

**THE PRESIDENT'S PROPOSED FISCAL YEAR 2022 BUDGET
WITH DEPARTMENT OF HEALTH AND HUMAN SERVICES
SECRETARY BECERRA**

HEARING
BEFORE THE
COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED SEVENTEETH CONGRESS
FIRST SESSION

Tuesday, June 8, 2021

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Witness:

Secretary Xavier Becerra, Department of Health and Human Services



HOUSE COMMITTEE ON WAYS & MEANS
CHAIRMAN RICHARD E. NEAL

ADVISORY

FROM THE COMMITTEE ON WAYS AND MEANS

FOR IMMEDIATE RELEASE

June 1, 2021

No. FC-5

CONTACT: (202) 225-3625

**Chair Neal Announces a Hearing on the President's Proposed Fiscal Year 2022 Budget with the
Department of Health and Human Services Secretary Becerra**

House Ways and Means Committee Chair Richard E. Neal announced today that the Committee will hold a hearing on the President's Proposed Fiscal Year 2022 Budget with the Department of Health and Human Services Secretary Xavier Becerra on Tuesday, June 8, 2021, at 10:00 AM ET using the Cisco Webex platform.

Members will be provided with instructions on how to participate via the Cisco WebEx platform in advance of the hearing. Members of the public may view the hearing via live webcast available at <https://waysandmeans.house.gov/>. The webcast will not be available until the hearing starts.

In view of the limited time available to hear witnesses, oral testimony at this hearing will be from the invited witness only. However, any individual or organization not scheduled for an oral appearance may submit a written statement for consideration by the Committee and for inclusion in the printed record of the hearing.

DETAILS FOR SUBMISSION OF WRITTEN COMMENTS:

Please Note: Any person(s) and/or organization(s) wishing to submit written comments for the hearing record can do so here: WMdem.submission@mail.house.gov.

Please ATTACH your submission as a Word document, in compliance with the formatting requirements listed below, by the close of business on Tuesday, June 22, 2021.

For questions, or if you encounter technical problems, please call (202) 225-3625.

FORMATTING REQUIREMENTS:

The Committee relies on electronic submissions for printing the official hearing record. As always, submissions will be included in the record according to the discretion of the Committee. The Committee will not alter the content of your submission, but reserves the right to format it according to guidelines. Any submission provided to the Committee by a witness, any materials submitted for the printed record, and any written comments in response to a request for written comments must conform to the guidelines listed below. Any submission not in compliance with these guidelines will not be printed, but will be maintained in the Committee files for review and use by the Committee.

All submissions and supplementary materials must be submitted in a single document via email, provided in Word format and must not exceed a total of 10 pages. Witnesses and submitters are advised that the Committee relies on electronic submissions for printing the official hearing record.

All submissions must include a list of all clients, persons and/or organizations on whose behalf the witness appears. The name, company, address, telephone, and fax numbers of each witness must be included in the body of the email. Please exclude any personal identifiable information in the attached submission.

Failure to follow the formatting requirements may result in the exclusion of a submission. All submissions for the record are final.

Note: All Committee advisories are available [[here](#)].

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The committee met, pursuant to call, at 10:09 a.m., via Webex, Hon. Richard Neal [chairman of the committee] presiding.

*Chairman Neal. The committee will come to order. Good morning. I want to welcome everyone and thank Secretary Becerra for joining with us.

We are holding today's remote hearing in compliance with the rules and regulations for remote committee proceedings, pursuant to House Resolution 8. Before we begin I want to remind members of a few procedures to keep these proceedings running smoothly.

First, consistent with regulations, the committee will keep microphones muted to limit background noise. Members are responsible for unmuting themselves when they seek recognition, or when recognized for their five minutes. Committee staff will mute members only in the event of inadvertent background noise.

In addition, when members are present in the proceeding, they must have their cameras on. If you need to step away to attend another proceeding, please turn your camera and audio off, rather than logging out of the platform.

And finally, in the event that I experience technical difficulties or need momentarily to step away from the hearing, Congresswoman DelBene is authorized to serve as chair.

With that, we will turn to the topic of today's hearing, the President's proposed fiscal year 2022 budget with Department of Health and Human Services Secretary Becerra.

Let me extend a warm welcome to you, Mr. Secretary. And I know I speak on behalf of all members of this committee as we offer that welcome.

After nearly a year-and-a-half of devastation, economic uncertainty, and loss of more than half-a-million American lives, we meet today at a moment of renewed optimism as our nation continues to make significant strides in eradicating COVID-19.

Thanks to President Biden's leadership and the diligence of public health officials, health workers, and everyday Americans, coronavirus cases, hospitalizations, and deaths

have dropped dramatically. This progress is in no small part due to the Administration's effort to make vaccines available to all Americans over the age of 12. However, vaccine availability is different from vaccine administration, and there is still much work to be done to reduce hesitancy and combat misinformation regarding the vaccine. I am impressed with the creative steps the Administration is taking to encourage Americans to get vaccinated, as well as the efforts to eliminate barriers to the shot, such as lack of child care or transportation.

Another critical issue that threatens the health of all Americans, it is also the target that we all understand of misinformation, and as it relates to climate change. Climate change is real. It is a tremendous threat to our planet, and to the health of all people.

Secretary Becerra, I recently sent you a letter asking HHS to pursue a -- policy and regulatory changes that tackle climate change and promote sustainability. The health care sector can and must do more to reduce its carbon emissions and make its infrastructure more sustainable. There are opportunities for this committee and your agency to work together on this matter, and I certainly look forward to your partnership.

A topic that I know is near and dear to your heart is the Affordable Care Act, a law that I am proud to say this committee played a lead role in authoring. In your short tenure at HHS, Mr. Secretary, you have already shown how the ACA can continue to expand its reach and its positive impacts. Thirty-one million Americans now have health coverage through the ACA, thanks to our accomplishments over these last eleven years. And more than a million additional people in our country gained coverage through the marketplaces over the last four months.

There is still more work to be done. For example, 12 states still have not adopted the law's Medicaid expansion, leaving millions of vulnerable people without coverage for, in many cases, purely political reasons. I would like to hear your thoughts on how we can

ensure everyone who needs coverage gets it. I was pleased that we recently improved the Advanced Premium Tax Credit to help people afford their plans, but we need to make these investments permanent. That is the kind of action we can take to grow the insured population, and to help those who are covered, thanks to the ACA, stay covered.

While the Affordable Care Act certainly has helped reduce Americans' health care costs, many people still fall victim to surprise medical billing, unexpectedly facing exorbitantly high charges for their care. At the end of last year, Congress acted to address this crisis with the passage of bipartisan legislation to protect patients from these surprise bills. I certainly want to thank Ranking Member Brady, as we worked together to ensure that the solution that Congress ultimately came up with was a balanced approach centered around strong consumer protections. Now it is up to HHS to implement the law, and I know and hope you will work closely with us as you proceed.

Another area where your agency must take urgent action is nursing home safety and quality. The pandemic's horrific impact on these facilities laid bare the longstanding problems and challenges that exist in that industry. I spoke with your predecessor many times about this topic, and sent him a number of letters on the matter. Unfortunately, there was too little reform. I am counting on you to make the necessary regulatory changes as Congress legislates.

Just as the pandemic illuminated serious problems plaguing nursing homes, it also brought to the fore a variety of substantial challenges that have confronted working families in the United States for many, many years. A lack of paid leave and inadequate access to affordable, quality child care are issues that existed long before COVID struck.

Ways and Means Democrats recently released the Building an Economy for Families Act. Our draft proposal is to make sure the economy works for working families. HHS will be responsible for implementing many of the policies we put forward, and I

know we can count on you to prioritize these changes that will make our economy stronger, more inclusive, and more resilient.

And lastly, let me address an issue that touches every single topic that I have raised this morning, and it is one that I know you and the President care deeply about. That topic is equity.

The Ways and Means Committee has become a leader in attempting to address these inequities in our health care system, and society more broadly. Pleased that we have done quite a bit of bipartisan work on the matter -- and I commend our committee members from both sides of the aisle who have led our Rural and Underserved Communities Health Care Task Force, as well as those who lead our Racial Equity Initiative.

One specific equity-related matter I know that we want to raise, and that is the need to increase diversity in our physician workforce. I would like to get your commitment to support a Pipeline to Practice Program that would grow the number of minority doctors in the United States. This issue requires urgent attention, and I plan to introduce legislation on this in the near future.

I know my comments have covered a lot of ground, but in truth they have only begun to scratch the surface of the myriad challenges confronting our nation and your agency, in particular. I am pleased to see such an esteemed Ways and Means alum at the head of the HHS at this pivotal time. I look forward to your partnership as we work together to improve the health and well-being of the American people.

*Chairman Neal. With that, let me recognize Ranking Member Brady for the purpose of an opening statement.

*Mr. Brady. Thank you, Chairman, for holding this important hearing, and it is always good to welcome back a friend and former colleague of the House Ways and Means Committee, Secretary Becerra.

Let's begin by taking a look at the health of the economy. Even though President Biden inherited a strong recovery, lifesaving vaccines, and a reopening economy, he is sabotaging the jobs recovery with crippling tax increase proposals that have hurt working families, slow hiring, and drive U.S. jobs overseas. Proof is in the April/May Jobs Report, the first of which was a major economic setback, and the recent, which fell far short of even dumbed-down jobs expectations.

Long-term unemployment is worse today than it was before the pandemic, and labor force participation has regressed to the 1970s. To put it in perspective, despite all the advantages he inherited, including trillions of new stimulus spending during his first five months, President Biden is half-a-million jobs short of what President Trump achieved in his last five months, most of which was during the height of the COVID deaths. The Washington Post recently gave President Biden two Pinocchios for his false claims about job creation. It is clear we don't need more stimulus; we need better economic policies.

Despite our differences, our committees worked hard to find common ground, as the chairman said, in health care, foster care, Medicare improvements, telehealth, COVID aid, maternal mortality, helping the underserved in rural communities, and, most recently, leading a first-ever national ban on surprise medical bills. Regrettably, though, this hearing reveals a budget that is truly partisan.

After a massive pandemic, President Biden insists on putting Washington in charge of Americans' personal health decisions, even when it means canceling their private health

insurance through Medicare for All, fewer cures for devastating diseases through H.R. 3, imposing costly, new, one-size-fits-all mandates on Main Street businesses, ignoring the looming insolvency of Medicare, creating new entitlements that required dramatically higher payroll taxes on workers, and puts the IRS in charge of your time off, and doubling down on the fatally-flawed Affordable Care Act.

The fact is, Americans don't trust Washington with their life-and-death medical decisions. They oppose a socialist takeover of their health care, and they know the good-paying jobs and growing wages do far more for working families than one-size-fits-all Washington mandates and permanently smaller paychecks.

Americans also don't want lower drug prices at the expense of future cures for Alzheimer's, Parkinson's, ALS, diabetes, and cancer. As Democrats rush through the House in H.R. 3. They want Congress to work together to deliver lower drug prices and more life-saving cures, as Republicans proposed in the bipartisan H.R. 19.

President Biden's budget ignores the looming insolvency of Medicare, without meaningful reforms to address the fact that this program is just five years away from going broke. Instead, Democrats make it worse by expanding the program beyond today's seniors, jeopardizing the Medicare guarantee that seniors paid a lifetime into.

The possibility that telehealth benefits may soon be stripped from those who relied on it to get through the COVID pandemic, another problem ignored in the Biden budget.

This budget ignores the failures of the Affordable Care Act, and seems to acknowledge that Obamacare has done little to address rising health care costs. And that is why the Biden budget spends another \$160 billion over the next decade without addressing the real problem of continuing rising costs.

The budget includes two new entitlement programs that will cost more than half-a-trillion dollars just in the first decade. And, oh yes, for the first time, puts the IRS in

charge of your time off from work, while permanently shrinking the paychecks of every worker, whether they use paid medical leave or not.

President Biden and the Vice President also continue to ignore the dangerous border crisis that treats so many young children cruelly, putting their lives at risk in the hands of dangerous coyotes. Now we are seeing America's foster children also hurt, as the Biden Administration diverts congressionally-allocated health care and foster care funds that push America's foster kids out of their homes to make way for migrant children. This crisis has made its way into communities across the country, and it is making worse the challenges facing our foster care system.

Just last month, nearly 300 children in Texas had to seek shelter in an office, a hotel, or a church, because there were no open beds in our current foster care system. I hope that you, Secretary Becerra, as we discussed, can shed some light on the agency's handling of the crisis, ensuring the well-being of the more than 100 -- or excuse me, 18,000 unaccompanied kids in your care. There is too much at stake to get this wrong. I know that we can agree on this.

Whether we are talking about foster kids, child care, health care, Medicare, or life-saving cures, President Biden's budget, in our view, is the last thing Americans need. We should and could go a different way. We can tackle enormous challenges by working together, and I hope that is what we do.

Secretary Becerra, welcome back to the committee.

And Chairman Neal, I hope we can take a step in that direction today. I yield back.

*Chairman Neal. Thank you, Mr. Brady.

And without objection, all members' opening statements will be made part of the record.

Our witness today really needs no introduction. Secretary Becerra is the 25th Secretary of the Department of Health and Human Services. He served 12 terms as a Member of the U.S. House of Representatives. He was a member of this committee from 1997 until he was appointed Attorney General for the State of California in 2017.

Mr. Secretary, we appreciate your presence here this morning. We received your written testimony, and it will be made part of the record in its entirety. I ask that you summarize your testimony in five minutes or less. And to help with that time, please keep an eye on the clock that should be pinned to your screen. I will notify you when your time has expired.

Mr. Secretary.

STATEMENT OF XAVIER BECERRA, SECRETARY OF THE U.S. DEPARTMENT
OF HEALTH AND HUMAN SERVICES

*Secretary Becerra. Chairman Neal, Ranking Member Brady, and members of the committee, thank you for the opportunity to be back with so many friends and familiar faces to discuss the President's 2022 budget for the Department of Health and Human Services.

This Department is at the center of many challenges facing our country. The COVID-19 pandemic has shed light on how health inequities and inefficient Federal funding can leave communities vulnerable to crises. Now, more than ever, we must ensure that HHS has the resources to achieve its mission and build a healthier America.

For HHS, the budget proposes \$131.7 billion in discretionary budget authority, and 1.5 trillion in mandatory funding. This budget underscores the Administration's commitment to prepare the nation for the next public health crisis, to expand access to affordable health care, to address health disparities, to tackle the opioid and other drug crises, and to invest in other priority areas like maternal health, tribal health, and early childhood education.

Of course, the fight against COVID-19 is not yet over. But, even as HHS works to beat this pandemic, we must also prepare for the next public health crisis. To start, the budget makes significant investments in our preparedness and response capabilities, including by investing in the Strategic National Stockpile and the public health workforce. It provides a mandatory -- a new mandatory funding stream for the manufacture of medical countermeasures here at home, to protect Americans from future pandemic and to create U.S. jobs. The budget also includes the largest fiscal year investment in the CDC in almost two decades.

The budget reflects the President's commitment to expanding access to quality, affordable health care for all Americans. It builds on the ground-breaking reforms introduced in the American Rescue Plan by permanently extending the enhanced premium subsidies that put affordable health care coverage within reach for millions more Americans.

The budget also expands access to home and community-based services under Medicaid, critical services that allow older Americans and our loved ones with disabilities to live independently in their homes and communities.

And the budget calls on Congress to take additional steps this year to lower the cost of prescription drugs and further expand and improve health coverage through additional benefits and public coverage options.

Health care must be a right, not a privilege. And I will work to ensure that families across the nation are able to secure the health care they need.

As we work to expand access to affordable health care and address the challenges of COVID-19 and future pandemics, we need to address public health crises that are already here, like violence in our communities and climate change. The President's budget increases funding to support domestic violence survivors. It addresses gun violence by doubling funding for firearm violence prevention research. And it allows HHS to play a major role in the Administration's government-wide efforts to tackle the climate crisis by supporting research and programs identifying the human health impacts of climate change, and establishing, here at HHS, an Office of Climate Change and Health Equity.

To ensure that HHS is equitably serving all Americans, the budget invests in reducing maternal mortality and morbidity that disproportionately impacts women of color. It builds on the American Rescue Plan's state option to extend Medicaid post-partum coverage. It funds a range of rural healthcare programs and expands the pipeline of rural

health providers. And it includes a dramatic funding increase and advance appropriations for the Indian Health Service. It invest, as well, in improving access to vital reproduction and preventative care services through title 10.

Now, to support families and build the best possible future for our children, the budget makes major investments to ensure high-quality child care is affordable for low and middle-income families, and to provide high-quality pre-K for all three and four-year-olds. We know our experiences as children shape the adults we become. Support in childhood leads to success in the future.

To address COVID-19's unprecedented acceleration of substance use and mental health disorders, the budget makes historic investments in SAMHSA to support research, prevention, treatment, and recovery support services.

To support innovation and research, the budget increases funding for NIH by \$9 billion, 6.5 billion of which will go to establish the Advanced Research Projects Agency for Health, ARPA-H, with an initial focus on cancer and other diseases such as diabetes and Alzheimer's. This major investment in Federal research and development will leverage ambitious ideas to build transformational innovation through health research and the application and implementation of health breakthroughs.

Finally, to ensure our funds are used appropriately, the budget invests in program integrity, including efforts to combat fraud, waste, and abuse in Medicare, Medicaid, and private insurance.

Mr. Chairman, I would like to close by recognizing the women and men at HHS for their outstanding and tireless work fighting COVID-19 to protect the health of their fellow Americans.

To build back a prosperous America we need a healthy America. We have taken important steps over the past few months to beat back this pandemic, to expand access to

quality health care, and to lower healthcare premiums, and to protect women's health at home and abroad. President Biden's budget builds on that progress. And I thank you for this time.

[\[The statement of Secretary Becerra follows:\]](#)

[Pause.]

*Voice. I can't hear him. What is going on?

*Voice. I think the chairman is muted.

*Chairman Neal. -- pressure to accommodate both institutions today.

[Pause.]

*Voice. Mr. Chairman, I believe you were unmuted; we didn't catch what you said. I mean, you were muted, we didn't catch what you said.

*Chairman Neal. Let's try it again.

*Voice. No.

*Chairman Neal. Not yet?

*Voice. Oh, there we go.

*Chairman Neal. Okay. So, without objection, each member will be recognized for four minutes to question our witness, so that we may ensure that all members have the opportunity to inquire before the Secretary is scheduled to leave. He has to be at the Senate this afternoon.

And consistent with committee practice in these remote settings, we would dispense with the Gibbons Rule, and go in order of seniority, switching between majority and minority members. I will begin by recognizing myself.

And I want to emphasize I will bring the gavel down in four minutes. The Secretary has asked for that courtesy; we should extend it.

I share the Administration's commitment, Mr. Secretary, to addressing coverage gaps for low-income people caused by some states who have refused to expand Medicaid. And you and I have talked about the need to address this issue. You -- and I know your answer, but I want to get it on the record, as well, that these two to four million Americans cannot wait any longer for coverage, and that Congress should find the most expeditious

path to go forward.

*Secretary Becerra. Mr. Chairman, we agree completely in the Administration that we must continue to expand health care. As you know, today, 31 million Americans have received health care through the Affordable Care Act. That is a historic number. And over the last three months, as a result of the special enrollment period issued by the President, more than a million Americans were able to receive their health care coverage.

So we will continue to expand that, whether it is under Medicaid, whether it is under the marketplace. We want to explore all these opportunities to continue to give all Americans the opportunity to have health care as a right, not just a privilege.

*Chairman Neal. Mr. Secretary, similar to our Ways and Means discussion draft of the Building an Economy for Families Act, the President's budget proposes a historic investment in child care to make it more affordable and available, upgrade child care infrastructure to make it better and safer, and raise wages for child care workforce, which is, we know, predominantly women of color.

Secretary Becerra, we stand ready to work with you on this crucial part of the President's plan for a strong economic recovery. Could you tell us more about how making this long-term investment in child care, as well as short-term rescue efforts in the ARPA is still needed to support workers and families?

*Secretary Becerra. Mr. Chairman, first, let me begin by thanking you and this committee for your work in building -- on the Building an Economy for Families Act, which I know is crucial if we are going to continue to move forward to help our children.

Our budget proposes \$3.5 billion in budget authority for the child care entitlement of 2022. It provides for further investments in our workforce in the child care field. We want to make sure that people can afford to work, to take care of our kids. And we want to continue to give Americans the opportunity to explore any job opportunities they like

because they know they will have quality, affordable health -- child care at their disposal.

So we look forward to working with you to continue to expand access to quality child care for all Americans.

*Chairman Neal. The –

*Voice. Stop. Go.

*Chairman Neal. Mr. Secretary, the COVID-19 pandemic laid bare the longstanding inadequacy of our current protections for nursing home staff residents and their families. The Centers for Medicare and Medicaid Services can take immediate actions to shore up existing protections and make long-term investments such as improved staffing, oversight, and transparency.

Could you speak to the actions HHS is currently taking to improve conditions for residents and staff at these facilities?

And I know that we can count on you to advance these issues through regulations, while we work on legislation to get these issues. Could you speak to that?

*Secretary Becerra. Absolutely, Mr. Chairman. We learned from COVID-19 how much we need to do a better job at being able to track what is going on in these various facilities. Our oversight capabilities must increase. We need to work closely with Congress so we know exactly how we can ensure that we are providing to our families the protections that they deserve, and have safety as a paramount concern.

The President's budget requests \$75 million to increase state survey agencies' abilities to address additional complaints that might be lodged by patients, to perform infection control surveys in nursing homes, and provide an annual mandated survey in nursing homes. So we intend to work with you to make sure that we do the proper oversight and accountability of these various facilities that house our loved ones.

*Chairman Neal. Thank you, Mr. Secretary. Mr. Secretary, thank you.

Now let me recognize Mr. Brady, the ranking member, for five minutes.

*Mr. Brady. Thank you, Chairman. So would you yield a few minutes at this time to enter into brief colloquy?

*Chairman Neal. Yes.

[Audio malfunction.]

*Mr. Brady. -- the bills.

*Chairman Neal. Yes.

*Mr. Brady. So thank you, Chairman. For years, too many patients and their families had their health problems compounded by an unexpected out-of-network surprise medical bill. Thanks to the tireless bipartisan work of this committee last Congress, this terrible practice will soon be no more. Now it is up to the Biden Administration to implement this landmark bipartisan law. And given the key role of HHS in implementation, I wanted to reaffirm our shared priorities and those of the Ways and Means Committee while we have Secretary Becerra before us.

As leaders of the Ways and Means Committee, we aim to protect patients' access to providers in their area. We also sought to take patients out of the process, and avoid tipping the scales in favor of one party over another in determining the right payment amount for out-of-network bills. This will enable independent arbiters to weigh all of the relevant information in a given case, and keeps the process from becoming a de facto rate-setting system.

The integrity of that arbitration process should be protected in as many ways as possible, including through robust transparency. I encourage the Administration to ensure timely resolution of billing disputes in accordance with the tight timelines that we wrote into the bill. Health care providers deserve a guarantee of prompt payment upon resolution of these cases.

Finally, I would encourage the Administration not to neglect the bill's important transparency measures, but the particular focus on the historic, advanced, honest, and true bill: the explanation of benefits provision. Giving patients information about the cost of their services ahead of time will help health care make sense. Nobody fills up their tank without knowing how much their gas costs. The same should be true of health care. Thankfully, for patients and their families, this changes for the better next year.

Mr. Chairman, I appreciate your indulging me while we have the Secretary here before us. And, of course, I look forward to continuing to work -- our partnership on this important issue, and I yield back.

*Chairman Neal. Thank you, Mr. Brady. I want to fully associate myself with your remarks. And I would add that our shared priority during implementation is that patients must be protected from out-of-network surprise bills. Lawmakers did not design any intentional loopholes for, say, a patient to be handed a form when they are unconscious, and then subsequently get a bill that they supposedly agreed to pay. The patient protection should be as tight as possible, and we look forward to continuing to engage with the Administration as this law is rolled out.

*Mr. Brady. So, Mr. Chairman, if I may -- Secretary today --

*Chairman Neal. The gentleman is recognized.

*Mr. Brady. Thank you.

Secretary Becerra, I think there are several areas of common agreement here, including making America medically independent from China in crucial medicines, medical supplies, and ingredients to build that. I hope we can work together on issues like the underserved, the poor, the rural, as well as ensuring that telehealth, which was one of the saving graces in COVID, can become permanent access and flexibility to connect our patients with their health care providers.

I also want to talk about an area that really concerns me, and I think others in the country. This is the unaccompanied minors in HHS custody. Unaccompanied minors have been streaming across the border in unprecedented numbers for months now. I have been there. There is a real crisis at our southern border. I am concerned the Administration is in denial about this, and certainly has no plan to address this. So I have written two separate letters to you on this issue.

And, Mr. Chairman, I ask unanimous consent both these letters be entered into the record.

*Chairman Neal. So ordered.

[The information follows:](#)

[The information follows:](#)

*Mr. Brady. Yes, my understanding is those children will be unified with sponsors, but a good number are not. And I want to focus on that. I believe it is roughly 10 percent of the unaccompanied migrant kids have no sponsor, and need some sort of long-term foster care placement. The problem is our American foster care system is already overwhelmed. And frankly, in some cases, it is simply cruel.

And given the significant increase in kids coming across the border over the last few months, and the knowledge that this is already hurting some of our U.S. foster kids as we try to get a roof over their head -- and foster parents, what is your plan to protect American foster kids with this system to anticipate and manage the increased need for long-term foster beds?

*Secretary Becerra. First, Congressman Brady, great to see you, and thank you for the questions. I am very much looking forward to working with you on this issue to try to help our foster kids.

Let me assure you that all the work that we are doing with regard to the unaccompanied migrant children -- and we have responsibility for them, to provide them with the health and safety while they are in this country for however long that might end up being -- we will not let that impact the work that we all are doing to care for our foster children throughout the country.

They run on two separate tracks, both the work we do with unaccompanied minors, migrant children, and that which we do with regard to foster care. And I want to assure you that we will continue to keep those separate.

*Mr. Brady. Thank you, Mr. Secretary. And, one, that is terrific to hear, and I know you are sincere in this.

So when, from a timetable standpoint, when might we see a plan on how we address this issue, one where Republicans and Democrats can work together?

*Secretary Becerra. Chairman -- Mr. Brady, I am glad you are asking that question, because we are looking -- and the budget, our budget, essentially telegraphed that. We are looking to come up with long-term solutions.

We know, because previous administrations have gone through this, that the phenomenon of seeing migrant children at the border unaccompanied is not new. And so we intend to try to come up with a solution that doesn't let us have to gyrate through the process in a year to come up with long-term solutions. We look forward to working with you.

It is expensive, any time you have custody. And we need to provide health and safety to children. And so we look forward to working with you and coming up with some long-term solutions.

*Mr. Brady. Great. Thank you, Mr. Secretary.

Thank you, Chairman.

*Chairman Neal. Thank you, Mr. Brady. With that let me recognize the gentleman from Texas, Mr. Doggett, to inquire for four minutes.

*Mr. Doggett. Thank you very much, Mr. Chairman, and thank you, Mr. Secretary, for your important leadership.

My home state of Texas, unfortunately, bears the disgraceful distinction of having more uninsured citizens, more uninsured children, than any place in America. I was pleased to hear your comments earlier about your interest in addressing this problem. We have learned that as many as two million Texans could get access to a family physician through extension of Medicaid. Unfortunately, Texas, as is true in 12 other states, ideology gets in the way of caring for citizens who are vulnerable and economically disadvantaged.

You mentioned a couple of ideas already. I want to bring to your attention another

one, and that is to authorize Medicaid, CMS, to contract directly with local governmental units in those states that have put ideology ahead of health care. This would be a way to have, essentially, a local option to protect vulnerable citizens, and extend Medicaid to them on the same basis in a local area through a county, a hospital district, a city, as has occurred in most states that exercise the good judgment of taking 100 Federal cents on the dollar to extend Medicaid.

Have you considered this alternative, which I know has worked previously in your home state of California and some other places, an alternative that will be included in the legislation that I will be introducing with probably just about every Democratic member from the 13 expansion states?

[Pause.]

*Chairman Neal. I think we lost Mr. Doggett.

*Secretary Becerra. Chairman, should we wait?

*Chairman Neal. Well, if he -- we will give him another couple of minutes, and then we will come back to him, or at least allow him to finish his question and you to give the answer.

[Pause.]

*Chairman Neal. What we will do is we will come back to Mr. Doggett.

Why don't we recognize Mr. Nunes, the gentleman from California?

*Mr. Nunes. Thank you, Mr. Chairman. I really appreciate the time today.

And thank you, Mr. Secretary, for your attendance today. To be prepared for the next pandemic, we must have robust domestic manufacturing of pharmaceuticals, and that is my topic here today. If we are going to continue to be the world's leader in innovation in numerous areas within the health care sector, we can't leave ourselves or our international partners vulnerable to China when it comes to this critical issue.

This is why I introduced two bills in the last Congress to incentivize domestic manufacturing. It is also why I am concerned about the Biden Administration's support for the TRIPS waiver, which would force American innovators of COVID vaccines to share their proprietary information with foreign nations, including China, Russia, and other hostile regimes.

Because the waiver clearly jeopardizes the future development of vaccines and cures in the United States, today I introduced another bill to require that the administration consult with Congress, analyze all the implications, and protect U.S. national security before waiving any intellectual property protections for vaccines.

I recognize that USTR is leading the waiver negotiations, but the HHS should play a central role in analyzing the waiver's effects in both the United States and globally. It is critical that we assist the global distribution of COVID vaccines, but a TRIPS waiver, which is opposed by allies like Germany, would take years before yielding large numbers of vaccine doses abroad.

So I am disappointed with the Administration's announced support for this waiver without consulting Congress, but I will continue to press for the consultations and robust analysis that are needed to justify the decision with such significant implications for our health and national security.

And with that, Mr. Secretary, what I will do is I am just going to ask two questions for the record, and you can either answer them now, if we -- but if we run out of time, you can answer for the record. But once again, I appreciate you being here, but I have two questions that are fairly simple and straightforward.

The first is has HHS conducted any analysis of the impact of any waiver of intellectual property on domestic manufacturing or innovation? That is the first question.

The second question is has HHS conducted any analysis of how long it will take

foreign nations to manufacture and distribute COVID vaccines, if this TRIPS waiver is granted? That is my second question.

And with that, Mr. Chairman, I am not sure how much time I had left, but if the Secretary has time, he is more than welcome to answer. If not, I will take it for the record. I appreciate the --

*Chairman Neal. Go ahead, Mr. -- yes, go ahead, Mr. Secretary.

*Secretary Becerra. Thank you.

Congressman, great to see you, and let me try to give you a response, and I can always follow up, if you would like.

First, on the TRIPS waiver, please let's recognize that the President has said he is willing to open that to negotiations. There is no done deal. Nothing is set in stone. There still has to be negotiation to figure out how, textually, that would look. And so what I can say to you, as someone who has, as you, has worked in the past on these issues involving intellectual property and the protection of our own rights as Americans, we will make sure that we are protecting those property rights, as we always have in the WTO.

What I will say to you is that whether we get to some negotiated language that allows us to move forward with vaccines will depend on the negotiations that have to take place on that TRIPS language.

Secondly, with regard to domestic manufacturing, I think there is a great deal of bipartisan support to move in enhancing our abilities to manufacture here at home. And the American Rescue Plan provided \$10 billion for us to do that, to increase that domestic capacity. And so we hope to work with Congress to put that into fruition, to make sure that we have American manufacturers, whether it is for masks, PPE, vaccines, as -- to the degree possible -- we do it here, at home.

*Chairman Neal. Thank you. Thank you, Mr. Secretary. Let us return to Mr.

Doggett.

Lloyd, are you ready?

[Pause.]

*Chairman Neal. You are on mute, Lloyd. Mr. Doggett, you are on mute.

[Pause.]

*Chairman Neal. Okay, so we will come back to you again, Mr. Doggett.

*Mr. Doggett. Can you hear me now?

*Chairman Neal. Go ahead.

*Mr. Doggett. Okay, thank you very much. I was asking the Secretary about his reaction to allowing local governments to contract directly with CMS as one option to meet this great gap of the uninsured.

*Secretary Becerra. Congressman Doggett, first, great to see you again, and thank you for always pushing so hard on some of these matters.

As the President has said, we are going to do everything we can to expand access to care. There are any number of great ideas to do that. Thanks for the work that you have been doing. You have mentioned how states like California have taken advantage of these waiver opportunities. We look forward to working with you because, at the end of the day, what we want to do is say that more Americans are covered.

And as I mentioned in my -- in previous responses to some questions, today 31 million Americans have coverage through the Affordable Care Act. Some of them through the Medicaid expansion, others through the marketplaces. We look forward to working with you to figure out a way to continue that growth.

*Mr. Doggett. And with regard to prescription drug pricing, is it important that our legislation not discriminate against the uninsured, that we provide benefits to them?

*Secretary Becerra. Again, Congressman Doggett, thank you for being dogged in

this, because you are right. Like you, I agree that we want to make sure everyone has a chance to participate and to benefit from lower drug prices.

*Mr. Doggett. Thank you.

*Chairman Neal. Thank you, Mr. Doggett. Let me now recognize the gentleman from California, Mr. Thompson, to inquire.

*Mr. Thompson. Thank you, Mr. Chairman, and thank you, Mr. Secretary, for joining us. It is good to see you back in the Ways and Means space. And I have got two questions, and I will give them both to you, and then you can respond.

First I would like to start by talking about telemedicine. It has been one of the silver linings in the COVID-19 pandemic. And I am proud to have founded the Congressional Telehealth Caucus, which is a bipartisan group, and we are working to ensure that high-quality telehealth services are available to all Americans.

And it was my bipartisan legislation that was signed into law at the start of COVID that authorized Medicare to expand telehealth for the duration of the pandemic. Unfortunately, the telehealth flexibilities currently in place are going to expire, once we get out of this public health emergency. And I have introduced another piece of legislation, along with my friend, Mr. Schweikert on this committee, that will ensure that patients can continue accessing telehealth services.

So my first question would be, can you talk about how you view the next steps for telehealth, and how does the Administration envision incorporating telehealth into the Medicare program?

And then, second, you know, we have got this just huge number of ongoing mental health challenges in our country: substance abuse, addiction, homelessness, suicide, self-harm, depression. The -- it just goes on and on and on. And we see the impacts of the -- of these cries all around us, in the homeless population, in our prisons and jails, amongst

our veteran population, and amongst our teenagers. And I have got legislation that would expand mental health services for seniors in Medicare, but it is going to take a lot more than that.

I would like to know how HHS is approaching this challenge. And can you talk a little bit more about your efforts underway as Secretary in your Department to combat mental health?

*Secretary Becerra. Congressman Thompson, great to see you again, looking forward to visiting your district, and imbibing of that refreshment that you all have there that is so popular at some point.

Let me start with the second question first, Congressman, if I may. We recently announced \$3 billion that we would be putting out as a result of the American Rescue Plan that you all helped push through the finish line that will let us put money into mental health services with SAMHSA, and also for substance use disorder services. Major investments never would have been possible without your support. And we are going to put that to work immediately.

Secondly, to the question about telehealth, wow, do we get to learn things from COVID-19, right? And telehealth was one of the real benefits of seeing how we could adapt. And so now it is a matter of figuring out how we can deploy some of that long term, because, as you said, some of the authorities will expire. We look forward to working with you, because some of that authority will have to come through statute. Some of that we can probably do through administrative regulation. But what we do know is we can't go back to the old way of doing business. We have to take advantage of telehealth.

*Mr. Thompson. Well, thank you, Mr. Secretary. And I just want to close by saying that so many of the problems that we face today are tied to mental health. And you

talk about homelessness and the addiction problems. If you can't get mental health care, you are going to turn to whatever you can for relief. And sadly, self medication with drugs and alcohol is often what folks turn to. So we really need, in a bipartisan way, to redouble our efforts to deal with the mental health challenge that faces every one of our communities on a daily basis.

Thank you, and I yield back.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Florida, Mr. Buchanan, to inquire.

*Mr. Buchanan. Thank you, Mr. Chairman.

Welcome back, Mr. Secretary. I want to touch on the idea of affordability. You mentioned it. You know, 10 years ago we were talking about bending the curve. There is a lot of people that have little or no insurance.

But I want to talk about another group of folks: small businesses. And many of them, they have seen their costs go up over the last 5 or 6 years, 20 percent a year. A lot of it, not all of it, gets passed to the employees. Historically, for someone that has been in business a long time, I have always shared first 20 years -- myself, a lot of companies -- paid everybody's insurance. The big corporations could afford to do that today for many of their employees, but a lot of the small businesses, they can't afford \$1,400 a month for a family of 4, so they will pay 600 or 700. It gets pushed to the middle class, the working folks, and that is why they are so financially stressed out, borderline bankruptcy. I have seen it.

So I guess, Mr. Secretary, how can we all work together? I know it is -- you got a lot of challenges, but there is probably, in this category, 60 to 80 million people that are chipping in, where many people in the past didn't have to, as much as 700 or \$800 a month out of their own pay.

And so it is very concerning. I was chairman of the Florida Chamber. It was a big issue back then. It is a more critical issue today. And a lot of them are -- work in restaurants or at small businesses, they can't afford to absorb all the increases. So a lot of that is getting pushed to the working people in the middle class, and I am very concerned about, you know, many of them just financially going bankrupt, or completely stressed out, or they don't take the insurance because they can't afford the deductibility or their contribution.

So I know you touched on affordability. What is your thoughts?

*Secretary Becerra. Congressman Buchanan, first, great to see you.

And thank you for always championing the cause of small businessmen and women. I know that that has been a mantra of yours for a long time. And you are right, because so many of those small businessmen and women don't even have their own health insurance.

What we are hoping to do is make it more possible for people to be able to afford it, have the choices. As I said, today more Americans are using the Affordable Care Act than ever before: 31 million. In this special enrollment period that President Biden initiated about three months ago, we have seen more than a million people take advantage. So many of those folks lost their insurance. So many of those folks work for small businesses, where it is tough to provide the health care coverage.

And so what I can tell you is that I am absolutely interested in working with you and others, especially if you are trying to get to that -- the middle of America that often times gets squeezed, and doesn't quite get the benefit from some of the proposals that are out there. So I look forward to working with you on that, and continuing the growth that -- as we have seen under President Biden, of people in America who can get quality, affordable health care.

*Mr. Buchanan. Well, I appreciate it. I would like to work with you, but I just want to also just keep those folks in mind. A lot of the people that are employees of small businesses, they are stressed out in terms of trying to pay for their health care. It is a big issue. I see it.

And again, looking back, we used to pay everybody. Now we are paying a little over half. Our employees are paying the other half. My sons are running those businesses. And I don't like it. I just don't -- you know, because it is money that they can't afford to do. So it is a big issue. I just want you to give them some consideration.

I don't know how much time I got, but I did want to ask one quick question. In terms of your budget, you are looking at a 23 percent increase, you know, to me, running the math, 12 billion-plus. Where is the majority of those dollars going to be focused, in terms of the next year?

When you look at inflation at 4 or 5 percent, and you are looking to get 23 percent, I am just concerned. Everybody wants more spending, but at some point you have got to pay for this stuff.

*Secretary Becerra. Congressman, so much of the money that is coming in is going to be invested in some of the behavioral health issues that I just previously spoke about, how we deal with mental health, substance use disorder issues, so much of what we are going to need to do to recover from COVID.

And also, I should mention the fact that the President is making sure that those middle-income Americans, small business people who would fall off the cliff of coverage in terms of a subsidy, if we are able to make this expanded support on the subsidy permanent, millions of Americans who are in the middle, a lot of those small businessmen and women, are going to be able to keep their insurance because they will no longer fall off the cliff when they get to a certain income level, and all of a sudden lose those subsidies.

So much of the money is invested to improve health care, and make sure we tackle all those health issues that we are seeing as a result of COVID.

*Mr. Buchanan. Thank you --

*Chairman Neal. Thank you --

*Mr. Buchanan. -- Secretary.

*Chairman Neal. Thank you.

*Mr. Buchanan. I yield back.

*Chairman Neal. Thank you. Mr. Blumenauer, the gentleman from Oregon, is recognized to inquire.

*Mr. Blumenauer. Thank you, Mr. Chairman.

And Mr. Secretary, it is such a pleasure to welcome you back to the committee. We look forward to working with you and the Administration in this critical function.

The President's health care budget demonstrates his deep commitment to the health and well-being of Americans. Our health care system faces significant challenges, including the coming exhaustion of the Medicare trust fund, and the increasing the cost of health care, lack of choices for individuals with serious illness, and at the end of life.

I am pleased to see the President's budget would make significant investments in the Affordable Care Act insurance subsidies. However, making health care itself more affordable by increasing public subsidy does not reduce the cost of health care itself. Without changing the payment model, the costs will continue to increase, forcing us to spend ever more money on medical care, but undermining investments in the social determinants of health that are so critical if we are going to be able to deal with longstanding health disparities that disproportionately affect people of color.

Furthermore, governors, even in Medicaid expansion states, will be hard pressed to maintain existing coverage without a way to reduce the cost of care. Given the constraints

of reconciliation, it will be difficult to address medical inflation through congressional action.

The use of facilitated 1115 and 1332 waivers offers a path for a carefully -- selected states to expand on the work currently being pioneered in my home state of Oregon, and in Maryland, which are demonstrating innovative ways to reduce the total cost of care, while maintaining access, benefits, and quality.

Would you be willing to consider a waiver strategy as an administrative complement to the legislative initiatives being pursued?

*Secretary Becerra. Congressman Blumenauer, as you know, this Administration is willing to look under every rock that any Member of Congress puts before us to see if there is a better solution for health care. We want to continue to expand coverage. We want to continue to lower costs. So if you and your colleagues come up with some good ideas when it comes to prescription drugs, on better access, on innovation, on bending the curve, we are willing to listen. And I know that you have a number of good ideas in your pocket.

I would love to continue to work with you on these things, because, at the end of the day, what President Biden simply wants is to make sure that Americans don't have to worry about whether they should pay the rent, or be able to send their child to see the doctor. And we all have to have that peace of mind. We look forward to working with you on that.

*Mr. Blumenauer. I appreciate that very much, and would look forward to exploring what has happened with the waiver strategy as a way to deal with the total cost of care, and I hope that we could explore that together.

One other thing you recall from your days on this committee, when we were dealing with the Affordable Care Act, I was deeply concerned about the -- about end-of-life care,

and how we had problems, you remember, with the phony controversy over death panels. But we finally got the opportunity for the Federal Government to invest in those -- that end-of-life care. But there is very low utilization right now.

Do you have any thoughts about what we might do to enhance the opportunity for American families to make sure they get the care they want in those vulnerable times?

*Secretary Becerra. That was -- that is an issue near and dear to me, Congressman, because my father, who lived with me his last four years of life, had his family surrounding him the day he died about a year-and-a-half ago. And you would hope that everyone would have an opportunity to be able to have more say in their health care, especially towards the end of their life. Those decisions are tough.

My state has made, as your state has made, advances in that regard. I look forward to working with you to see how we can do something at the Federal level.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Pennsylvania, Mr. Kelly, to inquire.

*Mr. Kelly. Thank you, Mr. Chairman.

And Mr. Secretary, good to see you again. You are looking quite well.

Hey, what -- my question is -- we only have four minutes, but I have sent a couple of letters to you. I am going to ask, Mr. Chairman, that they be submitted into the record.

My big question: in Erie, Pennsylvania, we had a number of our unaccompanied children show up there. When I found out they were there, I made a call, and I went up to Erie to see them, and they told me, "You don't need to come up, they are already gone." And my question comes down to do we have any way we can look at what the contract is for people who are taking care of these children?

It is a big operation. Now, the kids that were in Erie, Pennsylvania were only there for a couple of days. After I was told they weren't going to be there at all because the

facility wasn't ready for them, 150 kids, about 175 to 180 staff members to take care of them, within 2 or 3 days they were all gone. Some of them had COVID.

And my question to you, and I know you are busy, and I know you are not going to be able to answer this now because of our time, would you please get back to me about these emergency intake sites?

What is the contract? I have been told it is anywhere from 750 to \$800 per day per child that -- the cost of operating. It is a huge operation. I was down in Donna, Texas. Incredible job that we did, setting up a tent city to take care of these children. I watched the implementation of it.

But I would really like to see, going forward, what is the policy going to be, what is the process going to be, and what does the contract look like? I can't get any information.

I know you are busy. I sent you a couple of letters. I would really appreciate it. I know -- I don't expect you to answer this right now, okay? I mean, this is like Jesus on Holy Thursday, you are getting hit from all sides. Let's just do this. If you can get back to me as soon as possible, I would really appreciate it. I know the people in Erie didn't understand what happened. They were very welcoming, by the way, to have these children there. But Mr. Secretary, they are only there a couple of days, and then they were all gone.

So going forward, the policy, the process, and the cost, and what the contract looks like.

*Secretary Becerra. Congressman, great to see you. And I -- you still have the same energy. It is great to see, great to see.

And, absolutely, we will follow up. You are absolutely right, the folks in Erie were very welcoming. We have an obligation to make sure we take care of these kids, and provide them with the safety and help that is required. We work with our partners.

We follow the Federal acquisition regulations when it comes to contracting. Rather than try to get into detail because of the time constraint, let's follow up. But what I can tell you is this. We make every effort to make sure that any site that we stand up will provide the safety and the health needs of those migrant children for however long they are going to be in this country. Who knows what their status will end up being. But we have an obligation to make sure that they are cared for. We are going to do it the right way.

And we thank those communities that are willing to help us out. We have got a lot of folks come forward, donate supplies, and toys, and gifts. And the folks in Erie were very gracious, as well.

*Mr. Kelly. Yes, well, that is great. If you can, get back to me on what that contract looks like with the providers of those services.

Mr. Secretary, good seeing you. Stay healthy. I am glad to work with you, and I am really looking forward on this issue to make sure we just keep moving forward.

Mr. Chairman, thank you.

Mr. Secretary, thank you.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from New Jersey, Mr. Pascrell, to inquire.

*Mr. Pascrell. Good morning, Mr. Chairman, and good morning, Mr. Secretary. Good to see you. You look healthy. Stay healthy.

I appreciate your work and the Biden Administration's efforts to invest in public health and health care. Many priorities in the budget, like strengthening the ACA and lowering drug costs and expanding Medicare, they are long overdue. So here are my questions.

The FDA supports a unique device identification system. And we have been putzing around with devices for the last 10 years, and we are finally, hopefully, moving on

it. References -- that identification system references benefits in the claims data to improve implant safety and reduce costs.

However, the CMS budget justification makes no mention of this change. Please describe the Administration's plan to utilize the unique device identifier information being collected for Medicare and Medicaid programs, and how the information will be used for quality measurement.

And will you encourage the adoption of new electronic claims standards under HIPAA, H-I-P-A-A, that include unique device information?

*Secretary Becerra. Congressman, first, great to see you. Secondly, thank you for being tenacious, always. These are issues that often times most people don't know about, and get ignored, but they are critical, especially when it comes to making sure that we are properly -- are following the patient, making sure we have all the right information on them.

The unique device identifiers that you have mentioned, you know, are something -- they are working their way through the process. And my understanding is, at this stage, that right now they are before the National Committee, the -- called the Vital and Health Statistics -- National Committee on Vital and Health Statistics. They are waiting to get through that process to get the recommendation from that committee to move forward.

But what I can do is I can follow up with you as we wait to hear from this committee, to find out where that stands. But, as you have mentioned, we have got to make sure that, through these medical claims -- Medicare claims, that we can track these things. And that unique device identifier is one way to do that.

*Mr. Pascrell. It helps us in examining also, Mr. Secretary, the device itself. There are many different devices. You know better than I do. And these devices need oversight, in terms of what they do to the human body. And we are finding more and

more out, and a lot of other companies don't like the idea, a lot of companies.

The second question was Wall Street's tentacles in our health care system continues to grow. We talked about this a lot when you were around here. Their control is associated with surprise billing, sky-high nursing home death rates. We can't accept that. The shuttering of safety net hospitals, all in the name of profit, not patients.

The Ways and Means Oversight Subcommittee hearing revealed not that long ago a disturbing lack of transparency. We heard about declining standards and lower quality of care, a lot of those horror stories, from hospitals and nursing homes owned by private equity firms. I would like your -- not only nursing homes -- I would like your take on that.

*Secretary Becerra. With your time that remains, Congressman, what I will tell you is that I am prepared to work with you. I took this on as attorney general of California. Our obligation has to be to the residents, first and foremost, and we have to have transparency and accountability in these facilities.

*Mr. Pascrell. Thank you, thank you.

*Chairman Neal. Thank you. The gentleman from New York, Mr. Reed, is recognized to inquire.

*Mr. Reed. Thank you, Mr. Chairman. And it is great to see you again, Mr. Secretary, on the -- here, at the committee. Mr. Secretary, I just want to try to get two quick questions in.

One is a very heavy concern about drug pricing takeover that H.R. 3 represents, and what the President has supported in his budget. And one of the things that I am greatly concerned about is the incorporation of the quality-adjusted life years in setting drug prices from foreign countries in American drug pricing policy. And I just wanted to see, Secretary, if you could commit today to us, to this committee, that HHS will not use quality-adjusted life years to set drug prices in the U.S., either directly or by proxy, during

your tenure as Secretary of HHS.

*Secretary Becerra. Congressman, first, good to see you, and I love your office.

It is --

[Laughter.]

*Mr. Reed. I love it, too.

*Secretary Becerra. The thing that technology lets us do, right, have these calls this way.

So first, let me just say I look forward to working with you.

You know President Biden has made it very clear we are going to do everything we can to try to bring down the cost of prescription medicines. And so we are going to look at everything. But we will absolutely work with you and your colleagues to make sure that what we do is done right, that everyone feels that it is fair and it is accountable.

So let me just make sure that we are in touch, if you would like to work on this issue.

*Mr. Reed. I definitely look forward to working with you. And I know, you know, in Energy and Commerce you had a conversation with my colleague, Cathy McMorris Rodgers, on this issue. And I just want to make sure that quality-adjusted life years does not become the de facto or de jure policy of your office in setting drug prices here, nationally, which would be, I think, a very difficult, or very problematic policy for America to establish in regards to its drug pricing policy.

The other issue I wanted to get to, and I got two minutes left here, impacts our district. And that is the issue of critical access hospital reimbursement policy. You know, I think, in your confirmation testimony, that there is a question of the mileage qualification for critical access hospitals. We have a hospital, Soldiers and Sailors, in Penn Yan, New York, in our district, as well as, I believe there is nine hospitals in New

York State that have been impacted by the new mileage calculation, if you would, that the HHS has been dealing with, and has graciously been put on hold during the pandemic.

And I just want to work with you, and get recognition from you that these critical access hospitals are the backbone of rural hospitals in America, especially in districts like ours. And changing that policy from pre-2015 determinations to future determination is something I am very sensitive to, and I know many colleagues of mine are very sensitive to. And I just wanted to offer -- what are your thoughts in regards to where we stand on that?

And can I get assurance that we do no harm to these critical access hospitals in regards to the reliance on this reimbursement policy?

*Secretary Becerra. Congressman, I think one thing we found with COVID is that some of our communities that are distant from providers really need to have the support that makes it possible for all of us to get the care we need.

And so what I can commit to you is, absolutely, to work with you on these things. We want to make sure that we are not making more difficult or more expensive for anyone, especially someone in a rural community, to access the care they need. And so what I will do is -- you tell me when you want to follow up, and we will, because we have monies in this budget that helps us address the needs of rural communities to make sure, for example, on telehealth, or making sure that those hospitals that were hit really hard by COVID have an opportunity to survive. There is money that was allocated specifically for rural communities --

*Mr. Reed. I got eight seconds. Just on the mileage, if we can just go to pre-2015, if you can get that commitment to me today, I would love that right now. But I don't know if you are in a position to do that.

*Secretary Becerra. I certainly could commit to work with you to see where we

can end up.

*Mr. Reed. You are pro. Thank you, Mr. Secretary. It is good to see you again.

*Secretary Becerra. Thank you.

*Chairman Neal. Thank you. Let me recognize the gentleman from Wisconsin, Mr. Kind, to inquire.

*Mr. Kind. Thank you, Mr. Chairman.

Mr. Secretary, it is so great to welcome back our friend and former colleague on the committee. I really enjoyed serving with you on the committee. I look forward to partnering with you now in your new capacity. So welcome home, so to speak.

Listen, I have been -- a couple of questions I have. I have been hearing from some of my providers that the provider relief fund money has to be spent by the end of this month, and there is still -- some of the pandemic expenses. Is there any consideration of extending that deadline, giving them a little bit more time in spending the provider relief funds that has been allocated?

*Secretary Becerra. Congressman, I feel like I am in a family reunion, but great to see you.

And first, to the question, we are trying to provide some flexibility. We have seen, having watched how the provider relief fund was deployed originally, some of the problems that occurred. We are trying to make sure we don't make the mistakes of the past. So we are trying to provide some flexibility.

I can -- we can follow up with you, but we want to make sure everybody keeps the deadlines as best possible. We understand the need to have some flexibility. So we will -- soon, this month, we will be coming out with some guidance to help people make sure that they can apply for and make use -- good use of their monies.

*Mr. Kind. Well, I appreciate that. We will follow up with you on it, since we

are just a few weeks away from that deadline.

Also, just so you know, I am going to be introducing bipartisan legislation again with Mr. Kelly on the committee. It is called the Medicare Advantage Quality Payment Relief Program. And it is the incentive bonus payments for MA plans that are hitting their benchmarks. Unfortunately, the payment levels are based on pre-ACA levels, so it is excluding a lot of quality MA plans.

And I don't need an answer from you now, I just want to alert you we are going to be dropping that bill, and we will try to work with you to see if we can fix this problem to further incent those relief payments.

And as you know, with the lead-up of the Affordable Care Act, I, you, and others were championing -- reform policy proposals that we could get into the legislation. I hope that now -- Secretary -- accelerate it a little bit, in going to alternative payment methods that emphasize quality, outcome, value -- CMMI with those alternate payment models that are being established.

How committed are you in trying to move, continue to move, in that direction?

*Secretary Becerra. Congressman, music to my ears. I think we want to harness innovation everywhere we can. CMMI was the product of the work done on the Affordable Care Act, but, you know, ARPA-H is another example of how President Biden really wants to take this to the next level. We would like to be able to take all that great research and, rather than just watch it play out, if we see something that is really exciting, pluck it out and say, "Wait a minute, we think there is applicability now."

The private sector is doing some things, academia. We don't have to keep it just in that NIH stream by itself. We can pluck it out and see if we can accelerate the opportunities to provide that to the public in health care.

*Mr. Kind. Yes, because we knew, with the ACA, it was more than just extending

quality, affordable, accessible health care, but it was also cost containment. And it is something that Ranking Member Brady again raised today, that there is more work to be done on that front.

Finally, the big question, though. As we emerge from this global pandemic, is there any thought at HHS of doing a deeper dive on lessons learned coming out of this pandemic, things we did do well, perhaps more importantly, things we didn't do well, that we were caught so flat-footed with all this?

*Secretary Becerra. No doubt. You mentioned telehealth. Clearly, we learned how much we could do with telehealth. We also learned where we have got gaps, those communities that are in the corners, in the shadows, and how we still lack the ability to say to every American that we are equitably going to provide you with health care.

And so, absolutely, we are going to have a lot of lessons learned from COVID.

*Mr. Kind. Great. Thanks, Xavier. Great
Thanks for your great seeing you.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Missouri, Mr. Smith, to inquire.

*Mr. Smith of Missouri. Thank you, Mr. Chairman.

Mr. Secretary, I want to start by thanking you for being here today to provide us with your -- with more insight into the President's budget request.

Before I jump into the request, I will -- while I have you here, on April 21st, Senator Lee and I sent a letter to the CDC director requesting information on the CDC's mass guidance for children, which, I am sure you know, is the most strict in the world. This guidance makes no sense, given current case numbers, evidence of lower transmission among children, and the negative impact this guidance has on their daily lives.

We requested a reply to this letter by May 5th. It is now over a month past the

deadline, and we have received no response. In light of the summer heat being upon us, and reports of some children being forced to wear masks in sweltering temperatures, I think the American people urgently need to know the full picture around how the CDC arrived at its decision that children over two should be masked.

Mr. Secretary, will you commit to ensuring the CDC director provides a response to myself and the 31 other Members of the House and Senate who signed the letter by the end of this week?

*Secretary Becerra. Congressman Smith, thank you for the question, and it is an important one. And I commit to you that we will make sure that any letter that is directed at the Department, including CDC, you get a response, and we will try to make sure we do it as quickly as we can.

And I can go into the issue of masks, if you like, but I don't know if you want to ask other questions.

*Mr. Smith of Missouri. Yes, I would like to -- and I appreciate that. The main thing is just to get a response to the 31 of us. We would definitely appreciate that. And I think that, Mr. Secretary [sic].

Mr. Secretary, we still do not know for sure whether COVID originated naturally, or as a result of an engineered virus leaked from the Wuhan Institute of Virology, though it is more likely than not the latter is true. But we do know that China is actively trying to hinder investigations into the virus's origins, and several prominent scientists who might otherwise be in a position to help us determine the virus origins, like Dr. Fauci, are compromised because of conflicts of interest.

Can you confirm none of the funds included in this budget would be used to provide aid to foreign laboratories who experiment with deadly or highly contagious pathogens or viruses?

*Secretary Becerra. Congressman, this is, obviously, something that everyone has taken an interest in. We have to get to the bottom of this when it comes to the origins of COVID-19. The President has asked for an investigation into this. Within 90 days he wants to hear a report back. I myself, probably about a month ago, when I had an opportunity to address the World Health Assembly, I also said it was time for us to get to the bottom of this. We all want to make sure we do, because addressing pandemics in the future requires us to know the origins of the source.

So I can guarantee you that we will be looking for partners to work to make sure that we get to the bottom of some of these things. And whether it is the authorities within HHS, CDC, NIH, others, or whether it is the President himself working with the intelligence community to try to get to the bottom of this, we are going to do what we can, and we look forward to working with you on that.

*Mr. Smith of Missouri. So, Mr. Secretary, can you tell me if there are any funds included in this budget that would be used to aid foreign laboratories who experiment in those deadly contagious pathogens? Is there any dollars in there?

*Secretary Becerra. Congressman, we have no dollars that are dedicated or earmarked for any foreign sources to do anything of the sort.

*Mr. Smith of Missouri. And I appreciate it, Mr. Secretary.

If we do find that China is blamed for this virus, will you commit to holding the Chinese Government responsible for this catastrophic irresponsibility?

*Secretary Becerra. I have mentioned transparency and accountability as something we are going to seek from anyone and everyone, including HHS.

*Mr. Smith of Missouri. Thank you, sir.

*Chairman Neal. I thank the gentleman.

*Mr. Smith of Missouri. I appreciate it.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Illinois, Mr. Davis, to inquire.

*Mr. Davis. Thank you, Mr. Chairman.

And welcome, Mr. Secretary. I have serious concerns that Social Security and Supplemental Security Income benefits that are being paid to foster youth are not getting to them, and are not even always being used for their benefit. So, Mr. Secretary, will you commit to working with my subcommittee and with Social Security to find a remedy for this serious problem?

*Secretary Becerra. First, Congressman, may I say it is great to see you? And thank you for always championing the cause of so many kids who are underserved, underprivileged.

And here, critical, I look forward to working with you. We, too, are trying to do a better examination. We want to review the work that is been done by GAO on this particular issue. And, as you know, it is complicated, because here we have to work with our state and local partners who actually administer some of these programs.

But you are absolutely right. We have to make sure that these kids get the kind of care that you and I would expect to give to our kids. And we want to make sure that those kids have some -- they have their voices included in this, as well.

*Mr. Davis. Thank you, Mr. Secretary.

And many of the safety net hospitals in my district, hospitals like Lurie's Children, Loretto, West Suburban, Mount Sinai, and Norwegian American, the new Insight, are all struggling just to keep their doors open because they serve this population group, big time, where the money isn't really sufficient.

I understand that there are \$24 billion unallocated in the Provider Relief Fund. Could you share if those plans for that money are plans to help these institutions that really

need it right now?

*Secretary Becerra. Congressman, as you will remember, when I was there in Congress I worked really hard with you and others to try to make sure that many of these safety net hospitals that care for their -- our poorest, our sickest, don't go under simply for trying to do the right thing.

And with the Provider Relief Fund, you would hope that, when any dollar is dispensed, it is because that institution, that provider has proven that it deserves to get some support from the taxpayers. We are taking a close look at the Provider Relief Fund with the monies that still remain. We want to make sure that we are transparent in how we do this, and we want to make sure that those providers that seek funding will be accountable for any dollars they receive.

But, without a doubt, we want to make sure that safety net hospitals that really were there on the front line helping some of our sickest Americans during COVID-19 get the support that they deserve. And so we will look forward to working with you to make sure that, as I said, we will have transparency and accountability in how we disperse those dollars.

*Mr. Davis. Thank you so much, and it is good to see you.

*Secretary Becerra. Thank you.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from South Carolina, Mr. Rice, to inquire.

*Mr. Rice. Thank you, Mr. Chairman, and thank you, Mr. Secretary, for being here today.

Your testimony that you submitted, your written testimony, didn't mention telehealth. And I have got three very rural counties with majority-minority populations that are very much underserved in terms of health care facilities. Telehealth has been a

very big boon to them, particularly in the time of COVID. I am glad to hear your testimony live today, where you support telehealth.

And I just want to give you one more chance. Do you believe that telehealth provides a valuable resource, and particularly for rural and minority areas?

*Secretary Becerra. Congressman Rice, that is probably the easiest question I have been asked today. The answer is yes. I hope your further questions will be just the same.

*Mr. Rice. I have a bill that would require -- that would allow people to have direct access to audiologists because, again, I have got very rural populations that are very much underserved by primary care physicians, and the requirement that they first have to go and get a referral is very onerous to them. I think that this is something that you championed while you were in Congress, as well.

Will you support a change in the process to allow people to go directly to audiologists, rather than being referred under Medicare?

*Secretary Becerra. Congressman, I look forward to working with you. As you mentioned, I have worked on a number of these issues. Obviously -- and now, as Secretary, my job, my role, is a little different than as a Member of Congress. But I absolutely look forward to working with you, as you all try to figure out some solutions. Please know that we will be there for technical assistance, but perhaps to be able to implement. But we look forward to working with you.

*Mr. Rice. All right. South Carolina is facing a reduction in their TANF block grant because there is a requirement that you have 90 percent paternity establishment to qualify. And the reason that we are not able to meet that threshold is because of COVID, because, obviously, the health care facilities and the laboratories were overwhelmed.

And we are just now coming out of that, but I don't know how quickly we are going to be able to do it, and we can't really afford to have our welfare recipients be docked

because of this -- that -- this failure that was put on us by COVID. Would you support a waiver of the 90 percent paternity establishment requirement?

*Secretary Becerra. Congressman, I am going to admit to you that I don't know enough about this to be able to respond. But what I can do is ensure you that I and my team will get back to you and your staff so we can look into this a little bit further. But I appreciate your bringing this up.

But what I will tell you is the lens from which I look at this is how are we providing accountability, and equity, and, at the same time, doing it in a very transparent manner, so everyone understands how HHS has moved forward.

*Mr. Rice. Well, this would affect the poorest of the poor, and it is not their fault, and it is not South Carolina's fault that we had COVID, and our facilities were overwhelmed.

One last question. I note with interest that your budget includes a 6.5 percent increase in Medicare spending. Medicare Trust Fund is slated to go insolvent as soon as 2024. How do you propose to make up the difference in the Medicare Trust Fund?

Do you propose additional payroll taxes? What is your plan?

We have got to make this Medicare program promise golden. We have got to make it concrete for our seniors. How can we afford to spend more, when we are already going to be insolvent in just three years?

*Secretary Becerra. Congressman, we are going to do what we can. I can follow up with you on that, Congressman. I know time has expired.

*Chairman Neal. Thank you.

*Mr. Rice. I yield back, Mr. Chairman.

*Chairman Neal. Thank you. Let me recognize the gentlelady from California, Ms. Sanchez, to inquire.

*Ms. Sanchez. Thank you, Mr. Chairman. And I want to thank Secretary Becerra for his testimony today.

Before I get to questions, I just want to note how surprising it is that my colleagues on the other side of the aisle have mysteriously, suddenly become concerned about unaccompanied minors in HHS custody, because these same members didn't seem concerned under the last Administration, when accompanied [sic] children were taken from their parents, or where they were forced to stay in squalid camps on the Mexican side of the border because they were prohibited from entering the U.S. I just find it very interesting that now, suddenly, there is a concern for their well-being. And I wonder why it took so long for my colleagues on the other side of the aisle to notice, or even care what happens to these children.

I am going to leave my curiosity there, but I couldn't leave that alone without commenting.

Secretary Becerra, the President's budget provides long-overdue investments to help American families get back on their feet. And the budget includes funding for important Democratic priorities that I have proudly supported for many years: Federal help to make health insurance more affordable, access to child and elder care, and many other things.

But let's be clear. These investments are, you know, a critical first step as our nation rebuilds and recovers from the pandemic. The COVID-19 pandemic exposed various ways in which our health system isn't really working. And we must follow these investments with actions to address the gaps that we have become aware of.

For example, the pandemic showed that nursing home facilities were dangerously unprepared to protect the health of residents in their care. According to the Kaiser Family Foundation, on average, long-term care facilities account for 5 percent of COVID cases, but over 30 percent of all COVID deaths in the U.S.

The previous Administration advanced many proposals that have allowed nursing homes to steer clear of accountability at the expense of residents and their families. Pre-dispute binding arbitration agreements are just one example, and I think that this is tragic.

You know, I have been working for many years with the American Association for Justice and the AARP to try to correct this. And just in April, Congresswoman Schakowsky and I sent a letter discussing the need to rescind a Trump-era rule that would end the harmful use of these binding arbitration agreements.

So, Mr. Secretary, Mr. Biden's -- I mean President Biden's budget recognizes the need to provide oversight of nursing homes. Are you considering additional measures to empower nursing residents and their families to exercise their legal rights, or to hold nursing facilities accountable for their actions when they fall short of the standard of care?

And will you commit to rescind some of the most damaging Trump policies to better protect our nursing home residents?

*Secretary Becerra. Congresswoman, thank you for your passion on this issue, and we look forward to working with you.

One of the areas that I concentrated on quite a bit while I was attorney general was this area, as well, making sure we did better oversight and enforcement. We intend to do the same thing. We will look forward to working with you. Our first obligation in these facilities has to be the patients, and we have to do a better job of being -- having these facilities be transparent, and collecting the data that helps us understand what is going on. And so we will look forward to working with you.

As I mentioned in my opening testimony, we are going to do everything we can to hold people accountable. And that means that we are going to do a lot of integrity work to make sure that what is out there, and what we fund with taxpayer dollars, has the eyes of the American public on top of them.

*Ms. Sanchez. Thank you, Mr. Secretary. And just really quickly, the President's budget includes robust funding for Alzheimer's research, diagnosis, and care. But one of the best ways to sort of set a baseline to track this disease early is through the Medicare annual wellness visit. So, you know, I am curious to know if you -- what you are doing within HHS and CMS to strengthen early detection requirements in the annual wellness visit.

And I am -- run out of time, so I will take that answer in writing, and I thank you for your presence today.

[The information follows:]

*****COMMITTEE INSERT*****

*Secretary Becerra. Thank you.

*Chairman Neal. I thank the gentlelady. Let me recognize the gentleman from Arizona, Mr. Schweikert, to inquire.

*Mr. Schweikert. Thank you, Mr. Chairman.

Mr. Secretary, first, this is my moment to also thank Mr. Thompson for his sort of dogged focus on telehealth. And it worked.

We did something amusing a couple of weeks ago. We looked at the previous couple of years of memos and those things about telemedicine, and how skeptical, you know, many of our staff and brothers and sisters were. Now that we have lived through it, and we realized what a plus it was, I desperately hope you will join us in getting it so it is extended, it just doesn't come to an end, the expansion, once the pandemic is declared over.

And Mr. Secretary, one other thing, and this is sort of the big picture. Both in reading your budget over the weekend, but just even our own conversation we are having today, many of us talk about health care and affordability in a light of who gets subsidized, who does not get subsidized, instead of what we pay. And I will beg of you, start thinking about what we pay, because over the next 30 years the \$100-plus trillion of U.S. sovereign debt that will be on the books in today's dollars, 67 percent of that is just from Medicare. We need a revolution in what we pay.

And something like diabetes is believed to be about 30 percent of that. I noticed your budget, the President's budget, does have a fairly substantial plus-up in spending for diabetes research. I believe you would find many of us on the Republican side are willing to step up and propose almost an Operation Warp Speed to disrupt and finally take on diabetes. Because, if you look at health outcomes in rural America and urban America, and you actually put the charts of bad outcomes from COVID, and you line them up also with the charts from diabetes, you will find that comorbidity, in many ways, is responsible

for much of the differential in health outcomes.

Those are my pitches to you, Mr. Secretary. What do you have to say?

*Secretary Becerra. Congressman, I think wise words with regard to diabetes, and we should heed the call to try to do a better job of addressing some of these chronic illnesses that lead to deaths so quickly.

And I agree, COVID exposed what we knew about diabetes, that it can kill, and it can kill quickly.

Can I just say, on telehealth, I absolutely agree that we are going to move forward with what we learned from COVID. I would only add two words: access, because you have to make sure everyone has access, not just some parts of the country, not just some rural areas, but you have to make sure that broadband extends everywhere, so everyone has access; and the second thing is accountability. As we let folks do provide care further and further from the source, we just want to make sure it is accountable, because taxpayer money, whether through Medicare or Medicaid, is in there. We have to make sure we are getting the value for our dollar.

*Mr. Schweikert. Mr. Secretary, I encourage you and your staff to look at one or two things.

One, every inch of North America now has broadband. It is called low earth satellites. For -- being from Arizona, as you would know, being from the West, you know, my rural -- my Native American populations in the middle of nowhere, where it would be irrational to run a line of fiber or copper, now, with a small satellite dish, they have broadband. We need to start thinking in terms of this century.

The second thing is the ability to audit and monitor telehealth, and telehealth is more than face time with a doctor. Telehealth is also the sensors I can wear on my body that monitor and help us keep healthy. I believe we could crack the cost of health care if

we are willing to be -- technology.

Thank you, Mr. Chairman.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from New York, Mr. Higgins, to inquire.

*Mr. Higgins. Thank you, Mr. Chairman.

Secretary, thank you for being here. I just wanted to recognize how far we have come in the past 15 months. Last year at this time the United States was the world leader in COVID-19 deaths. Today we are the world leader in vaccination distribution and administration. Forty-two percent of Americans are fully vaccinated. That is an incredible, incredible accomplishment over a very short period of time.

The science for these vaccines came from scientists within the National Institutes of Health and in BARDA, the Biomedical Advanced Research Development Authority, Mr. Secretary, that comes under your jurisdiction. Again, incredible, an incredible accomplishment. The messenger RNA is the stuff that converts DNA to proteins. Proteins are the active ingredient in the vaccines.

Moderna stock is up 10 percent today, one of the manufacturers of the vaccine. Moderna's pre-COVID share price was \$21 a share. Today it is \$209 a share. Moderna, pre-COVID, was valued at about \$6 billion. Today they are valued at \$32 billion, and projected to be a \$100 billion company within the next 48 months.

There is a 1980s law that keeps the government from sharing in the commercial success of the taxpayer-funded research that made these vaccines possible. And my question is, you know, given the United States Government's investment of \$11.5 billion into vaccine development, and all of the years of research that pre-dated the actual manufacturing of them, don't you think it is time that the U.S. taxpayers share, in some way beyond the public good that it does, but share in the financial success that would not have

been possible without the research, which is very expensive and not profitable, financed by the American taxpayers?

*Secretary Becerra. Congressman, first, good to see you. Always good to see you.

Secondly, you ask a really telling question, and it is not one that I think in less than five minutes or even in a hearing we will be able to answer. But it is true. The taxpayers made major investments to make it possible for all of us, including people around the world, to have a lifesaving vaccine.

And I think, one, it speaks to the innovation and the prowess of America. Two, it also speaks to our generosity. But three, it also speaks to where we need to go, U.S. policymakers, me, as executer now, of the policy, to make sure that we are ready for the next pandemic, we are ready to provide the next generation of medicines.

I am more than willing to engage in that conversation, because we are going to count on our taxpayers to help make this work. And at the same time, our taxpayers expect us to be accountable so that they know that it is worth an investment, they have the confidence to continue to pay their taxes to make the kinds of investments that have made America so strong.

So I look forward to having that conversation. But you pose a really important question.

*Mr. Higgins. And then finally, Mr. Secretary, I represent communities along the U.S.-Canadian border, and we need to get more vaccines into Canada so that we can get that U.S.-Canadian border open. It doesn't require a comment from you, but I just want to make very clear. Every opportunity I get to talk to somebody from the Administration, I have to convey that message.

So thank you very much, sir.

*Secretary Becerra. Thank you, and I just add that I just recently had conversations with Health Minister Hajdu on some of these subjects -- Canada. So we forward to working with them.

*Chairman Neal. Thank you. I thank the gentleman. Let me recognize the gentlelady from Indiana, Mrs. Walorski, to inquire.

*Mrs. Walorski. Thank you, Mr. Chairman, and thank you, Secretary Becerra, for joining us today.

Right now, I am very concerned with President Biden's border crisis, and the surge of unaccompanied minors that we have heard about today, unaccompanied minor children, and that has overwhelmed the Border Patrol and other Federal agencies. The current humanitarian crisis at our southern border could have been avoided if the Biden Administration hadn't undone years of work on the Trump Administration to establish robust enforcement mechanisms, close regulatory loopholes, secure agreements with Mexico and Central American countries, and construct a vital security infrastructure like the border wall. The previous Administration's approach was an innovative and well-coordinated effort between Federal and foreign agencies and foreign governments.

Mr. Chairman, I would like to ask unanimous consent to enter into the record an article from the National Review entitled, "[How Trump Got Control of the Border](#)."

[Pause.]

*Mrs. Walorski. In contrast, the current Administration has rejected these common-sense policies, which were clearly working. Not surprisingly, the result is a crisis that far surpasses anything we ever saw under President Obama and Trump.

The Biden Administration has a responsibility to acknowledge that what we are seeing at the southern border is indeed a crisis, and that its misguided policies are to blame. The Biden Administration also has a duty to address the downstream effects of the current

border crisis.

We have seen local news reports from Washington and Texas about foster youth being displaced and forced to vacate their residence in order to make room for unaccompanied migrant children. This is extremely alarming, especially given the already limited available, more permanent placements for foster children.

Mr. Secretary, what is the extent to which the surge of unaccompanied minors at the border has impacted or burdened the capacity of state child welfare agencies to place foster children?

And then, as a follow-up, has any child in foster care in a not-for-profit or community-based organization been displaced by HHS contracts to house unaccompanied minors?

*Secretary Becerra. Congresswoman, thank you for the question.

And let me, as I said to Congressman Brady, assure you that we are -- we take every step necessary at HHS to make sure that the work we do with the unaccompanied migrant children does not impact the ability of the domestic foster care system to care for our children who need that foster care service.

And we have done a tremendous amount of work to try to make sure that, at the same time, at the border, we are relieving the Customs and Border Protection Service from the need to try to care, in what are, essentially, adult detention facilities, for children.

And so we have been able to place those kids into our custody, and keep them safe and healthy, the way the law requires us to.

*Mrs. Walorski. Thanks. And Mr. Secretary, would you agree that it is important for HHS and FDA to require rigorous reporting on drugs developed specifically for women, so we can clearly understand potential risks or complications to women?

*Secretary Becerra. We certainly want to make sure that we follow the science.

And I think FDA tries to do that as best it can. And we are always going to try to make sure that we put out the type of medicine that we -- has been proven to be safe and effective. And that includes whether it is for women or for men. We want to make sure that what we can do is make sure that Americans can trust our health care system.

*Mrs. Walorski. Thanks, and I think we should prioritize better data collection on the chemical abortion pill Mifepristone, then. In addition to killing an unborn child, this drug can cause heavy bleeding and serious infections in women. And yet, as of 2016, providers of Mifepristone are only required to report patient deaths, but not to report hospitalization, transfusion, or any other serious events.

Will you commit to prioritizing better data collection for this drug, so we will have a clearer picture of the potential risks it poses to women?

*Secretary Becerra. Congresswoman, as you know, when the FDA acts, when HHS takes action -- prescription medication, we follow the science. And certainly, we will make sure that everyone is accountable, because we have to ensure that the public has confidence in the system.

*Chairman Neal. I thank the gentlelady. Let me recognize --

*Mrs. Walorski. Thank you. Thank you, Mr. Chairman.

*Chairman Neal. Let me recognize the gentlelady from Alabama, Ms. Sewell, to inquire.

*Ms. Sewell. Thank you, Mr. Chairman. I would like to thank you and Secretary Becerra, and welcome him back to this committee.

As a longtime member of this committee, Secretary Becerra, it is great to see you. I am encouraged that President Biden's budget invests in health care and the economy, and aims to improve the health of all Americans, especially by addressing the needs of seniors and people with disabilities, and expanding access to the ACA, health care tax credits, and

Medicare benefits.

However, the pandemic has laid bare the historic racial inequities that exist in our health care system for so many Americans. My constituency in the Black Belt of Alabama is painfully aware of the pervasive, systemic, and institutional influence that have influenced and contributed to the disparities in health care.

As is true in so many areas of health care, a lot of the problems center around access to care and trust in the medical and scientific community.

A specific area that I would like to focus on today is cancer, a disease that takes over 600,000 American lives every year, and one that minority and rural populations are especially burdened by, due to the higher rates of late stage diagnosis. Experts tell us that one of the most important ways to beat cancer is to catch it early, before it spreads. If you or your loved one is diagnosed with cancer, the very next words that you want to hear is, "But we have caught it early enough."

I have sponsored, last Congress and this Congress, a bipartisan bill called the Medicare Multiple Cancer Early Detection Screening Coverage Act, a bill that I am pleased to be cosponsoring with colleagues Representative Arrington, Ruiz, and Hudson. This legislation seeks to modernize Medicare coverage to enable providers and seniors to have access to new tests that use a simple blood draw to screen for over 50 types of cancer, including pancreatic cancer, and find them early, when patients still have a fighting chance.

But until now, our tools to do so have been limited, Secretary Becerra. We only have screening for five cancers that are covered by Medicare. And for this reason, pancreatic cancer and so many other cancers are not being found early enough, and the impact on seniors and Medicare in terms of cost is staggering.

Catching cancer at its earliest age in people without symptoms would be an amazing game changer. Currently, unknown cancers continue to spread, often becoming

metastatic, and lives are lost because of that. For example, pancreatic cancer, which is the third-leading cause of cancer in my home state of Alabama, has a very low survival rate, in part because it is not caught early enough. Only 80 percent of the cases present that present with this disease have a survival rate. Only 15 percent of pancreatic cancers are found early enough, and survival rates for pancreatic cancer are 6 times higher when it is found earlier versus late.

In fact, this very committee, your colleague, our friend, Congressman John Lewis, passed away because of this cancer.

Fortunately, new multi-cancer early detection screening tools are emerging for our seniors and Medicare patients, who are often most at risk. I ask for your commitment, Secretary Becerra, in addressing this horrible cancer, all of these cancers, by expanding the access to tools in the toolkit that will be paid for by Medicare that we can catch disease early on.

In closing, I would like to ask a question regarding that, sir. I know that you are committed to closing the equity gaps that exist in health care. Can you talk to us specifically about what your -- this Administration is doing about that, and what -- how we can work with you in order to make sure we are saving lives?

*Secretary Becerra. Mr. Chairman, why don't I respond back to Congresswoman Sewell --

*Chairman Neal. Go ahead and give a brief response, Mr. Secretary, that would be fine.

*Secretary Becerra. Absolutely, then. Very briefly -- and we can always follow up, Congressman -- first, preventative care, that was the whole process behind the Affordable Care Act, is to get to people before they were too sick. We know, for many communities, especially rural and racial communities, we are always at the end of the stage

when it comes to getting that kind of care up front.

Secondly, data, we need to get good data, and learn from the lessons of COVID, that we have got to do a better job of reaching those corners of America that are left behind.

But we can follow up.

Thank you, Mr. Chairman.

*Chairman Neal. Thank you.

*Ms. Sewell. Thank you, Mr. Chairman.

*Chairman Neal. I thank the gentlelady. Let me recognize the gentleman from Ohio, Dr. Wenstrup, to inquire.

*Mr. Wenstrup. Well, thank you, Mr. Chairman.

Thank you, Mr. Secretary, a pleasure to be with you today.

You know, health care -- I am a physician. Health care is and should be a national priority. I am encouraged to hear you talk about finding the origins of COVID, identifying that. I served on our board of health in Cincinnati, and you are exactly right, we can't address these types of issues if we don't get to the bottom.

Going to the border quickly, I -- when I visited there back in April, we saw many coming in with lice, scabies, meningitis, chicken pox, flu, and, of course, COVID-19. And I think that this is a very serious concern that we have for the health of America, when this is coming in. So I do want to work with you. I am encouraged by your concern. But let's work towards a healthy, legal immigration policy that is best for everyone.

I want to go to -- next to drug pricing. And, you know, we need to address the cost of drugs in the United States. It is important for our patients. And I think there is bipartisan room here, and I believe that foreign price controls will not leave room for the next set of cures. And so we have that balance between innovation and then cost at the end of the day. Let's lead the world on both of those things.

I know there is a lot of things we can work together on. I always talk about the health span of America. You just kind of touched on it there a little bit. We always take a look at life span, but what about the health span of Americans? Prevention and cures are often looked at as a cost, and that is on the short term. But we don't often look at what we save in the long term when we do this. And it sounds like you are on board with that.

I do want you to be aware that we have a Rural and Underserved Health Care Task Force that the chairman put together, and it includes Representatives Arrington, Sewell, Davis, and me. And I look forward to working with you to address the health disparities in these communities. And you sound eager to want to engage in those, so I appreciate that.

Substance abuse, we can't ignore that. It is a problem. If you have read the book Dreamland, that is my district on the cover. If you haven't read it, I recommend it to your attention.

I am proud of the work we have done on surprise billing. Let's make sure it gets done right.

And I will say this, too, as a physician, there is no part of me that doesn't want Americans to have access to health care. That is, obviously, extremely important.

You know, we talk about Medicaid. I am proud to live in a country that has a safety net like that, that is there for people so that we can maintain some health for those that have trouble affording it, and for other reasons. But the statistics have showed that that particular plan has the highest mortality and morbidity of any in the country. And, you know, I think we are better if we start to look at solutions to how fewer Americans need the Medicaid program, because the fewer that are on it, then the better it is for those that are still in it. That is more -- we want more of the best care for more Americans. So I would like to continue to work with you on those issues.

So I threw out a lot there, but I really do look forward to working with you. And I am asking you one question: Will you commit to work with Congress and, particularly, Members of Congress that have medical backgrounds?

We met many times, our Doctors Caucus. We met many times with Secretary Azar, and it was very productive. And I think we could probably do the same with you. And so I am hoping that, as you work through payment rules, and other issues that impact our health care providers, and more so our patients, that you would be able to spend some time with us, as we have had boots on the ground, so to speak.

*Secretary Becerra. Congressman, you put a lot out there, but I certainly am looking forward to working with you, and working with you from the vantage point of a physician. Your experiences are going to be immensely important and helpful to us. So I am absolutely looking forward to working with you and your colleagues.

*Mr. Wenstrup. Thank you so much.

*Chairman Neal. I thank the gentleman. Consistent with committee practice, we will now move to a two-to-one questioning ratio, beginning with the gentlelady from Washington, Ms. DelBene.

*Ms. DelBene. Thank you, Mr. Chairman.

And thank you so much, Mr. Secretary, for being with us. It is great to see you. And thank you for the work that you and your staff have been doing already on so many important issues, and for preparing this very forward-looking budget proposal.

I am particularly pleased by the inclusion KidneyX. KidneyX is a public-private partnership that was established to accelerate innovation in the prevention, diagnosis, and treatment of kidney diseases.

More than 37 million Americans are living with kidney diseases, and nearly 800,000 suffer from kidney failure, which is an incurable disease which requires dialysis

every few days to stay alive. And it is only cured by a kidney transplant. Kidney disease can be extremely debilitating, causing patients to leave the workforce or die prematurely. And the cost to Medicare is substantial. Nearly a quarter of all traditional Medicare spending is on kidney disease management.

But sadly, kidney disease disproportionately affects communities of color. Black Americans comprise 13 percent of the U.S. population, but represent 33 percent of Americans living on dialysis, which is just one striking example of the health disparities in our country. And since roughly half of all patients who are hospitalized from COVID-19 suffered kidney damage, we can expect these figures to worsen.

When KidneyX was conceived, there was an expectation of \$125 million from the private sector and \$125 million from the Federal Government. And given the remarkable success of this public-private partnership in its first 2 years, running 4 prize competitions in which winning innovators in 44 congressional districts tackled long-unmet kidney patient needs, and made inroads to an artificial kidney, what kind of increased commitment can we expect from the Administration in the coming years?

The private sector, which has been led by the American Society of Nephrology, has already committed matching funds of 25 million annually to KidneyX, and I hope we can count on you and the Administration to help match that commitment.

*Secretary Becerra. Congresswoman, great to see you, and I know in our budget we do include some funding for the kidney innovation accelerator. I don't have the amount. We could try to get that to you later. But we do make a commitment to continue KidneyX because -- you just mentioned the reasons. It is so important that we try to address these types of conditions as quickly and early as possible. And, as you mentioned, often times, this disproportionately impacts communities of color.

And so we look -- very much look forward to working with you on this. When I

have a chance to visit your great state, maybe run into your husband, Kurt, again, as I did the other day, we will have opportunities to discuss any number of these issues.

*Ms. DelBene. Thank you. Also, everyone knows that we have so many areas of health care policy where there are opportunities to do better, and one key area is prior authorization in Medicare Advantage.

I have partnered with Congressman Kelly. We have garnered overwhelming bipartisan support to make prior authorization fully electronic and streamlined. Patients need care right away. This is critically important that we have a system that works. And I am -- also look forward to working with you to help us improve prior authorization for our providers and our seniors who right now face unnecessary delays in care. So I look forward to working with you on that, as well.

*Secretary Becerra. Absolutely. I look forward to working with you.

*Ms. DelBene. Thank you, Mr. Secretary.

I yield back, Mr. Chairman.

*Chairman Neal. I thank the gentlelady. Let me recognize the gentlelady from California, Ms. Chu, to inquire.

*Ms. Chu. Secretary Becerra, it is so wonderful to have you back with the committee today, and always a pleasure to see a fellow Southern Californian.

As California's attorney general, you led an amicus brief to defend the human rights of children in immigration detention, as established by the Flores settlement agreement. After visiting one of these unlicensed facilities in 2019 put together under the last Administration, I was horrified, and introduced the Shut Down Child Prison Camps Act to ensure no Federal money would be allocated to emergency influx shelters that don't comply with Flores standards, which prevent children from being held in inhumane conditions.

How will you ensure all policies related to the care and custody of unaccompanied

minors are compliant with these standards, and that these standards are the minimum to which children will be treated by your Department?

*Secretary Becerra. Congresswoman, thank you for your work on this. Great to see you and to continue to work with you now in this position.

And I think, if you have had a chance to visit some of the sites that we have stood up, you will see that not only do we care about following the law, but we treat these kids as what they are, children, and we are going to provide them with the health and safety that is expected.

It is not easy. It is a challenge. It is not inexpensive. But we believe we have an obligation to do it right.

You know, there are a couple of sites there local to you, in Long Beach and in Pomona. And if you have a chance to see those sites, you will see something very, very interesting. In Long Beach we were told -- this was about a month ago when I was there -- some 70,000 toys and gifts had been donated by folks in the community, in Southern California, for these kids. Obviously, we don't have 70,000 kids in the Long Beach site. That made it possible for us to be able to send some of those toys and -- new toys, new books to other children throughout the country, where we have these sites.

And so I think we look at this, very importantly, as something that we need to do because these are kids.

*Ms. Chu. Thank you. And I did visit the Pomona site, and it was very, very impressive, and so different from the last Administration's.

Secretary Becerra, thank you and President Biden for offering a budget without the harmful and discriminatory Hyde Amendment.

I also want to thank you for highlighting the importance of the title 10 family planning program in your testimony. After years of President Trump's harmful domestic

gag rule, I believe we have to swiftly implement the new Biden Administration rule, once finalized, to bring providers back into the program, and provide quality family planning care to their patients.

So can you discuss how you plan to rebuild this program as soon as possible, including by administering the additional funding that Congress provided title 10 providers in the American Rescue Plan?

How can we in Congress be helpful to you in this effort to ensure that more low-income Americans have access to this vital and successful program?

*Secretary Becerra. Congresswoman, as you know, title 10 is one of the crucial programs to make sure that we provide access to care to many families that otherwise would go without it. And so we intend to try to move as quickly as we can to provide access to family planning services, which, by the way, are not just services for women. Men, children receive services through the title 10 funding that is provided at the Federal level.

In California, as you know, we rely on a lot of our third parties to help make those programs work. And what we are going to do is work as closely as we can to make sure that, according to the law, we are providing services under title 10 to anyone who needs those family planning services up front.

*Ms. Chu. Thank you. And let me just say a word for disaggregation of data for Asian Pacific Islanders. At the beginning of the pandemic, APIs were lumped into the "other" category on the CDC website, and that prevented us from knowing very crucial information. So I just urge you to continue to disaggregate data.

*Chairman Neal. I thank the gentlelady. Let me recognize the gentleman from Nebraska, Mr. Smith, to inquire.

*Mr. Smith of Nebraska. Thank you, Chairman and Mr. Secretary, for your

appearance here today.

I do want to kind of reflect on how, you know, the CARES Act came about at the beginning of the pandemic, done on a very bipartisan basis, and Operation Warp Speed was done on a bipartisan basis. And, you know, I will be very direct with you and tell you I am concerned that things are being done without a spirit of negotiation and compromise.

More specifically, I want to talk about the CMMI, Center for Medicare and Medicaid Innovation. And my underlying concern is that providers and patients aren't able to give the feedback -- or for feedback to be received. Perhaps it can be given. I am not sure it is being as received as I think it can and should be. We have worked, on a bipartisan basis on the committee here and beyond, to move this forward in a way that can really move us toward value-based health care that I think is supported on both sides or, shall we say, on all sides.

The alternative payment models, there is concern that the election stood in the way there, and now things are being disregarded. And overall, we are just kind of -- the alternative payment model situation is getting set aside is my fear.

And so I was wondering if you had an update on that, perhaps CMMI in general, even, of where you think we are headed there, and where we might be able to work together.

*Secretary Becerra. Congressman, thank you for the question. CMMI -- quite honestly, I think CMMI is at the cutting edge, and lets us know how to deal with health care moving forward, not only in terms of better health, but better costs when it comes to health care. So if there are some questions or any comments or concerns that folks want to raise, I hope they will, because CMMI is a small shop, but it does really important work.

And I hope what we can say is that we are proceeding on a bipartisan basis when it comes to the work of innovation, because no one has the corners of market when it comes

to innovation. We -- there are a whole bunch of innovators out there that could care less what our politics are. They just want to get something out there in practice. And so I look forward to working with you on that.

I think President Biden has made it very clear. In fact, as his -- he is talking about negotiating on his American's job -- American jobs and American family plans, he is trying to see where we can work something out to move forward with infrastructure investments.

But I look forward to working with you and all of your colleagues on both sides of the aisle, especially on something like CMMI, because I think we can both agree that CMMI is one of those incubators of good ideas.

*Mr. Smith of Nebraska. Yes, yes, well, I appreciate that.

On another brief topic here, telehealth, you know, we have some telehealth measures that are due to expire at the end of the pandemic. I was wondering if you could touch briefly -- or just acknowledge, perhaps, a desire to utilize telehealth more, or at least continue what we have been able to achieve throughout the pandemic.

I mean, this is an issue that I worked on even before the pandemic, you know, representing a very rural constituency. And, obviously, we have reasons more than rural now to utilize telehealth. So I was wondering if you could reflect briefly on telehealth.

[Pause.]

*Mr. Smith of Nebraska. You might want to unmute, I think.

[Pause.]

*Mr. Smith of Nebraska. It looks like you are muted.

*Chairman Neal. Yes, Mr. Secretary, it looks like you are muted.

*Mr. Smith of Nebraska. There we go.

*Chairman Neal. A brief answer, Secretary, on telehealth.

*Secretary Becerra. Okay, here I apologize. Absolutely --

[Audio malfunction.]

*Secretary Becerra. And we will do everything we can to try to implement some of the things that we learned as a result of COVID.

Are you getting the echo that I am receiving?

*Mr. Smith of Nebraska. I do hear some feedback, but I think you are better. Go ahead.

*Secretary Becerra. Well, we look forward to working with you on that, because that is crucial. Telehealth has proven itself of true value. We just have to make sure that we can provide it equitably, and that we have accountability in its use, so that we can assure the American public that the money is being well used.

*Mr. Smith of Nebraska. You bet. You bet. Thank you very much. I yield back.

*Chairman Neal. Thank you. Let me recognize the gentlelady from Wisconsin, Ms. Moore, to inquire.

*Ms. Moore. Thank you so much, Mr. Chairman and Ranking Member, all of my fellow colleagues on the Ways and Means Committee.

And Mr. Secretary, I predicted that you would be back here. You just can't lay in the sun and on the beach forever. And at a time like this, you are really, really needed. Welcome back to Washington.

So many questions, so little time. Let me just say that I gave up years of seniority to get on this committee, primarily to deal with the problem of a permanent underclass that we have created, comprising mostly women who are under the TANF program. And the minute they earn \$.02 over the minimum wage, they lose child care, they lose help. They are the primary employees in a low-wage economy of restaurant workers -- \$2.18 an hour - health care workers, CNAs, and so on.

And so you have committed a billion dollars towards an emergency relief for this group of folk, and then another \$100 million to make sure that people of color are not over-represented in welfare programs.

So, number one, I am curious about how that money is being spent.

And secondly, I am curious about what have you -- we learned, in terms of time limits, in terms of requiring people -- you know, time limits in a, you know, counter-cyclical economy, and that we -- might inform us as we reauthorize or end welfare as we know it.

And then, sort of a going-out-of-the-door question, where is the beef?

I am so happy to see that the Administration has committed \$400 million to the problems of maternal morbidity and maternal fatalities. And -- but I am wondering, I am hoping to work with you to make sure that there is some meat on these bones.

I have a proposal -- you know, we have the Momnibus, but I also have a proposal, Mamas First, to make sure that Medicaid pays for doulas, and midwives, and people who are really expanding the health care workforce to prevent some of these deaths.

Also signed into law under the former Administration is the Scarlett's Sunshine on Sudden Unexpected Death. You know, a leading cause of infant deaths, but we need to know -- I am -- I want to work with you to make sure we actually fund it, now that it is law. It would provide -- it would research and best practices on how to prevent the so-called SIDS deaths.

And so I would yield to you for your response, Mr. Secretary.

*Secretary Becerra. Congresswoman, great to be with you. I will say to you two things.

One, we need to help those who are in most need. And whether it is the fund that was made available to -- for those TANF recipients, we are going to try to do the best we

can to make sure that they recover from COVID as best possible. We look forward to working with you, because most those funds still have to be drawn down.

On the second issue, on maternal mortality and morbidity, you know this well. It is communities of color that suffer the most, including in the Black community, where you see this really impacting so many women. We have done what we can to try to make it clear states should sign on to help us.

One of the things that we have done is provided, through Medicaid, a program that allows women to receive postpartum care more -- for more than just 60 days, but for a full year. So we hope that they will take advantage of that.

*Chairman Neal. I thank the gentlelady. Let me recognize the gentleman from Michigan, Mr. Kildee, to inquire.

*Mr. Kildee. Thank you, Mr. Chairman.

And Mr. Secretary, it is always good to see you. I never had the chance to serve with you on this committee, but we served together, and I am happy to see my friend.

Also, I am really pleased to see the new HHS initiative, the Low-Income Housing Water Assistance Program, which will make funding available to help low-income families afford something as simple as their water bill. As you know, I have been advocating for a program like this for many years. You were right there with me, fighting for the people of my hometown when it was in a water crisis.

Access to clean drinking water is, fundamentally, a basic human right. Some of the poorest communities in America pay the highest water rates. For example, just a few years ago it was found that, on average, residents in my hometown of Flint paid almost \$900 a year for water service, many paying more than \$1,000 a year, many several hundred dollars a month. A lot of communities facing systemic issues -- job loss, population loss, failing infrastructure -- that had increased water rates, shifting the burden, again, to some of

the poorest ratepayers in the country.

And so I commend the HHS for moving forward on this important effort. And I am just curious if you can share with us, either now or in writing, what HHS is doing -- that funding will be made available as soon as possible to places like Saginaw, Bay City, but also other places around the country where this is a really serious issue.

*Secretary Becerra. Congressman, very pleased to see you, and waiting for you to take that seat behind you in front of drums.

*Mr. Kildee. Right.

*Secretary Becerra. Maybe later.

What I will tell you is that we have -- I believe the initial round of funding has gone out last week, about \$160 million. There is over a billion dollars that would be made available. But, without a doubt, the sooner we can get this out, the more people, more families we are going to help and save.

And so, thank you for the work that you have always been so actively behind, and we look forward to partnering with you on this.

*Mr. Kildee. I appreciate that very much. I mean, we know, especially during the pandemic, when people were being continually reminded to wash their hands, very often those poorest people were having to make a decision about whether they are going to turn that tap on, knowing that the bill is just going to run.

We have a real problem in this country, where we have real disparate cost structures for something as fundamental as drinking water. So this program, I think, really has an opportunity to help correct some of that. It won't be until we make the big infrastructure investments that allow some of those places that are structurally unsound, have water systems that are structurally unsound, to correct some of those deficiencies, and have a water delivery system that is more affordable, long-term.

But in the meantime, this program is really an important intervention, and I appreciate your work on it. And so, with that, I say thank you. It is good to see you. I hope to see you in person some time soon.

And with that, Mr. Chairman, I yield back the balance of my time.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Texas, Mr. Arrington, to inquire.

*Mr. Arrington. Thank you, Mr. Chairman.

And Mr. Secretary, congrats on your appointment, and thank you for your service to our country.

I will look high and low for common ground, and always think it is best when we can work together in a bipartisan fashion. I am honored that the chairman and ranking member have entrusted me to serve on the Health Care -- Rural Health Care Task Force at Ways and Means. We have done a lot of good work on payment system reform and a telehealth application to improve access in rural communities, and there is much more to do, and I look forward to working with you on that, specifically.

We all have desired goals that I think we agree upon with respect to health care policies and getting these incentives right, namely to improve access and quality, and to lower the costs. I would say that Obamacare was an abject failure on all of the -- on every front in that regard. I mean, it doubled the cost of care. People -- literally, millions -- paid a fine to get out of the program. And the ones that stayed in it had very little choice. And so I think doubling down on the experiment in government-controlled health care is a real disaster, exponentially.

And I do think it also -- expanding, or making permanent the temporary waivers is a problem, especially when you take away the -- a percentage of poverty level and below whereby people receive subsidized care. So now people making millions can get

subsidized care. I think that is wrong-headed and irresponsible.

I think that the mention of climate crisis is always intriguing to me. I think we all just -- I have a different opinion and definition of crisis. I do believe in stewarding the environment, for sure. But I think, if you ask seniors, for example, if they thought that climate change was their crisis, or in five years, Medicare being insolvent was a crisis, I would say the latter scares them a whole lot more. And I see no plan to fix it. I see only an acceleration of the insolvency by expanding Medicare to -- 60 to 65.

Now, on the topic of crisis, I know I haven't heard a lot of admission that there is a crisis at the border in the Administration. And I am not trying to play, you know, a gotcha here, but if you go to the Texas border, you will find out that there is just absolute chaos, and there are threats to Americans on many fronts, not the least of which is the spread of COVID coming across the border.

This Administration kept title 42, for which I am grateful, but it only partially implements it. That is, it differentiates between a single adult and a child and -- or somebody that is part of a family. They are all hosts. They all are -- create a threat of bringing COVID, spreading it, inundating our system, and having a surge that could not only put us in a bad way, but could actually kill American people.

So, Mr. Secretary, would you address title 42, and why that differentiation, and why not just fully enforce it during this pandemic and recovery?

And I yield all the rest of the time to you, and I thank you again for your service to our country.

*Secretary Becerra. Congressman, thank you for the question. What I can tell you is that title 42 is based on the actions by CDC, based on the science. And so the Administration moves on title 42 based on the recommendations made by CDC. The implementation then impacts not just HHS, but the Department of Homeland Security, and

others, as well. What I can say to you is that we use the best judgment we can, based on the science. We take action -- I can try to respond further in the future.

*Mr. Arrington. Thank you, Mr. Secretary.

Thank you, Mr. Chairman.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Pennsylvania, Mr. Boyle, to inquire.

*Mr. Boyle. Well, thank you, Mr. Chairman, and it is great to see you again, Mr. Secretary.

Seven years ago, when I first won, literally, the very first call that I received from a future colleague was from Xavier Becerra. So you have been a good friend to me and my family ever since.

In just the few minutes available, I wanted to try to quickly highlight two areas.

The first is just a statement. I was very excited to see in this budget a commitment to expanding Medicare in dental, vision, and hearing. In my view, and the view of many of my House colleagues, that is a real missing gap in our current Medicare system. So one of the many things I am excited about with this budget proposal is the commitment to expansion there, building upon the work that many of us have done on this side of the aisle.

But let me shift gears to something different, and try to -- I know you have talked about it already, but try to get further comments on. I am very alarmed about the dramatic spike we have seen in mental health issues and substance abuse over the last year and few months. Governments -- the 50 state governments and various municipalities and the Federal Government had to take dramatic action to try to best fight the pandemic. Even despite those efforts, this is the third deadliest event in American history.

But one of the many downsides of the actions that we had to take is the spike that we have seen -- for example, a 30 percent year-over-year increase in substance abuse

deaths, overdose deaths, not to mention the dramatic rise in mental health issues. I have seen it in my own community and among people I know.

So I was wondering what -- you know, not just for this budget, but if you were to take a step back, what you think we could do together to attempt to address these two twin-but-related crises.

*Secretary Becerra. Congressman, good to see you, first.

Secondly, I hope that we can work together on this on a bipartisan basis.

I will say to you that we have begun. A week or so ago I announced that we were releasing \$3 billion to help local governments, states, and our community partners address both mental health and substance use disorders in our communities. And we hope that we can supplement that, with your help, through the American Family Plan to make sure that we take this on. We really do need to get to the point where we treat mental health the same way we treat physical health, in terms of insurance and coverage.

So I am looking forward to working with you on this, because it is time, and COVID-19 has exposed the deficiencies we have in our system.

*Mr. Boyle. Yes, that -- just building off of what you said, very quickly, Mr. Secretary, COVID-19 didn't create these problems, but, boy, it has helped expose what already existed, and then exacerbated those issues.

Unfortunately, some of our friends out there in the private industry, as much as we attempt to pass legislation mandating parity, we still see time and again where, in practice, it is just not being carried out the same way.

Finally, I would say one of the bright spots, one of the few bright spots out of the 2016 presidential election, was a real, for the first time in my lifetime, focus on the opioid addiction and overdose issue.

I would point out to everyone overdoses were worse last year than even back four

or five years ago, when it was getting a lot more attention. So this is something that requires us, again, to focus on a bipartisan basis, and to solve.

So with that I say thank you, and I yield back.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Virginia, Mr. Beyer, to inquire.

*Mr. Beyer. Mr. Chairman, thank you very much.

And Mr. Secretary, it is so good to see that alums of the Ways and Means Committee can turn out okay. So I am encouraged for all of us.

And Mr. Secretary, while I was pleased to see the President's budget line for the suicide lifeline and the CDC climate program, I am concerned about the under-funding of the Agency for Health Research and Quality, AHRQ. For a president that wants to look at health inequities, the agency is this rare entity that actually looks at our health care system, and tries to address the geographic and the racial and the ethnic disparities. So thanks for paying attention to that in the days to come.

Mr. Secretary, as you know, the airlines have been pushing for digital health passes that can store vaccine certificates and the results of COVID-19 antibody tests. And they say this will make it a lot easier to track the veracity of documents, avoid the need to check them physically at airports. And not only that, the businesses would like to see digital health passes for their re-opening.

[Audio malfunction.]

*Mr. Beyer. -- EU gateway for the EU digital COVID certificates up and running. The system allows to verify certificates in a secure and privacy-friendly way. Will the U.S. be joining this effort, Mr. Secretary?

*Secretary Becerra. Congressman Beyer, great to see you. What I can mention to you is that I just came back from a meeting of the G7 health ministers. This was one of

the subjects that was discussed.

I think what we have done is explained to our colleagues in Europe, and Asia, and Africa, and Latin America, and throughout that what we intend to do is make sure that our citizens will be able to meet whatever tests the -- for authentication and verification that the country is asking for, a region might be asking for, although I think here in this country we have taken the approach that, working with our private sector, we will try to make sure that we leave it to our local communities to decide what will be done to try to ensure the safety of all Americans as we move forward.

And so we believe that we will have a solution that speaks to the acceptance of a method of verifying that will be useful for any American who wishes to travel to another country, and for those wishing to come into the U.S.

*Mr. Beyer. Great, thank you. You know, at the beginning of the pandemic, Ireland sent a pamphlet to all its citizens explaining COVID with the stoplight system. You know, the red, yellow, green, the kinds of colored rank risk that we use for air pollution or forest fires. And -- but I am amazed that, you know, most Americans were looking at Bloomberg, or The New York Times, or the COVID -- project for data, rather than the CDC.

And now there is this great site called "COVID Act Now." I was just on it this morning. It is very intuitive and very accessible. Even in Virginia I can see that, if I am in Alexandria, my risk is very low. If I am in Carroll County, I am in deep trouble right now. It would be a great thing for the CDC to model, so that we are turning not necessarily to a nonprofit, but to the CDC to get that kind of data. And I recommend this COVID Act Now website for your information.

*Secretary Becerra. Congressman, we will take a look, and we will look forward to working with you on these subjects.

*Mr. Beyer. And then one small pushback in the time left. I know my friend, Mr. Arrington, talked about title 42, but I know that President Trump did invoke that over the objections of senior scientists at the CDC, who argued that the ban lacked -- and still lacks -- any medical or scientific justification. So I would be -- I would just ask that you use all due diligence to make sure that it is still appropriate, and, if it is not appropriate, to revoke title 42.

*Secretary Becerra. Congressman, that is the --

*Mr. Beyer. And I yield back.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Georgia, Dr. Ferguson, to inquire.

*Mr. Ferguson. Thank you, Mr. Chairman and Mr. Secretary, for being with us today.

You know, you have said several times that you are very supportive of the Administration's budget, and -- but one of the areas I want to talk about briefly is H.R. 3. I am very concerned about the impact that that will have on innovation. I am very concerned about the, you know, the impact that that is going to have on bringing cures for Alzheimer's, diabetes, other things like that to, you know, to the American people.

But I am also concerned about the loss of pharmaceutical manufacturing jobs. Could you briefly tell me which pharmaceutical manufacturing jobs you are willing to eliminate and send to China?

*Secretary Becerra. Congressman, thank you for the question, and I think we are actually going to see the number of jobs in this country increase as a result of some of the proposals that the President has.

And if you take a look at the pharmaceutical --

*Mr. Ferguson. But, Mr. Secretary, if you don't mind, I am talking about,

specifically, pharmaceutical manufacturing jobs. Do you see that, with the lack of investment in innovation and the impacts of H.R. 3, we are going to lose those jobs?

Which jobs are you willing to sacrifice and send to China?

*Secretary Becerra. Congressman, as I was saying, we are in the business of increasing the number of jobs, including the pharmaceutical industry. In fact, some of the monies that were made available through the American Rescue Plan will make it possible for us to make that domestic commitment for manufacturing in the U.S.

We look forward to working with you, because we want any good --

*Mr. Ferguson. So, Mr. Secretary, am I hearing you correctly that you -- if a piece of legislation would decrease manufacturing jobs in the U.S., you would be opposed to that?

*Secretary Becerra. We are looking for ways to increase the number of jobs --

*Mr. Ferguson. Good, good, thank you.

Next -- I know that we have touched on this briefly -- you have talked about the increase in funding for title 10, particularly around family planning. Between the increase in funding for Planned Parenthood and the elimination of the Hyde Amendment protections in the appropriations bill, do you think that there will be an increase in access to abortions, and is this a desired effect of yours?

*Secretary Becerra. Congressman, I think there, what is most important, is that we all have access to the health care services that we need. And I will tell you that we will do everything we can to make sure that women or men or children do not get denied access to important care. And we will continue to follow the law as we do that.

*Mr. Ferguson. Finally again -- and you have supported the President's budget -- one of those items would -- the Biden Administration would prohibit funds being used or spent to -- on stopping government networks from being able and government employees

from being able to view, download, or exchange pornography. Is that provision in the President's budget that you support?

I think it is important, given the amount of human trafficking at the border, particularly -- and sex trafficking at the border. Do you support the Biden Administration's push to prevent -- I mean to allow government employees to work -- while they are at work, to view pornography, download it, and exchange it?

*Secretary Becerra. Congressman, I will certainly say to you that, in this Administration, we will not only follow the law, but will make sure it is enforced. I know of no provision in the budget that would allow anyone in the Federal Government to violate the law. No one has the authority to download information which is illegal in nature.

And so if you have some information you would like to share --

*Mr. Ferguson. I will be happy to make sure that you get that information, the proposals that are in that budget.

So, you know, I worry -- elimination of cures that would save American lives, increasing funding for abortions that would take the life of the unborn, and making sure that, you know, that we keep government employees from viewing pornography on the taxpayer dime. You know, it sounds like you all have got a lot of work to do.

And with that, Mr. Chairman, I will yield back.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Pennsylvania, Mr. Evans, to inquire.

*Mr. Evans. Thank you, Mr. Chairman.

Mr. Secretary, welcome, and congratulations to you. In recent years we have been -- an increase of private equity purchasing hospitals and nursing homes. One stark example of this is in Philadelphia -- acquisition events closed the Hahnemann Hospital by the private equity firm, which is described in detail in the current issue of the New Yorker

Magazine.

Mr. Chairman, I ask unanimous consent to include this article entitled, "The" --

[Audio malfunction.]

*Mr. Evans. -- in the record.

As this article details, when private equity takes over it is almost -- the most vulnerable who bear the cost. So, Mr. Secretary, how do you view the ever-expanding role of private equity in health care markets?

And how can we incentivize Medicare and Medicaid to protect vulnerable, safety net hospitals, and people who serve -- take over this?

*Secretary Becerra. Congressman, thank you for the question. And what I can tell you is, regardless of what your status -- whether you are a provider, whether you are the Federal Government, our first and foremost priority must be our patients. And for that reason it is important that every program that utilizes Medicare and Medicaid funding follows Federal health and safety standards.

And so, when it comes to any Federal -- or any facility that uses Federal funds, we are going to make sure that they are accountable. And we don't want to see them taking advantage of safety net hospitals, stripping them of their assets, and essentially, leaving all those families behind. And so I look forward to working with you.

As attorney general for the State of California, I was very aggressive, and I can show you the record I had in trying to make sure that, if anyone wanted to buy a health care facility in my state, they better prove they were going to do it for the right reasons.

*Mr. Evans. Mr. Secretary, can you discuss the ways in which CMS will improve marketplace services for consumers?

How -- user fee allocated across the marketplace functions, and whether increased -

-

[Audio malfunction.]

*Chairman Neal. Is the gentleman muted?

[Pause.]

*Mr. Evans. And how user fees are being allocated --

[Audio malfunction.]

*Secretary Becerra. Mr. Chairman, I am not able to hear Mr. Evans.

*Chairman Neal. We are not able to hear the questions.

*Mr. Evans. I yield, I yield --

*Chairman Neal. Mr. Evans, would you try the question again, please?

*Mr. Evans. Okay. Mr. Secretary --

[Audio malfunction.]

*Chairman Neal. I think you are having some technical difficulties there. So what we will do is we will go to Brad Schneider, and then we will come back to you.

*Mr. Evans. Okay, thank you.

*Chairman Neal. Mr. Schneider?

*Mr. Schneider. Thank you, Mr. Chairman.

And thank you, Secretary Becerra, for coming before the committee today. It is quite wonderful to see you again.

Our country is in the midst of a long and difficult recovery. Congress and the Biden Administration have already made historic investments to improve our economy and our health care system. And at the same time, as you noted in your opening statement, we are not out of the woods yet.

President Biden's budget builds on these achievements, and provides the continued funding and planning needed to realize the goals of the American Rescue Plan. In particular, I want to thank your agency and the Administration as a whole for not just your

focus, but your and the Administration's prioritization of supply chain management as it relates to pandemic preparedness.

I take note of the White House release today of its key findings on executive order 14017, America's Supply Chains, and the suggested creation of the Supply Chain Disruptions Task Force. As you may know, I have introduced legislation to create an Office of Supply Chain Resiliency, and I look forward to working with you and the Administration to further advance this idea.

Along these same lines, I remember back almost exactly 16 months ago, when I asked your predecessor, Secretary Azar, about our critical supply chains in the face of the looming pandemic. Unfortunately, my fears at that time were fully realized in the months succeeding that, and our supply chains failed to deliver vital products, namely personal protective equipment and testing supplies, when our country needed them the most.

Fortunately, since then, the Biden Administration and Congress have made incredible progress in shoring up our supply chains, but we need continued planning and investment, not just for COVID, but for the next pandemic, as well.

Secretary Becerra, could you discuss your work to increase sustainable domestic production of supplies for the Strategic National Stockpile, and what specifically we in Congress can do to help you achieve that goal?

*Secretary Becerra. Congressman, great to see you, and thank you for the question. This is an important one, because we saw what happens when you are not prepared. And the last thing we have to do is make the mistakes of the past.

And so our budget invests pretty dramatically in trying to make sure that our stockpile is fit for the 21st century. We are going to try to make sure that we have those private and public partnerships that are essential to make this work. We can't just do this by ourselves, as a Federal Government; we need to turn to the private sector to make it

happen.

And so we look forward to working with Congress, because we know we have a lot of work still to do to make sure that that supply chain is ready for the 21st century, ready for prime time. And so we look forward to working with you, but we certainly should use COVID to give us the lessons that we can learn from to do this better.

*Mr. Schneider. Great, and -- thank you, and I look forward to continuing working on you -- with you on this.

In particular, another bill that, with Senator Durbin, I introduced, the PPE in America Act, which would very specifically produce domestic PPE and testing supply production, and promote predictable, sustainable supply chains for the Strategic National Stockpile, is that something that we can look to you to work together on?

*Secretary Becerra. I look forward to working with you on that.

*Mr. Schneider. Thank you. And in the sake of time, and respecting your visit here, I appreciate you joining us, and I yield the balance of my time back.

*Chairman Neal. I thank the gentleman. Let's return to Mr. Evans.

Mr. Evans?

*Mr. Evans. Thank you, Mr. Chairman.

I have recently reintroduced a bill called -- with HPOGs. I am very pleased that President Biden's request proposed to work with Congress on HPOGs. I look forward to working together.

Mr. Secretary, can you explain why it is important to continue to expand the program?

*Secretary Becerra. Congressman, forgive me, please explain. Which program are we talking about?

*Mr. Evans. HPOGs, the Health Professional Opportunity Grant Program.

*Secretary Becerra. Oh, I am sorry, yes, the Health Professionals Opportunity Grant Program.

Listen, here, if we are going to try to have the workforce and the health care system that we need for every community, we have to do what we can to expand those opportunities to make sure that our TANF recipients and other low-income individuals, with education and training for occupations in the health care field, can be out there for us.

And so I think this is a way to make sure we are addressing, not only our needs to move forward in terms of a workforce, but it is going to give opportunities to communities that, often times, have been neglected.

*Mr. Evans. I thank you, Mr. Secretary, for that. I appreciate that.

Thank you, Mr. Chairman. I yield back.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Kansas, Mr. Estes, to inquire.

*Mr. Estes. Well, thank you, Mr. Chairman, and thank you, Secretary Becerra, for appearing before the committee.

You know, instead of setting our nation on a path for fiscal stability, I have a concern that this wasteful \$6 trillion budget, which is the largest in our nation's history, would set us on a course for higher spending, more taxes, and runaway debt. It increases non-defense spending by 16 percent, and puts the annual deficit at an average of \$1.3 trillion per year for the next decade, doubling the national debt over the next 10 years. It results in the debt owed by each American raising by 50 percent to around \$120,000.

I used to say that our children and grandchildren will be paying for our current lifestyle. But unfortunately, it is now going to be our great grandchildren that will bear the brunt of Washington's out-of-control spending.

Instead of attempting to find common ground that both parties can agree on, the

budget really does -- is about raising taxes on every American in order to pay for some of these Democrat, partisan, socialist policies.

With all that massive spending in the budget, it is easy to overlook what the \$6 trillion in spending doesn't address: basically, safeguarding Medicare for seniors. We know that we are just five years away from Medicare insolvency. A frightening statistic by itself, but even more so after a global pandemic.

And the Trustee's Report for 2021 is significantly delayed. With so many unknowns regarding the true cost of COVID-19, it is very possible that insolvency accelerated significantly.

Instead of protecting our current promise to seniors, and fixing the insolvency issue, this budget fundamentally changes Medicare. It allows those 60 to 65 to start increasing Medicare spending, and proposes adding significant new benefits such as vision and dental, without any substantial and tangible changes to ensure the delivery of current services. As we struggle to overcome and recover from the global pandemic, it is more important than ever to help our families and small businesses recover, and assure that reckless spending in here, in Washington, doesn't jeopardize the promises we have made to seniors.

Secretary Becerra, you know, the fiscal 2022 HHS budget would increase funding for NIH programs by 21 percent. It has been mentioned before that there wasn't any money going to grants for any of the gain-of-function spending in the next budget. But we are kind of concerned about the transparency and mis-characterizations of how some of the prior funding was directed towards the Wuhan Institute of Virology that -- and we know they were involved in gain-of-function research, which fundamentally changes what a virus can do.

What we are hearing and understanding is that there was a direct grant of \$600,000, and an additional \$3.5 million of NIH funds through EcoHealth. Can you confirm how

much NIH spending went to the Wuhan Institute of Virology, whether directly or through other companies?

*Secretary Becerra. Congressman, thank you for the question. And I will simply echo -- repeat what Dr. Fauci and Dr. Collins have said repeatedly, and that is that the NIH never approved funding for gain-of-function research at the Wuhan Institute of Virology. We are doing everything we can to make sure that those who receive funding from the NIH are accountable for their funds.

As I mentioned previously, the President has asked for an investigation about the source of the virus, the COVID-19 virus. As I said, as well, I, myself, called for -- way before this became a controversy recently -- for the World Health Organization to do a second stage of investigations into this.

And so I think -- by the way, I should also mention that, over the last several years, some 100 scientists have been prevented, stopped from doing research with the NIH over the course of time, and in some cases we actually prosecuted and convicted some of these individuals.

*Mr. Estes. Look, thank you, Secretary. I wish we had more time. I would put an echo in for some of the telehealth, and making that permanent.

But I am out of time, so I will yield back, Mr. Chairman.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from New York, Mr. Suozzi, to inquire.

*Mr. Suozzi. Thank you, Mr. Chairman. I don't know if Lloyd Doggett is still on here, but I just want to thank him for pointing out that his state has one of the highest rates of uninsured children in the United States of America. And our state of New York, as well as the Secretary of State, have some of the highest rates of insured children in the United States of America. And that is one of the reasons our state and local taxes are so high, and

why the SALT deduction is so important.

Mr. Secretary, thank you so much for joining us. I don't know if you remember, you met me back in 2016, when I was running for office. You said, "You should really try and go on Ways and Means Committee." So I never thought I would be so fortunate to be on this committee already, but I am so grateful to be here, and I am so grateful for your service. Thanks for everything you have done to defend the Affordable Care Act, and throughout your career.

And I want to just bring up something that people don't talk that much about the Affordable Care Act. It is the consumer assistance programs. It was in the original Affordable Care Act to provide money for state programs, state-based programs, to help consumers navigate the bureaucracy of health insurance. There is over 40 million denials of health insurance claims in 2019. Most people don't appeal that.

My parents, I remember them dealing with the medical health insurance issues. So hard, waiting on the phone, trying to navigate.

And now we have this surprise billing protections that our chairman led the effort on, along with the ranking member. And, you know, people don't know they have those protections.

So I led a letter earlier this year with about 30 of my colleagues to the Appropriations Committee, seeking \$400 million to reinstate these consumer assistance programs that were defunded back in 2010.

I want to know, would you help us support the idea of funding consumer assistance programs?

*Secretary Becerra. Congressman, first, great to see you, and congratulations on being on a great committee, with so many good colleagues.

Absolutely, we support that. This Administration has already made major

investments. We have provided full funding for the Navigator Program, which helped a lot of consumers know what kind of plan or policy to secure under the Affordable Care Act. We are -- we have expanded the outreach and marketing of the Affordable Care Act plans to consumers. And the result is over a million Americans in the last three months have signed up for new plans under the Affordable Care Act exchanges.

We will continue to do that, because we want Americans to be good consumers. And to do that, they need good information. So we will work with you to make sure that that is done.

*Mr. Suozzi. So we want to try and get some more money put in specific for these state -- these state-based programs, and I am going to seek out your help in trying to help get that done. So thank you, Mr. Secretary, I really appreciate it. And thanks for your good advice. It has proven to be very helpful.

*Secretary Becerra. Congratulations to you.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from California, Mr. Panetta, to inquire.

*Mr. Panetta. Hey, Mr. Secretary, thank you very much.

Thanks, Mr. Chairman.

Mr. Secretary, thanks for being here. It is great to see you. And it was, obviously, unfortunate that you left Congress the same year that I got in, but fortunate enough for all of us that you are in this position right now, and are in the position that you were in the last four years in California, fighting for us here. And now you get to fight for everybody across our country, especially when it comes to our health care and so many other things. So thank you very much.

As you know well, I come from the central coast of California. And being from California yourself, you know how important immigrants and, obviously, farm workers are

to our food security, and who we are as a culture. Obviously, throughout the pandemic, they were on the front lines and, literally, met the definition of what it means to be a essential worker -- an essential worker, especially when it came to our food security.

But unfortunately, at that expense, though, you know, they were definitely susceptible to COVID-19. That is why I believe -- and I am sure you do, too -- it is absolutely critical that we prioritize vaccinating our farm workers, as demonstrated in a recent Washington Post article on Sunday that actually talked about what we have done here, in the Salinas Valley, the salad bowl of the world. We actually came together. Your help, especially getting us vaccines here, my advocacy, the farm workers, the farmers, the federally-qualified health clinics all came together. And we actually did our own little mass vaccine sites that pretty much has -- it made sure that our farm workers are vaccinated, or a significant amount of them are vaccinated right now.

Obviously, we need your continued help with that. And so, Mr. Secretary, could you please describe other steps that HHS is taking to continue to address the unique health needs of both immigrant and farming communities?

*Secretary Becerra. Congressman, great to see you, and thank you for continuing the great Panetta tradition.

And what I can simply say is wind me up when it comes to what you just said. Quite honestly, the best ideas I can tell you about are the ones that you are coming up with back home. We want to piggyback on what you are doing, because you know where your families are that haven't been vaccinated. You know how to best reach them. You know who are the most trusted voices, whether it is the clergymen, or whether it is the wrestling coach, or whether it is the neighborhood watch leader. You know who has the confidence of the people who are -- haven't yet vaccinated. And so we want to work with you.

And when it comes to farm workers, my dad having been a farm worker at one

point in his life, let me tell you, if you have got some more good ideas on how to reach them, we are there. We are there.

*Mr. Panetta. Outstanding. Thank you, Mr. Secretary. And we do here, and we look forward to continuing to work with you.

Obviously, a big issue, as we get out of this pandemic and get onto the road to recovery, is child care. And obviously, with the upcoming infrastructure package, we want to make sure that we have certain infrastructure projects that address that. Can you share more about what sorts of physical infrastructure projects are needed to make child care facilities safe, affordable, and, more importantly, available to all families?

*Secretary Becerra. Congressman, there are some great ideas that are out there in our communities, and what we want to do at the Federal level is not impose our idea. We want to support and fund the good ideas that are out there.

And so, once again, what I would say is, because you know your district, we want to work with you so that the resources that we hope will become available, some of them already available through the American Rescue Plan, but we hope the investments that would be made through the American Family Plan to help so many families, to make sure kids have quality care so that parents can work, we want to work with you, because you know where the successful models are out there, and we want to make sure we are piggybacking so that they can grow.

I was not long ago in Ohio, visiting a tremendously effective childcare center. They need to grow, because they do it the right way. And so we want to build on what there is that can help all American families.

*Mr. Panetta. Thank you, Mr. Secretary.

I yield back, Mr. Chairman. Thank you.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from

Oklahoma, Mr. Hern, to inquire.

*Mr. Hern. Thank you, Mr. Chairman -- this important hearing today. And, you know, one of the key -- and Secretary Becerra, congratulations.

You know, one of the key congressional responsibilities in the Constitution is the power of the purse. Every day American --

[Audio malfunction.]

*Mr. Hern. -- have yet to do the full budget process since they have taken the majority in 2018. And when the President's budget was released, my constituents were furious to learn that he removed the Department of Health and Human Services's ability to protect human life by removing the Hyde Amendment, and spends more of their hard-earned money to increase funding for abortion providers.

This carelessness over taxpayer money comes on the heels of Congress appropriating nearly \$4 trillion over the past year to fight the pandemic. And now that more than 130 million Americans are fully vaccinated, it is time for Congress to assess the spending impact.

You know, one of the largest looming threats is the exhaustion of the Medicare trust fund. Spending to accommodate the pandemic depleted funds by an estimated 5.8 billion. The latest predictions show that Medicare funds will run out by 2024, 2 years earlier than previously expected. Without changes, they would have to hike Medicare payroll taxes by some 26 percent, or cut benefits by 16 percent to make the program solvent.

In other words, according to the nonpartisan CBO, if Congress doesn't act, benefits will need to be cut by \$1,000 per beneficiary in order for our kids and grandkids to have access to the program they help subsidize.

Additionally, I am concerned that we have no details about the Administration's so-called reforms to the very popular Medicare Advantage program. My dear friend, the late

Senator Tom Coburn, predicted long ago that each step the Democrats take to be involved in health care was just a long-term plot to take away choice, and inform government -- enforce government-run health care. Unfortunately, I fear we are getting closer to this reality every single day.

Not only does this budget get us closer to government-run health care, it fails to address our looming debt crisis.

But this budget also does not reflect American priorities. Last month I introduced a budget that not only balances in just five years, but provides solutions for the issues Americans care about, like border security, Social Security and Medicare solvency, infrastructure, police and local safety, all of this without raising taxes.

Americans are concerned about the economy and filling jobs, which President Biden's budget makes no mention of. Instead, it talks about abortion, climate control, price controls, and government subsidies that continue to incentivize people to stay out of the workforce.

The Biden budget continues to provide fully-paid health care for Biden's America, who chooses not to go back to work. It also supports expanded ACA subsidies, which will inevitably prolong the absolute avoidable unemployment issue. As a business-person for 35 years, I know what it is to compete against the government when it comes to over-regulation on the business community. I have witnessed firsthand how the Democrat Party sincerely believes that the best plan is to stick it to small businesses, the backbone of our economy, with their bloated spending bills. This is grossly misguided, and will leave our kids and grandkids jobless and unable to pay the balance, with zero benefits.

Meanwhile, our jobs report continually reveals that our employers are struggling to fill jobs. Drive down any Main Street in America, and you will see a "Help Wanted" sign on the door. So why would President Biden continue with subsidies, and incentivize

employees to stay home?

Mr. Secretary, last week a survey revealed that the unemployment for small business is at 48 percent, a 40-year high. Yet your budget proposes to continue COBRA subsidies, and expand ACA subsidies, which makes it more appealing not to go back to work. Do you agree or disagree that Americans staying out of work is bad for the mental and physical health, yes or no?

*Secretary Becerra. Congressman, I know that time has expired, so I simply will tell you we are in the business of creating more jobs, and getting more people the health care they need. And we can follow up, and I do look forward to working with you, since we never had a chance. I left and you came, and so, hopefully, we will have a chance to work together in the future.

*Mr. Hern. Thank you.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from California, Mr. Gomez, to inquire.

*Mr. Gomez. Thank you, Mr. Chairman.

Secretary Becerra, it is good to see you. Welcome back, virtually, to the committee.

I don't really need to describe my district to you; you are very familiar with it. But as you know, the district is a very complex district. It has the haves and it has the have nots. It has people from all walks of life. They come from different backgrounds, using different languages, getting around by different means.

And during the pandemic we saw the impact of COVID-19 on the community that I represent that was disproportionate, compared to other communities. We first saw that in the data, as you probably were aware, that a lot of the COVID-19 tests were not taking place on the east side of Los Angeles, but on the west side. You saw it on the infection

rates. You saw it on the death rates.

I am proud that we have been able to turn the page, but I believe, for certain, it was foreseeable. And our policymakers and our institutions and our programs just, for some reason, froze when it needed to turn quickly, and pivot towards a more equitable solution. We did that, and I am proud that California now has the lowest infection rate of any state in the country.

But equity is key, but it is very hard to do, very hard to do. No matter how much money you use, it is all about how you invest, how you target, and how you implement. And it is not always a straight line. And I like equity, because it can impact so many different people from so many different areas, and it is not -- it is -- it impacts people of color, but it also impacts working-class Whites in rural areas, as well.

So I know the Health and Human Services budget focuses on advancing equity and reducing health disparities in all health care programs. Can you briefly describe these programs and their intended goals?

And also, how will you ensure these programs work in practice?

*Secretary Becerra. Congressman, first, great to see you. I see that those digs look really familiar to me, that office of yours. So I hope you are taking good care of not just the office and your workers, but the district, as well, since you have been able to come in and do a phenomenal job as the Member of Congress for that district after I left.

*Mr. Gomez. Yes, somebody left me some nice furniture when I --

[Laughter.]

*Secretary Becerra. Amen. Well, let me tell you that -- by the way, thank you for all your work on equity, and trying to make sure that all communities are served. As you said, your -- our district, my former district, your current district, it is a tale of two cities in many ways, right? From wealth to poverty. But folks working together in many

ways.

I will tell you that President Biden has spoken, not just about equity, but he has made it clear he wants to see results. And so, at HHS, it is easy for me, as a Secretary, to now say, "We are going to demand results, as well, from the people and the programs that we have at Health and Human Services."

One of the things that we are doing -- a couple of quick examples. The emphasis and the investment of real money into dealing with maternal mortality and morbidity, you know, we can take for granted in the richest nation in the world that we have access to health care. But you go to some communities, and there are women who are dying as a result of their pregnancy. And, like, women are having terrible outcomes as a result of the pregnancy. And it should surprise no one to know that happens mostly in communities of color. And so there are things that we are trying to do to address that.

The investment that the President -- and I could follow up, but I apologize, I see the time has expired.

*Chairman Neal. Finish the thought. Finish the thought, Mr. Secretary.

*Secretary Becerra. I was just going to mention Indian Health Services, the kind of investment that is being made in Indian Health Services, we are going to make sure that we are out there, reaching folks who, for the most part, have been in the shadows, or in the corners of America. Thank you.

*Chairman Neal. I thank the gentleman. Let me recognize the gentleman from Nevada, Mr. Horsford, to inquire.

*Mr. Horsford. Well, thank you very much, Mr. Chairman.

And Secretary Becerra, it is great to see you. Thank you for joining us today. I would be remiss if I didn't mention that you have a great former staffer of mine, Josie Villanueva Prescott. She has always done great work, and I know she is going to do so

with you, and on behalf of the American people at Health and Human Services. So please tell her I said hi.

Mr. Secretary, for my time I would like to talk about the importance of data collection. The chairman, Chairman Neal, has designated the Racial Equity Initiative Working Group within the committee, which helps to ensure that policy proposals considered by the committee address economic and social inequities and advance racial justice, helping us create meaningful legislation that improves the lives of the people that we serve.

But that change, though, starts with paying attention to the right metrics. We know that data collection and synthesis can change human behavior and the way that organizations operate.

Simply put, if we want to improve something, we need to be able to measure it accurately. And if we can measure equity accurately, then we can clearly see the progress that we are making over time. To do that we need to measure what matters. And I am talking about demographic data. Collecting the right demographic metrics will help us better understand the effect of structural racism and discrimination on health and economic well-being.

In your testimony, Mr. Secretary, you highlighted the COVID-19 pandemic has also shown the importance of producing reliable data. This Congress I reintroduced my bill, the Nursing Facility Quality Reporting Act of 2021, which would require the Centers for Medicare and Medicaid Services to publish on the Nursing Home Compare website certain demographic information aggregated by state with respect to COVID-19 infections and deaths in such facilities.

Mr. Secretary, in reference to the Nursing Home Data Bill, it is my understanding that this could also be done administratively. I am a strong advocate for ensuring that we

collect reliable race, ethnicity data, particularly for our most vulnerable populations. And so, given the Administration's commitment to reducing health inequities, this would seem like an important part of an overall agenda.

So, Mr. Secretary, can you talk about what HHS's plans are to move forward on this issue?

And can you describe the Administration's plan to improve the underlying data systems at HHS with respect to how we collect race and ethnicity data, and other vital indicators to track health inequities?

Thank you.

*Secretary Becerra. Congressman, great to see you, and thank you for the question. Thanks for the work that you are doing on this issue.

As I have said -- I used to say this a lot when I was the attorney general in California, we depended on data to drive so much of what we did -- bad outputs produces -- excuse me, bad inputs produces bad outputs. And if you are going to rely on the research that has been done, but your data is flawed, you are going to start issuing really flawed conclusions and recommendations.

And so we need to have good data to have good outcomes. And that is going to permeate the work that we do at Health and Human Services, because we know how important it is to have data that can go beyond the generalized information that we often get.

And you and I could talk about any number of examples. Diabetes. If we don't have clinical trials where we include all the populations, but especially the populations impacted by diabetes -- and you know and I know that African-Americans, Latinos, often times, we are -- it affects us more than other communities. But if you don't have a clinical trial that includes surveys with those populations, your outputs, your results won't be very

effective.

So we need to work together to make sure we do this right.

*Chairman Neal. I thank the gentleman. Let me recognize the gentlelady from West Virginia, Mrs. Miller, to inquire.

*Mrs. Miller. Thank you, Chairman Neal and Ranking Member Brady, and thank you, Secretary Becerra, for being here today. It is so nice to be able to meet you.

You know, we all can agree that we want the best health care outcomes for America, and access for care for all of those who need it the most at the most affordable price. However, we seem to have very different ways of accomplishing these goals. And instead of a top-down, government-centric approach outlined by the Administration's budget, I think we should focus, rather, on the patients, the cures, and ensuring long-term solvency for our health care system.

Within this budget the President has called on Congress to cut prescription drug prices. The plan, H.R. 3, would result in fewer cures -- as many as 100, I have heard -- from entering into the market. And this legislation would completely chill American innovation, actually raising prices on seniors, and cost American lives. We cannot let such a disastrous piece of legislation reach the President's desk.

The Republican solution of H.R. 19 would lower the costs of drugs, increase pricing transparency, and further American innovation.

The COVID-19 pandemic has forever changed our health care landscape. Within West Virginia, who I represent, we saw many patients with increased access to care through telehealth. Given the extremely rural nature of my state, patients sometimes had to travel hours just to see a doctor. And through telehealth, they were able to pick up their phone and meet with their provider. I have heard from those providers who love it, too, and they are able to see their patients more efficiently. I hope that we can take the lessons

learned from telehealth during the pandemic, and to continue funding telehealth. I think it is so important.

Mr. Secretary, can you commit to keeping this committee up to date with regular updates on the status of the Provider Relief Fund, specifically on how much money has yet to be distributed, and how much has been returned from the hospitals and providers, please?

*Secretary Becerra. Congresswoman Miller, first, if I could just say, I look forward to the chance to get to know you, and work with you as you do your good work there in the House, and I hope that you can -- you feel comfortable turning to me and to the people on my team to work with you to help the people of West Virginia.

On the Provider Relief Fund, we are going to do everything we can to be as transparent and as accountable as we can be. Much of the money has already been released. But what we are going to do with the money that remains is try to show you how it will be spent right, how it is going to be allocated properly. And hopefully, we are working with the providers that are in line to get some of that relief, to make sure that they get it in time, and they document it, as well, what they have done with the money, so you and I can both say that the taxpayers made a good investment in helping some of these providers who were there on the front lines helping Americans recover from COVID.

*Mrs. Miller. Okay, thanks. West Virginia is such an incredible rural state. I don't know if you have ever been there before. It is beautiful. But telehealth across all specialties has really played a crucial role in -- during the pandemic in ensuring a timely and quality access for us to have care. Given this increased access to care for our most poor, vulnerable, and elderly patients, what is the Administration's plan to expand telehealth after the public health emergency ends?

*Secretary Becerra. We are looking to take the lessons from COVID that showed

how telehealth became so important, and working with you to provide more flexibility, but more accountability, so we can make sure we can get to folks in America. And we want to make sure that broadband is available to everyone.

*Mrs. Miller. That is wonderful. I have another issue.

You know, the budget -- am I cut off?

*Chairman Neal. Not cut off, your time has expired.

*Mrs. Miller. Okay. Well, I will ask you some more questions. Maybe I will send you a letter. Thank you.

*Chairman Neal. Thank you. I thank the gentlelady. Let me recognize the gentlewoman from the Virgin Islands, Ms. Plaskett, to inquire.

*Ms. Plaskett. Thank you so much, Mr. Chairman. And I am so honored and excited to have the Secretary with us. As -- having had him as a mentor when he was a Member of the House, to see him in this position, and know the leadership that he is going to bring to the agency, is something I know that we are all looking forward to.

Mr. Secretary, I have a number of questions for you, and just wanted to surmise some of them -- summarize some of those related to the territories. I am hoping that you could give your commitment to work with our office and the other territories regarding health care disparities.

As I am sure you are aware, the territories are again in limbo as they face the upcoming fiscal cliff in Medicaid programs at the end of this fiscal year. The Administration has done a great deal, and this Congress has supported the territories in eliminating the disparities that we have, not only in our funding caps, as well as in the share between the Federal Government and hospitals, is -- and local governments, as well.

But also on one that we don't talk about as much, is the exclusion of the American residents living in territories excluded from low-income subsidies for Medicare

prescription drug benefits, as well as to the Disproportionate Share Hospitals, DSH, program under Medicaid and Medicare, in spite of the significant amount of uncompensated care, and the number of individuals in rural areas in the territories.

And I was hoping that you would look at some of these issues, and make a commitment with -- to work with our -- my office, as well as other territories in this committee to find permanent solutions to some of those disparities.

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

Secondly, it was great to actually see you in person just a couple of weeks back, and I look forward to getting to do that more often.

Let me tell you, I think you know from my work, when I was a colleague, that the territories deserve to have our attention. You know that the President's budget has support for eliminating the Medicaid funding caps for U.S. territories, and tries to make sure we can align matching rates with states.

And so I look forward to working with you, because folks in the territories work very hard. We have to match that work effort to make sure we can address these needs.

*Ms. Plaskett. Thank you. The other question I have is with regard to Temporary Assistance for Needy Families, TANF. In particular, the national TANF issues. Do you believe the TANF funding levels, or allocation of funds to states, should be altered to account for changed circumstances, inflation, poverty, population?

What are your thoughts with regard to funding levels and allocations of TANF?

*Secretary Becerra. Congresswoman, TANF is a program that is supposed to meet the needs of our neediest families. And so we have to make sure that, whatever our statutory framework is, or anything we do with regulations, it is directed at trying to meet the neediest families. Every once in a while that need -- you probably have to make adjustments so that you refine your approach.

And so we are more than willing to work with you and others if you think there is a better way to do this, because we want to make sure, at the end of the day, our resources are reaching the most needy families.

*Ms. Plaskett. Well, you know, I know that this has been an issue during the pandemic, as work requirements and time limits on age -- you know, should some TANF rules be suspended during the pandemic?

But then, once the pandemic ends, should those changes be made to work requirements to prompt states to engage additional unemployment recipients and activities?

Or should the changes we made to alter the share --

[Audio malfunction.]

*Ms. Plaskett. -- families receiving assistance?

Did you have any policy ideas or thoughts for this Congress on how we address the most neediest families in our country?

*Secretary Becerra. Congresswoman, I know the time has expired, so I will simply say this, and we can follow up. We want to work with you. If you think there are ways that we can move forward to address the needs of these families post-COVID-19, we are willing to work with you, and we look forward to seeing if there is some good solutions.

*Chairman Neal. I thank the gentlelady. Let me recognize the gentleman from Pennsylvania, Mr. Smucker, to inquire.

[Pause.]

*Chairman Neal. Would the gentleman unmute?

*Mr. Smucker. There, can you hear me now?

*Chairman Neal. I can hear you.

*Mr. Smucker. All right. Well, thank you, Mr. Chairman.

And Secretary, thank you for testifying before us here today. You know, I have

some real concerns with President Biden's budget. I think it manages to raise taxes on middle and low-income Americans, while simultaneously --

[Audio malfunction.]

*Mr. Smucker. -- position where I think we are headed toward not being able to make good on our promises on a path to bankruptcy. So I really want to be sure that the American people are hearing this, so I will say it again. This budget raises taxes on all Americans, including those who the President said he wouldn't raise taxes on. And we know that, even -- the money raised through this is still not enough to pay for all the proposals in the budget.

This budget includes a provision to create a public option, coupled with the 163 billion in subsidies in the plan to try to make Obamacare plans more affordable. Both proposals do nothing to lower the actual cost of health care, to boost innovation, or to improve access. And what is more, the budget includes promises to seniors by expanding Medicare fee-for-service benefits without having the money to pay for those new benefits. And I am concerned that will further erode Medicare's solvency, and drive up premiums in the Medicare Advantage plans.

These ideas in this budget are bringing our nation one step closer to adopting a health care model that is used in socialist countries. And I believe that socialized medicine means fewer cures, and delayed, or worse, even denied care. Coverage does not equal access.

There is a lot that we can do to improve access. And, by the way, I want to mention telehealth has been mentioned many times in this hearing, and I want to share one unique use for my district. I represent Lancaster County in Pennsylvania, which is home to tens of thousands of Amish constituents. And I am sure you are aware that they don't typically use electronics. But, even among the Amish, some -- to seek necessary care

during the pandemic, and engaged in -- what they do is audio-only telehealth visits.

So telehealth is helping to reach underserved communities throughout the nation, even populations like the Amish in my area. So if there is one area of bipartisan work that can be accomplished this year, I, you know, hope to work with the Administration to make sure that we can continue to provide the access that telehealth has provided, and that that doesn't go away at the expiration of the public health emergency.

But, Secretary, a public option is really a partial government takeover of our health care system. And I -- as I mentioned, I fear that will undermine the employer-sponsored market, and threaten Medicare solvencies. Providers are already facing cuts to their reimbursement rates, and they will be forced to charge the private market more, just to make up for insufficient government payments.

And in turn, 157 million Americans, by the way, currently obtain their coverage through the private market. They will likely see their premiums rise, including seniors on fixed income.

And in the meantime, none of this makes a single improvement to the quality of care. We will be pressuring physicians and hospitals to do more for less. And I fear that this will result in upheaval of the health care market and, in fact, it might be the intent to quickly force us all into Medicare for All.

But a quick question: Do you agree that the underlying budget will let the tax cuts enacted under the Tax Cuts and Jobs Act for middle and low-income Americans expire?

*Secretary Becerra. Congressman, the -- thank you for the question. I do look forward to working with you in the future. Please make sure you reach out to my team if we can be helpful on anything.

The President's budget actually increases the opportunities for middle-income families. And I hope that we have a chance -- since my time has expired -- is to go into

some of that in detail.

*Mr. Smucker. Thank you, Mr. Chairman.

*Chairman Neal. I thank the gentleman.

I want to thank Secretary Becerra for joining us today. I know he is on his way to the other chamber. But, as an alum, you will be pleased to note that we think you would be better off staying over here with us.

[Laughter.]

*Chairman Neal. Please be advised that members have two weeks to submit written questions to be answered later in writing. Those questions and your answers will be made part of the formal record.

[The information follows:]

*Chairman Neal. With that, the Ways and Means Committee stands adjourned.

[Whereupon, at 1:19 p.m., the committee was adjourned.]

[Member Questions for the Record and Responses follow:](#)