



HOUSE APPROPRIATIONS SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, EDUCATION,  
AND RELATED AGENCIES

## “FY 2023 BUDGET REQUEST FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES”

MARCH 31, 2022 – 10:00 AM

### OVERVIEW

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On Thursday, March 31, the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies (LHHS) held a hearing to examine the President’s FY 2023 budget request for the Department of Health and Human Services (HHS).

Members asked about additional funding for COVID-19; pandemic preparedness; Defense Production Act; Advanced Research Projects Agency for Health (ARPA-H); maternal mortality crisis; conscience and religious freedom protections; health equity; HIV/AIDS epidemic; HHS’ taskforce on reproductive health; child poverty; Title 42; Medicare wage index; protections in the Affordable Care Act to prevent discrimination for the LGBTQ+ community; 988 national suicide hotline; stillbirth task force; telehealth; workforce shortages; child care; Low Income Home Energy Assistance Program (LIHEAP); overdose deaths; CMS’ vaccine mandate; newborn screening programs; and the opioid and fentanyl crisis, among other things.

HHS Secretary Becerra touted the Biden Administration’s achievements over the past year to protect Americans from COVID-19 and save lives, while highlighting the dire need for additional funding to continue efforts to combat the pandemic. He also informed the panel that it is critical that HHS be granted more authority to collect vital data from states, e.g. community transmission, hospital capacity, etc., in order to strengthen surveillance and better predict future surges. Furthermore, Secretary Becerra called on the committee to provide assistance with making telehealth waivers permanent. He discussed President Biden’s commitment to improve maternal health, including by extending postpartum Medicaid coverage for 12 months. Secretary Becerra also outlined initiatives being implemented to address the opioid use and suicide crisis and lauded the historic increases seen in health insurance enrollment and vaccine uptake, particularly among black and Latino communities.

### WITNESS STATEMENTS

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- [The Honorable Xavier Becerra](#) – Secretary, Department of Health and Human Services

## QUESTION AND ANSWER SUMMARY

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### **Rep. Rosa DeLauro (D-CT) – What is the status of the COVID-related activities that will be reduced or eliminated without additional funding? What are the potential consequences of failing to maintain these efforts?**

Sec. Becerra – Congress has provided \$4.5 to \$5 trillion over the last two years for all aspects of COVID. What we're asking for now is to finish the fight on COVID. We're running out of money in the Provider Relief Fund (PRF) to reimburse claims submitted by hospitals and doctors. When we told providers on March 22 that we would have to stop accepting claims for testing and treatment, in a period of eight days or so, we received over claims totaling \$2.3 million. We know what we're going to see now is a rush for April 5, which is the deadline for when we're going to stop accepting claims for vaccination. We expect another surge of applications for claims. That is on top of the \$2.5 billion in existing claims that we're processing as well. We had to call out these deadlines because we didn't want people to think they were going to be able to get reimbursed anymore from the money that was in the PRF. The PRF has been a tremendous asset to so many doctors, hospitals, and community health centers throughout the country. We don't think now is the time to stop when we're getting real control of COVID. In regards to therapeutics, President Biden had us do something very important by buying in advance. We not only made the commitment up front but we were first in line. We can no longer do that because we don't have the money to make those commitments up front. We know that these therapeutics, whether its antivirals or monoclonal antibodies, work if you actually have COVID. We need to make sure we're purchasing these and make sure we're not in the back of the line for them. When it comes to boosters, we can only boost those 50 years of age and older, and it's going to be difficult to continue these efforts without additional resources.

### **Rep. DeLauro – What is the impact on CDC if we don't commit more resources for COVID?**

Sec. Becerra – The President's budget was essentially shaped before we knew whether you would pass the Omnibus. We had to base our projections on funding for the continuing resolution (CR), which was funding for lower than the Omnibus that finally passed. When you look at the budget for the CDC, it was based on where we thought we could go from the CR funding level. Since the Omnibus had funding levels vastly better than the CR, we are certainly going to work with you all to make sure the CDC is appropriately treated when it comes to 2023. The CDC has been the closest partner to our state and local governments when it comes to COVID. If they don't have the dollars to do surveillance, communicate with communities on what we're seeing and when we see the next wave coming, it makes it difficult for anyone back home to get ready.

### **Rep. DeLauro – Under your pandemic preparedness plans, how will the Administration invoke the Defense Production Act? How can this be used more aggressively?**

Sec. Becerra – We have used every tool in that toolbox to secure our supply chains and ensure domestic manufacturing. The fact that this country was able to produce a vaccine in less than a year is proof of that. The fact that we've been able to disperse it to hundreds of millions of Americans to date, the fact that we've been the leader when it comes to making sure people around the world have vaccines, especially countries that are further behind the process, is a testament to the work that we have done using the tools we have. We have engaged in a couple dozen DPA or DPA-style actions over the course of the past year, whether it's the acceleration of the COVID-19 vaccination process or getting new tests out. When President Biden took office, there were no at-home tests that were available to Americans. Today, we have several that are out there and the President made millions of them available for free. We will continue to working with you the best we can.

**Rep. DeLauro – How does the budget request reflect the lessons that we have been taught about the importance of public health? How does it build on the public health investments that we made in the Omnibus?**

Sec. Becerra – You made it possible for us to go to Americans rather than wait for Americans to come to us to figure out how to attack COVID. We want to continue to do that by working with our partners locally and with our state governments but we need to have the resources to provide them something. As much as we need money, we also need authority. Some states do a great job of providing us with the data on where they stand and some states don't and it's tough when you have gaps. The more authority we have to collect this vital information, the better off every American will be.

**Rep. Tom Cole (R-OK) – Where is the staff for the Advanced Research Projects Agency for Health (ARPA-H) going to physically be located? Who is the Director going to be? How will the researchers be recruited for ARPA-H? How do you envision the grants being made?**

Sec. Becerra – You've essentially asked the questions that we're trying to formulate the answers to ourselves. We have gotten pretty far along in announcing that we will have a director that is under my supervision versus NIH supervision. What we're trying to show is that there will be autonomy. At the same time, we don't want them to worry about who is going to run the human resources department versus who is going to come up with the next innovation. We want to be able to pull on that infrastructure that is already in place. That's when NIH comes in handy. ARPA-H doesn't have to do the human resources, administration, payroll, and the general counsel work that is involved with standing up a new agency. It's going to be a very lean, nimble team that is far smaller than these agencies that you're used to. There will be program managers and the director will likely not be in the job for more than three to five year because we want everyone to know there is a clock on what they're working on. Unlike NIH that does basic research that could take a long time, what we're hoping out of ARPA-H is that there will be ideas that we can harness right away. This is very similar to what the Department of Defense did with the Defense Advanced Research Projects Agency (DARPA). The internet that we know today came out of DARPA. We need to make sure it's not tethered to doing things an older way. The program managers that are hired will know that they are on a short timeframe to get their work done and then they move on. We're going to have to lean on the private sector to be partners in this.

**Rep. Lucille Roybal-Allard (D-CA) – The Omnibus agreement includes \$1 million for the Office on Women's Health to convene an interagency coordinating community on the promotion of optimal birth outcomes. This coordinating committee is intended to institutionalize the oversight and coordination of federal efforts to improve maternal and infant health in America. When do you think the initial meeting of this committee will take place? Will you work with Congresswoman Herrera Beutler and me to ensure the composition of this committee reflects the wide range of maternity care programs, issues, and initiatives across the federal government?**

Sec. Becerra – In the coming weeks, we can get back to you with how quickly we'll launch and with whom. Right now, we're trying to make sure we have put all of the correct experts on this committee. It is something that goes across many of the different agencies within HHS so we want to make sure that we get those experts that are absolutely interested and committed to be part of this. We are more than committed to working with you and Congresswoman Herrera Beutler and making sure that we address not just the issues that women in American face but also the fact that we're now trying to take it to the next level.

**Rep. Roybal-Allard – How will the Office of Women’s Health-led coordinating committee engage all of the relevant agencies to stay focused on concrete policies and actions to address the crisis and challenges in the maternity care system? How will you ensure this is an HHS priority?**

Sec. Becerra – By having the interagency committee, we are guaranteeing that we will have reports on a constant basis from all these experts from our different agencies within HHS. I will be participating as well. The President has made maternity health a major priority within his budget and activities. We understand that everyone should have the chance to start on the right track and making sure that both mother and baby have the opportunity is critical. We’re going to make major investments not just in this area. Midwifery is critical. The doula legislation that we’ve seen come out of Congress is critical as well. The promotoras are extremely important in helping a lot of families navigate the healthcare system. I personally will make that a priority.

**Rep. Roybal-Allard – How can Perinatal Quality Collaboratives (PQCs) be empowered to address the avoidable harm of cesarean rates that have remained appallingly high at about one birthing person in three despite professional guidance that this is too high?**

Sec. Becerra – We’re going to do our part to put out a proposal under Medicaid that would allow a woman who is about to deliver have postpartum care for a full year after delivery. Now all we need to do is get states to buy into that – five states have – but we would like all states go there. The President would like to see that become a permanent program under Medicaid where every woman who delivers a baby would have up to 12 months postpartum care.

**Rep. Andy Harris (R-MD) – Urging the Department of Justice (DOJ) to dismiss the case against the University of Vermont shows that HHS is not serious about protecting conscience and religious freedom. This was an egregious violation of 10 nurses’ conscience rights in being forced to perform abortions in clear contradiction of the law established by Congress. HHS decided to urge DOJ to drop the case with a commitment to continue to evaluate the underlying complaint. Can you tell me how the Department is continuing to evaluate the complaint by the University of Vermont? Is the Conscience and Religious Freedom Division at HHS funded in this year’s budget request?**

Sec. Becerra – Every aspect of the civil rights enforcement section...[cut off by Rep. Harris]

**Rep. Harris – So you’re asking for funds and then you’re just using those funds to urge the DOJ to dismiss a blatant violation of the Church amendment.**

**Rep. Barbara Lee (D-CA) – In the FY 2022 Omnibus, we included language directing HHS to submit a report that involves a detailed plan and proposal for the development of a national center on anti-racism and health equity within the Department. What are the steps your agency will be taking to comply with this requirement? How do you envision the HIV PrEP delivery program being implemented to end the HIV/AIDS epidemic in the U.S.? How will the announcement on HHS’ taskforce on reproductive health be implemented and what steps are being taken? In the FY 2022 Omnibus, we included a congressional directive requiring HHS to implement an interagency coordinating council on both child poverty and comprehensive supports. What are your views on the implementation of this council?**

Sec. Becerra – The national center on anti-racism and health equity is a priority for us because we know that bad health outcomes occur often because of the social determinants around you. We will try to move on that as quickly as possible. We’re close to actually finding a cure for HIV/AIDS and we should go the rest of the way. We intend to fully implement the HIV PrEP delivery program and have teams at HHS that are ready to receive the resources to get started. We’re in the process of setting up the taskforce on reproductive health. We know we have a lot of work to do because we see how across the country, the reproductive rights of women are being undermined so we want to make sure we’re protecting their rights and their health is being maintained. On the interagency coordinating council on child poverty, we are moving forward to make sure that we put in place the infrastructure to make it happen. We will keep you apprised on who is interested in working with us on that.

**Rep. Lee – How does coverage of HIV PrEP at no cost under Medicaid fit into the Administration’s overall goal?**

Sec. Becerra – Right now, we’re doing everything we can to do bulk purchases because we know it’s unaffordable for a lot of folks. If we do bulk purchases, we can get those treatments at far less cost and make it available to more Americans. We also are trying to make sure we’re focusing on those that are often left behind when it comes to these types of therapies and treatments. I would have to get back to you on how we would handle this within Medicaid because that is not a simple process of turning the switch.

**Rep. Charles Fleischmann (R-TN) – The Administration has announced plans to lift Title 42 within the next two months. That greatly concerns me because this will allow tens of thousands of illegal crossings daily on our southern border. Do you support the change in this policy? Are you concerned about the strain this will place on our healthcare system and local hospitals which are still struggling amid the recovery of the COVID-19 pandemic?**

Sec. Becerra – Title 42 is a law that allows us, based on public health conditions, to impose certain conditions within the country, one of those being at the border. Title 42 is based on healthcare conditions and we use it to make sure we’re protecting Americans within our country. Title 42 will remain in place so long as the folks at CDC and other scientists give us the facts and the science to show that we can use Title 42 to protect Americans. We constantly do an analysis of where we are. We will do a determination of where we are at some point as to whether or not Title 42 should remain in place.

**Rep. Fleischmann – Do you support a permanent legislative solution to address the problems in the Medicare area wage system and prevent future hospital closures?**

Sec. Becerra – We need to tackle this because we’ve seen so much of our healthcare workforce leave. We need to make sure we have a healthcare system that doesn’t have gaps. Whether it’s Medicaid, Medicare, CHIP, or the Affordable Care Act, we have to make sure we’re promoting Americans going into the public health workforce.

**Rep. Fleischmann - Do you support a permanent legislative solution to support this?**

Sec. Becerra – Show me the legislative solution and I'll tell you whether or not I support it.

**Rep. Fleischmann – Do you agree that a national minimum for the Medicare wage index system is needed?**

Sec. Becerra – The devil is in the details. I would love to work with you on this but we have to make it work for patients and also taxpayers.

**Rep. Mark Pocan (D-WI) – How is your team at HHS continuing to build on protections in the Affordable Care Act (ACA) for the LGBTQ+ community and further expanding care for this community? What kind of outreach and support is HHS providing to stakeholders in states where attacks on LGBTQ+ youth are taking place?**

Sec. Becerra – I believe you're referencing Section 1557 of the ACA where it provides protections for Americans against any type of discrimination in the healthcare setting. We're going to do everything we can in our Office of Civil Rights to make sure we're protecting people's rights under the law and the Constitution. We know that there are a number of individuals and families under attack these days on a LGBTQ+ basis. We are trying to inform people of their rights, make sure providers know of their legal obligations, and we're ready to step forward if someone has a legitimate complaint demonstrating violations of the law.

**Rep. Pocan – How is HHS looking at educating the public on the 988 national suicide prevention hotline? How will this budget provide funding to have a broad campaign so the public can understand this? How does the support of local crisis centers fit into this?**

Sec. Becerra – Suicide is the leading cause of death of young Americans and young adults in this country. COVID exposed how much mental stress so many of our families are going through. Half of American parents report that their children are thinking of suicide. It is a crisis. The President has decided this is a priority and has put money behind it in his budget. We have invested over \$300 million in trying to help states patch together the existing set of suicide prevention centers throughout the country. We now have the ability to talk about suicide prevention akin to an emergency response with the 988 national hotline. We are working with states to make sure everyone is working. This will not be a national, federal government run hotline. It will be brought together by the federal government. We're working to make sure that if you call 988, you won't get a busy signal or get put on hold. You will get assistance from a professional.

**Rep. Jaime Herrera Beutler (R-WA) - In the FY 2022 Omnibus package, Congresswoman Roybal-Allard were able to secure \$750,000 for the first ever Stillbirth Task Force at HHS. More than 22,000 babies are stillborn every year in the U.S. - one of the worst stillbirth rates in the developed world. Where is HHS in the process of setting up that task force and how can we utilize existing programs like the safe motherhood initiative to optimize the work of this task force?**

Sec. Becerra - We're going to get to work as quickly as we can on some of these things. We will do everything we can, we will include you, and we're going to try to make sure everyone understands that. We have an opportunity now to really shine a light on this and focus a bit more.

**Rep. Herrera Beutler – Will the waivers to pay for telehealth be extended? What are your intentions with regard to trying to help us make that more permanent?**

Sec. Becerra – Thank you all for giving us a five month extension of the telehealth authorities under this public health emergency. We need more help because we only have certain authorities to continue some of the telehealth activities that we've engaged with. We're hearing from all sorts of providers and families about what happens if they can't use telehealth. So, we're going to do what we can to stretch our authorities under law but we do need Congress' help because the statutes constrain how much we can use telehealth. Please help us with that.

**Rep. Herrera Beutler – Your budget proposes a \$2.1 billion increase in the HRSA workforce programs. How can we ensure that we're focusing on the entire workforce pipeline? How can we do this in the most expeditious manner possible?**

Sec. Becerra - We have specifically targeted rural health, as well as some of the underserved areas. For a quick example on telehealth, you could have someone who wants to do telehealth as a provider but if you don't have good broadband, there's a really strong chance you're still not going to be able to take advantage of that. So, investments in broadband have now been made available. We're trying to figure out how we allow that service to cross state lines as well, because there are different standards in different states for medical professionals. That's where we'll need your help to give us the authority to go beyond what we've done before.

**Rep. Katherine Clark (D-MA) – How is the HHS budget investing in the child care workforce? Are there other things Congress can do to help prioritize? Does the \$324 million for the health workforce programs address the caregiving needs of our health care professionals?**

Sec. Becerra - The American Rescue Plan made available to us billions of dollars to help a lot of those childcare workforce participants, but also the families. We know that if we are able to get the child care proposals in the Build Back Better agenda, that we would have the ability to actually meaningfully tackle this, not just try to put a bandaid over it. It is tremendously important for the tens of millions of families who need child care. We saw women lose jobs in numbers never seen before because of COVID and the need to be home to care for kids. I don't think there's any question that we have to make major investments in child care and Head Start. The proposals that have been put forward would help us go there. The President's budget makes additional investments into childcare. To really take this to the next plateau, we hope that Congress is able to get across the finish line the childcare proposal that is in the President's Build Back Better agenda.

**Rep. Clark – LIHEAP is a lifeline for families across this country but we know that due to Putin's war, the pandemic, corporate greed, prices are going to continue to soar and be out of reach for way too many families. There is an increase of \$175 million in the budget. How are you preparing for increased volatility in this line item and are you working with the Department of Energy to anticipate the best you can?**

Sec. Becerra - We're hoping to work not just with the Department of Energy but with the Department of Education and with the Department of Housing & Urban Development so that we can coordinate our activities to help families in need of assistance with energy bills, not losing your home, etc. We're going to try to make sure that we're working together to make sure that we're tackling this. There is no doubt that the dollars that you provided previously and the dollars the President is requesting for LIHEAP will be beneficial. We're going to meet every need we can with the dollars that you've given us because we know it could be the difference between life and death for someone who needs to heat their home or someone who has to stay away from the horrid temperatures in the summer.

**Rep. Clark – Overdose deaths have increased by 30%. There is a program that helps link student loan repayment to encourage and retain people in substance use programs. You have increased that account by \$4 million. We also know that only 8% of those 3000 applicants to this Substance Use Disorder Treatment and Recovery (STAR) loan repayment program last year were able to be funded. We hope we can continue to work with you to meet this need so we can get people the treatment they need and deserve and reduce these terrible rates of deaths and overdose.**

Sec. Becerra - We want to give you wind underneath those wings to make that happen because getting those professionals out there is absolutely important.

**Rep. John Moolenaar (R-MI) – When do you plan to declare an end to this public health emergency? What scientific metrics will you use to make that decision?**

Sec. Becerra – It will be based on the science and the facts that we're collecting. It will be based on the science and on the conditions we have in the health sector. There are a number of issues that are obviously floating around there but in terms of the health of the nation, where are we and are we still in an emergency. We're in the process over the next couple of weeks of getting ready to review again, if we should continue the public health emergency forward. We've also made a commitment to try to give people at least a 60 day notice if we're going to take down our emergency declaration because a lot of providers are relying on our extended authorities to do things such as telehealth. In the next couple of weeks when we review it, we will assess the facts and science and make a determination but we do hope to be able to give people at least a 60 day notice.

**Rep. Moolenaar - Are you aware that healthcare workers are leaving their jobs because of CMS' vaccine mandate? Shouldn't we be allowing medical professionals to make their own decision about how best to protect themselves and their patients?**

Sec. Becerra - I think we always want to work with and respect what the experts in the medical field are telling us we should try to do. We do follow the experts that we have at CDC, NIH, FDA, and what they've told us is that keeping people safe, especially in a medical setting like a hospital or a nursing home, requires us to use every precaution we can. This includes vaccines, masks, social distancing, and sanitary conditions. When it comes to the provisions that we put out there such as requiring folks to wear masks and get vaccinated, it's for the protection of the American people.

**Rep. Moolenaar - Are you aware that's actually creating workforce issues where we're losing healthcare workers and people who have been on the frontlines of this pandemic who are deciding to leave rather than submit to this mandate?**

Sec. Becerra - I've heard similar stories. I would simply say, if you're one of those heroes, one of the ways you become a hero is by making sure that the people you're treating are as safe as they can be. If you're not vaccinated and by chance you contract the virus, even if you show no signs of the illness, you might pass it on to somebody.

**Rep. Moolenaar – That's true even if you are vaccinated, correct?**

Sec. Becerra – Less likely if you're vaccinated. Far more likely if you are not.



**Rep. Moolenaar - One of the concerns that has been raised is about the level of commitment to therapeutics and making those available and approving as many safe possible therapeutics. Are you committed to that?**

Sec. Becerra - Absolutely. Right now, a vaccine likely costs us about 25 to \$30 to make available to Americans. Anti-virals and therapeutics probably cost us somewhere between \$500 to \$750 to \$1000 per treatment. Monoclonal antibodies are costing us several thousand dollars. One might keep an American from contracting COVID. The others are trying to keep Americans from dying from COVID. It's better to prevent than remediate. We can spend \$30 per American to prevent it rather than pay hundreds or thousands later to keep Americans from dying. We think it's a smart investment, but we're going to have the therapeutics available. That's why we need some funding from Congress.

**Rep. Moolenaar - How often are you going to recommend boosters for the American people?**

Sec. Becerra – That's up to the scientists and the medical professionals. Just as we get vaccinated for the flu on a constant basis, we're finding that COVID is a treacherous animal and it's hard to control. We'll do what we can to keep Americans safe and we'll make sure that if we offer a medicine, vaccine, or therapy, that it's also safe.

**Rep. Lois Frankel (D-FL) – What is HHS doing to ensure that every plan subject to the ACA's birth control coverage requirement is complying with the law?**

Sec. Becerra - I have experienced this not only as the Secretary but as the former Attorney General in California where we moved to make sure that women's rights to contraception coverage were protected. As the Secretary, we've been working jointly with the Department of Treasury as well as the Department of Labor to make sure that there's clear guidance to providers on what they are obligated to do when it comes to providing healthcare services to Americans. We will continue to make the case that under the ACA, individuals, including women, are entitled to certain protections and services including contraception coverage. If someone points out to us a case where there is a provider that is violating the law, we're prepared to take action as well.

**Rep. Frankel – Are you doing any work to look at fall prevention programs?**

Sec. Becerra – Right now we have three agencies within HHS -- the National Institute on Aging, the CDC, and the Administration for Community Living – that have been working on these issues. We work with the states and the local health authorities to figure out how we can invest in some of these activities. At the federal level, we don't usually try to figure out which program is best and give the money to that program. We work with the states to let them decide locally, which are their best programs. We try to make investments in those programs based on resources that you provide to us.

**Rep. Ben Cline (R-VA) - A report of the Select Subcommittee on the Coronavirus Crisis revealed that the CDC allowed the American Federation of Teachers to rewrite critical portions of the Biden Administration's school reopening guidance. The CDC initially planned to issue guidance that would have been more favorable toward opening schools but reversed course after consulting with the teachers union. That resulted in not just lower test scores for our children, but also increases in depression rates, suicide rates, drug and alcohol addiction rates, and domestic violence in the home. Were you in contact with the American Federation of Teachers about these guidelines?**

Sec. Becerra - I have not been in direct touch with any particular stakeholder just on those guidelines itself. We have done numerous stakeholder meetings with all sorts of organizations, individuals, and governments on the issues because that's what we always do. Whether it's CDC or us, we always consult with everyone that might be impacted. So, along the way in formulating any proposal, we speak to anyone who might be impacted.

**Rep. Cline – So, the answer is yes to that?**

Sec. Becerra - I didn't say that was the answer. I said we have sat down with every stakeholder who's asked us on those particular issues.

**Rep. Cline – Is it Department policy to keep draft guidance confidential?**

Sec. Becerra – Draft guidance is within the internal operations of the Department.

**Rep. Cline - Historically, in the CDC, draft guidance has been kept confidential. Correct?**

Sec. Becerra - It's an internal document. It's not something for public consumption. It's not yet ready for primetime.

**Rep. Cline – The Director of the CDC testified that it was unusual to release that guidance to an outside group.**

Sec. Becerra - I'm not sure I would characterize what happened as you have. What I will tell you is in consulting and meeting with stakeholders, we certainly give them some sense of what we're looking at and ask for their guidance. How much actually translated into what you've described, that's where I think the facts have to answer that question.

**Rep. Cline - Are you aware of other cases in which the CDC or any other agencies under HHS have incorporated language from outside stakeholders?**

Sec. Becerra – As I said, we offer every stakeholder an opportunity to comment, whether it's a formal rule that we're getting ready to promulgate or whether we're looking to have a guidance, we always reach out. Might their input help us shape the final version of that guidance or rule? I would hope so because we're supposed to listen to the American people.

**Rep. Cline - Would you commit to citing those outside partners who may have been consulted in the development of these guidelines? Would you commit to publicizing the fact that you allow politics to override science when it comes to your guidelines?**

Sec. Becerra – That's all public record. Those meetings are in the public domain. If you take a look at regulations when they're issued, they will note the comments that have been received. We usually have to try to be responsive to most of the comments that we receive as we're getting ready for example to promulgate a rule. So again, if that information that comes in from the public, you'll see it when we react to it.

**Rep. Bonnie Watson Coleman (D-NJ) - Recently, the CMS drafted and made a decision impacting the access to Alzheimer's disease medication. This decision is delaying the availability of that medicine, even though the FDA had already taken it through its procedures and had deemed it ready to be more available. Is there some miscommunication? Is there some new authority that CMS has? Does this represent a redundancy? Are you all aware of it? Do you have a thought about addressing this issue? Alzheimer's disease is something that's just so devastating to our various communities and the sooner we can get a handle on it, the better.**

Sec. Becerra - I couldn't agree with you more. I think all of us believe that. In the near future, we will probably see medicines and therapies that will help us tackle some of these devastating conditions and diseases like Alzheimer's. I think all of us would like to get there as quickly as we can and for that, we have to make sure we've got the science coming along with us because we want to make sure that we're telling people we're giving them a treatment that will help either cure them or stabilize them and not harm them. The FDA has to operate and does operate under a different set of rules than does CMS. FDA has to tell us if they think there's a treatment out there that might be safe and effective and under what conditions. FDA gives a conditional approval to Aduhelm to provide some treatment for some individuals who might be into the early stages of Alzheimer's. CMS has to make a very different determination, whether or not now that FDA has moved on a conditional basis that all the 65 or so million Americans who receive Medicare services would qualify to receive Aduhelm and have their doctors get reimbursed for having provided it. These are two very different things, two very different analyses.

**Rep. Brenda Lawrence (D-MI) - Earlier this year I led a bipartisan bicameral group of my colleagues urging your Department to determine what resources states and territories need to ensure that every child can have access to timely mental health services and foster care. We know that the Child & Family Services Reviews (CFSRs) provide an opportunity to review state child welfare systems. This include assisting the stakes by ensuring children families achieve positive outcomes. However, in order to fully understand the work, we need an updated data to reflect the number of mental health screenings and the frequency in which they are conducted. Will you commit to reviewing my letter and the critical information in forthcoming CFSRs?**

Sec. Becerra - We are going to make a special emphasis within the Department on foster care. Because of the resources you have made available, we can actually try to take states to the next level because we know that they're behind on their assessments and haven't been providing the right data. We've talked about how valuable data can be. Bad inputs produces bad outputs. If you get us to the point of passing Build Back Better, I will tell you that we will have an opportunity to do far more. But we're going to do what we can because we know in the foster care system, we're seeing too many of our young people age out and then really be in trouble. We would love to work with you further on this and thank you for that letter.

**Rep. Lawrence - Can you explain to me how the President's budget will grow and diversify the doula workforce as well as other proposed maternal health pilot programs?**

Sec. Becerra - As you've heard in some of the previous responses I've given, we are making maternal health a major focus. There is no reason why a woman in this country today should die as a result of birth of a child. We're going to do everything we can and we're encouraging states to join us. I've mentioned the program where we're going to expand access to postpartum care to one full year instead of just 60 days but we need states to buy in. When it comes to incorporating doulas, you all are moving us in that direction through some of the legislation that's been proposed. We understand the importance of some of the paraprofessionals. You don't need to have an OBGYN in order to provide good care. If you can get a person who can give guidance to a woman during the nine months of pregnancy, we're all going to be better off.

**Rep. Cole – On the issue of additional money for COVID relief, do you have a clear understanding about how much unpurposed money there is and specific accounts that could be diverted to give you the resources that you need to tackle the problem as quickly as possible?**

Sec. Becerra – Unpurposed, the numbers are fairly small in most cases. In the Provider Relief Fund for example, we have reached almost the \$186 billion that was made available. There is some still available that is kept to make sure that we didn't miss any particular claims or didn't do them right. There was some money that was going to be used for testing. We're going to probably have to figure out if we can reprogram to meet needs, but most of that money, as far as I can tell, has been purposed.

**Rep. Roybal-Allard – Will you commit to working with me to ensure the viability of critical newborn screening programs through robust funding in the final FY 2023 appropriations bill?**

Sec. Becerra - I want to give a straight yes, but what I have to say is that the funding levels that we put in were based on what we thought we were going to have based on the continuing resolution. We are absolutely committed to this. The President has this in his budget and the CDC is also committed to this program.

**Rep. Harris – What's the thinking behind not requiring ethics advisory board to review research projects that would use fetal tissue from aborted fetuses?**

Sec. Becerra - That is not an issue I'm prepared to respond to because I don't know the details of it, but we can get back to you. I know that there are standards and protections in place, but let me give you a thorough answer.

**Rep. Lee – Can you provide an update on your plans to develop a national pilot for the national food as medicine program?**

Sec. Becerra - Secretary Vilsack and I have had some conversations about how the Department of Agriculture and HHS can work together on this issue because we agree completely that food should be considered medicine. We will follow up with you on some of the details on what we're doing. We hope you'll join us in the work we're trying to do to reduce sodium in our food products. You can buy a bag of potato chips in the U.S. that has probably twice as much sodium in it as compared to the same product in Europe. I look forward to working with you because we agree.

**Rep. Fleischmann – Since the last time we spoke, what has the administration done to better oversight and ensure safety net procedures throughout the contracting and hiring process of Office of Refugee Resettlement (ORR) facilities? How will the President's budget request of \$6.3 billion be used to remedy this issue?**

Sec. Becerra - We have custody of these children who have come unaccompanied during that temporary period that they're in the U.S. We are bending over backwards. Anytime we have received a report, we don't try to determine if it's true or not, we report it to local law enforcement. We report it to our Inspector General's office, and we get on it as quickly as we can. Since most of these are contractors that we're working with, we make sure that if there's an instance where a worker has violated rights and committed some activities as inappropriate, that they move on. We're doing that as much as we can and we're doing everything we can to make sure we keep the oversight going in these places.

**Rep. Frankel – I know that your budget has some increases on home care and so forth. Can you tell us what that does and what that means?**

Sec. Becerra - We are going all in on home and community based care. We believe that every American, whether they're going through an infirmity or whether in their last days, should be able to be with loved ones through that difficult time. We're making major investments in home and community based care. We're going to try to increase the workforce and recognize that the workforce in those settings has to be paid decently. We want to recognize that in some cases, family members are the people who are the caretakers and just because they're family doesn't mean they don't deserve to be compensated where possible. We're going to do everything we can to make sure if you can be at home, we'll let you stay at home. If you can't be at home, we want it to be in a setting that's as close to your home as possible. We applaud those who are providing services in nursing home and other long term care facilities, but to the degree that we can move care to where you live and where your loved ones are, that's what we're trying to do.

**Rep. Herrera Beutler – In December, the DEA issued a warning about the alarming increase of fake prescription medications obviously being laced with fentanyl. What will you do to make sure that HHS continues to work not only on the treatment but the prevention piece? I also wanted to make sure you're aware that many of the traffickers in Mexico are targeting children via social media. What can HHS do to increase awareness to protect our communities?**

Sec. Becerra - As you're probably aware, we have changed direction in terms of our strategy. We're not just trying to treat. We're now trying to help prevent. One of the ways we do that, for example, is we're letting go of some of those taboos and forgetting how things were done in the 20th century. A fentanyl strip used to be thought of as helping people take a drug instead of thinking of it as something that helps them test to see if the drug they're about to ingest is laced with fentanyl. The problem is that too many Americans are taking illicit drugs nonetheless. So, we're now supporting those local efforts that have shown that fentanyl strips help save lives. We're going to try to do what we can to prevent that and then follow people through the process as well.

**Rep. Herrera Beutler - I'm going to go out on limb here because I know everybody in this space is saying we need to do things like test the drug so that someone can ingest it safely but I'm not sold on the science behind that yet. In Washington state by 2023, you can use meth and heroin in front of cops and not go to jail for it. My concern is the message we're sending to the next generation.**

Sec. Becerra - I don't want to give you the impression that that's the only type of prevention work we do. We actually devote the majority of our resources to prevent people from ever using drugs. We're working closely to try to keep children especially in middle schools from starting to use recreationally. We're doing a lot in that space. But we also don't want to forget those who are beginning to use and keep them alive because hopefully we can move them in a different direction.

**Rep. Lawrence – What are we doing to ensure that we have a workforce that can address the child care deserts that are happening in low income areas?**

Sec. Becerra - This is where I hope I can convince you that my own personal beliefs and upbringing mean that we will have equity infused in everything we do. We proved that when it came to the ACA. A lot of black and brown communities were not participating. We raised the bar when it came to the participants and we got the numbers of black families and Latino families that signed up for health insurance under ACA to levels they've never been before. When I came into office, the number of black and Latino families that were getting vaccinated was well below what we saw for white America. Today, they are almost all at the same level and that's because we're going to where they are instead of waiting for them to come to us. When it comes to child care, it's the same thing. With most of the caregivers, we know they're women of color, and so we're going to do everything we can to make sure we elevate those caregivers and that workforce at the same time we make those services available. So, if we get the dollars to expand access to childcare, we're going to work with states to make sure that they also making sure they're providing that extra care.

**Rep. Cline - Can you tell me how it has come to pass that HHS is awarding \$6.6 million in Title 10 funds from the American Rescue Plan to abortion providers?**

Sec. Becerra - As you probably are aware, services that are provided by a number of the family planning programs go well beyond just providing contraceptive care or abortion services. They provide the full panoply of services.

**Rep. Cline – You don't view the fact that they provide abortion as a disqualifier?**

Sec. Becerra – If you are following the rules of the law and you qualify, you should be able to receive the funding. If you are providing family planning services, you should be able to get family planning money.

**Rep. Cline - Will you commit to enforcing the law against partial birth abortions?**

Sec. Becerra - Without question. I will not only comply with the law but enforce the law.

Please click [here](#) for the archived hearing.