with all due
3008 respect, I know that this is a very sensitive issue for a lot

3009 of folks, but I think most medical practitioners will tell
3010 you they understand what a dilation and extraction procedure
3011 is. I doubt that most of them can give you a medical
3012 definition of what "partial birth abortion" is.

3013 *Mr. Joyce. As a physician myself, Mr. Secretary, I
3014 think I clearly understand what a partial birth abortion is.

3015 Let's move on at this point in time, please, and I see
3016 we are narrowing down.

3017 During your tenure as the California attorney general,
3018 you sued the Federal Government to protect a California
3019 regulation that required churches to pay for abortions in
3020 their health care plans. You also sued the Little Sisters of
3021 the Poor, seeking to force a Catholic group of nuns to pay
3022 for contraception and abortions.

3023 During your confirmation hearing you stated that you
3024 would recuse yourself from participating in matters related
3025 to litigation you pursued against the Federal Government.
3026 Would you provide for us a list of every matter from which
3027 you would personally recuse yourself?

3028 *Secretary Becerra. Congressman, first, to respond on
3029 to the actions that I took as the attorney general, again, as
3030 I said, I respect that there are different, deeply-held
3031 beliefs on the matter of abortion. And what I did when I was
3032 attorney general was comply with the law, and enforce the
3033 law.

3034 But I will say to you, to correct the record, I never
3035 sued any nuns. I never sued any organization that had a
3036 religious exemption. What I did was I took actions to make
3037 sure that providers, who are under obligation by law to
3038 provide services to all people, including women who are
3039 pregnant, did so. And so, however it might be described, the
3040 reality is that I simply protected the rights of Americans to
3041 get the health care that they are entitled to under the law.

3042 I have forgotten how the second part of that -- or the
3043 second question that you had.

3044 *Mr. Joyce. The second part asked you to include a list
3045 of any matters that you personally would recuse yourself
3046 because of previous litigation.

3047 *Secretary Becerra. Yes, and I made it clear when I was
3048 getting confirmed that I signed an ethics agreement not to
3049 involve myself directly with any matters with which I was
3050 directly involved in litigation as attorney general for the
3051 State of California.

3052 *Ms. Eshoo. Right, and the gentleman's time has
3053 expired.

3054 *Mr. Joyce. Thank you --

3055 *Ms. Eshoo. The chair now -- thank you. The chair now
3056 recognizes the gentlewoman from Delaware, Ms. Lisa Blunt
3057 Rochester.

3058 *Ms. Blunt Rochester. Thank you so much, Madam

3059 Chairwoman and Ranking Member, and thank you, Secretary
3060 Becerra, for joining us and presenting the Administration's
3061 fiscal year 2022 funding request for HHS.

3062 As a former Delaware deputy secretary of health and
3063 social services, state personnel director, and CEO of our
3064 Urban League, I understand all too well the challenges you
3065 would face under normal times. But your leadership during
3066 this pandemic is critical, and we are so fortunate to have
3067 you in your role as we recover and rebuild.

3068 I am also pleased to see our shared focus and priorities
3069 of strengthening outreach and enrollment in the ACA, a focus
3070 on the social determinants of health, telehealth, value-based
3071 health care systems, and systemic equity to improve outcomes.
3072 And I look forward to working with you.

3073 Today I want to focus on an issue that has
3074 disproportionately affected communities of color: climate
3075 change. For decades, policy decisions at the Federal, state,
3076 and local levels have led Black, Brown and indigenous
3077 communities living near toxic and polluted environments, even
3078 though the link between these conditions -- air pollution and
3079 increased rates of illness like cancer and asthma -- is well
3080 documented.

3081 The Administration's funding request proposes
3082 establishing a new Office of Climate Change and Health Equity
3083 to reduce disparities in communities of color, low-wealth

3084 households, tribal communities, and other marginalized groups
3085 overburdened by the health impacts of climate change.

3086 Mr. Secretary, can you discuss how this office will
3087 differ from existing HHS agency efforts around climate
3088 change, such as the NIH climate change and human health, and
3089 the CDC climate and health programs?

3090 *Secretary Becerra. Congresswoman, thank you for the
3091 question, and I absolutely appreciate the chance to respond
3092 to that. We are going to focus directly now, as a result of
3093 these resources, on climate change.

3094 By the way, I should mention that, as attorney general,
3095 I established the Environmental Justice Bureau in our
3096 Department, because we know, as you have sort of said, it is
3097 our communities that are first and worst hit by climate
3098 change.

3099 And so we want to get there before the hit gets there.
3100 And in order to do that, we have to have the resources to
3101 start letting people know about clean water, about asthma
3102 when you have dirty air, about those toxic sites that might
3103 be built in your community, about the impact of building a
3104 large warehouse right next to a school and residential
3105 communities, where you are going to have semi trucks driving
3106 24/7, right by all those communities, spewing diesel gas --
3107 diesel exhaust.

3108 And so we are going to get out there and work with

3109 communities to make sure we provide equity, but, more
3110 importantly, we fight for -- to protect the health of these
3111 communities.

3112 *Ms. Blunt Rochester. And how does this proposal build
3113 on past presidential initiatives to tackle the
3114 disproportionate impact of climate change?

3115 *Secretary Becerra. Well, the most important way is it
3116 actually has money behind it. And that gives us a chance to
3117 really do something. You can always talk. You just have to
3118 have the resources and the fuel to walk. And we intend to
3119 walk our talk.

3120 *Ms. Blunt Rochester. Excellent. And my last question,
3121 I am going to kind of combine two. I want to talk a little
3122 bit about why the Administration views it necessary to focus
3123 on health equity, and also talk about what agencies or
3124 organizations will you seek to partner with through this
3125 office.

3126 *Secretary Becerra. So COVID-19 exposed the worst parts
3127 of our system, where we miss people. I mean, they were
3128 hiding in plain sight, you and I know that. And now we see
3129 it. And so now we have an obligation to do something about
3130 it.

3131 And I think what we will do differently is we are not
3132 going to just rely on the traditional sources of support. We
3133 are going to go directly to these communities that have been

3134 worst hit and first hit, and ask them, "How can we help,
3135 because we know you have had to live this?'"

3136 And, for the first time, I think we can say we are going
3137 to bring some real resources behind what we want to do.

3138 *Ms. Blunt Rochester. Excellent, excellent. Thank you
3139 so much, Mr. Secretary. Again, we are looking forward to
3140 working with you on this issue, as well as so many others. I
3141 was fortunate to work to push for marketing and outreach in
3142 our More Health Education Act in the last Congress for the
3143 ACA, and I am so glad to see the efforts that the
3144 Administration has made, especially during a pandemic, to
3145 ensure more people have access to health care. And I am
3146 looking forward to working with you on other issues, as well.

3147 Thank you, and Madam Chair, I yield back my time.

3148 *Ms. Eshoo. Excellent. The gentlewoman yields back.
3149 It is a pleasure to recognize our resident pharmacist on our
3150 committee, Mr. Secretary, the gentleman from Georgia, Mr.
3151 Carter, for five minutes.

3152 *Mr. Carter. Thank you, Madam Chair. And thank you,
3153 Mr. Secretary, for being here.

3154 Mr. Secretary, it has been almost 14 months now since
3155 the COVID-19 pandemic started. And it began in China, we
3156 know that. But we still don't know the origin, as far as
3157 whether it started at a wet market, or if it started at the
3158 Institute of Virology. And we haven't even had an

3159 investigation into telling us this. And we need to get to
3160 the bottom of it, obviously. And I am sure you agree with
3161 that. We need to know, so that we can prevent this from
3162 happening again. That is crucial.

3163 I want to ask you very quickly, can you just give me
3164 your perspective on how the U.S. and the global community --
3165 because this, in fact, impacts all of us -- how the global
3166 community can hold China accountable, and ensure that a
3167 credible investigation into the origin of the COVID-19 can be
3168 conducted?

3169 *Secretary Becerra. Congressman, thank you for the
3170 question.

3171 I agree with you, we want to make sure that there is a
3172 transparent process that is based on evidence, that helps
3173 guide us in trying to take a look at this and dig down deep.
3174 We want to have accountability. We are now back on stage
3175 with the World Health Organization, working with them. And
3176 we provided some guidance to them on what we think would make
3177 for a critical, thorough, comprehensive review of the
3178 circumstances behind COVID-19.

3179 And so I look forward to partnering with you as we try
3180 to work with our international partners to make sure we get
3181 to the bottom of these things.

3182 *Mr. Carter. Do you think that China and the World
3183 Health Organization should be pushed to allow an

3184 investigation into the possible origins, whether it be the
3185 wet market or the lab?

3186 *Secretary Becerra. Well, we have already been pushing
3187 the WTO in trying to make sure that we do a thorough
3188 assessment of this. We have been in communication with China
3189 on any number of issues relating to COVID. And we are going
3190 to continue to push because, at the end of the day -- I think
3191 you will agree with this -- we have to understand how COVID
3192 surfaced, we have to understand how it spread, so we could
3193 try to make sure we are prepared for the next time we have
3194 this kind of a public health crisis.

3195 *Mr. Carter. Okay. Mr. Secretary, in 2017, this
3196 committee, the Energy and Commerce Committee, was
3197 instrumental in enactment of legislation that would allow
3198 consumers to have access to over-the-counter hearing aids.
3199 And it was bipartisan legislation, as is often the case out
3200 of this committee. I submit that this is the most bipartisan
3201 committee in Congress.

3202 And on the bipartisan basis, the House and the Senate
3203 repeatedly inquires of the FDA on the status of this
3204 regulation. But ever since last year, month after month, the
3205 FDA just says, "It is a priority, but we can't tell you where
3206 the regulation is at."

3207 I am hearing -- and I have been told -- that there are
3208 rumors that the regulation can't move until we have a

3209 permanent FDA commissioner. Is that true?

3210 *Secretary Becerra. First, that is not true. And
3211 secondly, if I can just say that my mom doesn't live in
3212 Georgia, but if she did she would vote for you right now,
3213 because she is one of those victims of these hearing aid
3214 marketing schemes, and is anxious to hear my answer, just as
3215 you are.

3216 And so I look forward to working with you, because we
3217 are going to get that out. We don't have to wait until we
3218 have a permanent commissioner. It is an important
3219 rulemaking, and we will work closely with you on trying to
3220 make sure that Americans, if they are going to participate in
3221 purchasing these hearing aids, they get what they are
3222 supposed to get.

3223 *Mr. Carter. Do you have a date, a date certain, that
3224 you can tell me?

3225 I mean, is it --

3226 *Secretary Becerra. Congressman, if I could tell you a
3227 date certain, I probably would have to give folks a date
3228 certain on a lot of other matters. We are working on it.
3229 But I can tell you -- my mom is probably going to push harder
3230 than you are on getting a date certain --

3231 *Mr. Carter. I understand. Is it still undergoing --
3232 [Audio malfunction.]

3233 *Secretary Becerra. It is still undergoing review.

3234 *Mr. Carter. Any idea when that will be completed?

3235 *Secretary Becerra. -- on that, Congressman.

3236 *Mr. Carter. Please --

3237 [Audio malfunction.]

3238 *Mr. Carter. -- suffer from antimicrobial --

3239 infections, and we have over 48,000 -- infections, and we

3240 have seen, with the COVID-19 pandemic, as it continues, a

3241 sizable number of patients are suffering from secondary

3242 infections, with CDC identifying resistant secondary

3243 infections, outbreaks as COVID-19 -- this reinforces, in my

3244 opinion, the urgent need to -- for access to effective

3245 antimicrobial products as part of our pandemic preparedness

3246 and response.

3247 Can you commit to me, Mr. Secretary, that -- working

3248 together to address the antimicrobial resistance in a way

3249 that creates --

3250 [Audio malfunction.]

3251 *Secretary Becerra. -- deadly afraid of what happens if

3252 we overuse some of these --

3253 [Audio malfunction.]

3254 *Secretary Becerra. -- so absolutely, I look forward to

3255 working with you on that.

3256 *Mr. Carter. We also need to --

3257 *Ms. Eshoo. The gentleman's --

3258 *Mr. Carter. -- work with the overprescribing of

3259 certain antibiotics, as well.

3260 *Ms. Eshoo. The gentleman's time --

3261 *Mr. Carter. As a pharmacist, I can tell you that is a
3262 problem.

3263 Thank you, Madam Chair and I yield.

3264 *Ms. Eshoo. Yes, the gentleman's time has expired.

3265 The chair is pleased to recognize the gentlewoman from
3266 Minnesota --

3267 *Ms. Craig. Well, thank you so much --

3268 *Ms. Eshoo. -- Ms. Craig, for your five minutes.

3269 *Ms. Craig. -- Madam Chairwoman, and Mr. Secretary, it
3270 is great to see you again. The last time I saw you in
3271 person, I was in -- we were in Eagan, Minnesota. So it is
3272 great to see you.

3273 I want to start just by saying thank you. I can't tell
3274 you how pleased I am about yesterday's announcement that HHS
3275 will enforce civil rights protections for LGBTQ Americans
3276 related to health care. So thank you so much for your
3277 leadership, and the Administration's inclusion as a matter of
3278 policy.

3279 Also, as I listen to your testimony here today, it is
3280 all of the reasons and thinking behind why I am here. That
3281 is, we have got to have a robust funding program for the NIH,
3282 for CDC, restocking the National Stockpile, addressing
3283 maternal mortality and morbidity. All of these things is

3284 exactly why it is such an honor to serve on the Health
3285 Subcommittee in this Congress. And I am just so proud of
3286 your leadership in this Administration.

3287 Beyond all of that, in the funding for these agencies,
3288 and making sure that we have world-class innovation coming
3289 out of them, my top priority in Congress is to lower the cost
3290 of health care and prescription drugs, and improve access for
3291 all Americans.

3292 Last month I was proud to reintroduce a bill called the
3293 State Health Care Premium Reduction Act that would provide
3294 HHS with funding to help states set up reinsurance programs,
3295 or extend financial assistance to folks on the individual
3296 market. We all know that that remains a critical issue,
3297 lowering and stabilizing the cost of health care out there in
3298 the individual market. According to the CBO, this bill would
3299 actually lower premiums by about eight percent in the
3300 individual market.

3301 Secretary Becerra, do you have any comments on that, as
3302 a policy matter, and does HHS support, just as we did for a
3303 few years at the beginning of the Affordable Care Act,
3304 helping states with Federal funding to set up those
3305 reinsurance programs and lower premiums in the individual
3306 market?

3307 *Secretary Becerra. Congresswoman, great to see you,
3308 and I absolutely agree with what you have said. We need to

3309 have a stable market. Reinsurance is one of the ways that we
3310 can help make sure we do.

3311 *Ms. Craig. Well, thank you so much for that.
3312 Reinsurance, obviously, is just one tool, I know, that we can
3313 use to shore up the ACA, and to make sure that health care is
3314 more affordable for hardworking Minnesota families.

3315 Next I want to turn to the American Rescue Plan just --
3316 for just a moment, which included health insurance premium
3317 assistance for so many Americans at a time when they are
3318 struggling financially. And I want to give credit to my
3319 colleague and classmate, Representative Lauren Underwood, for
3320 her championing and persistence in making sure that this was
3321 part of the American Rescue Plan.

3322 The landmark legislation extended ACA subsidies to more
3323 Americans, including, for the first time, individuals with
3324 income above 400 percent of the Federal poverty line.

3325 I also just want to take a moment to give this
3326 Administration credit for reopening, for that special
3327 enrollment period during a public health crisis, the ACA, to
3328 Americans.

3329 So, Secretary Becerra, can you just briefly discuss the
3330 impact of the enhanced subsidies on premiums, and how many
3331 individuals you have seen already with their monthly premiums
3332 decrease?

3333 *Secretary Becerra. Congresswoman, the fact that there

3334 are a million new enrollees to the Affordable Care Act during
3335 the special enrollment period shows what happens when you
3336 give them a chance to learn that they can save money. And
3337 that was because of what you all did with the American
3338 Recovery Plan, by giving us a chance to reduce the cost of
3339 their premiums.

3340 Now, the American Family Plan, which we hope that you
3341 will get to as well, will make permanent those savings that
3342 those Americans who are signing up for coverage are getting.
3343 And I -- what is great is, if you get four million more
3344 Americans coming on board because they too will save money,
3345 that is what you have done. You have just put a major -- and
3346 to the chairman's thinking -- more than just a dent in the
3347 uninsured in America, you are really going towards getting us
3348 to the point where every American can really say health care
3349 is a right, not just a privilege.

3350 *Ms. Craig. Secretary Becerra, you read my mind,
3351 because that was my last question to you about making that
3352 permanent. So thank you so much.

3353 In the time that I have remaining I just want to note
3354 that -- the importance of the 340B program, how important
3355 that is for providing access to care for low-income and rural
3356 patients in my district. I would encourage you to take swift
3357 action to protect that vital program.

3358 And with that, Madam Chairwoman, I yield back.

3359 *Ms. Eshoo. The gentlewoman yields back. It is a
3360 pleasure to recognize the gentleman from Texas, Mr. Crenshaw.

3361 And it is great to have you with us. You are
3362 recognized.

3363 *Mr. Crenshaw. Thank you, Madam Chair. It is always
3364 great to be with you, as well. I wish I could be with all of
3365 you in D.C. But, you know, I guess there is a small benefit
3366 of this surgery. You can't go to D.C. for six weeks. But I
3367 do miss you guys.

3368 Mr. Secretary, thank you for being with us. I want to
3369 follow up on Dr. Burgess's questioning on the situation with
3370 Texas and our 1115 waiver, and I want to drill down as to why
3371 this happened.

3372 So this is a longstanding waiver, the extension of which
3373 was rejected by a career staffer at CMS, who was temporarily
3374 the head of CMS. It doesn't seem likely that they just took
3375 it upon themselves to reject that waiver. Who told them to
3376 do that?

3377 *Secretary Becerra. Congressman, I wish you well in
3378 getting back to D.C., although I imagine you are not missing
3379 not being in D.C. and getting to stay in your home state.

3380 But on the question of the waiver, again, I think it is
3381 important to recognize that Texas still has its waiver. Its
3382 waiver continues in force. Nothing has changed. What we are
3383 talking about is an extension of 10 years that was added to

3384 the existing waiver, without public comment, and without
3385 notice. And that was -- that is extraordinary, when you
3386 think about it, given that it was a 10-year waiver, not a 5-
3387 year or shorter waiver. And it -- you are talking about
3388 billions of dollars.

3389 And so what CMS is doing is what we would expect CMS to
3390 do, is we are trying to make sure that we are transparent,
3391 and we show accountability, because we have to make sure we
3392 are following the law, and we are working with your
3393 leadership in the state, and along with your delegation to
3394 try to make sure that, as Texas moves forward, if it wants to
3395 continue the waiver, we are going to be working with you to
3396 make sure we can see that happen.

3397 *Mr. Crenshaw. Okay, so it had your full approval to
3398 revoke that waiver that was approved by the previous -- or
3399 revoke that extension that was approved by the previous
3400 Administration, and had the White House's approval, your
3401 approval? It wasn't some staffer that went rogue.

3402 *Secretary Becerra. Well, I can guarantee you that
3403 there is not a staffer that is going rogue. But remember,
3404 much of the work that was done was done before I was
3405 confirmed.

3406 But what I will tell you is I concur with the actions
3407 that were taken by CMS in looking closely, and working with
3408 Texas to look closely at the waiver that they have asked for

3409 as an extension. Again, the existing --

3410 *Mr. Crenshaw. Well, we understand there might be
3411 disagreements on the interpretation of the powers under
3412 COVID, right? They approved it in a fast-track way under
3413 COVID. That is what happened. Your Administration disagrees
3414 with that interpretation. So be it.

3415 But to revoke an entire waiver, which has a massive
3416 effect for the future of Texas programs, I mean, it puts us
3417 into a very difficult situation because our entire system is
3418 predicated on this particular waiver, and it is a
3419 longstanding waiver, too. You know, it is -- yes, it is an
3420 extension of a longstanding waiver. This isn't some extreme
3421 thing. What is extreme is revoking an extension, which has
3422 never been done before.

3423 So, you know, if you have a procedural issue with it, I
3424 get that. But to take such an extreme action as a result is
3425 really hard for Texans to understand. And can you commit
3426 right now that, if they resubmit, that it will get approved?

3427 *Secretary Becerra. Well, we are closely working with
3428 Texas to make sure, if they wish to resubmit, they can.

3429 But Congressman, I would have to say that any time you
3430 are talking about getting an extension two years in advance,
3431 and using COVID as the reason why you had to do it without
3432 giving Americans a chance to know about it or to comment,
3433 that is, to me, is a stretch.

3434 All I know is that we have to abide by the law at HHS
3435 and at CMS. We have to be transparent in the way we do it.
3436 All we are asking is that Texas participate with us to make
3437 sure that that transparency is there --

3438 *Mr. Crenshaw. Okay, so they applied for it under the
3439 letter of the law. If they resubmit, can you guarantee that
3440 it will be approved, if they submit it according to the law,
3441 as they already did?

3442 *Secretary Becerra. If and when Texas resubmits, we
3443 will look at that, according to the law, and we will go
3444 through the process that provides for notice and comment, so
3445 we can make sure that we get the input of all stakeholders to
3446 make sure that whatever Texas does complies with the law and
3447 has the support of those who are going to be impacted.

3448 *Mr. Crenshaw. My last question, you seemed to indicate
3449 earlier that you actually do not support or do not recognize
3450 the statute on partial birth abortions. Can we answer that
3451 more clearly now?

3452 Yes or no, do you recognize the statute that outlaws
3453 partial birth abortions?

3454 *Secretary Becerra. So, again, trying to be as clear as
3455 I can on this. There are procedures that are used in
3456 providing women with the health care they need, including
3457 when they have --

3458 *Mr. Crenshaw. It is a very clear statute, Mr.

3459 Secretary, please don't waver on this. The Supreme Court has
3460 already spoken on this particular statute. Do you recognize
3461 it, yes or no?

3462 *Secretary Becerra. Well, I certainly recognize what
3463 the Supreme Court has said. And we will abide by what the
3464 Supreme Court requires, and we are going to make sure that we
3465 protect women's rights to health care.

3466 *Ms. Eshoo. The gentleman's time has expired. We thank
3467 him --

3468 *Mr. Crenshaw. Thank you.

3469 *Ms. Eshoo. -- for his questions. And heal and be
3470 well.

3471 The chair is now pleased to recognize --

3472 *Mr. Crenshaw. Thank you, I yield back.

3473 *Ms. Eshoo. -- one of the fine doctors on our
3474 subcommittee, Dr. Schrier of Washington State, for five
3475 minutes.

3476 *Ms. Schrier. Thank you so much, Madam Chair, and
3477 welcome, Secretary Becerra. Thank you for coming to this
3478 committee to talk with us about your priorities in the HHS
3479 budget.

3480 First, just as a pediatrician, I want to thank you for
3481 prioritizing children in so many ways. But I want to talk
3482 about something else today. I want to -- the Advanced
3483 Research Projects Agency for Health, ARPA-H, to focus on

3484 breakthrough research for diseases like cancer, diabetes, and
3485 Alzheimer's. We have just witnessed, with Operation Warp
3486 Speed, how quickly medical advances can happen when
3487 government targets investment and ameliorates that risk. And
3488 this keeps us right on the cutting edge of research and
3489 development to treat and cure some of our most devastating
3490 and dreaded diseases.

3491 Now, I was also especially thrilled to see the
3492 investment in the Office of the Assistant Secretary for
3493 Preparedness and Response, in ASPR, and I agree that
3494 defeating COVID-19 should be our current priority, along with
3495 preparedness for the next public health challenge or
3496 pandemic. This one has been quite a lesson in preparedness,
3497 and in what we can even do better next time.

3498 And I would also suggest that readiness to quickly
3499 deploy a robust testing strategy, in addition to shoring up
3500 our National Stockpile is critical for this pandemic and for
3501 the next one.

3502 And depending on how effective the current vaccines
3503 remain -- right now things are looking good -- and also,
3504 depending on how many of us get vaccinated, testing might be
3505 able to take a back seat for right now, but that is a big
3506 may. And we have all seen how important rapid diagnostics
3507 are in containing disease and containing the spread.

3508 And we didn't do it well in the U.S. We really stumbled

3509 at first, we never really caught up. We are still not doing
3510 surveillance testing. Even today -- and the vaccines are
3511 proven to be remarkably effective, but suboptimal public
3512 uptake and global circulation means that we are probably
3513 going to be living with COVID-19 for a long time. And I just
3514 want to make sure that we are using every tool we have. We
3515 still need to have a robust testing program for diagnosis and
3516 surveillance that includes inexpensive at-home tests that
3517 could be manufactured at scale, and we need it now, thinking
3518 about schools, and we will need it for future infectious
3519 disease threats.

3520 And the coordinated interagency work of the CDD -- CDC,
3521 the Department of Defense, NIH, FDA, and ASPR is doing to
3522 reopen schools and get that testing to market is phenomenal.
3523 I want to highlight the work that ASPR has done with BARDA.
3524 However, even in their own assessment, they acknowledge that
3525 testing still needs to be more widely available, more
3526 affordable, and more convenient.

3527 So, Secretary Becerra, can you just tell us if you have
3528 plans for additional investments in ASPR, BARDA to continue
3529 developing and deploying a really sustainable and scalable
3530 testing strategy?

3531 *Secretary Becerra. Congresswoman, thank you for the
3532 question. And listen, I can't agree more with what you have
3533 just said, and we discussed -- I answered some questions

3534 about testing a little earlier.

3535 We are not done. Even if we fully vaccinate, we are not
3536 done. We have a lot of work to do because testing, it is the
3537 prevention part of dealing with an illness or a crisis. It
3538 is trying to avoid it from spreading and becoming the
3539 pandemic, the real crisis. And testing will be part of any
3540 package that we try to implement to make sure that we are
3541 dealing with health care crises moving forward.

3542 By the way, I would be remiss if I didn't thank you for
3543 the work that you have made in -- done in helping us ensure
3544 that we have testing available for Americans throughout the
3545 country, and perhaps it is because of your own background and
3546 training that you understand that, in order to keep people
3547 healthy, especially our kids, we want to make sure that we
3548 know where the crisis might occur.

3549 And so we are going to continue to make investments.
3550 ASPR is critical. BARDA is critical. ARPA-H will be just
3551 innovative and breakthrough in helping us get there. So I
3552 hope we can work with you to make sure that testing is part
3553 of any program that we have to protect Americans.

3554 *Ms. Schrier. I would love that. And I know there was
3555 a question earlier about what are we going to do with all
3556 this extra money for testing. I can think of a million ways
3557 to spend it, and one of them is having tests that cost --
3558 right now, \$12 each is our over-the-counter test, and that is

3559 just too much for using on a regular basis. So I could see
3560 investing boldly there. I could see deploying testing in
3561 elementary schools until we have vaccinations roll out, and
3562 widely accepted for kids.

3563 Last question. You talked about Congress helping. Is
3564 there anything that you specifically need from Congress to
3565 make surveillance, home testing, scaling up possible?

3566 *Secretary Becerra. Aside from the resources, I would
3567 tell you your connections. You know the people on the ground
3568 in your district who can help us most. Help us connect with
3569 them as quickly as possible.

3570 *Ms. Schrier. Okay, great. Thank you.

3571 *Ms. Eshoo. The gentlewoman's time has expired. It is
3572 a pleasure to recognize the gentlewoman from Arizona.

3573 Mrs. Lesko, you have five minutes.

3574 *Mrs. Lesko. Thank you very much, Madam Chair. Before
3575 I get to my question I would like to ask unanimous consent to
3576 submit a copy of an article from ABC 15 News in Phoenix for
3577 the record. It is entitled, "Valley Family Pleads with FDA
3578 for Access to Experimental Drug for Fatal Children's
3579 Disease.''

3580 [Audio malfunction.]

3581 *Ms. Eshoo. -- need to submit it.

3582 *Mrs. Lesko. Thank you.

3583 Secretary Becerra, thank you for being here. The FDA's

3584 world-class drug --

3585 [Audio malfunction.]

3586 *Ms. Eshoo. Am I unmuted?

3587 Mrs. Lesko, you need to unmute. Can you hear us?

3588 *Mr. Guthrie. I think she is frozen.

3589 *Mrs. Lesko. Yes.

3590 *Mr. Guthrie. There she is.

3591 *Ms. Eshoo. There you are.

3592 *Mrs. Lesko. I am unmuted on my side.

3593 *Ms. Eshoo. All right, start your question again,
3594 because we didn't hear it.

3595 *Mr. Guthrie. Madam Chair, I think she is freezing up.

3596 *Ms. Eshoo. Yes, why don't we --

3597 *Mrs. Lesko. All right. Can you hear me now?

3598 *Mr. Guthrie. Yes.

3599 *Ms. Eshoo. Yes, go ahead.

3600 *Mrs. Lesko. All right, I am just going to use -- I
3601 think what is happening is I have my statement, and I am just
3602 going to read it.

3603 Secretary Becerra, thank you for being here. The FDA's
3604 world-class drug approval process ensures medicines do
3605 exponentially more good than harm to the American public.
3606 But in rare situations, the only option for very ill people
3607 is a medicine that is not yet approved by the FDA. These are
3608 dealt with under the FDA's compassionate use or extended use

3609 program.

3610 I want to bring to your attention, sir, Woodrow Miller.
3611 He is a constituent of mine who is only 21 months old and,
3612 tragically, has named Niemann-Pick Type C disease. NPC is a
3613 rare, progressive genetic disorder which can begin to show
3614 symptoms in children very early in their lives. Symptoms
3615 include difficulty moving limbs, an enlarged spleen or liver,
3616 a decline in intellect, dementia, seizures, difficulty
3617 speaking, and swallowing, a loss of muscular functioning,
3618 loss of vision or hearing. The one glimmer of happiness in
3619 this very tragic prognosis is the medicine that doctors in
3620 the field of neurology believe can delay, for some children,
3621 the most impactful symptoms of the disease.

3622 Unfortunately, due to a discontinued clinical trial,
3623 Woodrow is not able to gain access to the medicine his doctor
3624 believes can help him. I have spoken to Woodrow's mother,
3625 Denise, and I want to do everything I can to help. Denise
3626 has spoken with many doctors. We have got letters from many
3627 doctors, and heard Woodrow's doctor. My staff has also
3628 spoken with Denise, and have been in touch with the FDA
3629 staff, both through the phone and email. FDA staff are
3630 sympathetic and responsive, but have not found a path forward
3631 yet.

3632 Last week I sent a letter to Acting Commissioner
3633 Woodcock, asking her to review Woodrow's situation and use

3634 the authorities at her disposal to help Woodrow quickly gain
3635 access to the medicine his doctor recommends. Quite frankly,
3636 time is of the essence. I can't stress this enough. NPC is
3637 a degenerative disease. Once the child loses functions, it
3638 is unlikely he will regain them.

3639 Mr. Secretary, will you direct your staff to follow up
3640 on the status of FDA's response to my request to help Woodrow
3641 gain access to the medicine his doctors believe can help him?

3642 And will you emphasize they should use all appropriate
3643 options?

3644 Thank you, sir.

3645 *Secretary Becerra. Congresswoman, first, thank you
3646 very much for pointing out what so many Americans,
3647 unfortunately, suffer, and that is the plight of loved ones
3648 with these very rare diseases. I am absolutely willing to
3649 make sure that I follow up with your request with Acting
3650 Commissioner Woodcock.

3651 And what I will tell you is what I said to the folks at
3652 the FDR recently -- FDA, excuse me, FDA recently -- and that
3653 is that I recognize their independence. They base their
3654 actions on science, not on politics and influence. And so I
3655 will absolutely communicate your message. I suspect that she
3656 is -- she and her team are working on it, as well, and
3657 understand the heartfelt way that you have conveyed that
3658 message. And we will try to get back to you quickly as we

3659 can.

3660 *Mrs. Lesko. Thank you, Mr. Secretary. I appreciate
3661 it. My constituent appreciates it. Anything you could do
3662 would be greatly appreciated.

3663 And I yield back, Madam Chair.

3664 *Ms. Eshoo. The gentlewoman yields back.

3665 It is a pleasure to recognize the gentlewoman from
3666 Massachusetts, Mrs. Trahan, for your five minutes of
3667 questions.

3668 And I want to thank members for staying on time, because
3669 it looks like we are going to be able to accommodate
3670 everyone, including Mr. Doyle.

3671 So you are recognized for five minutes.

3672 *Mrs. Trahan. Thank you, Madam Chair.

3673 Hi, Mr. Secretary, thank you so much for being here with
3674 us today. Your appointment has sent a clear signal that the
3675 Department will once again prioritize expanding affordable,
3676 accessible, high-quality health care for all Americans,
3677 including those in our underserved communities.

3678 In my district no one has done more to deliver that
3679 quality, affordable care to the underserved, and under
3680 extremely challenging circumstances, than the nurses and
3681 doctors and administrators at Lawrence General Hospital in
3682 Lawrence, Massachusetts. They serve the 80,000 residents of
3683 a beautiful, bustling, diverse, and historic city on the

3684 banks of the Merrimack River, the force that powered
3685 America's Industrial Revolution.

3686 Eighty percent of the city's residents is Latino, and
3687 you may remember that the area was sparked by a series of
3688 natural gas explosions back in September of 2018.

3689 You know, just as the city was recovering, the pandemic
3690 struck, setting progress back. On a per-capita basis, the
3691 city has suffered greater numbers of COVID infections than
3692 any of our 350 cities and towns in Massachusetts. And at one
3693 point, three-quarters of Lawrence General's in-patient
3694 capacity was dedicated to recovering COVID-19 patients.

3695 Time and again, Lawrence General has come through for
3696 the community, particularly the 20 percent living in poverty.
3697 Indeed, approximately 75 percent of its patient population is
3698 public payer, primarily Medicare and Medicaid.

3699 You know, last month I wrote to you, along with Senators
3700 Warren and Markey, asking the Department to give Lawrence
3701 General the highest possible consideration for aid -- of
3702 Provider Relief Funds. And your congressional team has been
3703 extremely responsive and helpful. But I wanted to personally
3704 alert you to this issue, given the incredible strain that the
3705 pandemic has put on the hospital. The assistance that
3706 Lawrence General has received thus far has been instrumental
3707 in allowing the hospital to continue operating, despite
3708 higher costs and lower revenues. However, even with that

3709 assistance, the hospital is in a fragile financial position.
3710 And I can only imagine this is the case for many safety net
3711 hospitals serving similar populations across the country.

3712 So, Mr. Secretary, given that the Federal relief to the
3713 nation's hospitals thus far has significantly helped these
3714 facilities to serve on the front lines of the pandemic, does
3715 the Department plan on relieving hospitals of financial
3716 burdens even further through enhanced PRF relief, or advanced
3717 Medicare payments, or any other measures?

3718 *Secretary Becerra. Congresswoman, first, thank you for
3719 the question.

3720 But secondly, thank you for the work that you have done
3721 on behalf of Lawrence General. We have learned a lot from
3722 Lawrence General. And I will tell you that Lawrence General
3723 and those safety net hospitals that were on the front lines
3724 deserve our attention.

3725 And when it comes to that Provider Relief Fund, it was
3726 meant -- you all passed that so we could actually address the
3727 needs of those providers that stepped up to the plate. And
3728 so what I can tell you is that, having represented, when I
3729 was in Congress, a number of those safety net hospitals
3730 myself, how important it is that we not let them fall through
3731 the cracks because they are the ones that were there before
3732 we had the pandemic, serving these populations that were very
3733 vulnerable.

3734 And so I could only commit to you that, under my
3735 leadership, I hope that you will see that HHS is trying to do
3736 right by all those who stepped up to the plate, those safety
3737 net providers, and that we are doing the right thing with the
3738 Provider Relief Fund. That is why accountability and
3739 transparency will be so important as we disperse those final
3740 tranches of dollars.

3741 *Mrs. Trahan. Well, I appreciate your thoughtful
3742 answer.

3743 On the topic of provider relief, I also just wanted to
3744 raise concern regarding equity of distribution of the
3745 Provider Relief Fund. Assisted living providers -- elderly
3746 individuals -- less than two percent of the Provider Relief
3747 Fund, and have only received about a third of that. You
3748 know, due to PPE needs, workforce needs, occupancy declines,
3749 assisted living caregivers suffer -- losses in 2020 alone.
3750 Now, over half of assisted living facilities nationwide are
3751 operating at a loss, and 56 percent say they won't be able to
3752 sustain operations for another year. I recently signed a
3753 bipartisan letter asking HHS for a more equitable
3754 distribution of the remaining PRF to assisted living
3755 facilities.

3756 So, Mr. Secretary, how do you envision implementing an
3757 equitable distribution to these assisted living providers who
3758 need immediate assistance?

3759 *Secretary Becerra. Congresswoman, that is a great
3760 question, and there is where the transparency that we will
3761 ensure is going to be, I hope, our best response there,
3762 because there is more need than there is money. And what we
3763 have to do is prove to you and others that, when we disperse
3764 those funds, it is based on real need, that we can be
3765 accountable for the dollars that we send out.

3766 And so I offer you the chance to continue to work with
3767 my team and me, as we try to make sure we do right with those
3768 Provider Relief Funds.

3769 *Mrs. Trahan. Well, thank you so much, Mr. Secretary.
3770 And I -- please consider this an open invitation to come to
3771 the Merrimack Valley to meet the wonderful professionals at
3772 Lawrence General some time soon.

3773 I thank you, Madam Chair. I yield back.

3774 *Ms. Eshoo. The gentlewoman yields back.

3775 It is a pleasure to recognize Mrs. Fletcher from Texas
3776 for your five minutes of questions.

3777 *Mrs. Fletcher. Thank you so much --

3778 *Ms. Eshoo. Great to see you, Lizzie.

3779 *Mrs. Fletcher. -- Chairwoman Eshoo.

3780 And Secretary Becerra, thank you for sharing your
3781 priorities with us today, and your thoughts on the priorities
3782 of those on this committee. Unlike so many of my colleagues
3783 that I have heard earlier today, I arrived in Congress after

3784 you had returned to California to serve as attorney general.
3785 So I am glad to meet you today this way, and very much look
3786 forward to working with you.

3787 You are taking the reins of HHS at a critical moment in
3788 our history. And there is so much work to be done as we
3789 emerge from this pandemic, and many issues that we have been
3790 working to address since before it began. And I want to take
3791 my time today to talk about an issue of critical importance
3792 in my district in Houston and across the country, the title X
3793 Family Planning Program.

3794 I have become fond of reminding people that title X,
3795 which is the only Federal program dedicated to family
3796 planning, and which provides critical preventive health care
3797 services for millions of low-income Americans each year,
3798 title X was born in Texas 7. It was introduced in Congress
3799 by my predecessor in this seat, then-Congressman George H.W.
3800 Bush. This program has long had bipartisan support across
3801 our community, and it plays a vital role in ensuring access
3802 to essential services.

3803 Unfortunately, the last Administration's actions to
3804 impose an ideological domestic gag rule meant that millions
3805 lost access to care under this program, as thousands of
3806 health insurers were forced out of the program. Six states
3807 have gone more than a year without any title X-funded health
3808 centers. In 2019, 800,000 fewer patients received care under

3809 title X, as compared to 2018, and in 2020 the reduction was
3810 even greater.

3811 So I am pleased that the Administration's budget request
3812 enhances the funding for title X after years of flat funding,
3813 so we can restore title X to its true purpose intended by
3814 Congress: to provide preventive health care and family
3815 planning services to those who need it the most.

3816 I am interested in better understanding the
3817 Administration's timeline for implementing changes to the
3818 title X program, and when we can expect the quality family
3819 planning providers that were shut out of the program under
3820 the last Administration to be able to once again serve
3821 patients.

3822 Secretary Becerra, can you discuss the Administration's
3823 request for additional title X funding, and why this increase
3824 in funding is so critical?

3825 *Secretary Becerra. I absolutely can, Congresswoman,
3826 and I look forward to the opportunity to get to know you
3827 better and develop the friendships I have with many of the
3828 members that you sit with.

3829 Listen, title X is crucial. It is family planning. It
3830 is preparing our families for a bright future for their kids
3831 and them. It is making sure that we do the right thing. And
3832 we have to make sure that services are available. It is not
3833 just for women. Obviously mostly women, but it is not just

3834 for women. And you may know I did a lot of work when I was
3835 attorney general to protect title X and its services, and we
3836 are going to fight just as hard.

3837 Thank you for what you did to make sure that there was
3838 \$50 million made available through the ARP so we could make
3839 sure family planning services were made available.

3840 We are going to do everything we can to restore some of
3841 those services. The President's budget increases funding for
3842 title X. It is just the right thing to do. I mean, it is --
3843 we can't be about families first if we are not providing them
3844 with the services they need to make the right decisions about
3845 moving forward with their family.

3846 And so I will tell you that, working with those of you
3847 who are interested, we are going to launch as best we can, as
3848 quickly as we can, but we have to make sure we do it right.
3849 If we are going to promulgate rules, we have to do it the
3850 right way. And we are going to make sure that we do this
3851 right, so we can service the people who need those family
3852 planning services.

3853 *Mrs. Fletcher. Great. Well, thank you so much for
3854 that. And, I guess, one quick follow-up. I would love to
3855 work with you on this, and would love to know if you can tell
3856 us any more now about how you intend to restore the program
3857 to ensure that more patients are served.

3858 *Secretary Becerra. Again, when we get closer to

3859 promulgating those rules, we will be able to work together.
3860 But I don't want to get too far ahead of ourselves because,
3861 as I said, we have to make sure we do this the right way.

3862 *Mrs. Fletcher. Okay, well, thank you for that. I
3863 appreciate your efforts. Title X is a critical aspect of our
3864 health care safety net, and millions of patients rely on
3865 access to care through this program each year. So I
3866 encourage you to address it quickly, and look forward to
3867 working with you on that, and to restoring the program.

3868 And with the time I have left I do want to just touch on
3869 an issue that my colleagues from Texas have raised about the
3870 Administration's withdrawal of its approval of Texas's 1115
3871 waiver extension.

3872 As you likely know, Texas is in a health care crisis.
3873 It has the highest uninsured rate in the country. It is
3874 certainly my hope that Texas will expand Medicaid, especially
3875 considering the incentives in the American Rescue Plan that
3876 we worked on in this committee. Now -- but I hope we can
3877 work together to address the concerns that have been raised.
3878 It is clear that, even if Texas were to expand Medicaid,
3879 there would still be a need for some form of 1115 waiver to
3880 fund any existing uncompensated care in the state. And of
3881 course, we hope it will be done in a transparent way, and in
3882 a way that provides quality care to disadvantaged Texans.

3883 So I am glad to hear that you are working closely with

3884 people in Texas now, and I urge you to work with them to
3885 accomplish these vitally important objectives to our state.
3886 So thank you so much, Secretary Becerra.

3887 And with that I will yield back.

3888 *Ms. Eshoo. The gentlewoman yields back. I don't see
3889 Mr. Schrader, so I am going to go to Mr. Doyle, who is
3890 waiving on, and he has been with us since the beginning of
3891 the hearing today.

3892 So you are recognized, my friend, for five minutes.

3893 *Mr. Doyle. Well, I want to thank the chair, and my
3894 good friend, for allowing me to waive on to the committee.

3895 Mr. Secretary, congratulations to my friend and former
3896 colleague, Xavier. It is good to see you. It has been too
3897 many years, but good to have you back, and in this very, very
3898 important position.

3899 I want to start out with an issue that is a matter of
3900 urgency for Pennsylvania and our Medicaid program. On
3901 January 8th, the Trump Administration put out a regulation
3902 around Medicaid managed care contracts that is going to force
3903 Pennsylvania to completely redo formulas for how our Medicaid
3904 program reimburses hospitals and nursing homes in 2022. This
3905 regulation reversed about a decade's worth of approvals for
3906 the way Pennsylvania pays our managed care providers. And
3907 while CMS believes Pennsylvania can transition to alternative
3908 directed payments, our governor, our secretary of health, our

3909 hospital association, and I are all concerned that this does
3910 not fully account for the difficulties, risks, and
3911 implications of such an abrupt policy change.

3912 In fact, the real timeline only provides our state a few
3913 weeks to develop the needed policy changes, since they also
3914 need actuarial approval prior to the end of the year.
3915 Unfortunately, this scramble puts Medicaid payments to
3916 hospitals and nursing homes at risk during a pandemic, which
3917 I hope we can all agree is counter to our shared goals.

3918 Ultimately, this change could force hospitals and
3919 nursing facilities to limit Medicaid beneficiary access if
3920 they are faced with funding uncertainty, which does not seem
3921 to be in line with President Biden's larger efforts on health
3922 care. We understand CMS has concerns around current
3923 policies. And although we don't completely agree with those
3924 concerns, we really believe more time is needed to discuss
3925 this, and develop a path forward that works for both sides.

3926 So my question is, Mr. Secretary, will you commit to
3927 working with us on this issue, and consider delaying this new
3928 guidance for a year?

3929 *Secretary Becerra. Congressman, good to see you, and
3930 thank you for the question. I know this is of importance to
3931 you, because I have had several conversations now with
3932 Governor Wolf on this particular subject, and we will
3933 continue to have those conversations. Our team is now

3934 chatting more directly with your folks back in Pennsylvania.
3935 You have my commitment that we are going to work -- try to
3936 work through this.

3937 It is a complicated issue, and I can't even describe it
3938 all, because I have to have my folks at CMS sit down with me
3939 a little bit more, because in my first conversation with
3940 Governor Wolf I was hoping we would be able to get back to
3941 him really quickly, because I know that time is of the
3942 essence.

3943 But what I could commit to you is that we are going to
3944 be sitting down with Governor Wolf and his team and, if you
3945 would like, your staff as well, to make sure we work through
3946 this as best possible.

3947 *Mr. Doyle. I appreciate that, and it is really
3948 important to us.

3949 Let me just ask you one more question, too. It is a bit
3950 broader question, but something I am also excited to work
3951 with you on.

3952 I am sure you know the rates of antibiotic resistance
3953 have been on the rise for some time, and yet we still aren't
3954 seeing an active pipeline of new drugs to fight these
3955 resistant infections. So my question is what resources does
3956 HHS plan to dedicate to the development of new antibiotics
3957 and antimicrobials in the coming year?

3958 And has HHS considered shifting the way we pay for

3959 antibiotics to ensure a steady stream of new drugs?

3960 *Secretary Becerra. Congressman, it is going to be an
3961 all-of-the-above approach, because I think everyone is
3962 recognizing that we are beginning to lose those defenses
3963 against some of these very deadly diseases if we don't tackle
3964 this quickly. So we are willing to listen to whatever anyone
3965 has to offer.

3966 We certainly will take resources, as well, because we do
3967 want to develop the next generation of antimicrobials so we
3968 can be ready. And so we will be ready on that.

3969 *Mr. Doyle. Well, thank you very much, Mr. Secretary.
3970 It is good to see you back here in Washington.

3971 Madam Chair, I will yield back a minute to you, and
3972 thank you for your courtesy.

3973 *Secretary Becerra. And Madam Chair --

3974 *Ms. Eshoo. Thank you. Yes, thank you, Mr. Doyle.
3975 Mr. Secretary, let me ask you a quick question.

3976 *Secretary Becerra. Yes.

3977 *Ms. Eshoo. We have about, I think, four minutes left,
3978 but we have two Members that will bring their questions to
3979 you in a rapid manner. They have waived on to the committee.
3980 Can you stay with us just to accommodate the two?

3981 *Secretary Becerra. It is hard for me to tell friends
3982 and colleagues no. So let me -- if we can do this quickly, I
3983 will stick around.

3984 *Ms. Eshoo. That was the right answer. That was
3985 terrific, music to my ears.

3986 All right, so we will go to Mr. McNerney of California
3987 for his five minutes.

3988 And if you can question faster than that, that would be
3989 terrific. You are recognized.

3990 *Mr. McNerney. Well, thank you, Chairwoman Eshoo.

3991 And thank you, Secretary Becerra, it is great to see
3992 you. I think you are doing a great job this afternoon here.

3993 I appreciate the Administration acknowledges the clear
3994 link between climate change and human health. The scientific
3995 community has been warning us for years about the
3996 consequences of climate change. What I wanted to do was
3997 expand upon Congresswoman Blunt Rochester's questions.

3998 The Administration is requesting funding level increases
3999 for the NIH Climate Change and Human Health Program and the
4000 CDC Climate and Health Program. These initiatives fund
4001 research on the health impacts of climate change, and adapt
4002 our public responses accordingly.

4003 The previous Administration intentionally silenced the
4004 scientific community's concerns about climate change. How
4005 will you reverse the negative impacts of the prior
4006 Administration's policies?

4007 *Secretary Becerra. Congressman, great to see you, and
4008 of course I would get a scientific question from a scientist.

4009 I will say to you that we are -- the fact that we are
4010 establishing, at the direction of the President, this office
4011 that will deal directly with climate change is a clear
4012 message of our commitment to deal with climate change as a
4013 health care -- public health issue.

4014 And, you know, my work as AG in California, where we
4015 took on this issue, established the Bureau of Environmental
4016 Justice, we understand that those who are worst and first hit
4017 are usually those vulnerable communities. So we are going to
4018 tackle this one, because we have no choice if we truly want
4019 to have Americans stay healthy,

4020 *Mr. McNerney. Well, how -- will increasing the budget
4021 for climate and health effects at NIH and CDC strengthen
4022 public health departments and labs in the response to climate
4023 change?

4024 *Secretary Becerra. Without a doubt. And we will take
4025 whatever resources you can give us because, you know, there
4026 is not enough that we have right now.

4027 *Mr. McNerney. Well, we know that climate change
4028 affects everyone, but it has disproportionate impacts on low-
4029 income and minority communities. For your perspective, how
4030 will investing in the NIH and CDC programs reduce these
4031 disparities?

4032 *Secretary Becerra. You know, as much as California
4033 fights to have clean air, if you live -- if you have a child

4034 in the Central Valley, there is a one in four chance that
4035 your child will have asthma. Why? Because of the air, the
4036 air quality. And so we have to do everything we can, working
4037 with our local partners, working with Congress to make sure
4038 we are addressing this.

4039 Congressman McNerney, on this one you have me, I will
4040 try to do everything we can.

4041 *Mr. McNerney. Very good. And, as you are aware, you
4042 just mentioned the Central Valley in California suffers from
4043 some of the worst air quality in the country. This has been
4044 made significantly worse by the wildfires. In fact, the New
4045 York Times article by Dr. Kari Nadeau suggested that the
4046 exposure to wildfire smoke is associated with genetic changes
4047 in children's immune cells. This is very disturbing.

4048 How can the HHS work with the DoE and the EPA to
4049 mitigate and prevent harm like this?

4050 *Secretary Becerra. We each have jurisdiction, we each
4051 have responsibilities, and we each have reach to make a
4052 difference. And hopefully, coordinating, we can make a
4053 difference faster and further than if we try to do it all by
4054 ourselves.

4055 *Mr. McNerney. That is great. I look forward to
4056 working with you, Secretary, and this is the big issue that
4057 affects all of us, but especially in the Central Valley.

4058 Thank you, I yield back.

4059 *Ms. Eshoo. The gentleman yields back, and I thank him
4060 for yielding back the extra time.

4061 And last, but not least, the chair recognizes the
4062 gentleman -- and that is what he is -- from New York.

4063 Mr. Tonko, you are recognized for questioning.

4064 *Mr. Tonko. Thank you, Madam Chair --

4065 *Ms. Eshoo. I didn't want to say five minutes, though,
4066 because the Secretary has to run, so --

4067 *Mr. Tonko. Okay.

4068 *Ms. Eshoo. -- as quickly as you possibly --

4069 *Mr. Tonko. Thank you, Madam Chair, for your -- and
4070 thank you, Secretary Becerra. Congratulations, and thank you
4071 for your leadership in joining us today.

4072 I applaud the Department of Health and Human Services
4073 with their important step in moving forward with new
4074 buprenorphine practice guidelines that will save lives. But
4075 I am concerned, though, that the X waiver itself remains,
4076 which means prescribers will have to actively apply for what,
4077 essentially, will be a waiver to the waiver. This will leave
4078 an unnecessary barrier in place. Secretary, I appreciate
4079 your previous comments, that the X waiver requirement should
4080 be removed, and we look forward to working with you to
4081 accomplish this important goal.

4082 So my question is, was HHS limited in its actions it
4083 could take regarding fully implementing the X waiver and

4084 lifting patient caps?

4085 *Secretary Becerra. Congressman, you know this better
4086 than anyone, you have worked on it harder than anyone, and
4087 you know the answer to that is yes, we were constrained.

4088 *Mr. Tonko. So I have -- I would like, Madam Chair, to
4089 enter for the record a letter supporting urgency in passage
4090 of the Bipartisan Mainstreaming Addiction Treatment Act. It
4091 is signed by some 120 organizations.

4092 And as you know, I am a proud supporter of the MAT Act,
4093 which would fully eliminate the X waiver requirement and
4094 authorize the Secretary of HHS to conduct a national campaign
4095 to educate practitioners about the change in law, and
4096 encourage providers to integrate evidence-based medication-
4097 assisted treatment into their practices.

4098 So would HHS support congressional action to authorize
4099 the Secretary of HHS to conduct a national campaign to do
4100 this education, and encourage providers to integrate
4101 evidence-based medication-assisted treatment into their
4102 practices?

4103 *Secretary Becerra. Congressman, it is crucial that we
4104 expand access. And so what I can tell you is we will
4105 absolutely be supportive of any congressional action to help
4106 us expand access. How you do it, I am no longer there, I no
4107 longer have a vote. I wish you well as you try to move this
4108 forward. I know you have been a champion on this issue. But

4109 please, help us have expanded access.

4110 *Mr. Tonko. Thank you, thank you.

4111 My other issue is the Medicaid reentry, which would
4112 empower states to restore Medicaid eligibility for
4113 incarcerated individuals up to 30 days before their release
4114 to ensure that those transitioning will have immediate access
4115 to critical services, including mental health support,
4116 addiction treatment, and COVID testing. Granting the states
4117 this ability is a great way to respond to their quality of
4118 life, and to destroy the statistics out there, which have too
4119 many people vulnerable to addiction as they are released.

4120 Is the President still committed to this population, and
4121 would he be willing to include this provision in his budget?

4122 *Secretary Becerra. Congressman, you know the President
4123 has been talking about expanding access to health care to
4124 all. You know he has said it should be a right, not a
4125 privilege. And as we move forward with restorative justice
4126 to help those who have moved on in life, we certainly would
4127 have to make sure we are including them. So I can't -- I
4128 won't speak directly for him, but I can tell you the
4129 commitment of this Administration is to make sure everyone
4130 has access to quality, affordable health care.

4131 *Mr. Tonko. Well, we -- thank you. And I just hope you
4132 can consider talking to OMB about including the Medicaid
4133 reentry in your budget.

4134 And with that, you know, I thank you, Madam Chair, for
4135 your flexibility.

4136 And, Mr. Secretary, congratulations on your appointment,
4137 and I look forward to working with you.

4138 *Ms. Eshoo. The gentleman yields --

4139 *Mr. Tonko. I yield back.

4140 *Ms. Eshoo. The gentleman yields back, and we want to
4141 thank the Secretary for his flexibility in accommodating
4142 those that just waived on.

4143 Mr. Secretary, thank you for a very full part of the day
4144 in joining us. We look forward to many other hearings and,
4145 very importantly, the day-to-day work with members from the
4146 subcommittee and others, as well.

4147 Anyone that tuned into this had a front-row seat of how
4148 much work has been done on the good news front, relative to
4149 COVID, but how much more work we have to do on behalf of the
4150 American people. And, you know, as a former Member of the
4151 House, there is nothing that kind of raises the ire of
4152 members than not getting a direct answer to a direct
4153 question.

4154 So, you know, pursuant to the committee rules, members
4155 have 10 days to submit their additional questions for the
4156 record. I will do that, and ask you to respond as -- in a
4157 really timely fashion, but get to the answer, so that we can
4158 move down the road of making progress.

4159 [The information follows:]

4160

4161 *****COMMITTEE INSERT*****

4162

4163 *Ms. Eshoo. So we wish you godspeed with this massive
4164 portfolio that you have.

4165 Everything that we do, and the words that are embedded
4166 in the statutes, in the legislation, those are all words that
4167 walk into peoples' lives. And we know -- we have confidence
4168 that you understand that, and have a great regard for it,
4169 having been one of the shapers of the words and legislation.
4170 Now you are an implementer.

4171 So we want to give the best language -- put the best
4172 language forward, but we will, obviously, work very hard with
4173 you to make sure that there is implementation. So godspeed
4174 and thank you.

4175 I thank all the members of the subcommittee, those that
4176 waived on, and at this -- oh, let me ask the wonderful
4177 ranking member.

4178 We have 18 documents to submit for the record. And I
4179 would like to request -- I have a unanimous consent request
4180 that these documents, including Mrs. Lesko's, be placed in
4181 the record.

4182 *Mr. Guthrie. There is no objection.

4183 [The information follows:]

4184

4185 *****COMMITTEE INSERT*****

4186

4187 *Ms. Eshoo. Thank you, Mr. Guthrie. I appreciate that.
4188 You are always such a gentleman, a pleasure to work with.
4189 So at this time the subcommittee is adjourned.
4190 [Whereupon, at 2:08 p.m., the subcommittee was
4191 adjourned.]