

NOMINATION OF XAVIER BECERRA

HEARING

BEFORE THE

COMMITTEE ON FINANCE UNITED STATES SENATE

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

ON THE

NOMINATION OF

XAVIER BECERRA, TO BE SECRETARY,
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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FEBRUARY 24, 2021
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**NOMINATION OF XAVIER BECERRA,
TO BE SECRETARY, DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

WEDNESDAY, FEBRUARY 24, 2021

U.S. SENATE,
COMMITTEE ON FINANCE,
Washington, DC.

The WebEx hearing was convened, pursuant to notice, at 2:08 p.m., Dirksen Senate Office Building, Hon. Ron Wyden (chairman of the committee) presiding.

Present: Senators Stabenow, Cantwell, Menendez, Carper, Cardin, Brown, Bennet, Casey, Whitehouse, Cortez Masto, Warren, Crapo, Grassley, Thune, Toomey, Cassidy, Lankford, Daines, Young, Sasse, and Barrasso.

Also present: Democratic staff: Ian Nicholson, Investigator and Nominations Advisor; and Joshua Sheinkman, Staff Director. Republican staff: Kellie McConnell, Health Policy Director; Gregg Richard, Staff Director; Jeffrey Wrase, Deputy Staff Director and Chief Economist; and Nicholas Wyatt, Tax, Infrastructure, and Nominations Policy Advisor.

**OPENING STATEMENT OF HON. RON WYDEN, A U.S. SENATOR
FROM OREGON, CHAIRMAN, COMMITTEE ON FINANCE**

The CHAIRMAN. The meeting will come to order.

Colleagues, this is nominations week here in the Senate Finance Committee. This is the second of three nominations hearings, and we are very pleased to be able to welcome Attorney General Xavier Becerra, President Biden's nominee to lead the Department of Health and Human Services.

With the pandemic raging, so many Americans are struggling to get by, and our health-care system is strained to the max. There may not be a higher-stakes job in the executive branch outside the President.

Attorney General Becerra brings more than 2 decades of experience in the Congress. He was a senior member of the House Ways and Means Committee, which overlaps this committee on many important health issues. He was closely involved in major accomplishments on health care, including the Affordable Care Act. For 4 years, he has led the second largest department of justice in America, overseeing thousands of employees and a billion-dollar budget. Anybody who discounts the experience of leading a California agency that large and influential to the fifth largest economy in the world is straining awfully hard to find something to critique.

The Attorney General defended the Affordable Care Act from absurd and dangerous far-right attacks. When the pandemic hit, he went to bat for Californians by increasing access and affordability for COVID treatments, protecting workers from exposure, and securing key safeguards for front-line health-care workers.

Having started my career in legal aid for senior citizens, as a co-founder of the Oregon Gray Panthers, I appreciate the Attorney General got his start in legal aid for the less fortunate. This is a nominee with the right policy experience, the right leadership experience, and the right experience fighting for people without power. That is exactly what is needed at the Department of Health and Human Services, after 4 years of management that took America in the wrong direction.

Now in this committee, a special focus of our work is going to be tackling inequality in every form. In America, inequality is a killer. If you did not believe it before the pandemic, there can be no questioning it today. People of modest means, people targeted by discrimination, people marginalized in society, they are the Americans who have suffered disproportionately in the pandemic. That is because they were vulnerable before the pandemic, and Federal policy did not do enough to protect them.

I will pick through a few examples. First, Americans are getting clobbered every time they walk up to the pharmacy window to pick up their prescription drugs. In a country as wealthy as ours, it is shameful that you still hear about people rationing their own medicine and suffering terrible consequences because they cannot afford their medicine.

Second, the pandemic has proven there needs to be a new focus on mental health in America. With so many lives lost and so many people out of work, it should not be a surprise that people in Oregon and across the country are struggling when it comes to mental health care. Compared to physical health issues, mental health has gotten short shrift for far too long. Now the laws say they are equally important, but I will tell you, that is often not the way it is handled in the real world. That needs to be changed. We are going to talk some more about it this afternoon.

Third, the pandemic has shined a spotlight on many long-running disparities in health care in the country, many of them that stretch back generations. One of them is maternal health care. The American people want this to be a pro-family Nation. It is totally unacceptable that pregnancy and childbirth in the postpartum period are so dangerous to American women, particularly when you compare our country to wealthy nations. This is especially serious for black and Native American women, and it is getting worse as the years go by. In fact, here is a shocking statistic. Women today are more likely to die in childbirth than their mothers were a generation ago. Addressing the crisis goes hand-in-hand with the need to expand and improve women's health care overall, since the last 4 years have been a women's health nightmare.

I am looking forward to working with the Attorney General in the Biden administration on these issues, and more. It has been a difficult 4 years for too many vulnerable Americans who struggle to pay for medicine and secure health care. If AG Becerra and his team start every day actually focusing on expanding health care

and improving health services instead of limiting them, they will already be doing better than the last administration.

This is a nominee who is highly qualified. He has had a valuable range of experience that will help him succeed in this job, and this is a historic nomination because the Attorney General would be the first Latino Secretary of Health and Human Services.

Finally, I want to congratulate him on a late-breaking development. Today, he won in Federal court, defending California's net-neutrality law. And I see the chair of the Commerce Committee, who has done so much on that issue, and we are looking forward to seeing the Attorney General score more wins for the American people.

With that, let me recognize our friend, Ranking Member Senator Crapo, for his opening statement.

[The prepared statement of Chairman Wyden appears in the appendix.]

**OPENING STATEMENT OF HON. MIKE CRAPO,
A U.S. SENATOR FROM IDAHO**

Senator CRAPO. Thank you very much, Senator Wyden. Welcome, Attorney General Becerra.

The Department of Health and Human Services is a sprawling department, with over 80,000 employees and responsibility for over \$1 trillion in annual spending. HHS and its agencies directly affect everyday life, including running programs that provide health-care coverage to nearly 150 million people. The HHS Secretary will shape Medicare and Medicaid, Obamacare, and many other important programs in the Finance Committee's jurisdiction. These responsibilities are formidable in normal times, but the COVID-19 pandemic has made the HHS mission even more critical, as these programs will play a key role in the pandemic response.

This hearing is important for us to understand how Attorney General Becerra would carry out these monumental responsibilities. A few weeks ago, I outlined several issues in the health-care space where I intend to focus my efforts as ranking member, including fostering innovation to improve patient care and making our health-care system more efficient. The COVID-19 pandemic has threatened Americans' physical and economic health, but it has also reinforced the value of innovation and provided an opportunity to test changes that foster it.

HHS has used its authority under the public health emergency to waive numerous requirements to ensure Medicare beneficiaries and other patients receive care during the pandemic. Patients have benefited from expanded access to telehealth and expedited approval of COVID-19 vaccines, diagnostics, and treatment. Going forward, Medicare and Medicaid patients should have the same access to those innovative items and services as those with commercial insurance.

We must carefully evaluate our response to the pandemic and implement appropriate reforms based on the lessons we have learned. HHS should partner with this committee in that effort.

Another long-term priority for many on this committee is to finally address Medicare's looming financial problems. Medicare's financial stability was a key issue discussed by the bipartisan

Bowles-Simpson Commission, on which I served with Attorney General Becerra a decade ago.

Although the Commission's proposal did not reach the required super-majority of 14 out of 18 votes for adoption, it did produce a constructive bipartisan blueprint to reform and secure our entitlement programs. Medicare's finances remain unsettled, with the Medicare trustees currently projecting that the hospital insurance trust fund will go broke in 2026. And unforeseen circumstances could move the insolvency date even closer.

The new administration should work with Congress in a bipartisan way to ensure that Medicare is able to serve current and future beneficiaries. In yesterday's hearing before the HELP Committee, many of my colleagues raised concerns about the enforcement of California's restrictive actions related to COVID-19, including the ban on indoor religious services that was rejected by the Supreme Court.

They also raised questions about challenges to HHS's authority to provide a conscience exemption from the Obamacare contraception coverage mandate. A coalition of pro-life Americans sent a letter to all Senators in opposition to the nomination of Xavier Becerra to be Secretary of Health and Human Services.

And, Mr. Chairman, I ask that that letter be included as a part of the record.

The CHAIRMAN. Without objection, so ordered.

[The letter appears in the appendix on p. 138.]

Senator CRAPO. Nearly a year ago, the committee worked together to expand unemployment compensation in response to the economic devastation caused to workers by shutdowns. As time has passed, there has been substantial reporting of fraud perpetrated against California's unemployment insurance program. Fraudsters, including international criminal organizations, have siphoned off perhaps more than \$11 billion. That raises questions regarding what specific steps were taken to combat unemployment fraud, and when those steps were taken.

Finally, Attorney General Becerra, you have long been an advocate for moving all Americans to a government-run Medicare-for-All plan, raising concerns with me that your policy preferences could undermine the Medicare programs that rely on private insurance. You and I have talked about this privately, and I will discuss it further with you during the question period. I strongly support private insurance so patients can choose the coverage option that best meets their need.

The popular Medicare Advantage program that covers 24 million beneficiaries must be allowed to continue to thrive. And the successful Medicare Part B program must continue to serve its 47 million enrollees without government interference. The number of issues I have raised indicate the scope and importance of this position, and I look forward to hearing your testimony and your responses to questions. Thank you.

[The prepared statement of Senator Crapo appears in the appendix.]

The CHAIRMAN. I thank my colleague. We are going to have a big debate on that, on how the Department of Labor handles unem-

ployment, and we are going to talk through all of these issues, I am sure.

Now we have the senior Senator from California, Senator Feinstein, who is here for an introduction of the nominee, and we welcome her for her comments.

**STATEMENT OF HON. DIANNE FEINSTEIN,
A U.S. SENATOR FROM CALIFORNIA**

Senator FEINSTEIN. Thank you very much, Mr. Chairman and Ranking Member Crapo. Thank you for the opportunity to appear before the committee to introduce California's Attorney General Xavier Becerra as President Biden's nominee to be Secretary of Health and Human Services.

I am so proud to have known this man as both a friend and a colleague. He spent decades serving our State, currently as the State's Attorney General, and previously as a 12-term Congressman from Los Angeles.

Mr. Becerra was the first in his family to receive a 4-year college degree, earning his bachelor of arts in economics from the University we share, which is Stanford, and later his J.D. from Stanford Law School.

As a member of the House of Representatives, he was a strong advocate for the health care of his constituents, and he fought to make the Affordable Care Act law. As California's Attorney General, he has been a staunch defender of the Affordable Care Act, leading 20 States and the District of Columbia in defense of the Act before the Supreme Court.

As part of his focus on protecting the health of Americans, Mr. Becerra worked with Nebraska Attorney General Doug Peterson, a Republican, to lead a bipartisan coalition of 43 Attorneys General to reduce youth exposure to tobacco products like e-cigarettes, which we have all become very concerned about, and which continue to pose significant health risks to children.

He has also worked on a bipartisan basis with multi-State coalitions of Attorneys General on health priorities that align with the work of this committee, which includes increasing access to COVID-19 treatments, as well as addressing the opioid epidemic and the considerable harm it has caused to families.

As our State's Attorney General, AG Becerra led the Nation's second-largest Department of Justice, behind only the U.S. Department of Justice. So he is skilled, and just extraordinarily good. As Secretary, he will lead the Nation's top health agency charged with enhancing the health and well-being of all Americans.

In this global pandemic, he will hopefully play a lead role in overseeing the implementation of President Biden's national strategy for COVID-19 response, which is integral to defeating the virus that has plagued our country for far too long.

His history-making nomination as the first Latino to manage this department comes at a time when this pandemic is effecting communities of color at much higher rates than white Americans. And those of us who know him personally know the level of his concern, and the strength of his dedication to protecting the health and safety of all hardworking Americans and their families.

I deeply believe—and I have had the privilege of making this statement to another committee as well—that Xavier Becerra is the right candidate to lead the Department of Health and Human Services at this time, and I would give my strongest recommendation to this committee to approve his nomination.

And, Mr. Chairman, it is good to see you again after this morning's hearing, and I am grateful to be here. Thank you so much.

The CHAIRMAN. Thank you very much, Senator Feinstein. We are very pleased to have you here. And I would also like to note that California now has 100 percent of their United States Senators here for the launch of the nomination of the AG. And we welcome our new colleague, Senator Padilla.

**STATEMENT OF HON. ALEX PADILLA,
A U.S. SENATOR FROM CALIFORNIA**

Senator PADILLA. Thank you, Chairman Wyden, Ranking Member Crapo, for inviting me to address this committee today to introduce my friend, California Attorney General Xavier Becerra.

As we recognized in yesterday's HELP Committee hearing, our Nation is going through one of the toughest times we have faced in recent memory. The COVID-19 pandemic has taken an incredible toll on our lives and our communities across the United States.

COVID-19 deaths in the United States just surpassed 500,000, a grim milestone for our country. As has been referenced, the devastation has disproportionately impacted working-class families and communities of color, very similar to the communities that both Attorney General Becerra and I grew up in.

These communities are hurting and dying at alarming rates, and they desperately need someone who knows these communities at their core. *The Los Angeles Times* published an article this past Saturday documenting the disparity in vaccination rates across, in this particular case, Los Angeles County, where wealthy neighborhoods like Beverly Hills are receiving vaccines at five times the rate of predominantly minority communities such as south Los Angeles. And that is why I am honored to introduce Attorney General Becerra today as the nominee for Secretary of the Department of Health and Human Services.

If confirmed, Attorney General Becerra will be the first Latino Secretary of Health and Human Services, an honor I know that he will not take lightly. Throughout his upbringing and time as a public servant, Xavier has shown his passion for people and his commitment to improving the lives of those he represents.

His parents immigrated from Mexico, just like my parents did, with the dream of building a better life for themselves and their family. As has been noted, Xavier received his undergraduate and law degrees from Stanford University. And while at Stanford, he met his wife, Dr. Carolina Reyes, a widely respected obstetrician who helps care for women with high-risk pregnancies in underserved communities.

Xavier's first job out of law school was working with individuals with mental health disorders, a health issue that is too often overlooked, especially in communities of color. He was elected to Congress in 1992, where he quickly gained and maintained a reputation for being a strong supporter of reproductive health, protections

for seniors, mental health parity, and the Children's Health Insurance Program, also known as CHIP.

Xavier was instrumental in both the drafting and the passing of the Affordable Care Act, which has helped provide access to quality health care for millions of previously uninsured Americans, and his work did not stop there.

As Attorney General of California, he has made it his mission to tackle structural inequalities within our health-care system. He has been the leading force behind a lawsuit to protect the Affordable Care Act, and to maintain the protections for people with pre-existing conditions and for those suffering from a mental illness.

Over the past year, Attorney General Becerra fought to protect front-line health-care workers from further exposure to COVID-19, and he stood up for homeowners struggling to meet their mortgage payments.

Now, while I understand the politics of the moment may compel some to try and paint a distorted picture of Attorney General Becerra, let me point out that many of you have worked with him for decades here in Congress. Republicans and Democrats know Xavier Becerra to be a thoughtful, open-minded leader, and always willing to listen to both sides.

It appears to me, as it appears to many, that he is being held to a much different standard than some of the nominees that this Senate has supported and confirmed over the last 4 years.

Let me say this: both Attorney General Becerra and I, throughout our careers, have too often been the only Latino in the room. Sadly, Xavier and I are not unfamiliar with being held to different standards. But, members of the committee, Xavier Becerra is a proven leader who is uniquely qualified to take on the challenges of this moment, and I urge the committee to support his nomination. Thank you.

The CHAIRMAN. Senator, thank you very much. And we are very glad that you are here today. And I would say to you and Senator Feinstein, thank you both for your statements. We know you have very busy schedules, and feel free to depart should you wish to.

Senator FEINSTEIN. Thank you.

The CHAIRMAN. Thank you both.

Let me also—one other item of business before we turn to the nominee for his opening statement. I am going to take a quick moment to enter a number of letters of support into the hearing record for Secretary-Designate Becerra. As of this morning, the Finance Committee has received 77 letters of support for Mr. Becerra from a wide range of groups and stakeholders representing patients and nurses and doctors and public health advocates, civil rights groups, and many more. Without objection, I would like to make those materials part of today's hearing record.

[The letters appear in the appendix beginning on p. 147.]

The CHAIRMAN. And with that, Attorney General Becerra, we welcome you, and we look forward to your opening statement.

**STATEMENT OF HON. XAVIER BECERRA, NOMINATED TO BE
SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES,
WASHINGTON, DC**

Mr. BECERRA. Mr. Chairman, and to Ranking Member Crapo and members of the committee, thank you for this opportunity to speak to you. To my good friends Senator Feinstein and Senator Padilla, I thank them as well for their gracious introductions.

I want to thank my family, if I may begin by doing that. Dr. Carolina Reyes, who has been my long-term partner—I call her my north star—she is here with me, and our three daughters, Natalia, Olivia, and Clarisa, and Clarisa’s husband Ivan. Everything I do, including this, is a family affair. And I know I am here because my parents, Manuel and Maria, who had only their health and their hope when they settled in Sacramento, CA, taught me to earn the American Dream.

A construction worker with a sixth grade education and a clerical worker who arrived from Guadalajara, Jalisco, Mexico, they never saw the inside of a college classroom, but they sent all their kids to one, or to the military. We lost my Dad last year, on New Year’s Day, and when the end came, my Dad knew we were there with him at his side in our home. Sadly, hundreds of thousands of Americans have not had closure this past year.

That, Senators, is why I am here today. The COVID pandemic has killed more than 500,000 Americans, many of them alone without their families. Millions more have lost their jobs and their health care. That is not the America my parents would believe possible.

To meet this moment, we need strong Federal leadership. That is what President Biden is demonstrating, and if I am fortunate to be confirmed, I look forward to joining the President in his critical mission. I understand the enormous challenges before us and our solemn responsibility to be faithful stewards of an agency that touches almost every aspect of our lives. I am humbled by the task, and I ready for it.

The mission of HHS to enhance the health and well-being of all Americans is core to who I am. When I was a child, my mom had a health scare. She was rushed to the hospital after hemorrhaging at home. The image is seared in my memory. We were lucky. My mom is now 87 years young. Better put, we were blessed. My Dad, the laborer, he had insurance through his union, Laborers’ Local 185.

We did not have much, but we did not have to face the threat of unpaid medical bills, or even bankruptcy. Over 2 decades in Congress, I worked to ensure every family had the same insurance that my family had. I helped expand the Children’s Health Insurance Program. I helped write and pass the Affordable Care Act.

From the Ways and Means Committee, I fought to strengthen and modernize Medicare and how we finance it. As Attorney General, I created a health-care rights and access task force. We cracked down on Medicare and Medicaid fraud. I have worked to hold opioid manufacturers accountable for the addiction crisis. I have taken on hospitals and drug makers who unfairly jack up prices on patients. And I have protected patients’ rights of privacy.

If confirmed, I will work with you to continue this type of work and to address HHS's biggest challenges. And that of course starts with COVID. The President has ambitious goals: 100 million vaccine shots in arms in his first 100 days, increasing access to testing, sequencing the virus to prepare for the variants, and reopening schools and businesses. HHS has a central role in meeting these goals safely and equitably.

As Attorney General, I saw the importance of this on the front lines. I worked with colleagues in other States, both Republicans and Democrats, to make COVID treatments more readily available. I am ready to work with you, with our State and local partners, our tribal partners, our territorial partners, and across government, to get this right.

Next, we must ensure that people have access to quality and affordable health care. If confirmed, I will work with you to strengthen our Medicare and Medicaid lifelines, to reduce the cost of health care and prescription drugs, and ensure we are accountable, spending resources wisely and effectively.

And I will not forget the other "H" in HHS: Human Services. I want to work with you supporting our vulnerable children, those in foster care, strengthening Head Start, and expanding access to child care.

Finally, we must restore faith in our public health institutions. That starts with putting science and the facts first and showing respect for a career workforce. No one understands your State and your communities better than you. We may not always agree, but if I am fortunate enough to be confirmed, I will always listen to you and keep an open mind. I will look for common cause, and I will work with you to improve the health and dignity of the American people.

Thank you, Mr. Chairman, Ranking Member Crapo, and members, for this opportunity to share my vision.

[The prepared statement of Mr. Becerra appears in the appendix.]

The CHAIRMAN. Mr. Attorney General, thank you. And there are some obligatory questions that we ask nominees before we get into member questions.

First, is there anything you are aware of in your background that might present a conflict of interest with the duties of the office to which you have been nominated?

Mr. BECERRA. No, Mr. Chairman.

The CHAIRMAN. Second, do you know of any reason, personal or otherwise, that would in any way prevent you from fully and honorably discharging the responsibilities of the office to which you have been nominated?

Mr. BECERRA. No, Mr. Chairman.

The CHAIRMAN. Do you agree, without reservation, to respond to any reasonable summons to appear and testify before any duly constituted committee of the Congress, if you are confirmed?

Mr. BECERRA. Yes, Mr. Chairman.

The CHAIRMAN. Finally, do you commit to provide a prompt response in writing to any questions addressed to you by any Senator of this committee?

Mr. BECERRA. Certainly, Mr. Chairman.

The CHAIRMAN. Okay, we will now begin, Mr. Attorney General, with 5-minute rounds of Senators. I will begin, and then Senator Crapo.

I think we all understand that the COVID-19 pandemic has compounded the country's longstanding health disparities. The fact is, America really has two health-care systems. In the suburbs, often affluent white families have all kinds of incredible health care. That is a stark difference to areas where many more black or Latino families live. They really face, in many instances, a health-care desert. For those communities, long drives, long wait times, or a lack of health providers are enormous constraints.

This is especially true when it comes to mental health. The United States has the worst record among similar countries. There is a statistic to remember. Women today are more likely to die in childbirth than their mothers. Women of color have borne the brunt of this tragedy. Black, American Indian, and Alaskan Native women are three times more likely to die of pregnancy-related complications than their white counterparts.

So our first question is, do you agree that expanding Medicaid coverage from just 60 days to 12 months postpartum, as the House COVID-19 relief bill provides, is a necessary step to reverse this rising maternal mortality crisis?

Mr. BECERRA. Mr. Chairman, absolutely. And if my wife were allowed to say a few words, she would probably say, "Keep going. Do not stop."

The CHAIRMAN. Good. If you are confirmed, Mr. Attorney General, what else would you do right out of the gate to address the significant racial, ethnic, and geographic disparities in maternal health?

Mr. BECERRA. Mr. Chairman, I have worked on this for many years. We need better data. We have to be collecting information that lets us know where to go. If we collect bad data, we are going to have bad results. So one of the first things we have to do is make sure that we are collecting good data. And that is a responsibility that HHS has in many respects.

We also have to reach out to the communities that know the people that we are missing. Go to the civic and religious leaders back home where we know we are missing families. They are respected. They are trusted. They can help us reach out to those folks.

We have to train a better workforce, a bigger workforce, and we have to make sure they are competent in the cultural, linguistic differences that oftentimes we see. And of course we have to tackle the social determinants of health that I think—I am proud to say, now as I watch what Congress is doing, it is great to see how much it is a bipartisan effort now.

The CHAIRMAN. Mr. Attorney General, let's return to the issue of mental health for a moment. And I think it would be fair to say, from sea to shining sea, communities are reporting that demand for mental health services has just soared into the stratosphere. And it is for virtually every group: for seniors, even schools—youngsters who have had challenges of learning are reporting being in need of mental health services. And I want to say, I think this mental health challenge right now is the public health equivalent of a four-alarm fire. It is just that serious, with the situation of care being

too expensive or unavailable, and it is something I take very personally because my brother was a schizophrenic, and for years there were nights in our household where he would be out on the streets, and we were convinced he was going to hurt himself or someone else.

So the question then is, what do we do about it? And one of the solutions comes from my home State, and it deals with some of the challenges that we are facing on the streets. I have talked to several of my colleagues here, and Senator Crapo and I have had discussions about it. On the streets, very often the question is, do you look to a mental health counselor? Or do you look to law enforcement to try to respond in the appropriate way?

And we have come up with a program in my home State called CAHOOTS, which is supported by both mental health counselors and law enforcement. Senator Cortez Masto is our lead sponsor. A number of other colleagues are for it as well. And our approach deploys Medicaid, which would be under your jurisdiction, to set up mobile crisis response teams that can be dispatched when a person is experiencing a mental health or substance use disorder that would be appropriately handled from the mental health side rather than the law enforcement side.

So my question is—and time is short, and I apologize for that—if you are confirmed, would you be supportive of efforts like the CAHOOTS program so we can expand it in my home State of Oregon, but also implement it across the land?

Mr. BECERRA. Senator, count me in. I know law enforcement back home would say the same thing. It is not a good use of our resources as we watch as a 911 call comes in, and we are now seeing a person who is in distress, usually mental distress, on the streets. It is our officers who are asked to respond, and they will tell you they are not trained professionals on mental health care or social services. They are trained to do public safety protection. And they would love to have people working with them so we can make sure the right professional is the first responder to these cases.

The CHAIRMAN. Okay. Very good. Thank you very much, Mr. Attorney General.

Senator Crapo?

Senator CRAPO. Thank you very much, Senator Wyden.

Attorney General Becerra, as we discussed, you know I strongly support private insurance to allow consumers to choose the health-care coverage that best meets their needs. But your longstanding support for single-payer government-run health care seems hostile to our current system, from my perspective.

What assurances can you give to Americans who currently have private insurance, including through Medicare Advantage, and are satisfied with their insurance provider, that they will not lose their coverage in the future to some sort of Medicare-for-All approach or other Federal takeover of health care?

Mr. BECERRA. Senator Crapo, first, thank you for the chance to respond to the question and also the time you gave me to sit and chat.

I will tell you that we will both agree that the most important thing is to give everyone in this country coverage, good coverage.

And what I will tell you is, I am here at the pleasure of the President of the United States. He has made it very clear where he is. He wants to build on the Affordable Care Act. That will be my mission, to achieve the goals that President Biden put forward to build on the Affordable Care Act.

Senator CRAPO. I appreciate hearing that. And could you just go a little bit further? I would like to know what your feelings are about the Medicare Advantage program. That is, I think, one of the most successful parts of our Medicare system, and one in which the people who choose it, who are increasing dramatically around the country, are showing by their votes in support of it that they think it is a program that is meeting their needs and helping them significantly. But what is your perspective of the Medicare Advantage program?

Mr. BECERRA. Senator, millions of Americans have been on Medicare Advantage, of our seniors. We see that Medicare Advantage gives us an easier chance to do what are called “wrap-around programs,” to reach out to more people with more services. And I think we have to take every approach we can. Because at the end of the day, as I said at the beginning, it is about getting more health care to people at an affordable price and with good quality.

And so, whether it is in rural America or urban America, what we have to do is see how we can make Medicare for our seniors work better.

Senator CRAPO. Thank you. And I want to move to the HI trust fund. I know that you are aware that the trust fund is in dire straits. The most recent Medicare trustees report projected that the HI trust fund would be officially bankrupt in 2026, at which time it would no longer be able to pay full benefits for our Nation’s seniors and the disabled.

That report failed to include any analysis showing the fiscal impact of the COVID–19 pandemic on the trust fund. Earlier this month, the Congressional Budget Office released its updated winter baseline, and the new baseline takes into account the increased tax revenue due to stronger economic forecasts. But while CBO now also predicts that the HI trust fund will be insolvent in 2026, there is substantial uncertainty behind their projections.

Given the recent Medicare spending trends, it seems unlikely that the trust fund could remain solvent through 2025. Will you commit to me today that, if you are confirmed, you will immediately direct the Centers for Medicare and Medicaid Services, the Chief Actuary, to provide an update to me in writing that shows the current status of the Medicare HI insolvency date, taking into account the fiscal impact of the COVID–19 pandemic?

Mr. BECERRA. Senator, I can commit to that. We will absolutely look forward to working with you to give this committee, you and this committee, the information we need to make the right decisions when it comes to Medicare moving forward.

Senator CRAPO. Well, thank you. I appreciate that. You know, Congress has historically looked to reform and adjust Medicare payments to providers in order to extend the life of the HI trust fund. However, the last time Congress enacted significant Medicare savings, the money was used to finance further spending.

Now here we are, a decade later, and those savings are no longer available to protect Medicare. What policies do you now think Congress should consider to extend the life of the HI trust fund?

Mr. BECERRA. Senator, I remember well our experiences on the Bowles-Simpson Commission, which I thought was a tremendous experience, because it really brought some thoughtful minds together.

Here is what I think I can tell you right off the bat. I believe you and I, in fact everyone here, can agree that our seniors who paid into Medicare should not be harmed by our need to come up with policy recommendations and solutions. And so first and foremost, our beneficiaries must come first in any discussion about this.

Secondly, as you know, and as we worked on in Bowles-Simpson, and I know you have done since, there are short-term solutions, and then there are the longer-term solutions. And none are easy. Otherwise, we would have done them already. But here is what I would suggest to you.

President Biden is prepared to tackle this, because our seniors depend on it. And we have seen what Medicare has done in pulling so many seniors out of poverty from the 1960s, before it was enacted, to today. And so what I will tell you, the team at HHS, should I be fortunate to be confirmed, will be ready to sit down with you to discuss this and more on Medicare's future.

Senator CRAPO. All right; thank you very much. I am out of time. I would have asked you, and I will probably ask you to just respond to this in writing afterward, that I would like to know how soon we can expect that opportunity to develop a comprehensive legislative proposal from HHS that will extend the life of the trust fund.

Thank you.

The CHAIRMAN. Thank you, Senator Crapo.

Senator STABENOW?

Senator STABENOW. Well, thank you very much, Mr. Chairman and Ranking Member Crapo. It is wonderful to have you in front of us, Attorney General Becerra. And it was wonderful to serve with you in the House of Representatives and work on so many issues that related to health care and behavioral health. And as I told you, I think when I called right after you were nominated, I was very excited to see that someone of your values and experience and competency would be nominated by President Biden to lead this incredibly important agency.

And I do say, I know some have said that they are concerned that you are not a doctor. Well, our former HHS Secretary was a drug company executive, a CEO, and you were on the other side as an Attorney General and Congressman fighting high drug prices. So that is the side I am glad to have an HHS Secretary on. So it is wonderful to have you here.

And I have to say, I am so pleased this morning that there has been so much focus on mental health. I want to ask, and thank Mr. Chairman, about all of these issues. Because I know you, as well, have experience in behavioral health, and as has been stated, your career started as a Legal Aid attorney supporting clients with mental health issues, among others. And you have worked to enforce the Mental Health Parity Act in California, made reforms to decriminalize mental illness, and more.

So I want to just add my voice today, as you and I have talked about privately, because more than half of the adults in the U.S. right now report mental health as being negatively impacted for them due to stress over the coronavirus, which certainly is not a surprise, given what has happened to people.

But as of August 2020, one in four young adults between the ages of 18 and 24 say they have considered suicide in the past month because of the pandemic, which is incredibly concerning. Drug overdoses are accelerating, with CDC reporting the most overdose deaths ever—ever—over the last 12-month period.

So we want to make sure you are hearing it today, that people with mental illness or substance abuse disorders are not left behind in what is happening. And the good news is that we are seeing some great progress through the creation and expansion of new certified community behavioral health centers. And I know Oregon is benefiting from this, which has allowed funding to be able to do some creative things.

We are seeing a difference. In fact, the most recent HHS budget found that these services led to a 63-percent decrease in emergency room visits for behavioral health and a 60-percent decrease in time spent in jails—which is why these comprehensive community services are so widely supported by law enforcement—and a 41-percent decrease in homelessness.

And so let me just ask. We have now comprehensive community centers—actually 340 of them across 41 states. But communities across the country, every State wants to be able to do this like we have Federally Qualified Health Centers with comprehensive funding. We now have this model for behavioral health. And it really needs to be permanent and comprehensive.

So I wondered if you would talk about some of your goals, again about ensuring coverage, paying for behavioral health, and can I count on you to work with us to move forward to make this very effective, proven program now permanent as a nationwide expansion of the Certified Community Behavioral Health Clinic program?

Mr. BECERRA. Senator, thank you for the question. I have to first say, thank you for the work that you have done. If there is someone who has been the patron saint for this issue, I think you are—you get to qualify for that title, because it is so important. Many of these folks, as you know, feel like no one really cares. And their esteem goes up when someone talks about their issues, the respect that they deserve increases, and so I will say this.

The money that you all made available to help us expand some of these centers, most of it, I think \$500 of the \$600 million is already on the streets, on the ground trying to help. The more we coordinate directly with our local partners, we will be more effective. We have to also reach out more effectively with our Indian Health Service folks. And I think what we can do is elevate this issue, because the law, as the chairman said, the law is already there. We are supposed to treat mental health services with parity.

We are supposed to provide the behavioral health service. What we are learning is that these centers completely help us do it better.

Senator STABENOW. Well, thank you so much. I know my time is up, Mr. Chairman, and so I will just ask, for the record, ques-

tions related to expanding access to home health services and Alzheimer's, maternal/infant health, cost of prescription drugs. There is a lot that we need to do together that will make a real difference in the lives of Americans across the country. So thank you, Mr. Chairman.

[The question appears in the appendix.]

The CHAIRMAN. Thank you, Senator Stabenow.

Senator Grassley?

Senator GRASSLEY. I will bet you are just waiting to talk about abortion [laughing], and I am going to start with something that is a fact. During the second trimester of fetal surgery—fetal surgery—doctors may administer anesthesia to reduce pain experienced by the unborn.

So, a question: do you believe it should be routine to also give anesthesia to unborn children during late-term abortion to minimize the pain that they are capable of experiencing?

Mr. BECERRA. Senator, you are asking, I know, an important question, but a very technical question. And you are moving into an area which I know carries with it very deeply held beliefs, where folks sometimes have differences, and I respect that. I also want to make it clear that I respect the law and the science.

And what I can tell you is that, in my career of having worked to protect the health of all Americans—men, women, young, old—what I would do as Secretary is what I have done as the Attorney General of our State. And that is, I would follow the law and expect others to follow the law.

And while we may not always see it the same way in terms of how we get there on a particular issue, I will tell you that, on health care, these are challenges we have to confront for the American people. So I would look forward to trying to reach that common ground with you and others.

Senator GRASSLEY. Well, I appreciate that. And I think you made my question more complicated than I meant it to be. I was not asking if you were for late-term abortions or not. I was asking about, during that process, whether or not you thought that the baby ought to have a pain killer in the process of that abortion, like we have as a requirement for fetal surgery.

So maybe you cannot answer that question, but I did not mean to get into whether or not you support late-term abortions or not.

Mr. BECERRA. And, Senator, let me try to address that, if I can, more directly. It still might not be enough for you, but I tried to make clear that I would rely on the science and the experts, as the Secretary of HHS, to help us make decisions to the degree that the agency has any role in making some decisions related to that. I would rely on the science and the experts.

Senator GRASSLEY. Okay. Thank you.

Now I want to go to something that the chairman, Senator Wyden, and I worked together on, and worked in good faith and arrived at quite a compromise. And it deals with the subject of prescription drugs.

I believe Congress must pass something like what he and I worked out last year in a bipartisan way, because we have this 60-vote requirement, and I think it might be very difficult to get something through that would take 60 votes, that some people in your

political party are thinking about doing. And most of that deals with whether or not we are just going to put a cap on increases in drug prices as the best way to get to solving the high cost of prescription drugs, or whether we are going to have the government negotiate prices, where basically the government dictates prices. And also we have some letters from CBO over a long period of time that say that it really did not save money, where the Wyden-Grassley bill saves about \$95 billion.

So this is my question: do you know if the Biden administration would be interested in enacting a bipartisan prescription drug pricing reform bill like, for instance, along the lines of what Senator Wyden and I worked out, that actually saves the taxpayer dollars and can get 60 votes in the United States Senate? And it will be a lot easier to get it up under a Schumer majority leader position than it was under a McConnell leadership position. Or do you think they want the alternative of trying to get something a lot stronger from the Democrat point of view along the lines of what I suggested?

Mr. BECERRA. Senator, you have asked a great question, which probably would be easier for me to answer if I were still a House member or a Senate member, because those negotiations really are up to you all.

But I will tell you this: there is no doubt that President Biden wants to see us lower the price of prescription medicine. And he and his team—and if I am fortunate to be part of that team—will be working with you on a bipartisan fashion to reach a solution. And I want to congratulate you and Chairman Wyden for the work that you have done in the past to try to bring members together.

Senator GRASSLEY. One second left. We passed a bill that I have been working on for 6 years, and you will be in a position to get the regulations and get it underway. It sets up an alternative program for rural hospitals. It is called the Rural Emergency Hospital program. And it would work this way: a critical access hospital would have the alternative—they would not be forced to do this; this would be an alternative—that if they want to give up their residential beds and preserve the other things that hospitals would do, then they could do that.

And it is my way of keeping—when there is only 4-percent occupancy in most of these critical access hospitals and it is a very expensive thing for them to operate, this will maintain rural health services, short of residence beds.

So I do not know whether you know enough about the bill that we passed, but I think it is very critical. The American Hospital Association worked with us, the Iowa Hospital Association. And I would like to get that thing up and running as fast as we could.

Mr. BECERRA. Senator, I know the time has expired, but let me just say—and we can follow up with this question—that I am absolutely looking forward to working with you on this. People often forget that California, as big as it is, has some very large rural areas.

And I was approached by many of our State legislators when I was trying to tackle the whole issue of hospital over-consolidation—you know, hospitals gobbling each other up. And I said you have to make sure you are very careful, because in some of our rural

communities, there may be only one facility. And they may not have any choice, if they are going to survive, but to have a major player come in and take them over. And so, please make sure that you do not think that a rural facility, which is standing out there by itself, is just like all these other places in urban America.

The CHAIRMAN. Colleagues, we are just going to have to move on. And—

Mr. BECERRA. I will follow up. But, Senator, I look forward to working with you.

Senator GRASSLEY. Thank you.

The CHAIRMAN. I thank the Senator from Iowa.

Senator Cantwell, and then Senator Thune.

Senator CANTWELL. Thank you, Mr. Chairman.

Attorney General Becerra, I am so excited and proud of your nomination because of the diversity and breadth of experience, and basically just following many of the decisions you have made over your career. So I very much appreciate seeing you here today as President Biden's nominee.

Following up on Senator Grassley's drug questions, because it is topical at the moment, we had a chance to discuss drug shortage issues, the fact that the price of insulin is just too darned high, and other issues. Do you think there is more that the FDA and the FTC should do in this area?

Mr. BECERRA. Absolutely. We cannot afford to see drug shortages continue. We have to plan ahead. We have to work on the supply chain. We have to make sure that we do not encounter a situation where Americans in one part of the country have the medications they need, but in other parts they do not.

Senator CANTWELL. Well, there is no reason to see the spikes that we have seen in insulin. Is that correct, and that there are policies that we can be putting in place?

Mr. BECERRA. Well, and in some cases what we are finding is that these are artificially created. Yes.

Senator CANTWELL. Thank you for saying that. I hope—Senator Grassley just left the room, but he and I have done some work on this in his role on Judiciary. But I plan to do a lot on this issue as it relates to the Federal Trade Commission and its oversight.

Turning to the broader issue of affordability of health care, we also had a chance to talk about the basic health plan, something that was part of the Affordable Care Act to take care of people above the Medicaid rate, but at a very cost-effective way to bundle people who do not have access to insurance and make it a more interesting market, but still leave States in control of helping to negotiate on those programs.

So the end result of that has been 800,000 people in the State of New York buying insurance at basically \$500 in annual premiums and saving more than \$1,000 for what we would save from those individuals on the Silver Plan.

So is this something, this concept, something that we should continue to look at as a way to both leverage and bundle up people who are not quite as interesting to the market right above that Medicaid rate?

Mr. BECERRA. Certainly, Senator. I think Minnesota as well has also done this. And it is another innovation. It is another way, es-

pecially for States that are willing to put skin in the game, to make this happen, to try to get to the point where we are providing more coverage, better coverage, at lower cost.

Senator CANTWELL. Well, I think my colleagues who have talked about already that we do not want this, we do not want that—we have combined the best in the context of allowing a State to still be in charge of that end product, but to allow people to propose from the private provider some sort of discounted rate, and I definitely think that we need to be getting more out of the providers on discount. That is not to say that you cannot have other public options, but I just think this one has been working and successful on that front.

Also, the issue of N95 masks and frauds has come up in the State of Washington. I want to know that you will do everything you can. I personally believe that we need a task force at this point in time between the FDA and Border and Customs and DOJ, and others, to look at this issue. Again, the FTC was given—we have given the FTC broad authority now to fine immediately anybody who takes advantage of the COVID pandemic to manipulate or to over-charge.

We have health-care workers whom we are asking to go into these situations, and then they are finding out big vast amounts of supply of these masks do not meet the standards.

So we need to be aggressive here with the FDA on a task force to make sure that we are looking at this.

Mr. BECERRA. I could not agree more, Senator. I think HHS would be more than willing to work—as you know, our jurisdiction comes more on the side of certifying what it takes to have a mask that works. We will work with our partners to—by the way, State and local and tribal and territorial partners are important too, because they are the ones that are on the ground. As the AG in California, I have worked to go after some of the fraud, the gouging that has gone on with some of these products during pandemics and disasters.

And so, we are willing to work with you. I have had that experience as a prosecutor doing this. And now, if I am fortunate to be confirmed as Secretary of HHS, we will partner with all those different agencies that you have mentioned to try to get to this.

Senator CANTWELL. Thank you. Thank you, Mr. Chairman.

The CHAIRMAN. I thank my colleague. And just very quickly before we get to Senator Thune, we have a bipartisan effort on insulin prices out of this committee; a report that we did. Prices have gone up 12-fold in recent years, and the drug is not 12 times better. It is essentially a product of price-gouging. And Senator Grassley and I put together this report.

We are going to put it into the record, without objection, after Senator Cantwell's good statement.

[The report appears on the committee's website: <https://www.finance.senate.gov/imo/media/doc/Insulin%20Committee%20Print.pdf>.]

Senator THUNE. Thank you, Mr. Chairman.

Mr. Becerra, welcome to the committee. You have heard a number of my colleagues, starting with the chairman, talking about a

big range of public health issues that we have to deal with, starting with the pandemic.

Senator Crapo talked about Medicare and Medicaid, and Senator Grassley talked about rural health. I would like to bring up IHS here in just a minute. But in examining your record—and I want to come back to this for just a minute because it does seem like, as Attorney General, you spent an inordinate amount of time and effort suing prolife organizations like Little Sisters of the Poor, or trying to ease restrictions or expand abortion.

You are going to have a big job as Secretary of Health and Human Services, if confirmed. So how do you assure us that—because I think the majority of the American people would not want their Secretary of Health and Human Services focused, or fixated on expanding abortion when we have all these public health issues to deal with.

So how do you assure us that that is not going to be something that continues over from your time as Attorney General?

Mr. BECERRA. Senator, thank you very much for giving me a chance to answer the question. And here, I think I tried to say to Senator Grassley, I understand that Americans have different, deeply held beliefs on this particular issue. And I absolutely respect that.

By the way, I have never sued the nuns, any nuns. I have taken on the Federal Government, but I have never sued any affiliation of nuns. And my actions have always been directed at the Federal agencies, because they have been trying to do things that are contrary to the law in California. It is my job to defend the rights of my State and uphold the law.

What I will say to you is this: as I try to uphold the law, I recognize that people will look at these things a little bit differently. And here is where I think there is an opportunity—and now as Secretary of HHS, if I am fortunate to be confirmed—for working with all of you to try to see if we can find that common cause on how we move forward on this very, very difficult issue, but very important for so many Americans.

Senator THUNE. Let me shift to, as I mentioned, the Indian Health Service. I know there is a significant tribal population in California. I want to draw your attention to specific issues that we faced with Indian Health Service in the Great Plains region.

IHS-run facilities in South Dakota have lost accreditation on more than one occasion for failure to comply with safety and quality measures, and multiple health-care providers have been exposed for abusing patients.

We have to talk about the leadership and management failures that have led to this situation. It cannot be blamed all on funding. HHS has got to be involved and active in driving improvements at IHS, and demanding excellence from its leadership.

If confirmed, what specific actions would you take to hold IHS accountable to the patients it serves, as well as to the Congress, which often faces obstacles in getting answers to important oversight questions?

Mr. BECERRA. I know this one is important to you, Senator, and so many who have a number of our tribal communities in their State. Transparency—we must work much better at providing you

and others, and those in these tribal communities, with the information they need, better data. But mostly it is accountability, and that I commit to you.

And I say that as someone who has represented more than 100 tribes in the State of California for many, many years; we owe it to our tribal governments, our native communities, to be there. We owe it to them because they have sovereign rights.

We have a trust responsibility. And so what I can tell you is, we will work with you. I will say one thing. IHS has done something right working with tribal communities, because they have had more success than many States in actually putting vaccines in arms recently. And we do need to applaud them when they have done something well.

Senator THUNE. I have a bill with Senator Barrasso that would improve management hiring practices at IHS, and I would like, if you end up getting confirmed, to work with you on that.

Mr. BECERRA. I look forward to working with you.

Senator THUNE. I know you heard about 340B a few times yesterday, so I will try to keep this quick. But to me, the key to 340B is that it enables hospitals and covered entities to provide community benefits that otherwise may not be available.

If confirmed, will you commit to ensuring the strength of the 340B program and the community that it supports?

Mr. BECERRA. Absolutely. Not just in your rural communities, but I have inner city communities that I have had to represent who depend on 340B.

Senator THUNE. Good. All right, one last quick question. And I would say that probably the one bright spot of the pandemic has been telehealth. That is something that I have been working with this committee on for a long time.

As we continue to look at options for expanding telehealth, what will your approach be to taking administrative action at HHS and CMS, and what legislative approaches from the Congress would you support?

Mr. BECERRA. Well, we have learned a lot, Senator, from COVID. And we have seen how important it is to have broadband reach all our communities. We have seen how we have to have some flexibility. But mostly what we can do is talk to the communities that are actually now benefiting from it in our rural parts of America, in other parts that did not have broadband before, to find out what it is that we can do to do it better. But I do not think we are going back to the old days when it comes to telehealth.

Senator THUNE. Thank you, Mr. Chairman.

The CHAIRMAN. Senator Menendez?

Senator MENENDEZ. Thank you, Mr. Chairman. Mr. Becerra, welcome. It is good to see you again. A few quick questions that hopefully you can help glide through with me so that I can get to some other things.

You were a member of the Ways and Means Committee of the House of Representatives, which is almost the equivalent of the Finance Committee. I say "almost" because we have pride here in the Finance Committee. [Laughter.]

Is that not correct?

Mr. BECERRA. That is correct.

Senator MENENDEZ. And as such, were you there during the period of time in which the Affordable Care Act was being legislated?

Mr. BECERRA. That is correct.

Senator MENENDEZ. Were you instrumental in various parts of the Affordable Care Act?

Mr. BECERRA. I was in those rooms.

Senator MENENDEZ. And as part of that, you became familiar that the Affordable Care Act created the opportunity for millions to get health-care coverage who did not have it before. Correct?

Mr. BECERRA. I was very active on those provisions.

Senator MENENDEZ. And to create affordability for millions who found it less affordable; who created Medicaid expansion. Is that fair to say?

Mr. BECERRA. That is correct.

Senator MENENDEZ. And who also closed the doughnut hole for prescription drugs for seniors. Is that fair to say?

Mr. BECERRA. That is fair to say.

Senator MENENDEZ. You had all of the experience during that whole period of time. It also created a special provision for women's health. Is that fair to say?

Mr. BECERRA. Yes, it is.

Senator MENENDEZ. Now as Attorney General of California—California is the fifth largest economy in the world, is it not, if it were an independent country?

Mr. BECERRA. That is correct.

Senator MENENDEZ. As Attorney General, what was the size of the office of the Attorney General?

Mr. BECERRA. We were several thousand, over a billion-dollar budget.

Senator MENENDEZ. So several thousand, over a billion-dollar budget. Now let me ask you this. When you were chosen to be the Attorney General of the State of California, you took an oath, did you not?

Mr. BECERRA. I did.

Senator MENENDEZ. And in that oath, I believe that part of that oath was to preserve, protect, and defend not only the Constitution of the United States, but the Constitution of the State of California and the laws of California?

Mr. BECERRA. That is correct.

Senator MENENDEZ. You do not pass the laws; you defend them?

Mr. BECERRA. That is correct.

Senator MENENDEZ. Now let me ask you this. If you are successful—and I believe you will be—at being confirmed by the Senate, and you take that oath, then you are going to defend the laws of the United States as they exist at the time?

Mr. BECERRA. That is correct.

Senator MENENDEZ. I find it interesting that many of my colleagues have raised issues about you being a lawyer without sufficient experience. The reality is that thousands of employees under your direction experienced it first-hand in creating the most significant landmark legislation on health care and dealing with issues of Medicare and Medicaid within the Committee on Ways and Means' jurisdiction. Somehow that seems to be a problem. But the previous Secretary of HHS was also a lawyer. The only thing is

that he was a lawyer at a drug company that ultimately did a pretty good job in fleecing insulin patients. So I hope—I do not think we would see that from you.

Let me ask you a few specific policy questions. You and I had an opportunity to talk. Will you work with us on improving diversity in clinical trials? Because this is an area that we think lacks diversity. And I have written to all of the companies that are engaged in clinical trials. Most of them have been pretty responsive. But it is something I think we need to do in order to make sure that all of America is represented in these trials.

Mr. BECERRA. Senator, absolutely. As I always say, if you have bad inputs going in, you are going to produce bad outputs. And if we are going to start having studies reflect the American people, we have to have good inputs.

Senator MENENDEZ. Would you work with me and others to improve diagnoses of black and Latino dementia patients, as we begin to address Alzheimer's disparities in communities of color?

Mr. BECERRA. Absolutely.

Senator MENENDEZ. One of the things with the pandemic is that it has magnified the incredible disparities that exist in our society, particularly in terms of the health care of minority communities. Will you commit to working with me on ways to reduce the disparity for communities of color in the delivery of our health-care system?

Mr. BECERRA. Yes, sir.

Senator MENENDEZ. Let me ask you a question. We have had a bipartisan support here for a program called MIECHV, Maternal Infant Early Childhood Home Visiting Program. I used to work with Senator Enzi on it when he was on the committee, and I look forward to working with others.

Do you support an expansion of this valuable program?

Mr. BECERRA. Senator, as you know, my wife is a maternal-fetal medicine specialist—

Senator MENENDEZ. So I have an in-house lobbyist—

Mr. BECERRA. You have me squeezed between you and her, and the response is, I am absolutely looking forward to working with you.

Senator MENENDEZ. And finally, we were able—part of my work here was to ensure that we could include a thousand new GME slots that Congress provided. I would like to get you to work with us to ensure that we quickly and efficiently implement that provision of the law.

Mr. BECERRA. Done.

Senator MENENDEZ. Thank you. Thank you very much. Thank you, Mr. Chairman.

The CHAIRMAN. I thank my colleague. We are just going to move through this list of members. I think next is Senator Carper, who is available on the web. Is that actually current?

[No response.]

The CHAIRMAN. Senator Carper?

[Pause.]

The CHAIRMAN. There you are.

Senator CARPER. Pardon?

The CHAIRMAN. Senator Carper, are you there?

Senator CARPER. Hello? Hey there—

The CHAIRMAN. We are waiting for you, Senator Carper.

Senator CARPER. Oh, good. Good, good, good.

First of all, General, how are you today?

Mr. BECERRA. Senator, I am well.

Senator CARPER. Have any of our Republican friends questioned whether or not you have the ability to, I would say, the strengths for leading a large organization?

Mr. BECERRA. We have had some good discussions.

Senator CARPER. What I am asking is, has anybody raised the question of how could you lead an organization as big as HHS; what have you ever done that would suggest that you could do that? How would you respond to that?

Mr. BECERRA. How I would—I'm sorry? Say that question again. How I would respond to—

Senator CARPER. If someone raised the question about your ability to lead an organization as big as HHS—it is huge, as you know. What have you done in your life that would suggest, well, maybe I am up to that task?

Mr. BECERRA. Senator, for 30 years I have been working on health care. My first job—

Senator CARPER. I am thinking more of the administrative side, running a huge organization. My recollection is, talking to Kamala Harris, that the job you have right now is not a small job.

Mr. BECERRA. It is the second largest department of justice in the land. And I would say, over the 4 years that I was there, we outdid the largest department of justice in the land every time we were in court.

We have continued to protect the largest State in the Nation, and we are an operation that I think most people would love to see—the size of their operation, well over a billion dollars, and several thousand personnel—and we do a really good job of protecting the rights and opportunities for Californians.

Senator CARPER. That is a pretty good answer. Thank you.

We talked a little bit about the role of federally qualified community health centers in vaccination efforts that are going on. Could you talk to us about why that is important, particularly why that is important with people of color?

Mr. BECERRA. Senator, as you know, too many people are missed. They fall through the cracks. And community health clinics have been a godsend for many of these communities, because oftentimes they are the only facility, the only available source for good health care. And with community clinics able to help provide the vaccines, it makes it more possible for many of our families who have often been left behind to actually get the care and the protection that they need.

And so, they have been indispensable. Thank you for the work that you and others have done to recognize how important they are, and especially now during COVID.

Senator CARPER. I understand there was a hearing, I think it was yesterday in the House, that focused on development of additional vaccines beyond Pfizer, beyond Moderna, and they included—I think there was some discussion at the hearing with respect to AstraZeneca, and with respect to Johnson & Johnson.

Have you had a chance to come up to speed on what was covered at that hearing?

Mr. BECERRA. I have not heard much about what happened in that hearing. I was in my hearing as well, in the HELP Committee. But I do know something about what is going on. It has been brought to my attention. Certainly HHS will be on top of whatever happens with any future vaccine, because it has to run—those vaccines and those trials would run through our different agencies.

Senator CARPER. Would you just take a minute and just kind of describe, just very briefly, at the 30,000-foot level, the process, the next steps in approving—getting emergency approval for both AstraZeneca and the Johnson & Johnson.

Mr. BECERRA. The FDA plays a very crucial role, along with CDC. And there are several other subagencies within HHS that will have roles that are critical, as we try to continue to deal with the pandemic. And HHS, I can guarantee you, if I am fortunate to be confirmed, will make sure it is working with due speed to make sure that whatever is within our bailiwick to handle, we will do it quickly, because we know how important it will be that Americans have a vaccine available. And while we have seen success, especially under President Biden's tenure, in reaching more and more Americans—and President Biden has announced that we have secured up to 600 million shots of the vaccine for Americans—we will continue to work to make sure that we are on top of it and ahead of the game when it comes to making sure we are protecting all Americans.

Senator CARPER. How long did you serve in the House?

Mr. BECERRA. I was there for 24 years, sir.

Senator CARPER. Did you ever meet a guy named John Carney?

Mr. BECERRA. Of course. Your colleague, and now your Governor.

Senator CARPER. Yes. He used to be a member of my Cabinet, and I am enormously proud of him. Usually our congressional delegation has a chance to catch up with him every couple of weeks. And one of the comments we continue to hear is “adequate supply of vaccine delivered in a timely way.” And in accordance with expectation, consistent with expectations.

Do you have any thoughts on that for us?

Mr. BECERRA. And my response is going to be based as a leader in my State. And absolutely our States, our local partners, our tribal communities, our territories, they all want to know the same thing: that we are going to be working in partnership with them, that we will coordinate with them, that we are not going to blind-side them, because they have to prepare.

They are the ones that are doing most of this on the ground. They want to know that there is a real partnership so that we are not doing this as if we are the Federal Government and we know everything.

And so I would expect that Governor Carney—who is a champion for the people and the State, and is a real fighter—would make sure that he is on top of it, because he is working closely with the Federal Government. And I would look forward, if I am fortunate to be confirmed, to work with my former colleague.

Senator CARPER. I understand that in a hearing yesterday, Johnson & Johnson reported that they were close to being—getting the

emergency approval, if you will, the emergency distribution approval from the FDA.

And I understand that there was also, I believe, testimony that suggested that AstraZeneca could receive the emergency approval about a month later, at the beginning of April. Folks at AstraZeneca have the ability to produce a lot of their vaccine, I am told. And I hope the same is true of Johnson & Johnson.

We have been really starved for a vaccine for the last several months, and I think we could be in a position all of a sudden to get actually more vaccine than we know what to do with. And that would be a good problem.

But I would just ask that you be thinking about that, because it is possible that we could just be flooded with this stuff in about a month—and to make sure that when it comes and flows in great quantities, that we are ready to do something with it.

The CHAIRMAN. Senator Carper is asking about an especially important issue. Mr. Attorney General, would you like to give a brief answer, because I have a lot of members waiting? But it is such an important question, would you like to give a brief answer, or can we move on?

Mr. BECERRA. Senator, I will just say to Senator Carper, I look forward to working with him. We want to be prepared. We would rather have more than less, to make sure we are saving lives.

The CHAIRMAN. Very good.

Senator CARPER. Thank you, Mr. Chairman.

The CHAIRMAN. It is a very, very important area.

Senator Cardin and Senator Lankford are next. And, colleagues, it is our intention, after consultation with the minority and with Senator Crapo, we will see if we can complete the business of the hearing by 4 o'clock when we have the vote. My sense is we cannot, and it would then be our intention to recess briefly between 4 o'clock and 4:15. And that is what we have talked about.

Now we are at Senator Cardin, and then Senator Lankford.

Senator CARDIN. Mr. Chairman, thank you very much. And to my good friend, Xavier Becerra, it is good to see you again. There has been a lot of talk about your career. I enjoyed our service together on the Ways and Means Committee, and I very much remember the days of the Affordable Care Act and the work that you did on that. So thank you for your willingness to continue to serve our country.

I want to talk about one of the provisions that was included in the Affordable Care Act which set up the Offices for Minority Health throughout HHS and also established the National Institute for Minority Health and Health Disparities at the National Institutes of Health.

Chairman Wyden talked about meeting the needs of the underserved communities. You have talked about it. I have no question about your commitment to provide services to those who have been left behind in health care in America. But my question to you is, what strategy do you have to reinforce these offices that currently exist so that a legacy of dealing with health disparities will be institutionalized within the Department of Health and the National Institutes of Health so that we will have an ongoing commitment to deal with the disparities in this country?

Mr. BECERRA. Senator, thank you for the question. And it is great to see you again. It brings back great memories of our work together.

The Office of Minority Health is a critical operation within HHS. I intend to make it an even more important office than perhaps its stature was in the past, simply because COVID has exposed what many of us already knew, and that is, that we have failings when it comes to approaching all of our communities in America and giving them the same access.

And so the Office of Minority Health will prove indispensable if we want to really tackle this beyond COVID. And so I look forward to working with you and others who are interested in this, because there are several offices within HHS that deal with minority health. And certainly the principal office, I will want to make sure I empower them.

So I look forward to working with you. I am glad you asked the question. If I am fortunate to be confirmed, I think everyone in HHS has just heard this, that the Office of Minority Health will have real prominence under my tenure, if I am fortunate to be confirmed.

Senator CARDIN. Thank you very much.

One of the impacts of COVID-19 that has been a positive impact is that we have recognized the importance of telehealth. We have made it easier for providers to provide telehealth services.

Some of these changes are not permanent in nature. What is your strategy to try to expand the access to health care through telehealth, which can easily make health care more accessible to communities today that are challenged with accessibility?

Mr. BECERRA. Senator, as I mentioned previously in response to some other questions, we cannot go back to the old days. We have learned so much from COVID and how indispensable telehealth has been, especially to our rural communities, but also to some of our inner city communities. And here it has become very obvious that if you do not have broadband accessibility, you are in real trouble. And so we have to do a much better job.

We are now into the year 2021, and there are still parts of America that do not have good access to broadband. And now COVID has explained why it was so essential that we have worked so hard in the past. So broadband access is critical.

The flexibility that has been necessary to make telehealth work for everyone—we are not going to go back to the old way of doing business. And so there are things that we are going to learn that help us.

I look forward to working with you and members on this committee and beyond to try to see how we can make telehealth accessible to everyone.

Senator CARDIN. Thank you. On oral health, we have made progress with pediatric dental care, which is included under the Affordable Care Act as an essential service. But still our seniors lack access to certain dental care. Private insurance does not necessarily provide dental care for routine dental work.

So we still have a gap. Do you have a strategy to try to expand access to dental care? As you know, good oral health care is essential to good general health.

Mr. BECERRA. Senator, who can forget Deamonte Driver, who—
Senator CARDIN. Thank you.

Mr. BECERRA [continuing]. Was a young resident in your State who died because his parents did not really have the kind of access to health care, in this case dental care, that they needed. And what was an infection turned into an abscess, and that turned into a lost life.

And I will tell you that dental health can be critical. You and I know this. And so I would look forward to working with you to try to see us expand access to dental health, vision care, the types of things that sometimes we take for granted until we are in our later stages of life. But it is so critical, and the family of Deamonte Driver could tell you that.

Senator CARDIN. And I would ask that you consider appointing the Chief Dental Officer, which has laid vacant from the previous administration.

The last point I just want to raise is, you have been talking about prescription drug costs, and that is certainly an issue you have to deal with. But in America we have drug shortages of drugs that are relatively inexpensive but are not being manufactured by drug manufacturers because they are not making enough money on them, which is really causing a health-care issue.

I would just urge you to make it a priority issue, that there should not be a shortage of drugs in America that are necessary for health care because the private pharmaceutical network does not feel it is profitable enough to make those drugs.

Mr. BECERRA. Senator, I agree completely. Profits should not be the reason we are trying to come up with life-saving medication.

Senator CARDIN. Thank you, Mr. Chairman.

The CHAIRMAN. I thank my colleague.

Senator Lankford?

Senator LANKFORD. Mr. Chairman, thank you. Mr. Becerra, it is good to see you. I know this is a tough process to go through, and you have walked through this. You have been on the other side of this in the House of Representatives. You have walked through a lot of these issues.

I do need to get some clarity on a couple of things that we have not talked about so far. As the California Attorney General, you have sued the Federal Government over 100 times, including multiple times dealing with issues about conscience protection that you would specifically have to now enforce on the other side of it.

And so I am trying to get some clarity on this. There is a Conscience and Religious Freedom Division at HHS. They have compiled the 25 different conscience laws that already exist in statute that are law and to say that HHS in the past was not always consistent in enforcing those laws, but they were going to actually be consistent, because they were laws on the books.

So my question for you is, will you continue to enforce existing Federal law on conscience issues when you get to HHS? And what will you do with the Conscience and Religious Freedom Division?

Mr. BECERRA. Senator, you—by the way, thank you for the chance to respond to the question. It is a critical and important question. And I believe deeply in religious freedom. And I will make sure that, as Secretary of HHS, you will know that I will not

only respect the law when it comes to these issues of religious freedom, but I will enforce them as Secretary of HHS within my department.

Senator LANKFORD. So the challenge that I have in just processing through this is some of the history there. Obviously when you were Attorney General, you had suits that went all the way to the Supreme Court, that the Supreme Court overturned, some of your decisions—specifically on conscience issues.

For instance, the issue of the FACT Act that came out of California requiring pro-life facilities to post in their facility “here’s a way to get an abortion instead of having your child up for adoption,” which feels very much like promoting abortion, not just providing abortion. It is a very different issue on that.

You argued that case all the way to the Supreme Court and ultimately lost because the Supreme Court said what is obvious to everyone. You cannot require someone to say something they disagree with. That is a conscience issue.

Another conscience issue was the Little Sisters of the Poor and other groups like that that said, hey, we do not want to participate in abortion-related health care, and about 28,000 Californians lost their health care that fit in with their conscience, based on how you were combating with those folks.

So help me understand the disparity between those two?

Mr. BECERRA. So, Senator, again it is important to provide clarity there. As you mentioned, I was in these cases. My job as the Attorney General was to defend the laws of our State.

In the first case, you referenced a law in our State, which by the way had been upheld in court. It was ultimately overturned by the Supreme Court, but as you said it was overturned, which means up until the Supreme Court, I had been defending the law of our State.

In the second case, the actions we took were against the Federal Government. And once again, we were defending our State’s laws and its rights under the law. Some cases we have lost, some cases we have won. Where we have lost, I can assure you that right now California is following the rules that were provided to us by the Supreme Court.

And so we will always abide by the law. But it is my obligation to also defend the law.

Senator LANKFORD. So you are going to be in this unique situation where you were a litigant against HHS in these areas, and now you are going to have to flip and actually try to defend those areas. So I am trying to figure out how that is going to fit for you, and if there is a conflict of interest in that.

Mr. BECERRA. So to clarify—and that is a great point, and I say this for everyone to hear—I will have to abide by ethics rules. I will be signing an ethics agreement. There are certain cases, because I handled them as the Attorney General within California, where I will have to recuse myself from certain cases where I was involved at the State level.

And certainly because of the ethics agreement that I will have, there will be always a check on what I am doing to make sure that it does not somehow conflict with what I have done previously as the Attorney General.

Senator LANKFORD. Yes, this conscience issue is really important. For a health-care provider who believes that a child is a child, whether they are in the womb or whether they are outside the womb, that is a child that God created and it has value and worth.

It is exceptionally important to be able to honor the conscience rights of that individual, and that they not be compelled to be able to perform an abortion, or to participate in an assisted suicide, or something where they have a conscience issue with that. And this is going to be a very significant issue that you are going to face, that in previous times administrations just ignored and did not enforce.

Mr. BECERRA. Senator, I hear you very clearly. And as I said, I will respect the law as HHS Secretary.

Senator LANKFORD. There are multiple grants-in-aid that are out there that there will have to be decisions made over where the faith-based entities can get grants or aid at the same level as nonfaith-based entities.

Here is the challenge. In some previous administrations, if you were a faith-based entity, you were not allowed to participate strictly because of your faith and the structure of that. The Supreme Court has now stepped in with pretty clear decisions over the past several years to make it clear you cannot discriminate against someone on the basis of their faith.

Will you make sure that grants in the aid proposals from HHS are equal for faith-based entities and nonfaith-based entities for the same issues?

Mr. BECERRA. Again, you raised the issue of, regardless of what your perspective is, right, wherever we all may fall on these issues, at the end of the day we have to make sure—at least I do, if I am fortunate to be the Secretary of HHS—I have to follow the law. And there I will tell you that we will make sure that we are following the law.

Senator LANKFORD. Thank you.

Mr. Chairman, I would like to ask for different letters to be entered into the record that folks have sent to me and to other members of this committee.

The CHAIRMAN. Without objection, it is so ordered.

[The letters appear in the appendix beginning on p. 142.]

The CHAIRMAN. All right; our next colleague is Senator Brown on the web. And I see Senator Daines here. So Senator Daines would follow Senator Brown.

Senator Brown?

Senator BROWN. Thank you, Mr. Chairman. General Becerra, it is good to see you. Thanks for your willingness to serve as Secretary of HHS. Thanks for your commitment through your whole career—because I have known you a long time—to reducing health disparities and prioritizing policies to address the social determinants of health.

A number of communities in my State have passed resolutions declaring racism a public health crisis. I think it is important that we know that the history of institutional racism continues to impact health outcomes for communities, and it is particularly important that you understand the urgent need to be intentional about your work. And I know you will be. So thank you for that.

Cincinnati is home to two CDC NIOSH facilities—National Institute for Occupational Safety and Health. They are unlike any facilities in the country, maybe in the world. Their focus is occupational injury, repetitive injury, occupational health generally, toxins in the workplace, all of that.

In 2015, Secretary Burwell announced that HHS would be dedicating \$110 million to consolidate and upgrade the current Cincinnati NIOSH facilities. They are in various degrees of disrepair, the way CDC was half a generation ago.

CDC and GAO are currently undergoing site acquisition activities. I understand both the site purchase and a design-build contract will be finalized this spring. It has moved entirely too slowly. There was indifference, or worse, from the previous administration. My request is simple: to ask if you would work with Senator Portman and me to ensure this project continues to get the attention it deserves from HHS, including the funding necessary to stay on track.

Mr. BECERRA. You have my commitment to that.

Senator BROWN. Thank you. Thank you, General.

In recent years, Congress and HHS have expanded the scope of benefits available to those enrolled in Medicare Advantage plans without doing the same thing for those individuals who choose to remain in traditional Medicare.

We have added benefits: vision, dental. We removed barriers to care, like the 3-day stay for skilled nursing facility care for Medicare Advantage beneficiaries—that is the more privatized Medicare, if you will—but failed to extend those same advantages to those seniors who stay in traditional Medicare plans. And those seniors typically are a little older and a little sicker and a little poorer, generally.

The growing imbalance between the programs concerns me greatly, especially when the Medicare program has been spending more money per Medicare Advantage plan enrollee than on people who choose traditional Medicare, a relatively recent but inexorable move in that direction.

My question, General Becerra: will you commit to using your authority hold private insurers accountable in reining in those Medicare Advantage over-payments to ensure taxpayers and all Medicare beneficiaries are getting their money's worth?

Mr. BECERRA. Senator, you have my commitment. Now in terms of dealing with Medicare, you are right. We do not have the dollars to spare and to waste. And so in this process of trying to strengthen and improve Medicare, we have to make sure we are doing oversight and keeping everyone accountable.

And so I absolutely agree that that is going to be one of the principal responsibilities we have. We have to be good stewards of the Medicare program, taxpayer dollars. And as you mentioned, with this 3-day rule for post-acute care, there are ways that we have to make sure that we are keeping everyone honest. And I will make sure that there is a level playing field.

Senator BROWN. A level playing field here is so important.

In closing, one last one, General Becerra, I would like to—I want to bring forward to you the issue of the priority of bringing down the high cost of prescription drugs.

Let me share a story quickly with you from a constituent in the Columbus area community called Pickerington, from a young man, someone named Colton. He was diagnosed with ulcerative colitis in 2014. But his insurance coverage changed 2 years later and he was forced to pay \$1,200 every 4 weeks for the infusions that kept his disease in remission. I just want to read you his comments, briefly.

“At the time of this cost increase, I was in college. I was already feeling the financial burden of student debt. Budgets for students are already tight enough, but the immense increase in cost for my infusions left me in a very difficult position.

“Unfortunately, with the added financial burden for my infusions, I have had to choose between affording the cost of my infusions or school. This decision was not a decision at all, since I needed the infusions to stay alive. Yet the unreasonable price of my prescriptions forced me to leave college.

“My life path,” he writes, “has been completely altered by expensive prescription drugs and drug company greed. I often feel like I am behind all of the people my age, even people younger than I, because I have had to focus my time and my money on staying alive. We should not have to give up pursuing a college education because of crippling medical debt. We should not have to make every financial decision with the cost of prescriptions and medical debt in the back of our minds. Things can be better if our leaders rein in drug company greed and make the needs of patients like me the priority.”

That is the end of this letter. Now is the time, General, for meaningful reforms to bring down drug prices. My question is simple: if confirmed, will you commit to working with me and other members of this committee—especially Chair Wyden, who has been so involved in this—to deliver real change that will make American prescription drugs more affordable?

Mr. BECERRA. You have that commitment.

Senator BROWN. Thank you, General. Thank you, Chairman Wyden.

The CHAIRMAN. Thank you, Senator Brown. We will be working on that.

Senator Daines?

Senator DAINES. Thank you, Chairman Wyden.

Attorney General Becerra, I just want to be up-front and tell you I have serious concerns with the radical views that you have taken in the past on abortion, as well as one of our very important constitutional protections—that is, religious liberty. Frankly, it is a record that shows a disregard for that.

Our present challenges demand an HHS Secretary who is prepared to combat the COVID-19 pandemic and command a position of public trust. Many Montanans and pro-life groups across the country have written to say that you have taken the most radical positions on this very important issue of life and abortion.

If you want to push back on that impression, I think you have an opportunity here to try to gain some public trust, and to take a look at the record you have had in California and how you might govern if you are approved here in Washington, DC.

Could you name one abortion restriction that you might support?

Mr. BECERRA. Senator, let me try to respond this way. I have tried to make sure on this important issue for so many people where oftentimes—and again, we have different views, deeply held views—I have tried to make sure that I am abiding by the law. Because whether it is a particular restriction, or whether it is the whole idea of abortion, whether we agree or not, we have to come to some conclusion. And that is where the law gives—

Senator DAINES. But to be clear, is there any line you would draw? Is there just one, just one restriction that relates to abortion that you might support?

Mr. BECERRA. Senator, you are talking to the spouse of an OB-GYN who for decades has practiced saving lives of women and babies. And I can tell you that, from the stories I have heard from Carolina, my wife, I know how hard many women struggle just to save the life of their baby.

And so what I would say to you—and I know that, right now as I speak, my mother has blessed me this morning as I got ready to come here, and last night I know when she prayed the rosary, as she does every day, every evening with my aunt, that she said a prayer and included me in that prayer—

Senator DAINES. Well, you know, part of it is the battle for those who do not have a voice, which are the little babies. You did not answer the question, but even one, even one restriction on abortion? I did not get an answer.

Let me just throw one out there. How about a ban on the legal discrimination in babies who are diagnosed with Down syndrome?

Mr. BECERRA. So, Senator, once again if I can simply say to you that I respect the different views that are out there, but what is important is that it makes sure that it is according to the law.

Senator DAINES. You have been a—if confirmed, you are going to be the head of HHS. That is a huge organization that has profound impact on our society. How about a ban on sex-selective abortions? Whether the little baby is a male or a female, would you say you cannot have a sex-selective abortion?

Mr. BECERRA. And I respect those who take a particular view. My job will be to make sure that I am following the law.

Senator DAINES. There is a ban on partial-birth abortion. I know that question came up yesterday. Is that yes or no? Would you support a ban on partial-birth abortion?

Mr. BECERRA. Again, Senator, you are asking questions which will touch on aspects that I know have differing views, and what I can say is that I will make sure that I am respecting the law on those issues.

Senator DAINES. You have repeatedly intervened in court to revoke an important religious exemption to Obamacare's contraception mandates from people like The Little Sisters of the Poor, an order of Catholic nuns that serves the poor and the most vulnerable. And they have won at the Supreme Court.

As HHS Secretary, would you commit to defending the existing regulatory exemption to the contraceptive mandate? Or would you seek to eliminate the exemption, protecting The Little Sisters of the Poor from crippling government fines?

Mr. BECERRA. Well, as you mentioned, the Supreme Court issued a ruling. We will make sure, if I am fortunate to become Secretary

of HHS, that we will abide by the law as it stands. And now with this ruling from the—

Senator DAINES. You would defend the existing mandate, then, per the Court?

Mr. BECERRA. I will defend the law and support the law that is in place.

Senator DAINES. According to CDC data—they have been comparing States and territories—Montana is ranked near the top for administration of vaccine, but we fall near the bottom for first doses allocated by the Federal Government. That is why our congressional delegation wrote to President Biden expressing frustration that Montana is not getting its fair share of vaccines.

I am concerned that HHS is neglecting to reward States like Montana that could administer at least three times the number of doses being delivered currently. Do you believe HHS should provide additional vaccines to States like Montanas that have been able to quickly and efficiently get vaccines in the arms of people who want them?

Mr. BECERRA. Senator, we applaud States that are moving forward and being diligent in getting their people protected. And I know that President Biden has made the commitment to have all the vaccines that we will need throughout the country. And what I can commit to you is to make sure we are working with you and the folks in Montana to make sure that the vaccines are there for the people of your State when they need them, and doing that the same way for all the people in this country.

We want to make sure we are not missing anyone, and that is where this issue of pockets of population—

Senator DAINES. Thank you for that. I appreciate that answer.

Last question: you are on record for pushing for allowing illegal immigrants to receive taxpayer-funded health care, and for decriminalizing illegal entry into the United States.

This, coupled with President Biden's radical plan for granting citizenship to those who are here illegally would potentially lead to hundreds of thousands, if not potentially millions more people flooding into our country.

As you know, in 2016 California passed a law requiring covered Californians to apply for a section 1332 waiver to allow illegal immigrants to purchase health insurance through the marketplace. This waiver was withdrawn after President Trump's election.

My question is this: will you attempt to use the waiver authority contained in the Affordable Care Act to grant health-care benefits to illegal immigrants?

Mr. BECERRA. Senator, what I can tell you is that where the law stands now, as I see it, it does not allow those who are unauthorized in this country to receive taxpayer-paid benefits except in very rare circumstances. And it will be my job to make sure that we are following and enforcing the law. And I can commit to you that that is what we will do.

Senator DAINES. Thank you.

The CHAIRMAN. Senator Bennet?

Senator BENNET. Thank you, Mr. Chairman.

Let me turn to another—it is very nice to see you, Mr. Attorney General. Welcome back to Washington. And I want to turn to what

was also called a radical point. And that was the Affordable Care Act, which has made massive strides in providing health care to 20 million Americans, protecting people with preexisting conditions from discrimination, and a lot of other things that have become the norm in this country, like staying on your parent's health insurance until you are 26, something you could not do before the Affordable Care Act was passed.

I think we need to build on the Affordable Care Act and use the Medicare system to provide a true public option. And it is something that the President has also talked about on his campaign.

I believed in it when we passed the ACA to begin with. The votes were not there to do it. I think it has become very clear during the course of the pandemic that nobody is served by having people who do not have access to primary health care. Because you can see in the numbers in the pandemic what has happened to this country versus some other places.

Last August, the President, then candidate Biden, was speaking to one of my constituents from Colorado, Laura Packard, who told the Vice President at the time that she was literally receiving chemotherapy on the day that there were some folks here trying to repeal the Affordable Care Act.

And she asked what he was going to do for people like her, and for people in America. And he told her, quote, "We're going to provide a Medicare-like option as a public option." He went on, "I'm going to protect you like I try and protect my own family, and I promise you that."

That was a powerful moment for all of us who were watching. And yesterday Senator Tim Kaine and I and some of my colleagues on this committee reintroduced the Medicare-X Choice Act to create a true public option, increasing choice for consumers, starting in rural areas, reducing health-care costs, and increasing affordability and quality of health insurance.

We worked to ensure that our updated legislation aligns with President Biden's plan, including plans offering primary care services without cost-sharing, fixing the family glitch to increase access to premium support, and ensuring that the cap on premiums for everyone above 400 percent of the Federal poverty level is 8.5 percent of their income.

Medicare-X both finishes the work of the ACA and aligns with the President's objectives. You are uniquely situated, having been both a lawmaker and the California Attorney General, to help us get this across the finish line. And I just want to ask what your thoughts are on the commitments the President made on a public option during the campaign, and how we can get it across the finish line so we can finally fulfill the promise that every single American has access to health care in this country.

Mr. BECERRA. Senator, you pointed out where now-President Biden stood as candidate Biden, and he was very strong about this. He made it very clear that the Affordable Care Act is a strong foundation from which we can build.

You have mentioned the public option. He made it very clear he is a supporter of moving forward on a public option. My job will be to try to implement the President's agenda on health care. And so I will look forward to working with you and all of your col-

leagues to try to make sure we can continue to see more Americans access health care, whether through their employer, or whether through Medicaid, or whether through the Affordable Care Act's marketplaces.

We need to have those options, including the public option, available. If States want to move in that direction, we will try to be—we will work with them as best we can. But as you have said, the goal here has to be to make things even better, more affordable for Americans.

Senator BENNET. You know, Mr. Chairman, I came up with the idea for this legislation after I was in a meeting in Jackson County, CO. And to give you a sense of Jackson County—I just saw my friend from Indiana—I had to start the meeting by apologizing for how badly I had done in the election the last time, because, you know, there are very few Democrats there. And somebody actually said, “Oh, you actually won a few more Democrats than there actually are.” But it was grim.

But I was there, and somebody said to me, “You know, Michael, I moved back to this town.” It is a county with, I think fewer than a thousand people in it. It is a huge space. “I moved back to this town to take over the bowling alley that I loved to go to as a kid. And I am working 50 hours a week. My wife is working 50 hours a week. Neither of us has health insurance.” He said, “I’ve got people I would want to hire, but I can’t hire people because they have to give up their welfare to come work for me.”

I said, “What do you mean ‘their welfare?’” And he said, “Their Medicaid.” In other words, their health care. So here in America—this is after the Affordable Care Act—here we have a situation where a small business owner and his wife are working 50 hours a week and they cannot afford health insurance.

Folks who would want to come work, cannot come work because they have to give up their insurance. How can we defend a system like that? And we do not need to. And I think—I hope we look back at the history of all of that and find a way to put the partisanship aside and actually provide the American people with just what this is, an option. They can choose. They can choose all over rural and urban Colorado; it would be a choice. If you want to stay with your private insurance, stay with it. If you want a public option administered by Medicare, you can have that too.

And I think that is going to be a powerful argument for the American people who, coming out of this pandemic, want more choices, not fewer.

So I am very glad you have been nominated, and I look forward to supporting your nomination and working with you to deliver this for the American people.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Senator Bennet.

Senator Young?

Senator YOUNG. Mr. Becerra, there are all sorts of concerns by my constituents—and I think every American—about getting shots in the arms as quickly as possible. That is my foremost objective in trying to support the administration in furtherance of that goal.

The Biden administration just announced the launch of two new Federal programs, the Federal Retail Pharmacy Program and the

Community Health Center vaccination program. This was an effort to speed up vaccinations across the country. These programs are in addition to an existing program, which is the Pharmacy Partnership for Long-Term Care Program. Unfortunately, these various programs are causing some confusion for the States, as the States are not able to oversee and coordinate distribution of our already limited supply of vaccine with these various entities—long-term care facilities, community health centers, retail pharmacies. And individual Hoosiers are confused as well, because now they have to sign up in multiple places in order to become vaccinated.

In fact, the National Governors Association recently wrote to the administration highlighting this issue, indicating, quote, “if the Federal Government distributes independently of the States to these same entities without State coordination and consultation, redundancy and inefficiency may very well follow,” unquote.

I would like to submit two letters for the record, one from the NGA and one from my home State of Indiana, further detailing these concerns.

The CHAIRMAN. Without objection, so ordered.

[The letters appear in the appendix beginning on p. 226.]

Senator YOUNG. So I bring this to your attention because, until adequate supply is available, Mr. Becerra, the administration should be working with States on vaccine distribution, especially since retail pharmacies and Federally Qualified Health Centers are already part of many States’ vaccine plans.

The State of Indiana has been making great strides with the available vaccine to get it in the arms of Hoosiers. So do you commit to working with the States before announcing major program roll-outs, like the two I mentioned, in the future?

Mr. BECERRA. And, Senator, you will understand why this is close to my gut more than my heart, because I am a State official right now. And we have had to administer a lot of these programs. I have had to defend many of these programs at our State level in court.

And what I will say to you is that, if we are not doing a good job of coordinating with our State and local and tribal and territorial partners, then we are not doing it as well as we can. And so I am committed to working with you to make sure that, as we get the product out—and, fortunately, President Biden has made an aggressive effort to make sure we have enough vaccines for everyone—that we are working with all those who have to make sure that shot actually gets into the arm.

Senator YOUNG. So that is an encouraging response. Let me go further.

Mr. BECERRA. Sure.

Senator YOUNG. Would you allow States like Indiana that may well find these programs counterproductive—as shared goals of getting vaccine into arms—to opt out of these Federal programs until a time where there is adequate supply available?

Mr. BECERRA. So let me—I am not yet there, and I hope to be confirmed, but it would be tough, Senator, to be honest with you, to—

Senator YOUNG. Would you consider it?

Mr. BECERRA. Absolutely. We will sit down with you and talk. The moment I am in that seat, I will make sure that we are sitting together. We will go to your office, and we will talk about this.

Senator YOUNG. Can you conceive of a reason why you would not allow a State like Indiana to opt out of these programs?

Mr. BECERRA. I will tell you that the President's goals are ambitious. We want to move quickly. I cannot understand why we would not want to always coordinate, but I also want to make sure it is clear that the President has been very transparent in saying that we want to make sure we are reaching everyone, we are doing it in a fair way, and we are doing it, you know, so it makes sense.

Senator YOUNG. I am going to cut you off, because you know how this goes. I have limited time.

Mr. BECERRA. Yes.

Senator YOUNG. But I would hope you would allow States like Indiana to opt out if that will help us get more vaccine in the arms of Hoosiers.

So 33 Americans die every day waiting for a life-saving organ transplant. We have an organ shortage in this country, and it results from a severe lack of oversight and accountability among government monopoly contracts that run our organ donation system.

These are known as "organ procurement organizations," or OPOs. The Senate Finance Committee recently noted that our organ donation system has been severely under-performing for decades. The Department of Health and Human Services finalized a rule last November that will allow HHS to hold OPOs accountable for their performance for the first time in their 40-year history.

This rule is projected to save more than 7,000 additional lives every year, and it is going to save money too: over a billion dollars annually to Medicare. But because this rule was finalized in the last 60 days of the previous administration—you know where I am headed with this—it is currently being subjected to the Biden administration's freeze on midnight regulations.

So as HHS Secretary, will you commit to implementing and enforcing the November 2020 OPO Final Rule swiftly and forcefully as soon as the review period ends?

Mr. BECERRA. Well, first I have to say "thank you" for the role you played on organ donation. It is critical. It is not a subject everyone wants to take on.

Secondly, there is—the pause the President put on a number of these rules is something that most administrations do, but I can guarantee you that the administration, if I am fortunate to be confirmed to HHS, will work quickly to try to get back up to speed on some of these different rules.

What I can commit to you is this. We all know we need to increase the supply. We know we have to be fair. We have to make sure we are doing this in a way that makes sense. And we have to do the oversight.

And so I can commit to you to work with you to make sure that, once I get in the chair, if I am fortunate to be confirmed, that we will talk to you about how we move forward with that rule, and of course your legislation as well.

The CHAIRMAN. Thank you, Mr. Attorney General. Let me also say to my colleague, and to those following this, I think these are

very important issues. And we have had a bipartisan inquiry going on in this committee where our colleague has been very actively involved. We will be continuing that. It is a really high-priority matter, and my colleague has laid out some of the problems, and we are going to want to get into the details, I believe, when the Attorney General is confirmed. And I was appreciative of the positive answer, so I thank you.

Let us do this. If there are any Senators waiting in the queue on the web, we will take one more before we go and vote. And then otherwise, per an agreement with both sides, we will take a 15-minute recess, Mr. Attorney General. Are any of my colleagues waiting on the web to ask questions?

[No response.]

The CHAIRMAN. All right, I gather not. So we will take 15 minutes. We will have a recess, and we will be back at that point.

Oh, Senator Casey? Okay. Senator Casey, you are out there in cyberspace somewhere?

Senator CASEY. I did not think I would have a chance.

The CHAIRMAN. Terrific, terrific. Okay, then we will revise the state of play here, and we will hear from Senator Casey. And after he has completed his questions, then we will take a 15-minute break, and that is in accord with the wishes of both the majority and the minority.

Senator Casey?

Senator CASEY. Thank you, Mr. Chairman. I think I may have jumped ahead, so I just want the Attorney General to know this has never happened before. [Laughter.]

So let me use my time wisely. Mr. Attorney General, thank you again for your public service and your willingness to continue public service on behalf of the Nation by running a major agency of our government that is so important these days, and that is the Department of Health and Human Services.

I also want to thank you for the commitment of your family, which I know is a major commitment by any family when you are in public service like you have been all these years. And yours is a great American story.

I wanted to start with the issue of home- and community-based services. We know that one of the real tragedies within the larger tragedy of the pandemic, now that we have reached that awful, awful number of 500,000 deaths, is a high percentage of those deaths—at last count, more than 170,000—were residents and workers dying of the virus who were in nursing homes, living or working in nursing homes or other long-term care settings.

One way to protect these populations is with a responsive and robust support system that provides quality home- and community-based services.

We know that those who do this work in the home or home- or community-based services, as well as in the long-term care setting, are front-line workers. They are heroic. And the folks who do this work support older adults in our communities, and they also support and provide care for folks with disabilities who need that help.

They are often paid about \$12 an hour for this essential work. Most of them, a high percentage of them, are women of color. And because these home- and community-based services are not re-

quired under Medicaid under current law, there are over 800,000 people on waiting lists for these services, 16,000 of those in Pennsylvania.

So we need to invest in this option that we have not really made part of Medicaid in a substantial way other than the waiver program. We need to invest now. The House legislation, their COVID-19 bill, has over \$9 billion. This is but a foot in the door, but a very important, unprecedented foot in the door.

So I have two questions for you. First, upon the passage—and I am being optimistic here, but I think it will happen—of this emergency funding legislation, COVID-19 legislation, as well as the funding for home- and community-based services, will you work to distribute it to the States as quickly as possible?

Mr. BECERRA. You have my commitment, Senator.

Senator CASEY. Thank you. And then secondly, as you know, the next matter for President Biden and Vice President Harris is to work on the Build Back Better plan. And that is another opportunity I think for us to really focus on this issue, but provide an even more substantial investment in home- and community-based services. And I hope you would work with us to secure that funding.

Mr. BECERRA. You have my commitment, again, to work with you on that.

Senator CASEY. The last issue, in my remaining time, is Medicaid. I do not have to tell you, because you have been a strong supporter and a fighter to preserve Medicaid funding, Medicaid, in so many ways, is not “some program.” It tells us who we are. It tells us who we value, whether it is kids or seniors or people with disabilities. So many millions of Americans, 70 million-plus at last count, have the benefit of Medicaid.

You were familiar, when we sat down most recently and in our last hearing in the HELP Committee, with my agenda for children, and the Five Freedoms for America’s Children.

I believe every child at birth, if they do not have health-care coverage, should be covered by Medicaid. And I just wanted to ask you, how will you use your authority as HHS Secretary to utilize waiver authority and other tools to strengthen Medicaid and to help expand coverage to uninsured or under-insured Americans?

Mr. BECERRA. Senator, I know you know this, so I am just repeating what you have already worked on so much, and that is: Medicaid is the lifeline. It is what has kept so many American families from losing all hope, and in many cases losing respect.

And so I am absolutely prepared to work with you and many of your colleagues to try to do what we can to strengthen Medicaid for so many, including seniors who have Medicare who oftentimes rely on Medicaid as well. We have to make sure that we do not lose sight of how important Medicaid has become to the entire population. And with the President’s commitment to continue to build on the Affordable Care Act, Medicaid, as you know, is indispensable.

So we are ready to work with you on any issues, especially for children. And I know my wife is applauding everything you have just said to try to make sure our children have opportunities from the get-go.

Senator CASEY. Thanks so much. We look forward to your confirmation.

The CHAIRMAN. Thank you, Senator Casey.

We are calling some audibles here and, with the consent of both sides, we will have Senator Whitehouse, and then all other Senators should know we are going to take a 15-minute break, and then we will finish.

Senator Whitehouse?

Senator WHITEHOUSE. Welcome, Attorney General. It is great to see you, and I wish you every success in the remaining days of your confirmation process.

I want to mention two things to you that I have put a lot of work into over time. One is delivery system reform in our health-care system. Macro, we hit the Medicare trust fund in 2024, and so we are going to have to deal with that issue between now and then. Micro, Rhode Island has two of the best Accountable Care Organizations in the country. These are primary care provider groups, doctors' practices that have gotten together early, signed up as ACOs under the Affordable Care Act, and have changed the way they practice. And as a result, their cost per patient is coming down. Their patient satisfaction is through the roof. Their outcomes are improving, and they are sending checks back to the Federal Government out of the shared savings that they have been able to obtain.

My staff person will hand you a little graph that I have a big copy of right here, which is something that I have worked on for a while, as time has gone by. In the far left here [indicating], time begins around the time we passed Obamacare. At that point, CBO projected what Federal health-care spending was going to look like. And their projection then is that top line [indicating]. But in fact, with the Obamacare law, we did not follow that trajectory. Costs were actually lower.

And as we have gone forward, we have experienced actual costs that are that bottom line [indicating]. And the current projection, matching that original one from 12 years ago I guess now, pushes that from where we are now out 10 years. But if you took that same projection and put it onto where we were before, here is this gap between what was predicted and what we have achieved.

And in the next 10 years, that gap is \$6 trillion. Something changed from what was anticipated at the time we passed Obamacare. And the savings in the next decade are going to be \$6 trillion from whatever that thing was that changed.

I think that what changed was getting away from fee-for-service, getting providers engaged in Accountable Care Organizations and the emphasis on quality and reducing medical errors, and dealing with patients better.

So I have had my rows with the Obama administration over how they were doing ACOs, and I have had my rows with the Trump administration. And I want to work with you to make sure that these organizations that are basically breaking trails for the rest of the health-care system, these leadership ACOs, are getting the support and the encouragement that they need. Because when they win, we win.

And with the Medicare trust fund starting to hit its limit looming, we have to get serious about that. I do not need a long response from you now, but I want to make sure you are aware of the opportunities for delivery system reform. And I know you have some very good ACOs in California as well.

Mr. BECERRA. Yes. And, Senator, the response there is: I look forward to working with you on it.

Senator WHITEHOUSE. We will, because we have work to do. It is also very likely a big political win/win. I do not know anybody on any side of any aisle in Washington who does not want better care, producing lower costs, with happier patients.

Last point; this is a bit of a personal thing. I have been working for a long time on having us treat people at the end of their lives better than we do, making sure that their choices are respected, making sure that their capability to be at home at that time is respected, making sure that they are pulled out of the hospital treadmill and they are not dying in intensive care units that they do not want to be in, and should not be in.

We have worked with CMMI a lot on that, and I am hoping that we can close out, under your leadership through the Center for Medicare and Medicaid Innovation, a pilot program that will show that when you treat people at the end of their lives with more humanity, everybody is happier and it saves money. Will you work with me on that?

Mr. BECERRA. As someone who had his father live with him in the last few years of his life, so that when he passed, he passed in his bed in my home, I absolutely look forward to working with you on that.

Senator WHITEHOUSE. Thank you, sir. And Godspeed in your confirmation.

Mr. BECERRA. Thank you, Senator.

The CHAIRMAN. I thank my colleague.

Mr. Attorney General, we will take a 15-minute break.

Mr. BECERRA. Thank you.

[Whereupon, at 4:15 p.m., the committee recessed, reconvening at 4:30 p.m.]

The CHAIRMAN. The committee will come to order. The tentative order of Senators will be: Senator Cortez Masto on the web and Senator Warren in person. So that may be subject to a change if someone who was here earlier did not come, but I believe that is the case.

Senator Cortez Masto?

[No response.]

The CHAIRMAN. Are you out there in cyberspace?

[No response.]

The CHAIRMAN. Okay, we will go to Senator Warren, and then we will go—

Senator WARREN. Are you ready for me, Mr. Chairman?

The CHAIRMAN. Yes. Let me just—yes. Why don't you go, and then we will sort out where we are after that.

Senator Warren?

Senator WARREN. Thank you. Thank you, Mr. Chairman.

So, early in the pandemic, Representative Ayanna Pressley and I, along with many of our colleagues, pushed the Trump adminis-

tration to collect and to publicly release demographic information on who was getting tested for COVID-19, and who was getting infected. Without this information, there would be no way to know if black, brown, and indigenous communities had the same access to tests as white communities. And it would be impossible for the Federal Government to allocate resources equitably.

Put plainly, you cannot fix what you cannot see.

Now, we kept pushing and mandated this data collection in one of the COVID relief packages. And now we have begun to get a fuller picture. We know that black, Latino, and indigenous people are nearly two times as likely to contract COVID-19, roughly four times more likely to be hospitalized when they get sick, and more than twice as likely to die.

Those data are critical to setting policies to combat racial inequality, but today, almost a year into the pandemic, nearly half of all testing data collected by the CDC still does not have associated race or ethnicity information.

As HHS Secretary, will you commit to prioritizing collecting and reporting these critical data so that we get a fuller picture of how the virus is affecting all Americans?

Mr. BECERRA. Senator, first, thank you for making that effort to secure that information. I can make this commitment to you now that I will work with you to make sure we have all of that type of information. We need that information to do a good job.

Senator WARREN. Good. I am glad to hear you say that.

Now on the vaccine front, we have administered over 64 million doses of the COVID-19 vaccine, but the CDC has race and ethnicity information for just over half of those vaccines. So, if confirmed, will you also commit to improving the collection and publishing of the data on vaccines?

Mr. BECERRA. I commit to work with you to make that happen.

Senator WARREN. That is terrific. You know, there is more, though. Racial equity should be a part of every public health issue that you approach as HHS Secretary: chronic conditions, infant mortality, addiction, police brutality. Racial health disparities are not coincidences or aberrations in the data. They result from structural racism, and it is time to start treating structural racism like any other public health problem: investing in research into its symptoms and its causes and finding ways to mitigate its effects.

So let me ask you the third in this series. Will you commit to collecting the data we need to see the racial disparities in our health-care system, and to attacking those disparities head-on?

Mr. BECERRA. Senator, I am looking forward to working on that with you, because it is time.

Senator WARREN. Thank you very much. I am looking forward to working with you, and I am going to support this nomination all the way. Thank you.

Mr. BECERRA. Thank you.

Senator WARREN. Thank you, Mr. Chairman.

The CHAIRMAN. I thank our colleague.

Senator Cortez Masto, I believe, is next.

Senator CORTEZ MASTO. Thank you. I am here.

Attorney General Becerra, congratulations on your nomination. I am very excited for you and your family.

Let me start with an issue that I have been focused on for the State of Nevada and that many of us really have been talking about and putting in the most recent package. First, I want to thank the administration for the work that went into President Biden's American Rescue Plan to provide COVID-19 relief to millions of families across the country. There is still a need for it out there, including in Nevada that has been so hard-hit. So many of the provisions in the plan are critical to getting Americans back on their feet.

But I would like to focus on the COBRA subsidies that will be a lifeline to out-of-work Nevadans. Nevada's tourism-driven economy was devastated by the coronavirus. The losses suffered by our gaming and hospitality sectors have taken a toll on hardworking families across the Silver State, as families have experienced layoffs or seen their hours cut. They have lost steady wages. They have experienced food and housing insecurity. And they have lost their health care.

The Rescue Plan includes measures to address each one of these issues, but COBRA subsidies are especially critical because they are key to preserving the benefit that union workers have fought for. They are central to protecting the coverage of whole families and ensuring access to their doctors and specialists.

So, Attorney General Becerra, I know you understand how essential these benefits are to working families. Can we count on you to help us protect these hard-fought benefits that will help Nevada families and all families stay afloat through this crisis and beyond?

Mr. BECERRA. Senator, you have my commitment, because you are talking about having a continuity of coverage for people who were working, oftentimes had their coverage because of their work, or through their union. Through no fault of their own, now they find themselves in these conditions. And so absolutely, you have my commitment to work with you on this.

Senator CORTEZ MASTO. Thank you. And I want to touch on another subject that my colleagues, Senators Wyden and Stabenow, have talked about, which is mental health.

As we have seen, the pandemic has shone a new bright light on the mental health needs of American families, from seniors struggling with loneliness, to young students navigating an online learning environment; from those with a history of substance abuse or serious mental illness who have been thrown off track by the radical change in our daily life, to families facing the trauma of job loss and poverty—everyone is hurting.

We have had and made a huge effort last year to incorporate funding for mental health support in the various coronavirus relief packages. But let me just say this: block grants and patchwork funding are no way to sustain the mental health infrastructure that the Nation needs over the long term.

We should see the pandemic as an opportunity to build an even stronger support system for American families. And that is why I have been working on legislation that builds on Senator Wyden's CAHOOTS Act to bolster behavioral health crisis response services across the country. It integrates Senator Stabenow's Certified Community Behavioral Health Services. And so I look forward to working with you on this legislation that will build on SAMHSA's guide-

lines to create a framework for providing emergency mental health services to individuals in crisis.

You know better than anyone, with your broad experience, particularly as the most recent Attorney General of California, that there is a need for this. We just have to get it right moving forward.

So can I count on your support in working with us to address mental health and behavioral health services in States across the country?

Mr. BECERRA. Senator, for the reasons you have just articulated, I started a disability rights unit in the Department of Justice in California, and I am absolutely looking forward to working with you on these issues.

Senator CORTEZ MASTO. Wonderful.

And then lastly, let me just put this on your radar. I would like to underscore the imperative that HHS focus on improvements to the Indian Health Service. We are in bipartisan agreement here in Congress that the Service is in dire need of additional, stable funding in order to meet the basic needs of Indian country.

Many of us also sit on Senate Indian Affairs, and this is crucial and critical that we have your support. You know, the crisis at IHS was years in the making. And so, can I get a commitment from you that we can work with you, that you are willing even to come to the committee, Senate Indian Affairs, and talk with us about how we address and improve upon the Indian Health Service in this country?

Mr. BECERRA. Absolutely; you have that commitment.

Senator CORTEZ MASTO. Thank you. Congratulations, again.

Mr. BECERRA. Thank you.

The CHAIRMAN. Thank you, Senator Cortez Masto.

Senator Cassidy is next.

Senator CASSIDY. Hello, General Becerra. Again, it is good to see you.

General Becerra, if I had to guess, if I was a betting man, I would bet that you have the votes to be approved. As I mentioned in the HELP Committee, my concern is that you will be in charge of the largest domestic agency and you do not have the background.

Now your answers have been typically general, and I have no doubt that you will have good advisors. But as I said yesterday, I am a physician. Should I be the Attorney General of the United States? Obviously the answer is “no.”

So—but, you know, there are three major buckets of HHS. One bucket is the TANF or the social services; the other is the finance in the Medicare and Medicaid; and the third is what we discussed at HELP, those kind of FDA, NIH, and other buckets, if you will. And those are the three big ones. And everything else is far less.

So just to kind of explore, because, as Senator Burr said yesterday, this is kind of your opportunity to introduce yourself to the American people and to say, “Nope, I’ve got it. I’m ready. I don’t know everything, but I know enough, and you do not have somebody coming in who is unfamiliar with what might be happening.”

So let me just ask you a couple of things. TANF is a program that will be under your administration. And can you just talk—and you have spoken about enforcing existing laws. So knowing the

goals of the TANF program, what could we do to more specifically address those specific goals as laid out in statute for TANF?

Mr. BECERRA. So, Senator, thanks very much for the chance to answer the question. And by the way, thank you very much for the time you gave me to sit down and talk about a number of issues.

What I can tell you is, if we are talking about children and families, HHS can do a whole lot to make sure that, whether it is nutritional goals, whether it is the health status, or whether it is making sure that we are talking about wellness, not just about remedying conditions, that we are working with all of our sister agencies, and with our State and local partners to make sure that we are trying to improve the condition of life for these families—especially families—

Senator CASSIDY. Let me, if I may, because I have limited time. The statute says specifically that, among its four goals are to reduce out-of-wedlock pregnancies; to promote the formation and maintenance of two-parent families; to end the dependence on government benefits through work, job preparation, and marriage; and then to provide assistance to needy families with children so they can live in their own homes, or the homes of relatives.

So what specifically about those goals—because this is part of one of those big three buckets that you will be administering—would you bring to the table as sort of a policy solution?

Mr. BECERRA. Well, having been someone who had the benefit of having two loving parents and who had a chance to be raised by people who always worked hard and gave me the best example, I certainly believe that one of the things that we can do is continue to strive to give all of our children the opportunity to be raised in a loving home, and with an opportunity to—

Senator CASSIDY. So, General, that is the goal of the program. That is the statute. I guess the question is, what experience, or what specific programs, or what critique of existing programs would you offer in order to better meet that goal? Again, something that the HHS Secretary will be responsible for.

Mr. BECERRA. Well, certainly I think there is always a need to try to improve on the different programs. We always learn every year how we can make them better. We learn of inefficiencies of bureaucracies that sometimes get in the way.

If I am fortunate to be confirmed, I certainly will take a close look and, with your help and the oversight that you all do, I hope what we can do is improve these programs and have in place the road maps, whether it is through statute or through regulation, that let us advance the interests of these families.

Senator CASSIDY. So then the second question is financing, which is the Medicaid and Medicare programs. And we have talked about a lot of things on this committee. You have been on Ways and Means and were involved in the Medicare modernization, so this might be more in your wheelhouse.

But one issue that we have discussed is, Medicare beneficiaries and an increasing share of commercial enrollees pay co-insurance based upon the list price of a drug. So if the pharmaceutical company drives up the list price to give a bigger rebate to a pharmacy benefit manager, the net price may be lower for the PBM, but the patient is paying based on the list price.

What steps could HHS take to protect the patient in this situation?

Mr. BECERRA. Well, here we have to look at this from the perspective of the patient. And I know that there are a number of things going on right now with the rebate program. And rather than let patients, Medicare beneficiaries, get embroiled in the food fight between PBMs and drug makers, we have to make sure that we agree, all of us agree that whatever we are going to do, whether it is on rebates or anything having to do with prescription drugs, we are letting our seniors on Medicare know that we are going to fight to lower the price.

And so without getting into the specifics of the different fights that are going on between the different providers and those that are involved as stakeholders, what I can tell you is that we will do the oversight.

There are in some cases existing regulations that tell us how to proceed with regard to the rebates. There is existing authority. And what we can do is make sure that no one is trying to game the system; that at the end of the day we are looking for lower prices on the prescription drugs that our seniors count on.

Senator CASSIDY. Okay; thank you very much.

The CHAIRMAN. I thank my colleague, and I look forward to working with him. The three remaining Senators that we have are Senator Sasse, Senator Hassan, and Senator Portman.

Senator Sasse?

Senator SASSE. Thank you, Mr. Chairman.

Mr. Becerra, you said a little while ago that you never sued the nuns, which is a pretty interesting way of reframing your bullying. You actually sued the Federal Government who had given an exemption to the nuns. Can you explain to us what The Little Sisters of the Poor were doing wrong?

Mr. BECERRA. So, Senator, as I tried to explain, my actions were against the Federal Government. The Little Sisters of the Poor, we never alleged that The Little Sisters of the Poor did anything wrong. Our problem was that the Federal Government was not abiding by the law as we saw it, and what we did is, we took action against the Federal Government so California could administer its programs to make sure that the Affordable Care Act continued to work.

Senator SASSE. What were the nuns doing that made it impossible for California to administer their program? That was just a complete nonsense answer. What were the nuns doing that would have made it difficult for California to administer your program?

Mr. BECERRA. Well, as I said, Senator, our action was against the Federal Government—

Senator SASSE. No, no; you continued and you said “so that California could administer” your program. What did the nuns do that made it difficult for California to administer their program?

Mr. BECERRA. And, Senator, what I am trying to explain to you is that we were not looking at the actions of The Little Sisters or any other program. Our actions were against the Federal Government in the way it was applying the law as it existed to California.

Senator SASSE. But what did the Federal Government do? It was about the nuns. This is nonsense. Like what you are saying is not

true. You say you did not sue the nuns, you sued the Federal Government that was keeping you from making sure that the nuns had to buy contraceptive insurance. Were the nuns going to get pregnant?

Mr. BECERRA. Senator, the actions of the State of California—and I was defending the actions of our State and the laws that were in place—the Federal Government took actions, changed the way that we would administer the programs that we had under the Affordable Care Act. Our actions related to how providers are providing services to the people of California.

When the Federal Government took action that we thought was unlawful, we took action to protect the people of California.

Senator SASSE. So again, a whole bunch of words. But you know well—you are an incredibly smart man—you know well that what the Federal Government did was to make sure that you could not target the nuns.

So you sued the Federal Government because the Federal Government said the nuns did not have to buy contraceptive insurance. You can put 17 layers of you were following the law to go after the Federal Government for administering the program, or doing X, or doing Y that made it difficult for California to administer the program, but it was just about nuns buying contraceptive coverage.

Was there something else the Federal Government did that you were suing them for in the case called *California versus Little Sisters of the Poor*?

Mr. BECERRA. Senator, the case was not, again—that was not the name of the case. And what I will tell you is that our actions were based on trying to follow the law. When the Federal Government took action, which we believe did not comport with the law, at that point we took action. And our action was based on the law.

And so as I have said, we may disagree on how we see this, and I respect the differences that we may have, but my action was to follow the law.

Senator SASSE. What about the law—as the Federal Government's conscience exemptions applied in the case where you sued the Federal Government—what about the law applied to anybody except the nuns and other similarly situated religious institutions?

You were targeting religious liberty.

Mr. BECERRA. Senator, let me see if I can try to answer it. The Affordable Care Act tried to make sure that we are providing health care to all Americans. And we have to make sure that we provide the services that Americans are entitled to receive.

We tried to make sure that in California, under the Affordable Care Act, every Californian received the benefit they are entitled to under that Act. And so when we saw that the Federal Government was taking actions which might abridge those rights—

Senator SASSE. And I am going to ask the question again. You said the Federal Government taking actions—this is the third time you have not answered. Were any of those actions about anything except nuns and religious liberty? Was the Federal Government taking other actions that you were suing about in that case? Or was it just because you wanted to target the nuns and religious liberty?

Mr. BECERRA. Senator, again I respect the way you view it, but—

Senator SASSE. Because it is actually what happened.

Mr. BECERRA. Senator, again I understand that we may view it differently, but I was trying to protect access to care—

Senator SASSE. I am giving you the chance to explain what you think it was about, if it was not this. And you have not yet explained any part except “the law as administered by the Federal Government.” But it was about the nuns.

Mr. BECERRA. Senator, I will try once again to explain. Californians are entitled under the Affordable Care Act to access care.

Senator SASSE. And the nuns were keeping them from getting care how?

Mr. BECERRA. The Federal Government was changing the—

Senator SASSE. To make sure that the religious liberty rights of the nuns were protected. Was there anything else the Federal Government was doing, except making sure the nuns had religious liberty?

Mr. BECERRA. Senator, I respect the differences in the way you pursue this—

Senator SASSE. For the fifth time, you have not answered the question. I have asked you for any party, besides the nuns, and you have just said you respect the diversity of opinion.

I will move on to another question. Former abortion industry employees from your State have claimed on camera that babies who survived abortions were left to die by Planned Parenthood staff in your State, in clear violation of both State and Federal law.

Instead of investigating these claims, you raided the houses of the film makers who brought these atrocities to light. Why did you do that?

Mr. BECERRA. Senator, again I respect the way you framed it. I would say to you that it is clear that we look at it differently. California has privacy laws. We enforce privacy laws. When we take action based on a violation of privacy laws, it is because we have evidence that the rights of Californians to their privacy have been violated.

You have described it differently, but what I will say to you is, my job is to follow the law and make sure others do as well.

Senator SASSE. I think what you are saying is, the baby body parts were not interesting, but the filming of it was? But in 2014 and 2015, at a California—

The CHAIRMAN. The Senator from Nebraska is over his time, and his colleague, Senator Barrasso, is next, and two other—

Senator SASSE. Can I ask my colleague if he minds if I go for 45 seconds?

The CHAIRMAN. Sure. Forty-five seconds, and that is it.

Senator SASSE. Thank you, Mr. Chairman. In 2014 and 2015, California poultry farms were recorded secretly showing inhumane treatment of animals in California. Did you investigate the film makers of the poultry farm filmings?

Mr. BECERRA. In what years?

Senator SASSE. 2014 and 2015.

Mr. BECERRA. Senator, I was not the Attorney General at that time.

The CHAIRMAN. The time of the gentleman has expired.
The Senator from Wyoming.

Senator BARRASSO. Thank you, Mr. Chairman. Thank you for taking time to visit by phone, and we all value your willingness to serve our country.

You started the testimony referring to the painful impact of coronavirus on all of us. Rural communities, as we talked about, are facing significant challenges, especially as a result of the pandemic. We talked about rural health needs and getting physicians in training into rural communities. As a doctor who practiced in Wyoming for over 2 decades, I am very interested and focused on protecting and improving health care in rural America.

The one aspect of health care that is often overlooked is the many factors outside of direct patient care that impact the health of individuals. According to the Centers for Disease Control and Prevention, social determinants of health have a major impact on people's health, well-being, and quality of life. And when you were in the House of Representatives, you actually helped draft legislation requiring the Secretary of Health and Human Services, which you are now nominated to serve, to conduct research on social determinants of health in Medicare's value-based programs.

So then you agree that social determinants of health such as employment, educational opportunity, all strongly impact the health of individuals, that chronic unemployment is harmful at a high rate. And that is why I am so bothered that one of the first actions taken by the Biden administration was a ban on oil and gas leasing. And the impact of that on jobs in my State is just devastating.

It is killing jobs. It is killing hope in communities. People are worried about rising unemployment rates and all of the issues that come along with that. These industries create thousands of jobs and contribute hundreds of millions of dollars to States. And in the States, the money is used for education, for schools, for students, and to help hospitals stay open and stay viable in these communities.

The Biden administration's decisions are clearly going to have a terrible impact, I believe, on the health and well-being of communities in Wyoming and across rural America. And it is a decision made by executive order, Day One.

Do you agree that cutting hundreds of millions of dollars from hospitals and schools is going to have an impact on health in rural communities?

Mr. BECERRA. Well, Senator, first, thank you for the question, and thank you for the chance to chat by phone. Any time a community is impacted where it loses jobs, it loses access to care and good schools, you are going to see impacts. And so I think we all want to make sure that we are doing everything possible to make sure that every family, wherever they locate, has the opportunities that we expect in America.

Senator BARRASSO. I want to talk about what is happening also with the pandemic, especially how it has impacted seniors and other vulnerable people living in nursing facilities. In terms of my home State of Wyoming, a large proportion of people who have lost their lives to coronavirus have been patients in nursing homes. That is where it struck first within the State, and continues.

From a public health perspective, I think it is important for States and local governments to accurately report information regarding the impact of coronavirus. And you know, unfortunately it is clear now that the State of New York not only failed to report accurate data regarding nursing home deaths, but likely deliberately misled the public.

According to the Attorney General of New York—and I do not know if that is someone you have worked with, because you are still Attorney General of California—the Attorney General of New York says the State under-counted deaths from coronavirus in nursing homes by up to 50 percent.

Do you believe it is important for States to accurately report public health data—especially deaths—from coronavirus?

Mr. BECERRA. Senator, I think it is important that all of us do the work to make sure that our data reflects the facts, and that the data is used in appropriate ways so we can make decisions on how to move forward.

Senator BARRASSO. So, given this glaring evidence that is presented by the New York Attorney General, as Secretary will you advocate that the Biden administration fully investigate what occurred in this situation?

Mr. BECERRA. Senator, I know the Attorney General of New York very, very well. AG James is a tremendous advocate for her State. But I do not know the facts in that particular case, and it would be difficult for me to comment.

Senator BARRASSO. The other issue that you and I talked about is graduate medical education, and you and I have similar situations. You in California know that the majority of the money goes to the big cities. Doctors train there. And we talked about your wife, who is a physician. Most people practice medicine within 50 miles of where they do their training.

And so little of the money goes to the 26 States that have the greatest needs in terms of under-served communities. I do not know if you have had a chance to give additional thought to that, but it is critical that we get a redistribution of the money, if we are going to get a redistribution of where physicians practice in America, because they tend to stay pretty close to the area where they train.

Mr. BECERRA. Senator, you brought up a very good point, because I think the data will bear out what you said that oftentimes, once you find yourself in a residency program, you end up sticking around pretty close. You start to meet people. Sometimes you meet your spouse and establish a family.

And so I think it is important that we make sure that no community in the country is not considered when it comes to the opportunity to have these tremendously important professionals like you, like my wife, provide care to our families.

And so I am more than willing to work closely with you on that, because I think it would be a mistake if we allow the real professionals who have been champions in this COVID pandemic to not be spread throughout the country.

Senator BARRASSO. Thank you, Mr. Chairman.

The CHAIRMAN. I thank my colleague.

Senator Toomey is on the web. And then we will have Senator Hassan and Portman, and that will be it. It has been a long afternoon.

Senator TOOMEY. Thank you, Mr. Chairman. Can you hear me okay?

The CHAIRMAN. Yes.

Senator TOOMEY. Thank you, Mr. Chairman.

Attorney General Becerra, welcome and thanks for your willingness to serve.

I wanted to zero in on one particular health-care policy that you have advocated for, and which I find very, very disturbing. Specifically, I am referring to the use of the so-called march-in rights by the Federal Government, to basically confiscate the intellectual property of a private company. You sent a letter to Dr. Francis Collins, the Director of the NIH, and former Commissioner of the FDA Stephen Hahn, demanding that the government use these so-called march-in rights to steal the legal right to Gilead's product, in this case it was remdesivir, and give it to a third party to manufacture.

The letter was sent just last August 4, 2020, so just a few months ago. We are in the midst of a global pandemic, and just a few months after this perhaps life-saving treatment was approved by the FDA for emergency use in hospitalized patients with COVID-19. And it was almost an entire month before the FDA expanded the authorized use, no longer limiting it to nations with severe disease. And the reason that you cited in the letter was you did not think that the product was being manufactured fast enough, and you did not like the price.

Well, I am not convinced that that comports with reality here. Consumers were not being charged the full cost of the drug, and separate co-pays are not paid on inpatient drugs. Congress had already acted to protect uninsured patients from any cost related to COVID-19 treatments. In fact, Congress went a step further, increasing payments to hospitals that cared for COVID-19 patients.

But this policy that you are recommending also seems to me to betray a lack of understanding of the basic incentives, and the science, and how drugs are made. Gilead was in the process of finding other manufacturers at the time who could help them expand the production, had there been a significant increase in demand.

Also, you disregarded the opinions of legal and scientific experts about this. Dr. Collins himself previously testified that NIH legal experts do not believe that the law allows the agency to intervene based on a drug's price, which was one of the reasons you cited.

Here is what Dr. Collins said, and I quote: "If you look at the language of the bill, it really intends to cover a circumstance where a drug is simply not available to the public under any circumstances, and then NIH is entitled to step in. This is a little different when it is available, but at a high cost. Our legal experts do not feel that the law actually puts us in a position to step in," end quote.

So, Mr. Becerra, I am not convinced that you fully appreciate the downstream effects of socialist-type policies such as those that you have advocated. So let me just ask this: do you acknowledge that the administration does not actually have the legal authority to use march-in rights as a mechanism to try to lower drug prices?

Mr. BECERRA. Senator, first, thank you for the question. It is great to have an opportunity to have a dialogue with you again after years of serving together, including on the Super Committee.

What I will tell you is this: you have already raised the subject of march-in rights. The letter that I was a part of was a bipartisan letter. Attorney General Jeffrey Landry from Louisiana and I put together that letter. And we had many, many Attorneys General from both sides of the aisle who were part of that. And if you remember, the date that you mentioned the letter was issued, that was at the time, if you recall, when we started to see the rapid increase in cases of COVID.

And what we know now is far more than what we knew then. What we knew then was that many Americans were dying. And what we knew then was that remdesivir was a drug that was keeping people alive. And what we also knew then—and this was bipartisan—at least back at the State level, maybe folks here at the Federal level had more information, but at the State level we were seeing our folks die. And we knew that there was a drug that—

Senator TOOMEY. I am about to run out of time, and I just have to say, we have very different understandings of this history. There was not a shortage of remdesivir. There was not a problem with people who could not afford it, because of other steps that Congress had taken. But there is a big problem when the government comes in and confiscates the intellectual property that has led to a successful product. It creates a chilling effect and seriously discourages future investment.

So I would—I am running out of time here—but I would appreciate it and suggest you might want to reconsider whether the Bayh Dole Act ever intended to act as a mechanism that would undermine the incentive for the private sector to deliver needed products.

The CHAIRMAN. I thank my colleagues. We have two Senators who may join us momentarily, Mr. Attorney General, and what we are going to do is just go through a couple of the formalities and see if they are going to arrive, and we should be able to wrap up.

First with respect to members, I would like to thank all members for their participation. I would like to thank Attorney General Becerra for a very long afternoon.

Regarding questions for the record, the deadline for members to submit questions will be Friday, February 26th, at 5 p.m. That 5 p.m. deadline is firm. We want to thank everyone for their cooperation.

I have a couple of other matters. Senator Crapo, is there anything that you need to ask? Okay, then moving very quickly, Mr. Attorney General, we wrote a law, a bipartisan law in this committee—I think I mentioned this to you briefly in our conversation—and it went into effect in 2018 to reflect the transformation in the Medicare program. The Medicare program, when I began the Gray Panthers in Oregon, we acknowledged that it was an acute care program. Part A, Part B—if you broke your ankle, you went to the hospital; if you had a bad case of the flu, you went to the doctor. But it was acute care. That is not Medicare today. Today Medicare is mostly chronic care—cancer and diabetes and heart disease and strokes and the like.

This committee wrote a bipartisan law. I consider it one of the most transformative health initiatives in many years, and the Trump people basically said it was a wonderful idea and never did anything about it in terms of moving it forward.

My question to you is, when you are confirmed—and I will use that, “when” you are confirmed—will you assign several people of your staff to work with the bipartisan leadership on this committee? Senator Crapo and I have talked about these issues before with Senator Hatch and others, and we would like to have a chance to work with you after the Senate votes on your confirmation.

Mr. BECERRA. Senator, I look forward to that, and I can certainly confirm that.

The CHAIRMAN. Very good. One last point. And that is, at today’s hearing it was clear there were stark differences of opinion when it comes to women’s health care. And, Mr. Attorney General, you have made it clear that you respect those differences.

And I want to emphasize this point now. If confirmed, you will follow the law on women’s health and all other issues that you will be responsible for as Health and Human Services Secretary.

So, given those commitments that you have made, Mr. Attorney General, today, in my view the differences of opinion should not be used as a rationale to prevent confirmation of a person like yourself who is qualified. And I just wanted to set that out for the record.

I want to make sure that Senator Hassan and Senator Portman are not waiting. I see no evidence that they are.

And with that, the Finance Committee is adjourned.

[Whereupon, at 5:14 p.m., the hearing was concluded.]

APPENDIX

ADDITIONAL MATERIAL SUBMITTED FOR THE RECORD

PREPARED STATEMENT OF HON. XAVIER BECERRA, NOMINATED TO BE
SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Thank you, Mr. Chairman, Ranking Member Crapo, members of the committee. I'm grateful for the opportunity to speak with you. And a sincere "thank you" to Senators Feinstein and Padilla for their kind introduction.

I also want to thank my family: my wife, Dr. Carolina Reyes, who is here with me, and my daughters Clarisa—along with her husband Ivan—Olivia, and Natalia, for their constant love and support.

I am here because my parents Manuel and Maria Teresa—who had only their health and hope when they settled in Sacramento—were tireless believers in earning the American Dream. A construction worker with a sixth-grade education and a clerical worker who arrived in her teens from Guadalajara, Jalisco, Mexico, they never saw the inside of a college classroom, but they sent all their kids to one, or to the military.

We lost my dad last year on New Year's Day. When the end came, my dad knew we were there with him—at his side, in our home. Sadly, hundreds of thousands of Americans haven't had that closure this past year. That, Senators, is why I'm here today.

The COVID pandemic has killed 500,000 Americans, many of them alone without their families. Millions more have lost their jobs and health care. That is not the America my parents would believe possible.

To meet this moment, we need strong Federal leadership. That's what President Biden is demonstrating. If I'm fortunate to be confirmed, I look forward to joining the President in this critical mission.

I understand the enormous challenges before us and our solemn responsibility to be faithful stewards of an agency that touches almost every aspect of our lives. I'm humbled by the task. And I'm ready for it.

The mission of HHS—to enhance the health and well-being of all Americans—is core to who I am. When I was a child, my mom had a health scare: she was rushed to the hospital after hemorrhaging at home. The image is seared in my memory.

We were lucky. My mom is now 87 years old. Better put, we were blessed: my dad had insurance—through his union, Laborers' Local 185. We didn't have much, but we didn't have to face the threat of unpaid medical bills or even bankruptcy.

Over 2 decades in Congress, I worked to ensure every family had the assurance of care that mine had. I helped expand the Children's Health Insurance Program. I helped write the Affordable Care Act. From the Ways and Means Committee, I fought to strengthen and modernize Medicare and how we finance it.

As California's Attorney General, I created a health-care rights and access unit and cracked down on Medicare and Medicaid fraud. I worked to protect people's health—holding opioid manufacturers accountable for the addiction crisis and successfully taking on hospitals and drugmakers who unfairly jacked up prices on patients. I protected patients' privacy. If confirmed, I'll work with you to continue this type of work, and to address HHS's biggest challenges.

First, COVID. The President has ambitious goals: 100 million vaccine shots in arms in his first 100 days, increasing access to testing, sequencing the virus so we're

prepared for the variants, and reopening schools and businesses. HHS has a central role in meeting these goals—safely and equitably.

As Attorney General, I saw the importance of this on the front lines. I worked with colleagues in other States—both Republicans and Democrats—to make COVID treatments more readily available. I am ready to work with you, our State and local partners, and across government, to get this right.

Second, we must ensure people have access to quality, affordable health care. If confirmed, I will work with you to strengthen our Medicare and Medicaid lifelines; reduce the cost of health care and prescription drugs; and ensure we are accountable, spending resources wisely and effectively.

I won't forget the other "H" in HHS: human services. I want to work with you supporting our vulnerable kids, those in foster care, strengthening Head Start, and expanding access to child care.

Third, we must restore faith in our public health institutions. That starts with putting science and facts first and showing respect for our career workforce.

No one understands your States and communities better than you. We may not always agree, but if I'm fortunate enough to be confirmed, I will always listen to you and keep an open mind, find common cause, and work with you to improve the health and dignity of the American people.

Thank you for the opportunity to share my vision.

SENATE FINANCE COMMITTEE

STATEMENT OF INFORMATION REQUESTED OF NOMINEE

A. BIOGRAPHICAL INFORMATION

1. Name (include any former names used): Xavier Becerra.
2. Position to which nominated: Secretary of Health and Human Services.
3. Date of nomination: The President-elect announced his intent to nominate me on December 7, 2020.
4. Address (list current residence, office, and mailing addresses):
5. Date and place of birth: January 26, 1958; Sacramento, CA.
6. Marital status (include maiden name of wife or husband's name):
7. Names and ages of children:
8. Education (list all secondary and higher education institutions, dates attended, degree received, and date degree granted):
 - Stanford Law School.
Dates attended: September, 1981–June, 1984.
Degree received: JD.
Degree granted: June, 1984.
 - Stanford University.
Dates attended: September, 1976–June, 1980.
Degree received: Bachelor's Degree.
Degree granted: June, 1980.
 - C.K. McClatchy High School.
Dates attended: September, 1973–June 1976.
Degree received: High School Diploma.
Degree granted: June, 1976.
9. Employment record (list all jobs held since college, including the title or description of job, name of employer, location of work, and dates of employment for each job):
 - Attorney General (January 2017 to present).

State of California.
Sacramento, CA.

Member of Congress (January 1993–January 2017).
U.S. House of Representatives.
Washington, DC.

Assemblymember (December 1990–November 1992).
Assembly, State of California.
Sacramento, CA.

Deputy Attorney General (January 1987–November 1990).
State of California.
Los Angeles, CA.

Acting District Director (January 1986–December 1986).
State Senator Art Torres, Senate, State of California.
Los Angeles, CA.

Reginald Heber Smith Community Lawyer Fellowship/“Reggie Fellow”: (September 1984–September 1985).
Legal Services Corporation of Central Massachusetts.
Worcester, MA.

Summer Law Clerk (June 1983–August 1983).
Mexican American Legal Defense and Education Fund (MALDEF).
San Francisco, CA.

Summer Law Clerk (June 1982–September 1982).
Legal Aid Foundation of Los Angeles.
Los Angeles, CA.

California State Legislature Fellow (September 1980–September 1981).
State Senate and Assemblymember Art Torres, State of California.
Sacramento, CA.

10. Government experience (list any current and former advisory, consultative, honorary, or other part-time service or position with Federal, State, or local governments held since college, including dates, other than those listed above):

Hispanic Employee Advisory Committee to the State Attorney General, Chair, 1989.

National Commission on Fiscal Responsibility and Reform (Simpson-Bowles), Commission Member, 2010.

11. Business relationships (list all current and former positions held as an officer, director, trustee, partner (*e.g.*, limited partner, non-voting, etc.), proprietor, agent, representative, or consultant of any corporation, company, firm, partnership, other business enterprise, or educational or other institution):

The following are all former positions: Smithsonian Institution, Board of Regents; National Museum of African American History and Culture, Council; Smithsonian National Latino Board; Pitzer College, Board of Trustees; Congressional Hispanic Caucus Institute, Board (and Advisory Council); Center for the Advancement of Hispanics in Science and Engineering Education, Board; Close up Foundation—Board of Advisors; National Association of Latino Elected and Appointed Officials, Board; and the Los Angeles Annenberg Metropolitan Project (LAAMP)/Families in Schools, Board.

12. Memberships (list all current and former memberships, as well as any current and former offices held in professional, fraternal, scholarly, civic, business, charitable, and other organizations dating back to college, including dates for these memberships and offices):

To the best of my knowledge, I’ve included a list of my current and former memberships.

Memberships and Boards**Courts and Legal Organizations**

Year	Organization	Role
2020–Present	U.S. Supreme Court Bar	Member
2017–Present	Ninth Circuit Court of Appeals Bar	Member
2017–Present	U.S. District Court, Eastern District of California Bar	Member
2017–Present	U.S. District Court, Northern District of California Bar	Member
2017–Present	U.S. District Court, Southern District of California Bar	Member
1987–Present	U.S. District Court, Central District of California Bar	Member
1987–1990 (Estimate)	Mexican American Bar Association of Los Angeles County	Member
1985–present	State Bar of California	Member

Attorney General Memberships

Year	Organization	Role
2017–Present	National Association of Attorneys General	Member
2017–Present	Democratic Attorneys General Association	Member
2017–Present	Conference of Western Attorneys General	Member

Congressional Memberships

Year	Organization	Role
1993–2016 (Estimate)	United States-Korea Inter-Parliamentary Exchange	Vice Chair
1993–2016	Congressional Progressive Caucus	Member
2013–2016	Democratic Caucus	Chair
2011–2012	Joint Select Committee on Deficit Reduction	Member
2009–2010	National Commission on Fiscal Responsibility and Reform	Member
2009–2013	Democratic Caucus	Vice Chair
2008 (Estimate)	Congressional Friends of Spain	Co-Chair
1994–2016	Congressional Asian Pacific American Caucus (CAPAC)	Executive Committee Member, Member
1993–2016	Congressional Hispanic Caucus	Board Member, Advisory Council Member, Chair 1997–1998

Organizations

Year	Organization	Role
1993–2016 **	Inter-American Dialogue	Member
2011–2016	National Museum of African American History	Museum Council Member
1994–2015 (Estimate)	Close up Foundation	Board of Advisors
2008–2016	Smithsonian Institution	Regent
2008–2016	Smithsonian Institution National Latino Board	Board Member
2008–2015 (Estimate)	Center for the Advancement of Hispanics in Science and Engineering Education	Board Member
1993–1996 (Estimate)	National Student Leadership Conference	Honorary Board of Advisors
1993–1996 (Estimate)	Hispanic Outreach Advisory Board, National Parent Teacher Association	Member
2001–2016	BOLD PAC	Member, Chair 2007–2008
2001–2007	Families in Schools	Founding Board Member
1995–2003	Pitzer College	Board of Trustees Member
1995–2001	Los Angeles Annenberg Metropolitan Project (LAMP) Note: The project concluded in 2001 and Families in Schools was formed	Board Member
****	Mexican American State Legislators Policy Institute	Member
****	Greater Eastside Voter Registration Project	Member
1993–2016	Congressional Hispanic Caucus Institute	Chair 1997–1998, Board of Directors, Advisory Council Member, Member
1991–2005 (Estimate)	National Association of Latino Elected and Appointed Officials (NALEO)	Board Member
1987–1990	Association of California State Attorneys and Administrative Law Judges	Member
1977–1978	Northern CA District Council of Laborers, Laborers' Local 185	Member
1976–1980	MEChA (Stanford University)	Member

**When I became Attorney General, my office requested that all outside organizations in which I had an affiliation end any role I might have and remove my name from their materials. However, during this process, it came to our attention that I was still listed on this organization's website as a member. We have asked that my name be removed.

****This organization was listed in a previous biography. However, we have not been able to determine the dates of participation.

13. Political affiliations and activities:

- a. List all public offices for which you have been a candidate dating back to the age of 18.

California State Assembly: 1990.

U.S. House of Representatives: 1992–2016 elections.

Los Angeles Mayor: 2001.

Attorney General of California: 2018 (appointed first in 2017)

- b. List all memberships and offices held in and services rendered to all political parties or election committees, currently and during the last 10 years prior to the date of your nomination.

During the last 10 years, I've had the following campaign committees: Becerra for Congress and Becerra for Attorney General. I also had a Leadership PAC, Leadership for Today and Tomorrow, which has been terminated.

- c. Itemize all political contributions to any individual, campaign organization, political party, political action committee, or similar entity of \$50 or more for the past 10 years prior to the date of your nomination.

To the best of my knowledge, I have not made any personal contributions of more than \$50 during the past 10 years, other than a \$60 contribution to ActBlue in 2015. However, as with many members of Congress, my Leadership PAC and campaign committees did make political donations.

14. Honors and awards (list all scholarships, fellowships, honorary degrees, honorary society memberships, military medals, and any other special recognitions for outstanding service or achievement received since the age of 18):

California Legislature Fellowship: 1980–1981.

Reginald Heber Smith Community Lawyer Fellowship (“Reggie Fellow”): 1984–1985.

During my 30 years in public service, I have received numerous awards and other special recognitions—and those that I could locate, I have listed below by year.

Awards Received by the Attorney General

Year	Organization	Award
2020	National Health Law Program	Henry Waxman Award for Health Care Advocacy
2020	Lawyers’ Committee for Civil Rights of the San Francisco Bay Area	LCCR’s Living the Dream Award
2020	UnidosUS	Public Service Award
2020	Consumer Federation of America	Lifetime Achievement Award
2020	Friends of the River	Mark Dubois Award
2019	Mexican American Bar Foundation	Precursor de Justicia/Pioneer of Justice Award
2019	California Rural Legal Assistance, Inc.	Cruz Reynoso-Ralph Abascal Don Quixote Award
2019	California ChangeLawyers	ChangeLawyer Leadership Award
2019	Coalition for Clean Air	Air Quality Award for Leadership in Government
2018	United Nations Association of San Diego	Eleanor Roosevelt Human Rights Award
2018	California Reinvestment Coalition	Community Hero Award
2018	Adventist Health—White Memorial Charitable Foundation	Man of the Year Award

Awards Received by the Attorney General—Continued

Year	Organization	Award
2018	American Public Health Association	Paul Wellstone Award
2018	Equality California	Nancy McFadden Ally Leadership Award
2018	Mexican Bar Association of Los Angeles County	Benito Juarez Attorney of the Year Award
2018	Instituto Laboral de La Raza	California Visionary Award
2018	Breathe California of Los Angeles County	Civic Leader Award
2018	TELACU	Creo Award
2018	Metro Los Angeles—Metro Latino Association	Visionary Award
2018	NAACP—San Diego Chapter	Honoree for Community Service
2018	Essential Access Health	Family Planning Champion Award
2018	The Campaign for College Opportunity	Change Maker Award
2018	Coalition for Humane Immigrant Rights of Los Angeles	Honored for Leadership of the Immigrant Rights Movement
2017	Cesar Chavez Foundation	Cesar Chavez Legacy Award
2017	The Women’s Foundation of California—Women’s Policy Institute	Visionary Award
2017	Black Prosecutors Association of Los Angeles	Black Prosecutors Association of Los Angeles Champion of Justice Award
2017	Conference of California Bar Association	John Van de Kamp Justice Through Laws Award
2017	Cruz Reynoso Bar Association	Community Service Award
2017	California Hispanic Chambers of Commerce	Hispanic Appointee of the Year
2017	Equality California	Vanguard Leadership Award

Congressional Awards

Year	Organization	Award
2016	League of United Latin American Citizens (LULAC)	Recognition
2016	Asian Pacific American Institute for Congressional Studies	Lifetime Achievement Award
2015	Health Access	Health Care Champion Award
2015	California Retired Teachers Association	Friend of CalRTA Award
2015	The National Association of Latino Elected and Appointed Officials	Edward R. Roybal Award for Public Service
2014	National Association of Community Health Centers	Leadership Award

Congressional Awards—Continued

Year	Organization	Award
2013	National Association of Hispanic Real Estate Professionals	Founders Award
2013	Clinica Romero	Spirit Award
2013	Los Angeles United Methodist Museum of Social Justice	Outstanding Achievement
2012	California Alliance of Retired Americans	Retiree Hero Award
2012	A Community of Friends	Leadership Award
2012	Alta Med	Thank You For Outstanding Support
2011	Enterprise Foundation	Visionary of the Year
2011	California Council for Adult Education	Appreciation Certificate
2011	Arroyo Vista Family Health Center	Recognition
2011	Hollywood Freeway Central Park	A Real Star of Hollywood
2011	South Central Family Health Center	Appreciation of Public Service
2011	CARA	Award
2010	The Muniz Family Foundation	Distinguished Community Leadership Award
2010	Los Angeles Community College Foundation	Visionary Leadership Award
2010	The American Physical Therapy Association	Public Service Award
2010	California Hospital Association	Health Care Champion Award
2009	American Society of Radiologic Technologists	Legislative Advocacy Award
2009	City of El Paso	Key to the City
2009	FASGI	Leader of the Year Award
2009	Esperanza Community Housing Corporation	20th Anniversary Builder of Hope Award
2008	AARP	Legislative Achievement Award
2008	ACLU	Legislator of the Year Award
2007	Armenian Assembly	2007 Honor
2007	Hispanic Heritage Foundation	Education Award
2006	Congressional Management Foundation	Gold Mouse Award
2005	The Word—Pastor Castro	Recognition
2005	Normandie Residents	Recognition
2005	Career Opportunities for Youth	Recognition

Congressional Awards—Continued

Year	Organization	Award
2004	Mobility 21—Los Angeles County Moving Together	Julian Dixon Award
2004	Los Angeles City College	Outstanding Support
2003	Eastside Democratic Club	Legislator of the Year
2003	Santa Monica College	Appreciation Award
2003	Baptist Church	Partners in Progress Award
2003	Arroyo Vista Family Health Center	Recognition
2002	National Hispanic Medical Association	Recognition
2002	San Francisco Board of Supervisors	Recognition
2002	Indo American Award	Recognition
2002	Urban Issues Breakfast Forum	Recognition
2002	UPS	Plaque for Years of Service
2002	Barrio Planners	Appreciation Award
2002	Farmers Insurance	Star Award—Support of Bronze Screen
2002	City of Pontiac, Michigan	Key to the City
2002	Korean American Democratic Committee	Appreciation Award
2001	LAUSD—District F	Appreciation Award
2001	HACU	Appreciation Award
2001	ICT College	Appreciation Award
2000	NCLR	Graciela Olivarez La Raza Award
2000	Filipino American Senior Citizens Association	Appreciation Award
2000	The New Leaders	Appreciation Award
2000	Parents of BBAC	Appreciation Award
2000	Cal State La Raza Graduation	Appreciation Award
2000	KAC	Award of Appreciation
1999	Los Angeles Unified School District	Recognition
1999	USC Cuahatemoc Award	Recognition
1999	Filipino American Service Group, Inc. FASGI	Recognition
1999	Hollywood Chamber of Commerce	Appreciation Award
1999	Korean American Coalition (KAC)	Appreciation Award
1997	NABE	Recognition
1997	Koreatown Youth and Community Center	Recognition

Congressional Awards—Continued

Year	Organization	Award
1997	Northeast Trees	Recognition
1997	Pakistan Golden Jubilee Celebration	Appreciation Award
1997	Asian Pacific American Legal Center	Appreciation Award
1997	Franciscans of California	Appreciation Award
1996	CA Hispanic American Medical Association	Recognition
1996	Latino Coalition Healthy CA	Appreciation Award
1996	Alta Med	Appreciation Award
1996	Covenant House California	Appreciation Award
1996	AARP	Recognition
1996	St. John's Well Child & Family Center	Advocate Award
1995	Korean American Coalition	Recognition
1995	National Compadres Network	Recognition
1995	California Association of Bilingual Education	Appreciation Award
1995	Society of Hispanic Professional Engineers	Appreciation Award
1995	Bilingual Foundation of the Arts	El Angel Community Award
1994	Association of Community Health Agencies	Recognition Award
1994	City Terrace Community Council	Public Service Award
1994	State of California Migrant Education	Appreciation
1994	Career Opportunities for Youth, Inc.	Award of Appreciation
1993	Gay and Lesbian Latinos Unidos	Community Member Award
1993	DWP Latin American Employees Association	Appreciation Award
1992	Chicano/Latino Medical Association	Leadership Award

15. Published writings (list the titles, publishers, dates, and hyperlinks (as applicable) of all books, articles, reports, blog posts, or other published materials you have written):

OP-EDS AND LETTERS TO THE EDITOR

September 19, 2018: *USA Today*: California Focuses on Taking Guns From Criminals, <https://www.usatoday.com/story/opinion/2018/09/19/california-attorney-general-we-take-guns-criminals-editorials-debates/1362407002/>.

March 26, 2018: *San Francisco Chronicle*: Citizenship Question on 2020 Census May Result in Undercount, <https://www.sfchronicle.com/opinion/openforum/article/Citizenship-question-on-2020-census-may-result-in-12783055.php>.

March 14, 2018: *Washington Post*: Message to Trump: California Isn't in the Deportation Business, <https://www.washingtonpost.com/opinions/message-to>

trump-california-isnt-in-the-deportation-business/2018/03/14/0a48d250-2701-11e8-bc72-077aa4dab9ef_story.html.

February 22, 2018: *San Diego Union Tribune*: Why Supreme Court Case Critical to Future Health of California, <https://www.sandiegouniontribune.com/opinion/commentary/sd-oe-unions-california-janus-workers-20180222-story.html>.

February 18, 2018: *San Jose Mercury News*: Letter: State AG Becerra Vows to Protect Patient Drug Data, <https://www.mercurynews.com/2018/02/18/letter-state-ag-becerra-vows-to-protect-patient-drug-data/>.

January 16, 2018: *New York Times*: Florida Isn't the Only State That Will Be Hurt By Offshore Drilling, <https://www.nytimes.com/2018/01/16/opinion/florida-offshore-drilling.html>.

September 1, 2017: *HuffPost*: DACA Is Lawful and Making America Stronger, https://www.huffpost.com/entry/daca-is-lawful-and-making-america-stronger_b_59a9c6a4e4b0b5e530febdb9.

December 16, 2013: *USA Today*: Honor Our Heritage and Our Values, <https://www.usatoday.com/story/opinion/2013/12/15/immigration-reform-citizenship-editorials-debates/4034153/>.

February 25, 2012: *Arizona Republic*: Fixing Middle Class, <https://drive.google.com/file/d/1Ssxb32rKyKFnwZCq8QXzVVjXvtMXDv3r/view>.

September 7, 2010: Let's Make It in America Again, <https://www.politico.com/story/2010/09/lets-make-it-in-america-again-041842>.

June 1, 2010: Becerra Responds, <https://www.politico.com/story/2010/06/letter-to-the-editor-becerra-responds-037979>.

November 3, 2008: *Wall Street Journal*: Real Charities Deserve Deductions, <https://www.wsj.com/articles/SB122568104723692401>.

February 24, 2007: *Myrtle Beach Sun*: Amends Still Needed for WWII Detentions, <https://drive.google.com/file/d/1UVvhn4y1QW1p5y1b-T61xmSo9HXnCM/view>.

August 9, 1998: *New York Times*: Letter to the Editor: Prosecutor Is Qualified, <https://www.nytimes.com/1998/08/09/opinion/l-prosecutor-is-qualified-269751.html>.

BLOG POSTS

October 15, 2019: Medium: Liberty and Justice Under Law—A Look at Legislation Sponsored by the California Department of Justice, <https://medium.com/@AGBecerra/liberty-and-justice-under-law-d85c3762d7c>.

June 30, 2019: Medium: Reasons to Smile: Immigrant Heritage Month, <https://medium.com/@AGBecerra/reasons-to-smile-immigrant-heritage-month-289f8928f747>.

June 20, 2019: Medium: Protecting California's Oceans During World Oceans Month, <https://medium.com/@AGBecerra/protecting-californias-oceans-during-world-oceans-month-f345c4e46f2f>.

October 26, 2018: Medium: Saving the Clean Car Standards and the Clean Power Plan, <https://medium.com/@AGBecerra/saving-the-clean-car-standards-and-clean-power-plan-5fa4a1532aa8>.

September 13, 2018: Medium: California's Roadmap to Building a More Just World Through Climate Action, <https://medium.com/@AGBecerra/californias-roadmap-to-building-a-more-just-world-through-climate-action-6e61ee867b4c>.

January 16, 2018: *HuffPost*: DACA Is Lawful and Making America Stronger, https://www.huffpost.com/entry/daca-is-lawful-and-making-america-stronger_b_59a9c6a4e4b0b5e530febdb9.

January 9, 2018: Medium: In His Own Words: Why EPA Administrator Pruitt Should Have Nothing To Do With the Clean Power Plan, <https://medium.com/@AGBecerra/in-his-own-words-why-epa-administrator-pruitt-should-have-nothing-to-do-with-the-clean-power-plan-9f7be3fbb44d>.

December 22, 2017: SCOTUS Blog: Symposium: Agency Fees Benefit the Workplace—Just Ask the States, <https://www.scotusblog.com/2017/12/symposium-agency-fees-benefit-workplace-just-ask-states/>.

June 8, 2017: Medium: Trump Administration Threatens Protections for California's Cherished National Monuments, <https://medium.com/@AGBecerra/trump-administration-threatens-protections-for-californias-cherished-national-monuments-22dcf519975e>.

May 31, 2017: Medium: Clean Air Month: Breathing Easier in California, <https://medium.com/@AGBecerra/clean-air-month-breathing-easier-in-california-490fcae03834>.

March 26, 2016: *HuffPost*: 20 Pictures of Cuba Through My Lens, https://www.huffpost.com/entry/20-pictures-of-cuba-throu_b_9550660.

November 3, 2016: Daily Kos: GOP Incumbent in CO-06, Who Tries to Run and Hide From Trump, Supports Deportation Force Policies, <https://www.dailykos.com/stories/2016/11/3/1590541/-CO-06-Republican-Incumbent-Who-Tries-to-Run-Hide-From-Trump-Supports-Deportation-Force-Policies>.

October 27, 2016: Daily Kos: Republicans Are Down on America as Democrats Build It Up, <https://www.dailykos.com/stories/2015/10/27/1441533/-Republicans-Are-Down-On-America-As-Democrats-Build-It-Up>.

October 27, 2016: Daily Kos: Grassroots Momentum for Zephyr Teachout's Congressional Bid Grows in NY-19, <https://www.dailykos.com/stories/2016/10/27/1587741/-Grassroots-Momentum-for-Zephyr-Teachout-s-Campaign-for-Congress-Grows-in-NY-10>.

October 26, 2016: Only One Candidate Knows How to Protect Social Security and Medicare in NJ-05, <https://www.dailykos.com/stories/2016/10/26/1461678/-Only-One-Congressional-Candidate-Knows-How-to-Protect-Social-Security-and-Medicare-in-NJ-05>.

October 26, 2016: Why Many Texans Aren't Enamored By Trump's Border Wall, <https://www.dailykos.com/stories/2016/10/26/1587021/-Why-Many-Texans-Aren-t-Enamored-By-Trump-s-Border-Wall>.

October 21 2016: In NV-4, House Race Polls, Premised on Likely Voters, Fail to Account for Many Latinos Who Will Vote, <https://www.dailykos.com/stories/2016/10/21/1585068/-In-NV-4-House-Race-Polls-Premised-on-Likely-Voters-Fail-to-Account-For-Many-Latinos-Who-Will-Vote>.

December 18, 2015: Daily Kos: Congress Is Broken and It's Not Working for Working Families, <https://www.dailykos.com/stories/2015/12/18/1461680/-Congress-is-Broken-and-It-s-Not-Working-for-Working-Families>.

October 15, 2007: Daily Kos: Three Weeks of War or One Week of Health Coverage for Kids?, <https://www.dailykos.com/stories/2007/10/15/398228/-Three-Weeks-of-War-or-One-Year-of-Health-Coverage-for-Kids>.

February 20, 2007: Daily Kos: The Forgotten Internees, <https://www.dailykos.com/stories/2007/2/20/303962/->.

January 27, 2007: Daily Kos: Justice for Japan Latin American Internees, <https://www.dailykos.com/stories/2007/1/26/295189/-Justice-for-Japanese-Latin-American-Internees>.

September 21, 2006: Daily Kos: H.R. 4844: A 21st Century Poll Tax, <https://www.dailykos.com/stories/2006/9/21/248521/-H-R-4844-A-21st-Century-Poll-Tax>.

September 19, 2006: Daily Kos: Voters Need to Feel Confident, <https://www.dailykos.com/stories/2006/9/19/247832/->.

LAW REVIEWS

1994: "Reinventing Asylum: A Challenge to America." *American University International Law Review* 9, no. 4 (1994): 39–42, <https://digitalcommons.wcl.american.edu/cgi/viewcontent.cgi?article=1482&context=auilr>.

BOOK CHAPTERS

2004: "Policymaking in a Diverse America" (pages 29–39), as part of the book: *Strengthening Community: Social Insurance in a Diverse America*, by Kathleen Buto, <https://www.jstor.org/stable/10.7864/j.ctt1gpcpfp>.

1995: "Beyond Ideology: Educating Language-Minority Children Through the ESEA," as part of the book: *National Issues in Education: Elementary and Secondary Education Act*, by John F. Jennings, <https://eric.ed.gov/?id=ED386803>.

Supplemental information: As Attorney General, my name and/or office also appear on a large number of reports.

16. Speeches (list all formal speeches and presentations (e.g., PowerPoint) you have delivered during the past 5 years which are on topics relevant to the position for which you have been nominated, including dates):

October 15, 2020—Remarks at Health Access California Forum: “Still Fighting for Our Health!”, <https://drive.google.com/file/d/11xzQLtDejajiI5CKCGZWpeyeKvANIWAK/view>.

August 17, 2020—Remarks at Protect Our Care’s Town Hall During Democratic National Convention Week, https://drive.google.com/file/d/1MSnHDne_mktGSVenYIJPSF2ld8Vq8lj/view.

May 7, 2020—Remarks at Annual Consumer Federation of America Conference: “Stepping in and Protecting the Health, Safety and Welfare of Consumers and the Environment When the Federal Government Fails to,” <https://vimeo.com/417955875>.

January 28, 2020—Remarks at the National Health Law Program’s 50th Anniversary Celebration (remarks as prepared), <https://drive.google.com/file/d/15ffRTL44zBm5I2DVJyFuudpzOSAxijul/view>.

March 5, 2020—Remarks on the 25-Year Anniversary of The Children’s Partnership: “State of the Child 2020,” <https://drive.google.com/file/d/1EzXCk7chcLpc7hyfml39rr3rtg0Sgv8M/view>.

January 21, 2020—Keynoting the Annual Families USA Conference: “Health Action 2020,” <https://drive.google.com/file/d/1oDDu2MWiuXkVWUSQuAbQM MJzRvMBYz0n/view>.

December 4, 2019—Remarks at Essential Access Health’s Title X Business Meeting and Awards Luncheon (remarks as prepared), <https://drive.google.com/file/d/19g3nZ6AJRDGL6sz4LrgeXZ1-ktyleIz8/view>.

September 26, 2019—Keynoting the USC Schaeffer Center “Moving Towards Universal Coverage” Conference, <https://drive.google.com/file/d/1BGn5FFrMI34X0-2Z/TnTfjAKyI6ySpob/view>.

February 5, 2019—Remarks at the Annual Insure the Uninsured Project Conference: “Mapping the Future of Health Reform” (remarks as prepared), https://drive.google.com/file/d/1YKmjNB_4XxPdQIWgu2rG6ahvnNf335MZ/view.

November 11, 2018—Remarks at the American Public Health Association’s Annual Health Advocate Dinner (remarks as prepared), <https://drive.google.com/file/d/1ZXBSM3HIC5kgfD6Jv7PBRd9Qi91wBFDZ/view>.

September 27, 2018—Keynoting the Community Health Association’s Inland Southern Region Biennial Symposium (remarks as prepared), https://drive.google.com/file/d/1RgS5Uq_Q_NhOAMnyhLS41smwuvvg6SSNI/view.

February 15, 2018—Remarks at Regional Planned Parenthood Inaugural Leadership Council Symposium (remarks as prepared), https://drive.google.com/file/d/15J9kI7S7A5_n6vRMX_SVFALRv-s70k84/view.

January 12, 2018—Keynoting My Sister’s House Conference: “A Trauma-Informed Response to Human Trafficking Victims” (remarks as prepared), https://drive.google.com/file/d/1_zC9sNuMyj0aAlkEh0IOCrAVV6nz6TA2/view.

June 19, 2017—Remarks at the Public Law Center Volunteers for Justice Dinner (remarks as prepared), <https://drive.google.com/file/d/17LFQ-5FWfBO-Vnx6BV3EdT33DbDUY4ZE/view>.

March 23, 2016—Marking the Six-Year ACA Anniversary on Capitol Hill, <https://www.c-span.org/video/?c4938115/user-clip-xavier-becerra-remarks-acas-6th-year-anniversary>.

17. Qualifications (state what, in your opinion, qualifies you to serve in the position to which you have been nominated):

The mission of the Department of Health and Human Services—to protect people’s health and dignity—has been central to my life’s work. I worked early on as a legal aid lawyer helping people struggling with mental health challenges. Since then, during more than 30 years in public service, I have focused on getting people the best health care at the best possible price, from my decades on

the House Ways and Means Committee to the last 4 years serving as Attorney General of the largest State Department of Justice in the country.

As a 12-term member of Congress, I fought to give people access to quality, affordable health care. I served on the Ways and Means Committee for 2 decades, where I focused on protecting and strengthening Medicare, Medicaid, and health-care payments and program financing, and where, in 2015, I led efforts to successfully stave off roughly 20-percent cuts in Social Security Disability Insurance.

I helped write and pass the Affordable Care Act, including the provision addressing Medicare benefits and reimbursements. I helped expand the Children's Health Insurance Program and introduced legislation—the Medicare Savings Programs Improvement Act of 2007—that passed to expand cost-sharing subsidies for low-income seniors who receive both Medicare and Medicaid benefits by increasing the amount of resources they could receive. Several of these provisions were included in the Medicare Improvements for Patients and Providers Act of 2008 and the Medicare Access and CHIP Reauthorization Act of 2015.

I also championed provisions of the Medicare Improvements for Patients and Providers Act of 2008 that required physicians who perform imaging to be accredited and trained to ensure patient safety. I introduced legislation in 2007 to raise the cap on the benefits of patients receiving Medicare physical therapy, as well as the E-Centives Act of 2009, which provided incentives for Medicaid providers to implement electronic health records. A version of this legislation was included in the American Recovery and Reinvestment Act of 2009. I introduced the Medical Anesthesiology Teaching Funding Restoration Act of 2007 to improve anesthesiologists' teaching payments, and it passed in 2008.

I helped draft the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, requiring the HHS Secretary to conduct research on the social determinants of health in Medicare's value-based programs, so we could use good data to improve outcomes and save costs. In 2016, I helped launch a House Affordable Drug Pricing Task Force to tackle rising prescription drug costs.

As Attorney General, I have taken on powerful interests to make sure Americans have the best and most affordable health care, managing a large, complex agency to get results for Californians. I created a special Health Care Rights and Access Unit, with 55 attorneys uniquely focused on health-care antitrust and consumer protection. Our team has cracked down on Medicare and Medicaid fraud to protect these lifelines, recovering almost \$1 billion in just the last 3 years from defendants that defrauded California's State Medicaid program with false claims for payment. I also launched a Disability Rights Unit to investigate discrimination against people with disabilities. This unit has successfully investigated and negotiated agreements with several school districts to ensure that students with disabilities have received their legally entitled quality education.

I have overseen the maintenance and regulation of our State prescription drug monitoring program called the Controlled Substance Utilization Review and Evaluation System (CURES)—a required database for prescribers, devised to stop people from “doctor shopping” and receiving multiple opioids prescriptions. I have worked with a bipartisan group of Attorneys General to prevent youth and children from using tobacco products and taken on the opioid epidemic, working to hold drug makers and distributors, including Purdue Pharma, responsible for the addiction crisis. I have used my authority as Attorney General to tackle skyrocketing prescription drug prices by helping pass State laws to deter “pay for delay” deals and ensure transparency in prescription drug pricing. Moreover, my office settled a \$69-million lawsuit against Teva Pharmaceutical Industries for its illegal pay for delay activities.

We have prioritized protecting patients' privacy—securing settlements against Cottage Health System for failing to protect patient medical records, Aetna over exposing HIV patient statuses in mailers, Anthem for its violation of privacy laws resulting from a 2014 data breach, Glow, Inc. for their privacy and security failures that put women's sensitive personal information at risk, and Premera Blue Cross over their breaches of patient privacy.

I worked with the Republican Attorney General of Louisiana to lead a bipartisan, multistate coalition urging HHS, NIH, and FDA to use their legal authority to increase the availability and affordability of Remdesivir. In California, I used my authority to protect workers from exposure to COVID-19, take on

fraudsters trying to take advantage of people during the pandemic, and press the Federal Government to do more to produce PPE and boost reporting by nursing homes.

With the responsibility for reviewing non-profit health-care mergers in the State, I have fought to ensure that hospitals benefiting from nonprofit status give back appropriately to the communities they serve. For example, in 2018, my office approved the biggest merger in our State history, the Dignity-Catholic Health Initiative Merger, and along with it, secured a grant program between the hospital system and local governments to better support the delivery of treatment and services to hospitalized individuals experiencing homelessness. I also secured a half-billion-dollar settlement from Sutter Health, one of our country's largest hospital systems, for unfairly sucking up hospitals and doctors and using their market power to jack up costs for patients.

As part of our efforts to ensure integrity among health-care providers and vigorously protect patients, the California DoJ won a \$344-million verdict against Johnson & Johnson for its deceptive marketing arising from sale of pelvic mesh. The pelvic mesh implants, which were advertised to treat a condition called organ prolapse, caused severe bleeding and searing pain in these female patients. The award was more than twice the size of the \$117-million settlement J&J reached to resolve claims by 41 States and the District of Columbia for similar deceptive marketing accusations arising from the sale of pelvic mesh products.

Finally, over 3 years, I led the national defense of the Affordable Care Act in court, going all the way to the Supreme Court to ensure that the American people don't lose their health care or see their coverage denied just because they have a pre-existing condition, which is especially critical as we address the twin public health and economic crises caused by the pandemic.

The mission of the Department of Health and Human Services has never been more important than right now. I believe my experiences and background qualify me for this role, and I am humbled by and ready for this responsibility of leading HHS during this consequential time for the agency—and for our country.

B. FUTURE EMPLOYMENT RELATIONSHIPS

1. Will you sever all connections (including participation in future benefit arrangements) with your present employers, business firms, associations, or organizations if you are confirmed by the Senate? If not, provide details.

Upon consultation with and approval by my agency ethics officials, I will continue to participate in the State of California's 401(k) and 457(b) retirement plans and the CalPERS pension plan. The State of California will not make any contributions after my resignation.

2. Do you have any plans, commitments, or agreements to pursue outside employment, with or without compensation, during your service with the government? If so, provide details.

No.

3. Has any person or entity made a commitment or agreement to employ your services in any capacity after you leave government service? If so, provide details.

No.

4. If you are confirmed by the Senate, do you expect to serve out your full term or until the next presidential election, whichever is applicable? If not, explain.
- Yes.

C. POTENTIAL CONFLICTS OF INTEREST

1. Indicate any current and former investments, obligations, liabilities, or other personal relationships, including spousal or family employment, which could involve potential conflicts of interest in the position to which you have been nominated.

I have consulted with agency ethics officials to determine what, if any, steps I must take to avoid conflicts of interest and appearance issues in carrying out

my duties as the Secretary of Health and Human Services. My wife is a practicing physician. In connection with her work, I will comply with all applicable ethics laws and regulations and with the provisions of my ethics agreement, which spells out my recusal obligations with respect to her employment.

My financial holdings consist largely of diversified mutual funds, real property, cash and cash equivalents, which do not present significant potential for conflicts of interest in carrying out my anticipated official duties.

2. Describe any business relationship, dealing, or financial transaction which you have had during the last 10 years (prior to the date of your nomination), whether for yourself, on behalf of a client, or acting as an agent, that could in any way constitute or result in a possible conflict of interest in the position to which you have been nominated.

None. My financial interests consist largely of diversified mutual funds, real property, and cash or cash equivalents, which do not present a conflict of interest with my anticipated official duties. However, I will consult with agency ethics officials and comply with the ethics laws and regulations.

3. Describe any activity during the past 10 years (prior to the date of your nomination) in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat, or modification of any legislation or affecting the administration and execution of law or public policy. Activities performed as an employee of the Federal government need not be listed.

Since becoming Attorney General, I have testified twice before Congress.

On September 19, 2017, I testified before the Senate Commerce Committee regarding sex trafficking. The title of the hearing was “S. 1693, The Stop Enabling Sex Traffickers Act of 2017.” The press release below includes my testimony submitted to the committee.

<https://oag.ca.gov/news/press-releases/attorney-general-becerra-testifies-us-senate-support-protecting-children-sex>

On September 23, 2020, I testified before the Senate Commerce Committee regarding California’s privacy laws. The title of the hearing was “Revisiting the Need for Data Privacy Legislation.” The press release below includes my testimony submitted to the committee.

<https://oag.ca.gov/news/press-releases/attorney-general-becerra-testifies-us-senate-commerce-science-and>

As Attorney General, I have also written to Congress on a variety of issues. Most of these letters have been sent with other Attorneys General. To the best of my knowledge, the topics and dates of all such letters sent are listed below:

Legislation	Date	Comments
S. 168, The Commercial Vessel Incidental Discharge Act.	February 15, 2017	Multistate Opposition Letter from AG Becerra and nine AGs to Majority Leader McConnell and Minority Leader Schumer.
S. 118, Reinforcing American-Made Products Act of 2017.	March 15, 2017	Opposition Letter from AG Becerra to Senate Commerce Chairman Thune and Ranking Member Nelson.
S.J. Res. 19, H.J. Res. 62, and H.J. Res. 73 (bills that would eradicate protections for consumers who use prepaid cards to receive wages or make purchases).	April 5, 2017	Multistate Opposition Letter from AG Becerra and 18 AGs to Majority Leader McConnell, Minority Leader Schumer, Speaker Ryan, House Majority Leader McCarthy, and House Minority Leader Pelosi.

Legislation	Date	Comments
Federal funding for the Legal Services Corporation.	May 22, 2017	Bipartisan Multistate Opposition Letter opposing reduction in funds to Legal Services Corporation from AG Becerra and 31 AGs to House Appropriations Chairman Frelinghuysen, House Appropriations Ranking Member Lowey, House Appropriations Subcommittee Chairman Culber-son, and House Appropriations Subcommittee Ranking Member Serrano.
The Financial CHOICE Act of 2017 (H.R. 10) (bill would eliminate consumer protections from Dodd-Frank Wall Street Reform and Consumer Protection Act).	June 7, 2017	Multistate Opposition Letter from AG Becerra and 20 AGs to Speaker Ryan, Majority Leader McCarthy, Minority Leader Pelosi, and Minority Whip Hoyer.
H.R. 23 (bill would exempt California from longstanding principle that Congress should defer to States in managing water resources).	July 11, 2017	Opposition Letter from AG Becerra to Speaker Ryan and Minority Leader Pelosi.
S. 1693, Stop Enabling Sex Traffickers Act of 2017.	2017	AG Becerra's Responses to Questions for the Record from Senator Cortez Masto from September 2017 Senate Commerce Committee Hearing.
Safe Banking Act (legislation to provide a safe harbor for depository institutions that service marijuana-related business).	January 16, 2018	Bipartisan Multistate Support Letter for the Safe Harbor Legisla-tion from AG Becerra and 19 AGs to Senate and House Lead-ership.
Legislation to protect the victims of sexual harassment in the work-place.	February 12, 2018	Bipartisan Multistate Support Letter from AG Becerra and 55 AGs to Leaders of Congress.
S. 2152, Amy and Vicky Child Pornography Victim Assistance Act of 2017.	March 6, 2018	Bipartisan Multistate Support Letter from AG Becerra and 54 AGs to Speaker Ryan, Minority Leader Pelosi, Judiciary Committee Chairman Goodlatte, and Judiciary Committee Ranking Member Nadler.
Protection for Eligible Refugees with Established Residency Act of 2017 (ESPERER Act of 2017), H.R. 4184, and the Safe Environment from Countries Under Repression and Emergency Act (SECURE Act), S. 2144.	March 13, 2018	Multistate Support Letter from AG Becerra and 18 AGs to Majority Leader McConnell, Minority Leader Schumer, Speaker Ryan, Majority Leader McCarthy, and Minority Leader Pelosi.

Legislation	Date	Comments
Legislation to safeguard the rights of States to protect their residents from student loan-related abuses.	March 15, 2018	Bipartisan Multistate Support Letter from AG Becerra and 32 AGs to Speaker Ryan, Senate Majority Leader McConnell, House Minority Leader Pelosi, Senate Minority Leader Schumer, House Education Committee Chairwoman Foxx, Ranking Member Scott, Senate HELP Committee Chairman Alexander, and Ranking Member Murray.
Data Acquisition and Technology Accountability and Security Act.	March 19, 2018	Bipartisan Multistate Opposition Letter from AG Becerra and 31 AGs to the House Committee on Financial Services.
H.R. 3891 (bill would expand the authority of Medicaid Fraud Control Units to prosecute Medicaid patient abuse).	March 28, 2018	Bipartisan Multistate Support Letter from AG Becerra and 48 AGs to Representatives Walberg and Welch.
H.R. 3299 (Protecting Consumers' Access to Credit Act of 2017) and H.R. 4439 (Modernizing Credit Opportunities Act). Bills would allow non-bank lenders to sidestep State usury laws and charge excessive interest rates..	June 27, 2018	Bipartisan Multistate Opposition Letter from AG Becerra and 20 AGs to Majority Leader McConnell, Minority Leader Schumer, Senate Banking Chairman Crapo, and Ranking Member Brown.
Legislation to improve corporate transparency by requiring companies to disclose the identities of individuals who control and profit from the company at the time of its incorporation.	July 27, 2018	Multistate Support Letter from AG Becerra and 23 AGs to House Financial Services Chairman Hensarling, and Ranking Member Waters.
H.R. 6147 (bill that would bar Californians from using State courts to challenge construction of State and Federal water projects in California).	July 31, 2018	Opposition Letter from AG Becerra to Majority Leader McConnell, Minority Leader Schumer, Speaker Ryan, and Minority Leader Pelosi.
Legislation to reauthorize the Violence Against Women Act (VAWA).	September 17, 2018	Bipartisan Multistate Letter from AG Becerra and 55 AGs to Leaders of Congress.
First Step Act (bill to provide tools to the Federal Bureau of Prisons).	December 20, 2018	Bipartisan Multistate Support Letter from AG Becerra and 37 AGs to Majority Leader McConnell, Minority Leader Schumer, Speaker Ryan, and Minority Leader Pelosi.
Telephone Robocall Abuse Criminal Enforcement and Deterrence (TRACED) Act.	March 5, 2019	Bipartisan Multistate Support Letter from AG Becerra and 53 AGs to Senate Committee on Commerce, Science, and Transportation Chairman Wicker and Ranking Member Cantwell.
Request funding for the Legal Services Corporation (LSC) in Fiscal Year 2020.	May 1, 2019	Bipartisan Multistate Support Letter from AG Becerra and 41 AGs to the House Committee on Appropriations.

Legislation	Date	Comments
Request funding for the Legal Services Corporation (LSC) in Fiscal Year 2020.	May 1, 2019	Bipartisan Multistate Support Letter from AG Becerra and 41 AGs to the Senate Committee on Appropriations.
Legislation that would allow States and territories that have legalized certain use of marijuana to bring that commerce into the banking system.	May 8, 2019	Bipartisan Multistate Support Letter from AG Becerra and 37 AGs to Leaders of Congress.
Urge Congress to take action to protect the integrity of our election infrastructure.	June 13, 2019	Support Letter from AG Becerra to the Senate Committee on Appropriations and Senate Rules Committee.
H.R. 1603, the Alan Reinstein Ban Asbestos Now Act of 2019.	July 12, 2019	Multistate Support Letter from AG Becerra and 17 AGs to the House Committee on Energy and Commerce.
H.R. 1705, Jaime's Law (bill would require background checks for ammunition purchases).	September 23, 2019	Multistate Support Letter from AG Becerra and 20 AGs to Leaders of Congress.
Resolution of Disapproval for the U.S. Department of Education's "Borrower Defense" regulation.	January 14, 2020	Multistate Support Letter for resolution of disapproval of the Borrower Defense Rule from AG Becerra and 19 AGs to Senator Durbin and Representative Lee.
Urge Congress to take action to rein in predatory lending practices.	February 5, 2020	Support Letter from AG Becerra to House Financial Services Chairwoman Waters and Ranking Member McHenry.
H.R. 4421, Bankruptcy Venue Reform Act of 2019.	February 20, 2020	Bipartisan Multistate Support Letter from AG Becerra and 39 AGs to House Congressional Sponsors of H.R. 4421.
California Consumer Privacy Act and Federal Privacy Legislation.	February 25, 2020	Letter from AG Becerra providing support for the California Consumer Privacy Act to Senate Commerce Committee Chairman Wicker and Ranking Member Cantwell, and House Energy and Commerce Chairman Pallone and Ranking Member Walden.
Concern over the proposed allocation of funding for the District of Columbia in the Coronavirus Relief Fund.	March 26, 2020	Bipartisan Multistate Letter from AG Becerra and 38 AGs to President Trump, Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer.
Concerns about the ongoing implementation of the Paycheck Protection Program of the CARES Act.	May 6, 2020	Multistate Letter from AG Becerra and 23 AGs to Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy.

Legislation	Date	Comments
Legislation to impose remote online notarization on California residents.	May 18, 2020	Opposition Letter from AG Becerra to Senate Judiciary Chairman Graham and Ranking Member Feinstein.
Safe Banking Act (legislation to provide a safe harbor for depository institutions that service marijuana-related business).	May 19, 2020	Bipartisan Multistate Support Letter from AG Becerra and 33 AGs to Leaders in Congress.
S. 3607, Safeguarding America's First Responders Act of 2020.	May 21, 2020	Bipartisan Multistate Support Letter from AG Becerra and 51 AGs to Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, Minority Leader Schumer, House Judiciary Committee Chairman Nadler, and House Judiciary Committee Ranking Member Jordan.
Legislation to provide State AGs clear authority under Federal law to investigate unconstitutional policing by local police departments.	June 4, 2020	Multistate Support Letter from AG Becerra and 17 AGs to Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer.
Legislation to provide State AGs clear authority under Federal law to investigate unconstitutional policing by local police departments.	June 5, 2020	Support Letter from AG Becerra to Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer.
Urge Congress to address the crisis in our childcare systems by providing funding in the next Federal stimulus package.	July 14, 2020	Multistate Letter to Congress from AG Becerra and 21 AGs to Majority Leader McConnell and Minority Leader Schumer.
Driving for Opportunity Act of 2020 (legislation to end the practice of license suspension for unpaid fines and fees).	August 3, 2020	Bipartisan Multistate Support Letter from AG Becerra and 23 AGs to Senate Committee on Environment and Public Works Chairman Barrasso and Ranking Member Carper.
Student Loan Fairness Act of 2020, S. 4237.	August 5, 2020	Bipartisan Multistate Support Letter from AG Becerra and 29 AGs to Senators McConnell, Schumer, Alexander, Murray, Durbin, Duckworth, Murkowski, and Sullivan.
Questions for the Record following AG Becerra's testimony at Senate Commerce Committee Hearing, "Revisiting the Need for Data Privacy Legislation".	September 23, 2020	Letter from AG Becerra to the U.S. Senate Committee on Commerce, Science, and Transportation in response to Senator Schatz's Questions for the Record.
Request that Congress extend the spending-related deadline for relief funding so Americans can receive the full benefits of the CARES Act.	November 30, 2020	Bipartisan Multistate Support Letter from AG Becerra and 48 AGs to Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, Minority Leader Schumer, and Ways and Means Committee Chairman Neal and Ranking Member Brady.

Legislation	Date	Comments
Request to allow for free and fast access to a COVID-19 vaccine to every person.	December 3, 2020	Multistate Letter from AG Becerra and 12 AGs to Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, Minority Leader Schumer

Supplemental Information: In addition, as the Attorney General of California, our department has weighed in on Federal rulemaking and legislation in California and across the country.

4. Explain how you will resolve any potential conflict of interest, including any that are disclosed by your responses to the above items. (Provide the committee with two copies of any trust or other agreements.)

I have consulted with agency ethics officials and will sign an ethics agreement that sets forth my ethics obligations. I will receive initial and annual ethics training as required by the Ethics in Government Act. I will comply with my ethics agreement and with all applicable ethics laws and regulations, and I will rely on the advice of my agency ethics officials, whom I will consult regularly.

5. Two copies of written opinions should be provided directly to the committee by the designated agency ethics officer of the agency to which you have been nominated and by the Office of Government Ethics concerning potential conflicts of interest or any legal impediments to your serving in this position.

D. LEGAL AND OTHER MATTERS

1. Have you ever been the subject of a complaint or been investigated, disciplined, or otherwise cited for a breach of ethics for unprofessional conduct before any court, administrative agency (*e.g.*, an Inspector General's office), professional association, disciplinary committee, or other ethics enforcement entity at any time? Have you ever been interviewed regarding your own conduct as part of any such inquiry or investigation? If so, provide details, regardless of the outcome.

I have never been disciplined or cited for a breach of ethics or unprofessional conduct.

In 2011, the Office of Congressional Ethics looked into an allegation that my wife and I had improperly received a homestead exemption for our residence in Maryland, interviewed me, and found that the allegation lacked merit. The Office of Congressional Ethics unanimously recommended to the House Committee on Ethics that the matter be dismissed, which the Committee on Ethics did without any further investigation.

2. Have you ever been investigated, arrested, charged, or held by any Federal, State, or other law enforcement authority for a violation of any Federal, State, county, or municipal law, regulation, or ordinance, other than a minor traffic offense? Have you ever been interviewed regarding your own conduct as part of any such inquiry or investigation? If so, provide details.

No.

3. Have you ever been involved as a party in interest in any administrative agency proceeding or civil litigation? If so, provide details.

I have not been involved in any administrative proceedings or civil litigation in my personal capacity.

Supplemental Information: As Attorney General representing the State of California, I am sometimes named in litigation. In addition, during my 30-year tenure as an elected official, my campaign committees have been the subject of very few complaints. To the best of my knowledge, here is a list of all administrative complaints and civil litigation involving my campaign committees.

Federal Election Commission

In 2015, the Foundation for Accountability and Civic Trust filed a complaint against the DNC and every Democratic congressional campaign committee alleging that they had received prohibited in-kind contributions from Catalist and NGP VAN. The FEC rejected those claims by a vote of 6-0 and closed the matter without taking any action.

In 2001, the company Mattel filed a self-referral complaint with the FEC voluntarily disclosing that a former executive had used corporate funds to make political contributions through Mattel employees to a number of congressional campaign committees, including Becerra for Congress. Becerra for Congress was unaware of any improper contributions, and voluntarily returned the contributions to the U.S. Treasury after the allegations came to light. The FEC voted unanimously that there was no violation of the Act by Becerra for Congress or any other campaign committees, and the matter was closed.

California Fair Political Practices Commission (FPPC)

My Democratic opponent in the 2018 primary campaign for Attorney General, Dave Jones, filed a complaint with the State of California Fair Political Practices Commission (FPPC), regarding a television advertisement paid for by my committee, Becerra for Attorney General. The Fair Political Practices Commission found there were no violations and closed the file immediately without any further investigation. Days before the primary election, Dave Jones for Attorney General held a press conference announcing that he had also filed a civil lawsuit against Becerra for Attorney General about the same issue. However, he never served the lawsuit, and dismissed it shortly after the election without taking any further action.

L.A. City Ethics Commission

Following a mandatory audit of all the campaign committees involved in the 2001 mayoral election, the Commission found that five of the leading mayoral committees, including the Becerra for Mayor committee, made technical administrative errors during the campaign. Becerra for Mayor agreed to pay \$11,089.99 to resolve issues regarding six mailers that weren't filed with the Commission and the receipt of surplus matching funds. The committee also refunded \$7,089.99 to the city for the surplus matching funds it received.

Sacramento County Superior Court

In 2018, Eric Early, a candidate for Attorney General, filed a Petition for Writ of Mandate and Complaint for Declaratory Relief to remove Xavier Becerra's name from the November 2018 statewide general election ballot, alleging that he was ineligible to serve as Attorney General because he was an inactive member of the California State Bar for the 5-year period preceding his appointment or election to office.

The trial court judge denied the Petition for Writ of Mandate and ruled in favor of Becerra, declaring that the law only required Becerra to be admitted to practice law in the State of California to be eligible to run for the office of Attorney General, not to be an "active" member of the State Bar. Following the entry of judgment, the court awarded Becerra his attorneys' fees for defending the lawsuit. Plaintiff appealed the trial court ruling and the Court of Appeal upheld the trial court ruling in favor of Becerra, issuing a published decision (*Early v. Becerra* (2020) 47 Cal. App. 5th 325.) Plaintiff then filed a separate appeal of the trial court's award of attorneys' fees to Becerra. Oral argument was heard by the court on November 16, 2020, and a decision is pending.

4. Have you ever been convicted (including pleas of guilty or *nolo contendere*) of any criminal violation other than a minor traffic offense? If so, provide details.
No.
5. Please advise the committee of any additional information, favorable or unfavorable, which you feel should be considered in connection with your nomination.
None.

E. TESTIFYING BEFORE CONGRESS

1. If you are confirmed by the Senate, are you willing to appear and testify before any duly constituted committee of the Congress on such occasions as you may be reasonably requested to do so?
Yes.
2. If you are confirmed by the Senate, are you willing to provide such information as is requested by such committees?
Yes.

QUESTIONS SUBMITTED FOR THE RECORD TO HON. XAVIER BECERRA

QUESTIONS SUBMITTED BY HON. RON WYDEN

NURSING HOMES

Question. The COVID-19 pandemic has taken an outsize toll on our Nation's 1.3 million seniors living in nursing homes. As of early February, more than 160,000 long-term care workers and residents have died. While long-term care residents represent roughly 5 percent of the U.S. COVID-19 cases, they represent about one-third of total U.S. COVID-19 deaths.

Throughout the pandemic, nursing homes have faced chronic shortages of PPE, staffing, and testing. HHS has allocated roughly \$10 billion to nursing homes from the Provider Relief Fund, but with essential resources like staff and PPE in short supply for much of the last year, it is not clear whether those dollars have always translated to an improved response on the ground. Nursing homes where black and Latino residents make up a higher percentage of their population have faced the worst outcomes. The failure to control the spread of the virus in communities across the country resulted in nursing homes in majority-minority communities bearing a disproportionate risk, compared to mostly white communities.

I've worked closely with Senator Casey over the last year to push and prod HHS to collect and make public information about COVID-19's impact on Medicare and Medicaid certified nursing homes. The weekly nursing home data required and posted by CMS has provides families, policymakers and health care experts with timely information about how COVID-19 is affecting nursing home residents and workers.

Broadly speaking, if confirmed as Secretary of HHS, will you support efforts to improve transparency relating to COVID-19 in nursing homes and address the disproportionate impacts of COVID-19 on nursing home residents of color?

And specifically in regard to vaccinations, will you support efforts to provide consumers and Congress facility-level data about the rate of COVID-19 vaccinations in nursing homes?

Answer. Thank you for your leadership on this important issue. If I am fortunate enough to be confirmed, it will be a top priority for the U.S. Department of Health and Human Services (HHS) to protect our most vulnerable Americans by addressing the disproportionate impact of the novel coronavirus of 2019 (COVID-19) pandemic on nursing home residents, especially people of color. As you and I have discussed, making data-driven decisions will be critical to addressing racial and ethnic health disparities not just at the Nation's nursing homes but across the health-care system. If confirmed, I will make transparency and data collection regarding the impacts of COVID-19 and vaccination a priority because good data is essential to good policy.

FAMILY SEPARATION AND TREATMENT OF UNACCOMPANIED NONCITIZEN MINORS

Question. Policies promoting the forced separation of children from their families at the border has led to serious trauma for noncitizen children and their families.

If confirmed, how do you plan to support the health and well-being of noncitizen children and ensure their safe and timely reunification with family members or sponsors?

Answer. If confirmed, I will ensure HHS is making the safety and well being of vulnerable children in the care and custody of the Office of Refugee Resettlement (ORR) a priority. Ensuring these children's safety and well-being is both our legal duty and our moral obligation—I take both seriously. Providing such care includes complying with all legally mandated services required by the terms of the *Flores* Settlement Agreement, the Homeland Security Act of 2002, and the Trafficking Victims Protection Reauthorization Act of 2008. As you know, HHS is required to release children to an appropriate sponsor without unnecessary delay. When a child enters ORR care, ORR aims to put every child safely in contact with their parents, guardians, or relatives as soon as possible. We are committed to continued improvement in the program's discharge rate.

Question. Will you commit to providing members of Congress timely updates and details on the changes the Office of Refugee and Resettlement makes to meet the physical and mental health needs of children its care at all placement types?

Answer. Yes.

Question. Will you commit to soliciting the input of child welfare experts, in addition to comments from the general public before implementing significant policy changes?

Answer. Yes.

Question. Lastly, will you commit to working with the Secretary of the Department of Homeland Security to uphold the Flores Settlement and the Trafficking Victims Protection Reauthorization Act?

Answer. Yes.

QUESTION SUBMITTED BY HON. DEBBIE STABENOW

Question. I'm a strong supporter of Medicare's home health benefit, and it's a really important option, particularly during the pandemic. What improvements and modernizations would you like to see made to the home health benefit?

Answer. As you mention, the Medicare home health benefit allows beneficiaries to receive care from their home, which is a much needed lifeline for our Nation's seniors. I believe the home health benefit is necessary to ensuring quality health care. I also understand this issue personally. As I discussed briefly in our hearing, I was fortunate enough to care for my father at home, prior to his passing. I understand that in response to the COVID-19 Public Health Emergency, the Centers for Medicare and Medicaid Services provided flexibilities to home health agencies, giving them tools to help ensure beneficiaries maintain access to care. If confirmed, I will work with you and other members of Congress to ensure that our Nation's seniors are able to utilize home health care and to continue to improve the benefit.

QUESTION SUBMITTED BY HON. MARIA CANTWELL

LYMPHEDEMA TREATMENT ACT

Question. Lymphedema is an incurable but treatable medical condition caused by injury, trauma or congenital defects. One of the most common causes of Lymphedema is cancer treatments that remove or damage lymph nodes and vessels, or cause blockages in the lymphatic system. The disease is effectively managed through prescription medical compression garments, which are highly specialized compression stockings, sleeves, gloves, and other items, all of which must be custom-fit by trained providers. In the case of more advanced disease or complex cases, these garments must be custom-made.

Medically necessary supplies such as these should be covered by insurance. Moreover, by not treating the condition with compression garments, patients are more likely to enter hospitals and doctors' offices during the current COVID-19 pandemic, which is not helpful to our efforts to combat the spread of the virus.

Unfortunately, Medicare does not currently provide coverage for lymphedema compression supplies, which must be replaced about every six months, because the Centers for Medicare and Medicaid Services (CMS) claim they do not fit into an existing benefit category.

I have been leading the effort in Congress to correct this problem and have sponsored the Lymphedema Treatment Act (LTA) to direct CMS to cover prescribed medical compression garments.

If confirmed as Secretary, are you willing to endorse this legislation and recommend President Biden sign it into law if passed by the Congress, unless you are able to fix this administratively?

Answer. Thank you for your leadership on behalf of Lymphedema patients. I agree that we must ensure Medicare beneficiaries have access to medically necessary health-care items and services. If confirmed, I will work with you to identify solutions to this issue.

QUESTION SUBMITTED BY HON. BENJAMIN L. CARDIN

MEDICAID AND COVID-19

Question. Last year, at the beginning of the COVID-19 pandemic, the country saw a dramatic decline in the utilization of health-care services as individuals sought to limit their risk and exposure to contracting the coronavirus. Almost a year later, many States have lifted restrictions on medical procedures, begun reopening schools, and relaxed other restrictions. As a result, utilization of non-urgent care has returned to or trended near normal utilization levels, pre-pandemic.

Capitated managed care is the dominant way in which States deliver services to Medicaid enrollees. States pay Medicaid managed care organizations (MCOs) a set per member per month payment for the Medicaid services specified in their contracts. During the pandemic, States were making payments to plans, but those payments were not necessarily flowing to providers where utilization had decreased. As a result, many Medicaid providers faced substantial losses in revenue, while many health insurers reported record earnings.

In the waning days of the Trump administration, many States sought approval from CMS to implement a risk corridor financing mechanism for their respective Medicaid programs. This allowed States to recoup monies that were paid to Medicaid MCOs prior to the pandemic and the Public Health Emergency Declaration.

Now that utilization patterns in the Medicaid program are returning to normal, when would it be appropriate for CMS to review State risk corridor arrangements?

Answer. The COVID-19 public health emergency (PHE) disrupted all aspects of our lives, including our use of routine and urgent health services, presenting unique and unanticipated circumstances. Over the past year, there have been different patterns in health care utilization. If confirmed, I look forward to working with you to support State efforts to respond to COVID-19, including regarding payment to the managed care plans and providers to ensure Medicaid beneficiaries have continued access to care.

 QUESTIONS SUBMITTED BY HON. SHERROD BROWN

CHILD ABUSE FATALITIES

Question. In my State, there have been a number of tragic child abuse-related deaths, which is unacceptable. It is critical that we do more to support at risk children and families and ensure States have the resources to prevent these tragedies. Right now, the National Child Abuse and Neglect Data System (NCANDS) fails to capture the entire number of child abuse fatalities. Like almost every other aspect of the child welfare system, child abuse deaths disproportionately affect black families. The Federal Commission to Eliminate Child Abuse and Neglect Fatalities recommended significant reforms, including increased funding to child welfare programs and the development of a standard definition of “child maltreatment fatality.”

Will you commit to working with members of Congress to advocate for funding to ensure States and community partners have the resources to support families and prevent child abuse-related deaths? Will you commit to incorporating the voices and lived experiences of young people and families to root out factors that lead to this tragedy having a disparate impact on black families? If confirmed, what initial steps would you take to strengthen Federal data systems and encourage cross agency collaboration to ensure policymakers and practitioners have the information necessary to prevent child abuse-related fatalities?

Answer. Federal data systems are critically important to ensuring child safety and must be inclusive so that they capture all relevant information that States, policymakers, and practitioners need to prevent child abuse-related fatalities. Working with Congress to support States and community partners will be an important part of our broader efforts to reduce child abuse-related fatalities, including by strengthening Federal data systems. President Biden has been unequivocal that equity issues will be and will remain at the forefront of his administration. If confirmed, I will ensure that the experiences and perspectives of all children and families will inform my work.

FAMILY FIRST IMPLEMENTATION

Question. COVID-19 has devastated State budgets, particularly systems that were already underfunded, such as the child welfare system. As States like Ohio, work to implement provisions from the Family First Act, it is critical to ensure they have adequate and clear guidance and support to be successful under the new system.

Will you commit to providing States and child welfare providers with the tools, resources, and information necessary to implement Family First? Will you commit to working with county-administered child welfare systems in States like Ohio to promote equitable access to Family First support services across jurisdictions?

Answer. The Family First Prevention Services Act is an important law that seeks to transform child welfare services by increasing support for prevention services to strengthen families and keep children safely at home and in their communities with their parents, or other family members whenever possible. When children must come into foster care, the law seeks to limit the use of institutional care and encourage family-based placements. If confirmed, I commit to ensuring HHS takes every available step to support vulnerable children and families, and makes available needed guidance and technical assistance so that all States, including those with county-administered child welfare systems like Ohio, can effectively implement the law and ensure equitable access to needed services.

SOCIAL DETERMINANTS OF HEALTH

Question. As was discussed during Wednesday's hearing, entities across the health-care and political spectrum are increasingly focused on ways to address the social determinants of health. The Department of HHS—as both a payer and a policy driver—has many tools at its disposal to improve health and drive value by addressing social determinants.

If confirmed, how will you use Federal payment policy—across Medicare and Medicaid and through the Center for Medicare and Medicaid Innovation (CMMI)—to address the social determinants of health, ensure our Federal programs and models address health-related social needs of patients, and support upstream investments in the social determinants of health?

Answer. The COVID-19 pandemic has further exposed the disparities that exist in our society. I understand the CMS Innovation Center is currently testing the Accountable Health Communities Model, which evaluates whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screening, referral, and community navigation services will impact health-care costs and reduce health-care utilization. In addition, if confirmed, I intend to take a department-wide approach to the advancement of equity, consistent with President Biden's charge to Federal departments and agencies, and this would include examination of ways to address the social determinants of health.

COVID-19 VACCINE DISPARITIES AND DATA

Question. A recent *Washington Post*¹ article gave examples of States that have managed the COVID vaccination process well, while others have had a more challenging time navigating the complex process. All States, however, have failed to distribute vaccines equitably²—we are failing our communities of color.

Many States, including Ohio, are working to develop a vaccine appointment finder tool to increase resident participation and aid in the State's vaccination campaign. Some localities have made use of online platforms that help collect data on the root causes of vaccine hesitancy, providing public health and community leaders with additional information on actions they can take to improve the vaccine distribution process, particularly for communities of color and underserved communities.

If confirmed, will you commit to getting States the complete set of data and information they need to populate their vaccine finder tools, and ensure States have the tools to build and leverage their platforms to accelerate the vaccine distribution process and reduce disparities in access to vaccine?

¹ https://www.washingtonpost.com/national/states-vaccine-rollout/2021/02/03/eae671a0-656f-11eb-886d-5264d4ceb46d_story.html.

² <https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/>.

Answer. I am acutely aware of the disparities faced by communities of color and other underserved communities. If confirmed, I will ensure that we are partnering with States on data and vaccine information so that Americans, especially communities of color, can more easily access vaccination. I will also endeavor to work with States on other options for those who may not have access to a computer as well. It is critical that Federal and State governments are closely coordinated and sharing information to best serve the needs of the American people.

DIRECT AND INDIRECT REMUNERATION FEES

Question. Community pharmacists are a critical player in our Nation's health-care workforce, extending essential services to underserved and disproportionately at-risk communities. Especially during the COVID-19 pandemic, pharmacists have been critical in our efforts to expand access to testing and vaccination services, including long-term care residents and other seniors and Part D beneficiaries.

Unfortunately, the rapid growth of pharmacy direct and indirect remuneration (DIR) fees continues to create uncertainty for the community pharmacies Ohioans rely on for essential services. The use of DIR fees in Medicare Part D has exploded over the past several years, threatening the financial viability of pharmacies across Ohio and the health of the patients they serve. The Centers for Medicare and Medicaid Services (CMS) has estimated that pharmacy DIR fee reform could result in saving Medicare beneficiaries between \$7.1 and \$9.2 billion in cost-sharing burden over the next decade.

If confirmed, will you commit to working with Congress on solutions to address the explosion of DIR fees and support stability for community pharmacies, while ensuring quality and low costs for Medicare beneficiaries?

Answer. I agree that community pharmacists are critical to our Nation's health-care system. We must do all we can to ensure that Americans can access important health-care services, including from local pharmacies in their communities. If confirmed, I look forward to working with Congress to ensure that community pharmacists have predictability.

PREVENTIVE/PRIMARY CARE/SCREENINGS DURING COVID-19

Question. COVID-19 has been a threat to our health in more ways than one. Not only has the virus stolen the lives of more than 500,000 Americans, it has drastically reduced other vital health-care services that are essential to keeping Americans healthy. COVID-19 has had a significant negative impact on primary care visits, childhood vaccination rates, and cancer screening rates.

The Centers for Disease Control and Prevention (CDC) issued a Morbidity and Mortality Weekly Report (MMWR) in September 2020 that found that "because of concerns about COVID-19, an estimated 41 percent of U.S. adults had delayed or avoided medical care including urgent or emergency care (12 percent) and routine care (32 percent). Avoidance of urgent or emergency care was more prevalent among unpaid caregivers for adults, persons with underlying medical conditions, black adults, Hispanic adults, young adults, and persons with disabilities."

It is essential that we both work to reduce the backlog in screenings and vaccinations and other primary health-care services, and to better understand factors associated with medical care avoidance to—as the CDC MMWR says—"inform targeted care delivery approaches and communication efforts encouraging persons to safely seek timely routine, urgent, and emergency care."

If confirmed, what will you do to ensure that we make up for the lost progress (as a result of the pandemic) in our rates of childhood vaccinations and cancer screening efforts, as well as in our work to reduce the prevalence and severity of other chronic conditions and to improve public health outcomes?

Answer. We know the COVID-19 pandemic caused Americans—adults and children—to delay routine care, including important preventive measures like vaccinations and cancer screenings. If confirmed, I look forward to working across the Department to address lost progress and the looming effects of unaddressed chronic conditions.

MEDICARE ADVANTAGE/PRIOR AUTHORIZATION

Question. Thank you for your commitment to working with me to equal the playing field between traditional Medicare and the Medicare Advantage program. I look forward to collaborating on this effort.

One area where we can create some parity lies in the prior authorization process. Last Congress, I introduced legislation with Senator Thune to establish an electronic prior authorization program in Medicare Advantage (MA) to better facilitate the prior authorization process in MA and improve the timeliness and efficacy of care delivery for beneficiaries and their providers. CMS has issued a notice of proposed rulemaking to establish similar programs in Medicaid, the Children's Health Insurance Program (CHIP), and insurers operating qualified health plans on the federally facilitated exchange under the Affordable Care Act (ACA). Beneficiaries and their providers should not have to jump through hoops in order to access medically necessary services.

If confirmed, will you work with Senator Thune and me to provide additional technical assistance on our legislation so that we can advance improved prior authorization processes that put the patient back at the center of care and reduce barrier to timely access to essential services?

Answer. I believe that ensuring Americans have timely access to health care is critical, and I agree with you that providers and individuals should not have to jump through unnecessary hoops for access to medically appropriate care. If confirmed, I look forward to working with you, Senator Thune, and other members of Congress on these important issues.

BIOSIMILARS

Question. Thank you for your commitment to lowering the high cost of prescription drugs. The robust uptake of biosimilars represents an opportunity to increase competition in the prescription drug marketplace and reduce costs for patients and taxpayers. I'd like to work with you on ways to maximize the uptake of biosimilars as they enter the market to ensure competition and reduce patient out of pocket cost.

If confirmed, what additional steps should and will you take to build out a robust biosimilars market and ensure all patients who require treatment have immediate access to high-quality, affordable biosimilar biologic medicines?

Answer. Competition in the market has helped control the growth in spending on prescription drugs. Biosimilars have a role to play in containing the cost of innovative yet expensive biologic treatments by creating competition. As Attorney General, I helped to promote competition by taking on a number of pharmaceutical companies that restricted competition through "pay-for-delay" schemes, which delayed putting a generic product on the market to compete with the brand-name product, therefore keeping the price of that brand-name product high. In addition, I sponsored a law in California that made it more difficult for pharmaceutical companies to enter into anti-competitive "pay-for-delay" agreements. If confirmed, I will continue to work on finding ways to lower drug costs and ensuring Americans have access to prescription drugs.

ANTIBIOTIC RESISTANCE

Question. From the CDC to the World Health Organization, public health experts consider antibiotic resistance to be one of the top threats to global health security. The threat posed by superbugs demands swift action and a robust response.

I urge you to commit to building on the National Action Plan for Combating Antibiotic-Resistance Bacteria (CARB) and follow through on coordinated, strategic actions to address antibiotic resistance.

What actions will you take, amidst and after this pandemic, to prioritize our Nation's fight against antibiotic resistance in addition to building out our antibiotic stewardship programs and curbing the overuse of antibiotics?

Answer. It is clear that antimicrobial resistance (AMR) must be a top public health priority, not only for the United States but around the world. Even during this time, AMR remains a top CDC priority, and if confirmed, we will continue investing in key prevention strategies like early detection and containment, infection prevention, and ensuring the appropriate use of antibiotics in the U.S. and around the world. I will also support efforts to develop new antibiotics to treat infections that are becoming untreatable.

QUESTIONS SUBMITTED BY HON. MICHAEL F. BENNET

RURAL HEALTH

Question. According to the Brookings Institute, rural communities had not yet recovered from the recession when COVID-19 hit. Farm workers and packing plant workers have experienced particular hardship over the past year. I recently finished a tour of all 64 counties in Colorado and I often visited with hospital leaders in the rural parts of the State. In the past 10 years, 135 rural hospitals have shut down, including 19 in 2020. I heard the same refrains throughout: that Medicare reimbursement wasn't adequate, that they needed infrastructure support, and that they were afraid that one more thing could shut them down. I have worked with my colleagues, Senators Murkowski and Barrasso and many others, on legislation to support our rural providers and public health, often the bedrock of their communities.

Will you commit to working with me on rural health? What can you do to support rural hospitals and providers to ensure they can recover more quickly than they did in the last recession?

Answer. I believe it is HHS's role to support programs and advance policies that promote access to high-quality care in rural and other underserved areas. If confirmed, I look forward to working with you and other Members of Congress to advance rural health through the work of the Health Resources and Services Administration, Centers for Medicare and Medicaid Services, and other parts of the Department, and to support efforts that put rural hospitals in a better financial position to deliver needed care in their communities.

SURPRISE MEDICAL BILLING

Question. In December, Congress passed the No Surprises Act, which will end the practice of surprise billing. I think this was a major step to protect patients who were often taken advantage of in their most vulnerable state. I had been working on that effort for years with Senators Cassidy and Hassan and others on the committee, and I am grateful it was signed into law. Now you have the responsibility to implement the legislation before it goes into effect next year.

Can you highlight your thoughts on surprise billing and your commitment to implement the legislation over the next year should you be confirmed?

Answer. This law is important to so many. I want to thank you and your colleagues for the good work that went into getting this legislation enacted. If confirmed, I will work to ensure that this critical legislation is implemented effectively and in a timely manner. I look forward to working with you and other members of Congress on this shared goal.

PUBLIC HEALTH JOBS

Question. In Colorado, the public health infrastructure has been underfunded by up to 40 percent. Our national public health infrastructure has been in a similar place. I believe that this underinvestment, on top of a total lack of leadership from the previous administration, is a huge reason why the response in the United States compared to other countries was so poor. The American Rescue Plan has a public health jobs program, which looks very similar to the Health force proposal that I put together with Senator Gillibrand, and would provide 100,000 public health jobs to do everything from contact tracing to vaccine administration through and beyond the COVID-19 pandemic. This proposal would create jobs for people in the communities they serve, which I believe can make a massive difference to help reduce racial and ethnic disparities, which this pandemic has only highlighted.

Do you agree that public health workers should come from the local communities they serve? How can the Public Health Jobs program improve case in underserved, black, indigenous, and Latino communities?

Answer. I am deeply committed to bolstering the Nation's public health infrastructure. Like you, I believe that equity must be central to all aspects of our COVID-19 response and how we prepare for future public health challenges. It is also important that our health workforce is representative of the communities they serve. As you know, the President's American Rescue Plan calls for 100,000 public health workers who will work in their local communities. The President has stated that these public health workers will perform critical near-term tasks, including vaccine outreach and contact tracing, and ultimately transition into long-term roles in low-income and underserved communities. If confirmed, I would look forward to

the opportunity to work with you on this program and other initiatives to promote health equity and strengthen the country's public health workforce.

Question. Will you work to ensure that the formula for the Public Health Jobs Program funding includes a percentage of funding that would go directly to local public health agencies and not fully through the State health agencies?

Answer. If confirmed, I commit to work with you to ensure that support reaches local public health agencies.

OPO REGULATIONS

Question. Colorado is consistently among the top performing States for organ donation in the country: last year, in Colorado, 215 heroic organ donors saved a record-setting 622 lives. This marked a 45-percent growth in the last 5 years. New organ procurement organization (OPO) performance regulations that the Trump administration created were long awaited to reform the current organ donation and transplantation system. Unfortunately, the age only adjustment for organs transplanted metric could unintentionally place the Colorado OPOs in a lower, inappropriate tier due to the State's young population.

As the Centers for Medicare and Medicaid Services may review and update the OPO, will you work with me to ensure that such updates take into account Colorado's unique situation? For example, will you include a medical adjustment in the metric to take into account health characteristics that may affect the eligibility for donation, such as diabetes or hypertension?

Answer. I share your desire to ensure OPOs are held to high, fair standards using appropriate metrics that account for high-performing OPOs. If confirmed, I look forward to working with you to increase the organ supply and hold OPOs accountable for their performance.

EQUITY IN POLICY DECISIONS

Question. Many of the efforts surrounding health equity address issues among the private sector among the health-care industry, but often overlook bias among policymakers and their staff in both the executive and legislative branches. Your nomination as the first Latino to lead HHS would be historic and provides you with a unique lens and prerogative to create lasting change in the agency.

Would you work to use all available tools to hire diverse staff specifically assigned to reviewing policy and communications (*e.g.*, regulations, legislation, technical assistance for legislation, guidance, press releases, etc.) and, as appropriate, embed policy and feedback that would help reduce disparities among agencies and the industries they regulate under your purview?

Answer. I am committed to a diverse workforce within HHS including, but not limited to, policy and communications staff. I agree with Office of Personnel Management tenets that workforce diversity benefits organizations' ability to effectively serve our increasingly diverse Nation and address disparities. A diverse workforce also can ignite innovation in policies, programs and processes. If confirmed, I will champion diversity, equity, and inclusion across HHS.

PUBLIC HEALTH LEADER SAFETY

Question. Over the past year, public health leaders at local public health agencies (LPHA) in Colorado and across the country have experienced a great deal of stress responding to the pandemic, including threats to their personal lives and families. This has led to a significant amount of turnover, including 21 LPHA directors in Colorado alone leaving their posts.

Should you be confirmed, will you work with the Department of Justice to provide guidance to State, local, territorial, and tribal governments on how to best support LPHA and other health agency leaders, including their physical safety?

Answer. If confirmed, I commit to working to address the physical safety and behavioral health concerns of our Nation's public health leaders and consulting with the Department of Justice, as appropriate, on these efforts.

QUESTION SUBMITTED BY HON. MICHAEL F. BENNET AND HON. TODD YOUNG
ANTIMICROBIAL RESISTANCE

Question. Antibiotic resistance and the broken antibiotic marketplace complicate our response to public health emergencies, may lead to a public health crisis that is worse than the COVID-19 pandemic, and threaten the very foundation of modern medicine. It has been over 30 years, since the late 80s, since a new class of antibiotics has entered the market. Small biotech firms are keeping this industry alive, but in the past few years there have been a number of casualties and these companies have shuttered. Without better preparation and investment in novel antibiotics, some have projected up to 10 million deaths globally per year by 2030 if we don't invest now. Procedures including cancer chemotherapy, surgery, transplants, treatments of wounds and burns, and care of medically complex patients all rely upon safe and effective antibiotics.

We have developed legislation—the PASTEUR Act—to establish a subscription model for new, critically needed antibiotics. Under PASTEUR, the Federal Government would enter into contracts with antibiotic developers to provide set payments for new antibiotics that are delinked from the volume of antibiotics used. In exchange, they will provide a reliable supply of antibiotics. The PASTEUR Act would also provide support for antibiotic stewardship programs in health care facilities—which are proven to reduce inappropriate antibiotic use and improve patient outcomes.

Will you commit to working with us on legislation to prepare for the threat that resistant infections pose, including the PASTEUR Act, which both incents antibiotic development and supports the appropriate use of antibiotics?

Answer. It is clear that antimicrobial resistance (AMR) must be a top public health priority, not only for the United States but around the world. Even during this time, AMR remains a top CDC priority, and if confirmed, we will continue investing in key prevention strategies like early detection and containment, infection prevention, and ensuring the appropriate use of antibiotics. I agree that it is important to encourage the industry to develop innovative therapies that improve health outcomes. I also believe it is important to ensure access to and appropriate use of crucial therapies such as antibiotics. If confirmed, I am committed to working with you to achieve these important goals.

QUESTIONS SUBMITTED BY HON. MARK R. WARNER
MEDICARE DIABETES PREVENTION PROGRAM

Question. According to the Centers for Disease Control and Prevention (CDC), 88 million Americans—more than 1 in 3—have prediabetes while another 34 million—just over 1 in 10—have diabetes. Those rates hold true in my home State where over 631,000 Virginians suffer from diabetes. Fortunately, there is a proven and innovative CDC-recognized lifestyle change program to help prevent or delay type 2 diabetes, the National Diabetes Prevention Program (DPP).

In recent years Congress and CMS have recognized the benefits of this program for Medicare beneficiaries by ensuring patients have access to DPP. However, despite the increased demand and need for accessing health care virtually, current CMS rules do not ensure comprehensive access to virtual DPP. To address this gap, I introduced bipartisan legislation, the PREVENT DIABETES Act, with Senator Tim Scott. HHS has temporarily allowed individuals to access the DPP via a virtual platform during the COVID-19 pandemic, but this administrative change still excludes a number of providers and does not ensure long-term access to a virtual benefit. Our legislation will improve access to the program by ensuring individuals can access the DPP Expanded Model via virtual suppliers.

As Secretary, will you work with CMS and Congress to ensure the DPP services can be offered to Medicare beneficiaries via a virtual platform?

Answer. Innovation is important to advancing the administration's goals in health care, and the CMS Innovation Center is integral to the administration's efforts to promote high-value care and encourage health care provider innovation, including virtual and digital health innovation. With respect to the Medicare Diabetes Prevention Program (MDPP) expanded model, I understand that CMS issued regulatory flexibilities in response to the COVID-19 pandemic, including waiving the limit on virtual sessions that can be provided by MDPP suppliers. If confirmed as Secretary,

I commit to working with you on this and other models to reduce health disparities and prevent chronic diseases such as diabetes.

RURAL HEALTH/AREA WAGE INDEX

Question. Over the past decade, well over 100 rural hospitals have closed, and over the past year, the COVID-19 pandemic has made this rural health-care crisis significantly worse. It is no coincidence that the vast majority of these hospital closures have occurred in areas with the lowest Medicare Area Wage Index rates. To help solve this problem, I have previously introduced the Save Rural Hospitals Act of 2020 and plan to introduce similar legislation this year.

This legislation that would establish a reasonable national minimum Medicare Area Wage Index of 0.85, and as a result, would increase Medicare payments for rural hospitals in 22 States. The previous administration took several administrative steps to help solve the numerous problems with the Medicare Area Wage System, but much more needs to be done.

If confirmed, would you pledge to work with Congress, and take additional administrative steps as needed, to support rural hospitals by addressing the problems in the Medicare Area Wage System?

Answer. The Biden administration believes that all Americans should receive quality health care. Rural hospitals provide critical access to care in communities that have unique needs and challenges. While many requirements for Medicare payment to hospitals are defined in statute, I look forward to working with Congress to help rural hospitals serve their communities.

HEALTH DATA PRIVACY

Question. I recently worked with Senator Blumenthal, as well as with Representatives Eshoo, Schakowsky, and Delbene to introduce the Public Health Emergency Privacy Act, which would set strong and enforceable privacy and data security rights for health information. After decades of data misuse, breaches, and privacy intrusions, Americans are reluctant to trust tech firms to protect their sensitive health information—according to a recent poll, more than half of Americans would not use a contact tracing app and similar tools from Google and Apple over privacy concerns.

Our health privacy laws have not kept pace with what Americans have come to expect for their sensitive health data; HIPAA was passed by Congress at a time when health data looked very different than it does today. Health data collected by health technology companies, apps, and other entities—whether for public health emergency purposes or in general—is not protected in the same way as health data collected by providers, exposing patients to potential harm.

The previous administration recently released rules that would further reduce privacy protections and lead to an expanded role for third party apps and other entities not subject to health privacy laws. Strong protections created through the patient authorization process have been eroded, and apps are given the same right to access data as patients. These rules appear to be moving forward under the new administration.

Will you commit to curtailing data abuses by third parties who seek to monetize valuable health data as HHS secretary? How else do you plan to address this important issue and protect patient privacy?

Answer. As California Attorney General, I held several companies accountable for legal violations for not protecting patients' health information. Patients have a legal, enforceable right to request a copy of and access to their health information under the HIPAA Privacy Rule and may use a variety of means to do so. As technology has changed, so, too, have the ways in which that access can be provided. HHS is aware and sensitive to the importance of protecting patient privacy and continues to work collaboratively with partner agencies across the Executive Branch. If confirmed, I look forward to a collaborative relationship with Congress on this evolving issue.

Question. How will you ensure that companies with documented privacy lapses and anti-competitive behavior will not benefit from HHS's efforts to enable third-party access to sensitive and valuable health data?

Answer. The issue of data privacy and ensuring the security of valuable health data is constantly evolving. If confirmed, I commit to working with Congress on this important issue.

TELEHEALTH

Question. In recent years, I have worked with a bipartisan group of Senators to advance common-sense telehealth reform in the Medicare program. Specifically, our previously introduced and soon-to- be reintroduced CONNECT for Health Act provides targeted reforms to the Social Security Act to ensure access to telehealth for Medicare beneficiaries. Telehealth use and popularity—including among the Medicare population—has increased significantly during the COVID-19 Public Health Emergency. However, these services will go away with the PHE. Now more than ever, we must work with the administration to support policies like those in CONNECT.

What role do you see telehealth playing post-pandemic?

Do you think Congress should restrict access to telehealth after the end of the PHE based on a patient's geographic or physical location?

How would you, as Secretary, work to ensure patients have the choice to access care via telehealth?

Answer. Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at the telehealth flexibilities developed for the current public health emergency and determine how we can build on this work to improve health equity and improve access to health care.

PRE-EXISTING CONDITIONS

Question. To date, the COVID-19 pandemic has taken the lives of more than half a million Americans and infected millions more across our country. Those who have been infected with the diseases have suffered with the short-term health implications of the virus, but the long-term health impacts are still poorly understood. As a result, more Americans than ever will now have a pre-existing condition.

Junk insurance plans, such as short-term limited-duration plans and association health plans, are allowed to discriminate against people with pre-existing conditions, charge them more based on their health status, and rescind or deny coverage altogether. In the wake of the pandemic, it is critically important that the administration move quickly and decisively to limit the availability of substandard insurance products that undercut the health and well-being of Americans.

Will you commit to taking immediate action to reign in these harmful products and if so can you commit to working with me and my office on this issue?

Answer. Making sure that all Americans have access to quality, affordable health care is one of the Biden administration's top priorities. If confirmed, I will examine rules and other policies, to ensure that plans provide Americans access to the care that they need. I look forward to working with you and your office on this important issue.

FOSTER YOUTH

Question. Almost everyone living in the United States has had to make significant adjustments in the wake of the COVID-19 pandemic, but it has greatly worsened existing challenges for foster youth across the Nation. Even before the public health emergency, only about half of youth aging out of the foster care system each year were anticipated to have some form of gainful employment by the age of 24. Studies show that foster youth have and will continue to feel the brunt of the pandemic's economic impact and the growing digital divide. A survey conducted by FosterClub found that 65 percent of transition-age foster youth who were employed before the pandemic lost their jobs by May 2020. According to a report conducted by iFoster, only about 5 percent of youth in foster care in rural settings and 21 percent of youth in foster care in urban settings have regular access to a computer. I am concerned that foster youth will continue to be harmed if changes are not made to strengthen support and resources. Therefore, I would appreciate a response to the following questions.

In light of the challenges faced by foster youth during the pandemic, how would you use your role as HHS Secretary to support foster youth and ensure they receive the support and resources necessary to enter the workforce and accomplish their personal and professional goals?

What specific steps do you plan to take to ensure stability for foster youth, both in the short-term and long-term, during the pandemic and its aftermath?

Answer. I share your concern that young people aging out of the foster care system too often lack access to stable housing, income, and other resources, and the pandemic has made these challenges even more pronounced. The Supporting Youth and Families Through the Pandemic Act, passed as part of the Consolidated Appropriations Act of 2021 contained critical provisions to prevent youth from aging out of foster care and to allow voluntary re-entry into foster care. It also contained expanded flexible funding that States may use to provide direct financial assistance or housing assistance, or to assist with other needs, whether that be purchasing food, cell phones and laptops, or gaining Internet access. It is essential that States reach out to and listen to the diverse populations of youth with lived experience in the foster care system to guide their implementation of these provisions and to lay the groundwork for stronger supports for youth moving forward. I appreciate your thoughtful leadership on this issue, and, if confirmed, look forward to working with you on it.

PROTECTIONS FOR COAL WORKERS

Question. As you well know, the U.S. passed a grim milestone last week: more than 500,000 Americans have died after contracting COVID-19. Coal miners living with coal workers' pneumoconiosis (black lung disease) are particularly at risk for suffering severe consequences of the disease. Many miners receive diagnostic, treatment, and rehabilitation services at black lung clinics funded through the Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA). Given that these clinics are under your authority, I would appreciate your response to the following questions.

Do you believe that further guidance is needed to ensure that miners' treatment is not compromised during the pandemic and their needs are best served? If so, what step do you plan to take?

Moving forward, what specific steps do you plan to take, in coordination with the Department of Labor, to ensure that coal miners receive the appropriate health screenings, preventive care, and treatment necessary for their well-being?

Answer. It is important to protect the most vulnerable in our communities, especially during a global pandemic. If confirmed, I will work across the Federal Government to ensure all people with chronic conditions are able to access the health care they need, and I will support robust oversight of HRSA's black lung clinic program.

QUESTIONS SUBMITTED BY HON. SHELDON WHITEHOUSE

SUBSTANCE USE AND OPIOID USE DISORDER TREATMENT

Question. Access to evidence-based substance use disorder treatment including medication-assisted treatments (MAT) is limited in the U.S. due to restrictive Federal laws and regulations. For example, providers are limited in the number of patients they can see and are required to obtain an additional "X waiver" from the DEA to provide this type of treatment. In addition, people incarcerated in U.S. jails and prisons often are denied access to these effective treatments and the rate of overdose death for individuals who recently have reentered the community from incarceration is very high. My legislation the TREATS Act would provide providers with flexibility and improve access to MAT.

Will you work with Congress to eliminate the X waiver and lift the patient caps that artificially limit how many patients providers can serve?

Answer. If confirmed, I will work with Congress to expand availability of and access to substance use disorder prevention, treatment, and recovery services. There are a number of measures that HHS can consider implementing. If confirmed, I will work with you toward these goals.

Question. Will you work with SAMHSA and the DEA to make permanent the current temporary waivers for methadone and buprenorphine that enable more stable patients to take home medications (allowing 14-28 days to be taken home) and enable buprenorphine induction to happen via telehealth?

Answer. I am committed to reducing barriers to medication-assisted treatment and will work with SAMHSA and the DEA to do so.

BEHAVIORAL HEALTH IT

Question. I authored a provision in the SUPPORT Act to create a CMMI demonstration program that furnishes financial incentives to help Community Mental Health Centers, psychiatric hospitals and other behavioral health providers obtain Electronic Health Record systems. The prior administration did not implement the demonstration, which is critical to helping mental health and addiction treatment providers communicate with hospitals, primary care doctors and medical specialists through Health Information Exchanges (HIEs) and Health Information Technology (HIT).

Will you commit to exploring ways to generate CMMI funding to implement this authorized demonstration?

Answer. Innovation is critically important to advancing goals in health care, and the CMS Innovation Center is integral to the administration's efforts to improve behavioral health. I know CMS is always looking for ways to incorporate payment incentives for improved behavioral health into its models, and if confirmed as Secretary, I look forward to working with you to find ways to better support our Nation's mental health and addiction treatment providers.

 QUESTIONS SUBMITTED BY HON. MAGGIE HASSAN

GUN PURCHASER SAFETY EDUCATION

Question. The Gun Shop Project was started in New Hampshire as a suicide prevention program that encourages gun stores and firing ranges to display and distribute suicide prevention materials, as well as trains gun dealers on how to look for customers who may be in crisis or at risk for suicide.

Today, more than half of all gun stores in New Hampshire are disseminating materials about the risk of suicide, and the program has expanded to more than 21 States. The Gun Shop Project is a proven example of a successful partnership between gun owner groups and suicide prevention advocates.

The Federal Government can build on the success of the Gun Shop Project by providing funding for similar programs. A recent study that interviewed leaders from State-level and national-level Gun Shop Projects found that funding was the primary challenge to implementing these programs.

Do you support funding and support for public awareness campaigns that provide gun purchasers with safety information about the risks associated with guns, best practices for responsible gun storage, and suicide prevention information?

Answer. We certainly should be funding innovative and collaborative strategies for suicide prevention and reducing gun violence. Providing gun purchasers with safety information and information on suicide prevention seems like a commonsense way to help protect Americans, and if confirmed, I hope to work with you on this issue to keep people safe.

DIRECT DISTRIBUTION OF COVID-19 VACCINES TO HEALTH CENTERS

Question. As COVID-19 vaccination continues across the United States, the data is showing that people of color, people with low incomes or limited English proficiency, and people in rural areas are much less likely to get a vaccine. One way to address these disparities is to rely on the Nation's system of community health centers.

To date, many health centers are completely unable to receive vaccine allocations. Will you commit to working with States and providers to ensure that future vaccine distribution plans incorporate the inclusion of community health centers?

Answer. Yes, if I am confirmed, I will aim to strengthen our community health center vaccination program to reduce barriers and increase access to the COVID-19 vaccine for people of color, people with low incomes or limited English proficiency, and hard-to-reach communities in rural areas.

GRANT FUNDING TO HEALTH CENTERS TO SUPPORT VACCINE ADMINISTRATION

Question. When health centers have access to COVID-19 vaccines, they will need financial support to administer the vaccine. Health centers in my State estimate that it costs around \$100 per dose to administer a vaccine. This reflects the cost of freezers, staff, supplies, and scheduling work. If confirmed, how will you work to

provide health centers with the funding they need so they can be able to vaccinate our most vulnerable populations?

Answer. The Biden administration's program to distribute vaccines directly to community health centers is intended to increase access to the COVID-19 vaccine. The health centers invited for participation in the initial phase of the program serve a significant number of vulnerable populations, including those experiencing homelessness, migrant/seasonal agricultural workers, residents of public housing, seniors, and those with limited English proficiency, and include at least one health center in each State or territory. In order to ensure that health centers have the support they need to succeed, if confirmed, I will work with HRSA to ensure each health center that is part of the program has the ability to participate, readiness to receive doses, and staff capacity to distribute vaccines.

NATIONAL SUICIDE HOTLINE

Question. For individuals in a mental health crisis, a law enforcement response, rather than a mental health response, can lead to negative outcomes, including jail or death. Last year, Congress unanimously passed the National Suicide Hotline Designation Act to provide a national, easy-to-remember 3-digit number, 988, for individuals in crisis to reach trained counselors 24/7. HHS will play a vital role in the success of the new, 3-digit dialing code, 988. Should you be confirmed, how will you work with the Substance Abuse and Mental Health Services Administration to ensure the public is aware of this service and improve the outcomes for individuals in crisis?

Answer. If confirmed, I will work closely with the Assistant Secretary for Mental Health and Substance Use and the Substance Abuse and Mental Health Services Administration and other Federal partners to ensure the American people are aware of the availability of 988 once it becomes universally available across the country. We will work to improve outcomes for those in a mental health or suicidal crisis, this includes pursuing improvements in the crisis response infrastructure in order to reduce unnecessary police involvement. HHS will continue to work with the FCC, with VA, and with the Office of Emergency Medical Services in the Department of Transportation to implement 988.

STRATEGIC NATIONAL STOCKPILE

Question. The COVID-19 pandemic has revealed vulnerabilities and shortfalls within our existing Strategic National Stockpile (SNS). Since then, the SNS has entered into short-term public-private partnership contracts to leverage the capabilities of the distribution industry to ensure a continuously replenishing inventory system. As SNS continues to reassess and restructure its operations, will you commit to working with Congress to improve our Nation's preparedness for future shortages caused by pandemics and other national emergencies?

Answer. Yes, I will work with Congress to improve the SNS in order to increase our overall readiness for future public health emergencies.

SUBSTANCE MISUSE

Question. You were among a bipartisan group of Attorneys General that sent a letter to former FDA Commissioner Hahn requesting an update on what actions the Food and Drug Administration has taken under the SUPPORT Act to address the Nation's devastating opioid epidemic, and what actions are proposed for the future. If confirmed, how will you work with FDA and SAMHSA to better address the ongoing opioid crisis by improving efforts around prevention, including improvements to education and awareness campaigns and access to non-opioid therapies, and increasing access to medication-assisted treatment?

Answer. The opioid crisis demands a multifaceted approach to include prevention, intervention, treatment, and recovery support services. We will continue to fund training, educational resources and materials for providers, and technical assistance for professional organizations to support these efforts. And we will explore opportunities for additional education and awareness activities. Moreover, we will work with the FDA in their efforts to approve novel therapeutics and devices for the treatment of opioid use disorder.

PERINATAL VACCINATIONS

Question. Too many women—particularly women of color—in this country are dying. Greater attention and efforts are needed to ensure that women are receiving

necessary preventive care during their pregnancies, including recommended immunizations that not only protect them but also protect their babies from vaccine preventable illness.

Senator Cassidy and I have introduced bipartisan legislation to help ensure that pregnant women have access to these vital services. If confirmed, will you work with us to improve maternal access to care and preventive services such as immunizations?

Answer. Thank you for your leadership on this important issue. If confirmed, I look forward to working with you and Senator Cassidy and others to improve maternal health in our country, including access to preventive services like immunizations and other recommended care.

ACCESS TO ITEMS AND SERVICES FOR VULNERABLE POPULATIONS

Question. HHS and CMS have significant regulatory authority to ensure that vulnerable populations have access to items and services. This is particularly true during the pandemic, in rural and underserved areas where individuals struggle to access care. What steps will you take to ensure that seniors and individuals experiencing disabilities are able to access health-care services and essential equipment, particularly in rural areas?

Answer. Individuals dually eligible for Medicare and Medicaid, including seniors and people experiencing disabilities, are some of the most vulnerable Americans. Many of these individuals have complex health care needs with multiple chronic conditions. Medicare and Medicaid provide indispensable access to care for this vulnerable population. These programs have kept many families from losing hope, particularly in rural parts of the country. If confirmed,

I am prepared to work with you and your colleagues in Congress to strengthen these valuable programs and ensure vulnerable populations have access to the quality, affordable health care that they need.

QUESTIONS SUBMITTED BY HON. ELIZABETH WARREN

OTC HEARING AIDS

Question. In 2017, President Trump signed into law the Over-the-Counter Hearing Aid Act, a bill that I introduced with Senator Grassley, Senator Hassan, and Senator Isakson. The bill requires the FDA to categorize certain hearing aids as over the counter (OTC). Under law, the FDA was required to issue regulations regarding OTC hearing aid safety and manufacturing by August 18, 2020—but the agency failed to issue the rules on time. As HHS Secretary, will you commit to ensuring that the FDA releases these statutorily required regulations as soon as possible?

Answer. Thank you for your leadership on this issue. I commit that, if confirmed, I will support FDA in its work to ensure availability of over-the-counter hearing aids. I recognize this as a public health priority as hearing loss can have a negative effect on communication, relationships, and other important aspects of life.

DRUG PRICING AUTHORITIES

Question. The Federal Government has the power to step in and rectify the market failures that have allowed drug prices to skyrocket. Using its compulsory licensing authority, the Federal Government can use patented products without the permission of the patent holder. Codified at 28 U.S.C. § 1498, this authority allows the government to “manufacture, import, and use” products protected by active patents, as long as it provides patent holders with “reasonable and entire compensation for such use and manufacture.” Meanwhile, using the march-in rights established under the Bayh-Dole Act, the Federal Government can require the re-licensing of certain patents. Bayh-Dole gives Federal contractors the right to exclusively manufacture and sell products developed with Federal support. However, Bayh-Dole allowed the Federal Government to retain “nonexclusive, nontransferable, irrevocable, paid-up” licenses for products developed with government funds. In certain cases, such as when health or safety needs have not been reasonably satisfied by the original licensee, the Federal Government can “march-in” and direct other licensees to produce products. As HHS Secretary, will you commit to conducting a review of the Department’s pre-existing executive authorities to determine how they can be used

to lower the prices of critical drugs—like insulin and naloxone—that millions of Americans rely on?

Answer. If I am fortunate to be confirmed, we will conduct a thorough review to identify and analyze the tools at our disposal to reduce the price of drugs and make treatments more affordable for the American people. President Biden has been clear that reducing costs is a top priority for this administration.

NURSING HOMES AND PRIVATE EQUITY FIRMS

Question. The National Bureau of Economic Research recently released a study showing that private equity (PE) ownership of nursing homes “increases the short-term mortality of Medicare patients by 10 percent, implying 20,150 lives lost due to PE ownership over [a] 12-year sample period.” Meanwhile, PE-owned nursing homes also saw “declines in other measures of patient well-being, such as lower mobility, while taxpayer spending per patient episode increases by 11 percent.” As HHS Secretary, will you commit to working with me and my colleagues to review, reduce, and mitigate the negative impacts of private equity ownership of health-care facilities, including but not limited to nursing homes?

Answer. I agree that we must ensure nursing homes provide high-quality care to their residents. Nursing homes’ first obligation should be to their patients, no matter what kind of ownership arrangements they have, and nursing homes participating in Medicare and Medicaid programs should meet required Federal health and safety standards. If confirmed, I am committed to working with you and your colleagues to ensure nursing homes provide high-quality care to their residents.

ASSISTED LIVING FACILITIES AND CONGREGATE CARE SETTINGS

Question. Congregate settings like nursing homes, assisted living facilities, and prisons and jails have been epicenters of the COVID–19 pandemic since the virus began to spread. My oversight has revealed the extent of these problems, and the gaps that are making outbreaks in these facilities so frequent and so severe. Assisted living facilities, for example, have high rates of COVID–19 infections, hospitalizations, and deaths, but report limited COVID–19 data when compared to more heavily regulated nursing homes. Meanwhile, Federal correctional facilities and State and local prisons and jails are not required to report sufficient demographic data to adequately track the spread of COVID–19, and behavioral health facilities have limited resources to prevent outbreaks. As HHS Secretary, will you commit to expanding COVID–19 demographic data collection at congregate care facilities, including but not limited to assisted living facilities, residential behavioral health facilities, and correctional facilities? After the pandemic subsides, will you commit to examining the regulations that currently apply to congregate care facilities to determine if more routine data collection and standards could improve patient safety?

Answer. If confirmed, I am committed to expanding the scope of data collection in congregate settings, such as assisted living facilities and correctional facilities, in order to better track demographic and other relevant trends associated with the spread of COVID–19. If confirmed, I will work with various HHS agencies, including the CDC, as well as States, tribal, local, and territorial partners on ways to improve data collection and the quality of data in such settings.

SUPPLY CHAIN

Question. The United States is heavily dependent on foreign sources of pharmaceutical products such as active pharmaceutical ingredients (API) and their raw materials. Only 28 percent of facilities manufacturing APIs used in drugs and 47 percent of facilities manufacturing finished dosage forms of drugs for the U.S. market are located in the United States. The COVID–19 pandemic revealed the extent and the dangers of this overreliance, as materials needed for diagnostic testing, PPE, and other pharmaceutical products have been in chronically short supply, marring the Nation’s response to the pandemic. An interruption to the supply of APIs and other pharmaceutical products could have severe public health and national security implications, and there is an urgent need for the Biden administration to take action. As HHS Secretary, what steps will you take to address this overreliance?

How will you work alongside other Federal agencies like the Department of Defense, the Food and Drug Administration, and other drug procuring agencies to create a unified Federal response to this overreliance?

Answer. The global pandemic has highlighted the vulnerabilities of the global supply chain for many products. I am aware that BARDA has invested in and is working to expand pharmaceutical manufacturing in the United States for use in producing medicines needed during the COVID-19 response and future public health emergencies. This work will expand domestic manufacturing of raw materials and active pharmaceutical ingredients for drugs. If confirmed, I will continue to support ongoing efforts in this area, as well as support the department's work with the FDA and other Federal agencies to expand domestic capacity for supplies needed in the ongoing COVID-19 response.

MEDICATION ABORTION

Answer. Last year, you led 21 Democratic Attorneys General in a letter to then-HHS Secretary Alex Azar and FDA Commissioner Stephen Hahn, urging them to waive the Risk Evaluation and Mitigation Strategy (REMS), or use FDA enforcement discretion, to allow certified prescribers to use telehealth for Mifepristone, the prescription drug used to provide medication abortion care. As you noted in your letter, the REMS requirements on mifepristone create unnecessary delays for women who need access to time-sensitive health care and force them to travel unnecessarily during the COVID-19 public health emergency. Furthermore, your letter noted that mifepristone is extremely safe and effective. Mifepristone was approved by the FDA over 20 years ago and about 3 million women in the United States have used the drug. On April 14, 2020, Senators Murray, Baldwin, and I sent a similar letter to then-Commissioner Hahn regarding the REMS imposed on mifepristone by the FDA and our concerns that FDA is not following the science by allowing these restrictions to remain in place. However, we have not received a written response or staff briefing from FDA, which we requested. Can you commit that the FDA will respond to our request within 30 days and will clarify what scientific evidence the FDA is currently using to justify that the REMS for mifepristone remains in place?

Answer. Thank you for raising this important issue. I strongly believe women should not be put through unnecessary hurdles to receive access to health care. Further, I believe FDA should be empowered to make regulatory decisions based on the available science. If confirmed, it would be a priority to make sure the Congress is provided information when requested.

TITLE X

Question. The Title X Family Planning Program (the title X program) is the only Federal program dedicated to providing family planning services to people with low incomes. In 2016, title X supported nearly 4,000 health centers providing basic primary and preventive health-care services—including contraception, Pap tests, breast exams, and STI and HIV testing—to more than 4 million Americans. But in 2019, the Trump administration finalized a rule that gutted the title X program, causing family planning providers in 34 States to leave the program and at least 1.5 million people to lose access to care. On January 28, 2021, President Biden issued a Presidential Memorandum on Protecting Women's Health at Home and Abroad, which directed HHS to "consider, as soon as practicable, whether to suspend, revise or rescind, or publish for notice and comment proposed rules, suspending, revising, or rescinding those regulations, consistent with applicable law, including the Administrative Procedure Act." I believe this review will make clear the numerous harms patients and community health faced as a result of the rule. For example, in Massachusetts, only one title X grantee remains in the State. Will you commit to complete the review of the title X rule, as directed by President Biden, no later than March 29, 60 days after the president issued the presidential memorandum?

Answer. If confirmed, it will be a priority to review the title X regulation as quickly as possible.

CHILD CARE ASSISTANCE

Question. The COVID-19 pandemic has severely damaged the child care sector, with many providers struggling to keep their doors open and parents missing work or leaving the workforce altogether because of the lack of affordable care. Even before the pandemic, quality, affordable child care was much too difficult to find, despite extensive research showing that Federal investment in child care and early childhood education pays off in increased earnings for families, higher levels of parental employment, and improved health development of children. The Child Care and Development Fund is the primary source of Federal funding dedicated to helping low-income families afford child care. Yet national figures show that five out of six children who are eligible for help and who need that help aren't receiving a sub-

sity. According to a GAO report, many States manage demand by setting their eligibility limits very low, preventing many families from being able to participate. In administering the supplemental funds provided under the Child Care Development Block Grant (CCDBG) and other child care programs for COVID-19 relief, how will you promote the stabilizing the child care sector and sharing best practices between States?

Answer. The COVID-19 pandemic has highlighted the many gaps in child care in this country. Important investments have been made, but even with these efforts, additional investments are necessary to stabilize the child care sector, which is why the Biden administration has proposed additional funding for CCDBG as well as new child care stabilization grants for child care providers. If confirmed, I look forward to working with you on these efforts and appreciate your leadership on this important issue.

QUESTIONS SUBMITTED BY HON. MIKE CRAPO

COVID-19 PANDEMIC

Question. I appreciate your comments throughout the nomination process regarding the importance of good data and following science in making decisions. As we approach the first anniversary of the COVID-19 pandemic lockdowns, many Americans are wondering how long they will have to endure the restrictions fighting the pandemic has required.

How long do you anticipate that the COVID-19 Public Health Emergency will last, and what specific criteria would you and the other advisors to President Biden use to assess an appropriate public health response?

Answer. Americans' frustrations and exhaustion with this pandemic are understandable. We all want to get back to our lives, see our friends and families, be able to visit loved ones or go to work or school without fear of contracting or spreading the virus. We need to approach this crisis with urgency, and if we all do our part, we can finally end this pandemic. If confirmed, I would work closely with the medical doctors, scientists, and other public health experts at HHS to make determinations about the Public Health Emergency and would utilize the criteria set forth by experts to ensure that HHS's response to the pandemic is driven by the science and relies on the most recent data available, such as infection and mortality rates.

Question. How does the HHS Secretary fit into the larger Biden administration COVID-19 response team structure?

Answer. As the head of the Department tasked with executing so much of the Federal Government's public health response to the pandemic, if confirmed as the HHS Secretary, I would lead the HHS COVID-19 response efforts—everything from ASPR's efforts to expand testing and diagnostics, to OASH's deployment of vaccinators and ongoing minority outreach efforts, to the development, procurement, and distribution of the vaccines—and work in close collaboration with the White House COVID-19 Coordinator and the White House COVID-19 Response Team. This is a whole-of-government effort, and if confirmed I am committed to ensuring HHS is leading the implementation of President Biden's national strategy and executing the programs that deliver Americans the aid they need.

Question. What have you learned from your experience with the California COVID-19 response, and how would you apply those lessons if you are confirmed as HHS Secretary?

Answer. This has been a dynamic and evolving virus, which has posed constant challenges for the American people. In my State, I took action as Attorney General early in the pandemic to keep Californians safe. I used my authority to protect workers from exposure to COVID-19, secure key safeguards for front-line health-care workers' rights, take on fraudsters trying to take advantage of people during the pandemic, and stand up for homeowners trying to make their mortgage payments during the downturn. I also worked with a Republican colleague from Louisiana, Attorney General Jeff Landry, to try to make COVID-19 treatments more available for the American people. I have seen the importance of working together—with urgency—to tackle this crisis, with the constant goal of protecting Americans.

Question. Congressional Democrats are moving swiftly to use budget reconciliation to advance President Biden's \$1.9 trillion COVID-19 response plan. The planned in-

crease in spending through reconciliation would trigger automatic spending reductions to Medicare and other programs.

Considering that bipartisan support is needed for Congress to waive its budget rule to prevent those reductions, would it be more prudent for the administration to work with Congress to negotiate another bipartisan COVID-19 relief bill?

Answer. I agree that we must work together to tackle this crisis. This pandemic is a threat to us all, and we have to find common ground to get the American people the help they need. Urgency is critical: the public needs help and they need it now. President Biden has been very clear that he agrees and believes bipartisan agreement on this front is achievable. If I am confirmed, I will commit to working with you to both address this crisis and strengthen our health care lifelines like Medicare.

Question. During the COVID-19 Public Health Emergency, HHS has provided flexibility to providers to better furnish care to patients, including through telehealth and access to innovative treatments. As we begin to consider the end of the pandemic, we must carefully evaluate our response to the pandemic, and implement appropriate reforms based on the data and lessons learned.

Which policies do you believe have been most successful for patients and providers, and how would you work with Congress to make appropriate improvements to our Federal health-care programs?

Answer. Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at the telehealth flexibilities developed for the current public health emergency and determine how we can build on this work to improve health equity and improve access to health care.

Question. It was reported on February 14, 2021 that Vice President Harris said, with respect to COVID-19 vaccinations and the state of preparedness when the Biden administration began, that “there was no stockpile . . . of vaccines; there was not a national strategy or plan for vaccinations. We were leaving it to the States and local leaders to try and figure it out. And so, in many ways we’re starting from scratch on something that’s been raging for almost an entire year.” Earlier, in a January 21, 2021 White House press briefing, medical adviser Dr. Anthony Fauci said during a White House press briefing that, “We certainly are not starting from scratch because there is activity going on in the distribution.” Do you believe that Vice President Harris’s characterization that in many ways the Biden administration was starting from scratch and there was not a national strategy or plan for vaccinations, or Dr. Fauci’s characterization that the Biden administration was certainly not starting from scratch?

Answer. If I am fortunate to be confirmed, I promise I will work with you and your colleagues in the Senate, as well as my colleagues in the administration, to ensure our plans for addressing this crisis are collaborative and meet the needs of the moment. It is no secret that this crisis has carried on for far too long, in no small part because of deficiencies in our earlier Federal response efforts, and as HHS Secretary, I would work to strengthen our efforts to increase vaccinations, expand testing, and ensure that there is a clear, strong, and well-executed Federal plan to tackle COVID-19.

MEDICARE

Medicare Hospital Insurance Trust Fund Insolvency

Question. The most recent Medicare trustees report projected that the Hospital Insurance (HI) trust fund would be officially bankrupt in 2026, at which time it would no longer be able to pay full benefits for our Nation’s seniors and the disabled. That report failed to include any analysis showing the fiscal impact of the COVID-19 pandemic on the trust fund. Earlier this month, the Congressional Budget Office (CBO) released its updated winter baseline. The new baseline takes into account increased tax revenue due to a stronger economic forecast. While CBO now also predicts that the HI trust fund will be insolvent in 2026, there is substantial uncertainty behind their projections. Given recent Medicare spending trends, it seems unlikely that the trust fund could remain solvent through 2025.

Will you commit, if you are confirmed, to immediately direct the Centers for Medicare and Medicaid Services (CMS) Chief Actuary to provide an update to me, in writing, that shows the current status of the Medicare HI insolvency date that takes into account the fiscal impact of the COVID-19 pandemic?

Answer. If confirmed as Secretary, I can commit to you that we will work with you to give you and this committee the information you need to make the right decisions with respect to Medicare.

Question. Congress has historically looked to reform and adjust Medicare payments to providers in order to extend the life of the HI trust fund. However, the last time Congress enacted significant Medicare savings the money was used to finance spending on the 2010 health-care law.

As a member of the House, you voted for the law that raided over \$700 billion from a financially strapped Medicare program and spent it. Now, a decade later, those savings are not available to protect Medicare. What policies do you now think Congress should consider to extend the life of the HI trust fund?

Answer. If confirmed, my team and I will be ready to sit down with you and other members of Congress to discuss both short- and long-term solutions to guarantee Medicare's future.

Question. Medicare is on a near-term path toward bankruptcy. The HI trust fund could be insolvent in anywhere from 4 to 5 years. Other than during the first few years of the Medicare program's existence, Congress has never allowed the HI trust fund to project less than 4 years of solvency without acting in order to minimize the impact on beneficiaries, health-care providers, and taxpayers.

Given the looming fiscal crisis, how soon would you provide a comprehensive legislative proposal that extends the life of the HI trust fund?

Answer. If confirmed, my team and I will be ready to sit down with you to discuss short and long-term solutions to guarantee Medicare's future.

PRESCRIPTION DRUGS

Question. Modernizing the successful Medicare Part D program has been a feature of numerous recent proposals to address prescription drug issues from Republicans and Democrats, including a comprehensive bill that I introduced last Congress. The different proposals involve many of the same common elements, such as improving incentives to increase competition and establishing a cap on patient out-of-pocket spending. Making these improvements to a program that serves over 45 million beneficiaries would be a momentous, bipartisan accomplishment. Some, however, have suggested that Part D modernization is insufficient and that it should not happen without other major changes. While other changes may be worthy of debate, there have been few major reforms that have broad bipartisan support. Would you oppose legislating a Part D modernization that includes a first-time patient out-of-pocket cap on spending as a stand-alone policy?

Answer. If I am fortunate to be confirmed, we will conduct a thorough review to identify and analyze the tools at our disposal to reduce the price of drugs and make treatments more affordable for the American people. President Biden has been clear that reducing costs is a top priority for this administration, and I hope we can work together on finding solutions.

Question. You have consistently advocated for the Federal Government to negotiate prescription drug prices in Medicare Part D. If confirmed as Secretary, you would be the one in charge of negotiating those prices. Barring some type of artificial price ceiling, the Congressional Budget Office has consistently maintained that the Federal Government would not be able to secure lower prices than those established through negotiation between private entities, unless the government used a national drug formulary list. Are you prepared to determine which prescription drugs over 45 million beneficiaries can access, knowing this would inherently involve denying medications that physicians prescribe as the best course of treatment for patients?

Answer. If I am fortunate to be confirmed, we will conduct a thorough review to identify and analyze the tools at our disposal to reduce the price of drugs and make treatments more affordable and accessible for the American people. President Biden has been clear that reducing costs is a top priority for this administration, and I hope we can work together on finding solution.

Question. There is broad concern that establishing Medicare (or other) prescription drug payment amounts using foreign reference prices will harm patient access and stifle innovation. Do you support the use of foreign reference prices in Medicare? Do you view the use of a foreign reference price to set payment amounts as price setting or a form of negotiation?

Answer. If I am fortunate to be confirmed, we will conduct a thorough review to identify and analyze the tools at our disposal to reduce the price of drugs and make treatments more affordable and accessible for the American people. President Biden has been clear that reducing costs is a top priority for this administration, and I hope we can work together on finding solution.

OTHER

Question. You have highlighted the settlement you secured with a large California hospital system related to the charge that it acquired hospitals and physician practices to unfairly increase market power and increase costs for consumers. The Medicare Payment Advisory Commission and other experts have determined that Medicare payment systems incentivize provider consolidation. Do you believe that some Medicare payment policies incent consolidation and increase costs for beneficiaries and the program?

Answer. Thank you for this question. This has been a significant focus of my tenure as Attorney General, and if I am confirmed, I will continue to focus on preventing consolidation that increases prices on consumers and patients. Like President Biden, I believe that all Americans should be able to access affordable health care, and part of that is identifying solutions to hospital over-consolidation. I hope I have the opportunity to work with you to tackle this issue and pursue solutions that strengthen our Federal programs and protect patients and consumers.

Question. You have highlighted that you authored Medicare provisions included in the Affordable Care Act. Can you describe those policies and note those of which you are most proud?

Answer. As a member of the Ways and Means Committee for 2 decades, I have a lot of experience on Medicare legislation. I introduced legislation—the Medicare Savings Programs Improvement Act of 2007—that expanded cost-sharing subsidies for low-income seniors who receive both Medicare and Medicaid benefits by increasing the amount of resources they could receive. Several of these provisions were included in the Medicare Improvements for Patients and Providers Act of 2008 and the Medicare Access and CHIP Reauthorization Act of 2015. I also championed provisions of the Medicare Improvements for Patients and Providers Act of 2008 that required physicians who perform imaging to be accredited and trained to ensure patient safety. I introduced legislation in 2007 to raise the cap on the benefits of patients receiving Medicare physical therapy, as well as the E-Centives Act of 2009, which provided incentives for Medicaid providers to implement electronic health records. A version of this legislation was included in the American Recovery and Reinvestment Act of 2009. I introduced the Medical Anesthesiology Teaching Funding Restoration Act of 2007 to improve anesthesiologists’ teaching payments, and it passed in 2008. I helped draft the Improving Medicare Post-Acute Care Transformation Act (IMPACT) of 2014, requiring the HHS Secretary to conduct research on the social determinants of health in Medicare’s value-based programs, so we could use good data to improve outcomes and save costs. And as you mentioned, I worked on the Affordable Care Act which strengthened Medicare and lowered costs for seniors. As a member of the Ways and Means Committee and House leadership, I led successful discussions on the design of the health-care exchanges and Medicare reimbursement payments. The ACA added years of solvency to the Medicare Trust Funds, closed the prescription drug “donut hole,” and provided free preventive care to all Medicare beneficiaries. I am proud of all this work to protect and strengthen health care for our seniors.

Question. The Affordable Care Act established the Center for Medicare and Medicaid Innovation (CMMI). There is significant bipartisan support for testing different ways to pay for services to figure out how patients can get better care at a lower cost. However, there is concern that Congress ceded too much authority to the executive branch by allowing CMMI to override statute, especially in Medicare, in the name of a payment change “test.”

What are your views on the appropriate use of CMMI authority?

If confirmed, will you commit to ensuring that CMS would not use CMMI to avoid working with Congress?

Considering that many CMMI tests have run for an extended period of time without meeting the criteria for expansion, is there a length of time sufficient to determine if a model works?

With CMMI having a large budget of \$10 billion for each decade and little accountability to Congress, what metrics would you use to determine whether CMMI is successful?

Answer. Innovation is critically important to advancing goals in health care. The CMS Innovation Center is integral to the administration's efforts to promote high-value care and encourage health care provider innovation. If confirmed as Secretary, I can commit to you that we will be wise stewards of CMMI funds and follow the evidence generated by Innovation Center models.

Question. HHS finalized a number of rules toward the end of the President Trump's term that the Biden administration is reviewing. While this is a routine practice for incoming administrations, have you identified which rules you would continue, modify, or withdraw? Please respond specifically on:

Most Favored Nation (MFN) Model (Interim Final Rule with Comment Period); and

Fraud and Abuse: Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees.

Answer. If I am fortunate to be confirmed, we will conduct a thorough review to identify and analyze the tools at our disposal to reduce the price of drugs and make treatments more affordable and accessible for the American people. President Biden has been clear that reducing costs is a top priority for this administration, and I hope we are able to work together on these issues.

Question. If confirmed, you would be integral to determining what goes into President Biden's budget submissions to Congress. Prior administrations of both parties have proposed specific policy changes that aim to improve Medicare, with many of those policies reducing baseline Medicare spending. Democrats characterized Trump administration budget policies that would make payment system changes that bring efficiencies and reduce Medicare spending as "cuts" (even when the identical policy had been proposed by the Obama administration). Do you view any budget policy proposal that reduces Medicare spending as a Medicare "cut"?

Answer. I believe that we must protect Medicare beneficiaries, being careful stewards of taxpayer dollars and the Medicare Trust Funds. I look forward to working with Congress to consider policies that would lower costs for seniors, and also enhance our ability to reduce waste, fraud, and abuse in these vital programs.

Question. There are concerns that the inclusion of calcimimetic medications in the Medicare End Stage Renal Disease (ESRD) bundled payment rate may harm beneficiaries' access to these treatments. There are anecdotal reports that some patients have had to change or otherwise stop using a medicine that has worked for them in response to this payment policy change. How would you ensure that ESRD patients have access to calcimimetic treatments and monitor patient outcomes in this area?

Answer. I agree that it is important for Medicare beneficiaries, particularly vulnerable groups such as those beneficiaries with ESRD, to have access to medically necessary treatments such as calcimimetics. If confirmed, I will work to ensure that Medicare beneficiaries continue to have access to these treatments and that patient outcomes are not compromised.

Question. Numerous press reports indicate that the Department of Justice and the Federal Bureau of Investigation, in conjunction with the U.S. Attorney's Office, have opened an investigation into the allegations that New York Governor Andrew Cuomo and his administration took actions that exacerbated the COVID-19 crisis in nursing home facilities, allegedly leading to increased fatalities. Will you commit to, if confirmed, fully cooperate with any investigation that examines whether the State of New York, Governor Cuomo himself, Governor Cuomo's staff, or the Cuomo Coronavirus Task Force obstructed justice or violated Federal guidance by pressuring nursing home facilities to accept patients who tested positive for COVID-19?

Answer. I am deeply committed to protecting our most vulnerable Americans by addressing the disproportionate impact of COVID-19 on our seniors and nursing home residents, but if I am fortunate enough to be confirmed, I will not have any role in the Department of Justice or Federal Bureau of Investigation decision making with respect to this matter. At HHS, we will follow the law and carry out our mission to protect people's health care.

PRIVATE INSURANCE

Question. How would President Biden's proposal to lower the Medicare eligibility age affect Medicare's already precarious financial situation and would such a plan require raising taxes?

Answer. President Biden has proposed to allow Americans to enroll in Medicare at an earlier age using general revenue, not the Medicare trust funds. At the same time, this administration knows the importance of lengthening the solvency of the HI trust fund because Medicare's current beneficiaries depend on it. I am committed to working with you and your colleagues on solutions both to extend the life of the Medicare HI trust fund and to expand health-care coverage.

Question. Idaho has proposed or implemented several reforms in an attempt to diversify private insurance options so that consumers can choose a plan that best fits their needs and their budget. Several years ago, Idaho sought to combine Medicaid and private market innovation waivers to better coordinate insurance options and lower patient costs. Unfortunately, this approach was rejected because of overly stringent statutory and regulatory requirements. Meanwhile, Idaho insurers have started offering renewable short-term, limited duration plans, which are less expensive than those offered on the exchange.

I strongly support the right of States, as the primary regulators of the individual market, to adopt innovative solutions that benefit consumers. How do you view HHS's role in the individual market, and what reforms would you propose that could impact the types of plans offered to consumers?

Answer. Making sure that all Americans have access to quality, affordable health care is one of the Biden administration's top priorities. If confirmed as Secretary of HHS, I will work to identify opportunities that ensure all Americans can access the care that they need and look forward to working with States to help improve health care for their residents.

Question. As States invest in their health systems and public health infrastructure, many could choose to address coverage gaps or alternative coverage options through Affordable Care Act section 1332 waivers. Would you support States using these waivers to increase coverage in innovative ways of their own choosing? Are there policies that you consider inappropriate for a waiver?

Answer. I support innovative approaches to make sure that all Americans have access to quality, affordable health care, and I believe section 1332 waivers can be one tool States can use to achieve such results. If confirmed as Secretary, I look forward to working with States to help improve health care for their residents.

Question. Do you support the use of existing enforcement mechanisms for Affordable Care Act subsidies? Should the Federal Government claw back funds if audits of an individual's income show that the individual is not eligible for the subsidy?

Answer. The Affordable Care Act gives millions of Americans access to quality, affordable health coverage. If confirmed, it will be my job to ensure that we are following and enforcing applicable laws and regulations.

WASTE, FRAUD, AND ABUSE

Question. Careful stewardship of public resources is essential, both to maintaining our citizens' trust in their government, and to ensuring that government programs are effective. HHS is an enormous entity and prudent management of its agencies will require close scrutiny from its leadership. However, the loss of California's Federal pandemic funding to fraudsters over the past year suggests that this careful scrutiny has not been a priority to you as Attorney General.

What initiatives would you undertake to ensure careful stewardship of the trillion-plus dollars in annual spending that HHS oversees, ensuring that each dollar is spent consistently with the law and the intent of Congress?

Answer. At the California Department of Justice, our team has cracked down on Medicare and Medicaid fraud to protect these lifelines, recovering almost \$1 billion in just the last 3 years from defendants that defrauded California's State's Medicaid program with false claims for payment, and in 2020, we expanded the Bureau of Medi-Cal Fraud and Elder Abuse to its own division so we could better investigate and prosecute fraud. This has been a priority for me as Attorney General because it is critical we are being good stewards of taxpayer dollars and making sure our health programs are efficient. If I am confirmed as HHS Secretary, I would continue this focus and would like to work with you and the Congress to ensure strong over-

sight of Federal programs and continue a bipartisan focus on reducing waste, fraud, and abuse.

Question. On November 30, 2020, then chairman of the Finance Committee Chuck Grassley sent a letter to the Office of the Inspector General of the Department of Labor seeking an investigation into California's Employment Development Department (EDD), with particular attention to fraud and the EDD's practice of mailing documents that contain individuals' social security numbers.

A November 23, 2020 letter to California Governor Gavin Newsom, with you as a carbon-copied recipient, from District Attorneys from various areas of the State who were on the California District Attorney's Statewide EDD Fraud Task Force requested a personal meeting and request for State officials to become involved in "halting what appears to be the most significant fraud on taxpayer funds in California history."

A December 3, 2020 *Los Angeles Times* article on the "tsunami" of prison unemployment fraud in California, which the article identified was fueling street crime, reported that "multiple District Attorneys interviewed by the *Times* said they are frustrated that State officials, including State Attorney General Xavier Becerra, have not taken leadership in what some have described as the biggest taxpayer fraud in California history."

A January 28, 2021 *Los Angeles Times* article identified that State officials in California have "confirmed more than \$11 billion in fraud, and are investigating \$19 billion in other, suspicious claims for potential fraud." The magnitude of fraud in largely federally financed unemployment programs in California—upward of \$30 billion of fraudulent or suspicious payments and claims—is staggering, the largest fraud in California history, and widely reported for quite some time.

Despite all of this, since warning signals were sounded in at least late November of last year, a scan of the California Attorney General's press releases does not appear to identify any response to multiple calls for State officials to get involved in battling fraud. Instead, during the period November 23, 2020 through February 25, 2021, there were at least 25 press releases directed at political activities by your office against the Trump administration.

Oversight and protection of Federal taxpayer resources is a responsibility of Federal Government officials, including the Department of Health and Human Services (HHS). Any Secretary of HHS, which is responsible for an enormous amount of payments of Federal taxpayer resources, must take fraud seriously and devote requisite resources to battle fraudsters. Money intended for unemployment insurance payments, or payments from HHS, that ends up in pockets of fraudsters is money that does not go to those truly in need.

Given that you were warned about unemployment insurance fraud, and asked to respond, at least by the end of November last year, please explain:

When were you first asked to respond to California's massive unemployment fraud?

Why multiple District Attorneys interviewed by *The Los Angeles Times* in late November or early December of last year reportedly identified their frustration over lack of action by State officials regarding unemployment compensation fraud and their assessment that you had "not taken leadership" in the face of the biggest taxpayer fraud in California's history?

What actions did you take, and when, to combat unemployment compensation fraud in California (and please provide supporting documentation)?

How many full-time equivalent hours of work in the California Attorney General's office were devoted to battling unemployment fraud relative to hours devoted to activities to battle the Trump administration during the period between November 23, 2020 and February 25, 2021?

Answer. At the California Department of Justice, we have made combating fraud a serious priority. When the Department has been given primary authority combating fraud such as in the Medicare and Medicaid program, we have cracked down on this fraud to protect these lifelines, recovering almost \$1 billion in just the last 3 years from defendants that defrauded California's State's Medicaid program with false claims for payment, and in 2020, we expanded the Bureau of Medi-Cal Fraud and Elder Abuse to its own division so we could better investigate and prosecute fraud. In regard to other programs, the California Department of Justice provides support to investigators in departments like the California Employment Develop-

ment Department investigators when requested. In investigations where the California Department of Justice has found fraud in any public benefits program, we primarily refer those cases to District Attorneys who carry out the vast majority of criminal prosecutions in California. If I am confirmed as HHS Secretary, I would continue this focus and would like to work with you and the Congress to ensure strong oversight of Federal programs and continue a bipartisan focus on reducing waste, fraud, and abuse.

MEDICAID

Question. What would be your top Medicaid priorities?

Answer. The President has made clear his commitment to protecting and strengthening Medicaid so that this critical program can continue to provide life-saving access to care for millions of Americans. Medicaid will also continue to play an essential role in the Biden administration's response to the COVID-19 pandemic. If confirmed, I will work to ensure that people have access to quality and affordable care, and to ensure that Medicaid makes progress on addressing the major health-care challenges facing our country, including maternal health.

Question. Data infrastructure in State Medicaid programs is extremely outdated. Historically, State Medicaid programs have attributed this to a lack of focus on improving data infrastructure among competing priorities. If confirmed, would you prioritize improved data systems at the State level to promote the sharing of data—such as claims, laboratory results, and eligibility information—between State systems and data sharing with the Federal Government?

Answer. Medicaid data is an important tool for improving health equity and access to health care. I believe we need better data because good data leads to good policy. If confirmed, I look forward to partnering with States to improve Medicaid data.

Question. You have highlighted the need to stop consolidation in California that gives hospitals unfair market power. I am interested in how this view may influence your position on the use of restrictive networks by insurance companies to drive down cost. For example, if a major hospital system chooses not to enter into a contract with any Medicaid managed care companies in a State, would you have HHS intervene at the Federal level or leave that to the companies and State to resolve?

Answer. As Attorney General in California, I worked to tackle the issue of hospital consolidation. If confirmed, I will enforce the laws and regulations on the books and work to ensure that individuals have adequate access to affordable, quality health care.

Question. If confirmed, would you rescind Medicaid section 1115 waivers that were approved in the prior administration? If so, could this create considerable disruption and prevent the adoption of waivers, given State Medicaid operations could be changed with each new administration?

Answer. Medicaid is an important lifeline for many American families. Section 1115 demonstrations can be invaluable in allowing States to pursue innovative ideas through Medicaid. If confirmed, I will work to ensure that States' Medicaid section 1115 demonstrations promote the objectives of the Medicaid program and that these demonstrations are approved in accordance and compliance with the Medicaid statute.

Question. The pipeline for new drugs and therapeutics is changing rapidly and dramatically. Medicaid remains the primary payer for rare disease treatments, yet the Medicaid Drug Rebate Program (MDRP) has not evolved to keep up with new technologies, like cell and gene therapies. Should the MDRP be updated to ensure patients with rare diseases, including cancers and sickle-cell disease, can receive the treatments they need? How would you address affordability without causing innovators to reduce or eliminate investments in cell and gene therapies out of fear of government involvement?

Answer. Medicaid is a crucial lifeline for ensuring that Americans with low incomes, especially those with complex health care needs, have adequate access to quality health care, including lifesaving therapies. We need to foster innovation in medical technology to encourage the development of new therapies. If confirmed, I look forward to working with you to ensure that Medicaid beneficiaries have access to those therapies.

Question. If confirmed, will you commit to allowing prescription drug value-based arrangements in Medicaid to expand flexibility and coverage of lifesaving treatments, especially for cell and gene therapies?

Answer. I believe that people should have timely access to lifesaving innovative therapies, including prescription drugs, biologics, devices, and other medical products such as cell and gene therapies. We need to foster innovation in medical technology to develop new lifesaving therapies. If confirmed, I look forward to working with you and other members to find solutions to address the high cost of new therapies.

Question. In your role as Attorney General, how have you worked to ensure Federal Medicaid funding does not go to non-citizens (a requirement under Medicaid) even as California allows non-citizens under 26 years old to be covered by its Medicaid program? How do you ensure accountability related to the bifurcated Federal and State funding streams?

Answer. The law does not allow people with undocumented status in this country to receive Federal Medicaid benefits except in very rare circumstances. If confirmed, it will be my job to make sure that the Department follows the law.

MISCELLANEOUS

Question. The Secretary of Health and Human Services serves as a trustee on the Board of Trustees of the Federal Old-Age and Survivors trust fund and the Federal Disability Insurance trust fund. As a trustee, you would, if confirmed, have a role in helping to develop annual “trustee reports” on the financial condition of the trust funds. In 2017, allegations were made that a single public trustee for Social Security somehow forced insertion of assumptions into models used to project the future finances of Social Security that led to the “playing up the potential future insolvency of the program.” One piece of evidence to support the allegations was that the Chief Actuary for Social Security wrote a public statement of actuarial opinion containing some sort of public rebuke of questionable elements of the 2015 Social Security trustee report. The Chief Actuary’s Statement of Actuarial Opinion from the 2015 report is available on the Social Security Chief Actuary’s website (on pp. 256–257 of <https://www.ssa.gov/oact/TR/2015/tr2015.pdf>). Given that you will assist in developing trustee reports if confirmed, it is important to know that you have knowledge of and sound judgement regarding Social Security trust funds. Do you agree that the Statement of Actuarial Opinion of the 2015 trustee report represents a public rebuke of questionable elements of the trustee report—elements that represent assumptions used to project the future finances of Social Security to play up the potential future insolvency of the program?

Answer. If confirmed as Secretary, I can commit to you that we will work with you to give you and this committee the information you need to make the right decisions with respect to Medicare.

Question. In response to a questionnaire sent to you by the Senate Committee on Finance, you included the following: “I served on the Ways and Means Committee for 2 decades, where I focused on protecting and strengthening Medicare, Medicaid, and health-care payments and program financing, and where, in 2015, I led efforts to successfully stave off roughly 20-percent cuts in Social Security Disability Insurance.” Republicans on the Finance Committee, led at the time by then-Chairman Hatch, worked with Republicans and Democrats in the House, and Obama administration officials, to put in place reforms to the Disability Insurance program at Social Security to make it better for beneficiaries and taxpayers. Unfortunately, Senate Democrats at the time took the position that nothing should be changed, aside from taking resources from the Old-Age and Survivors (“retirement”) trust fund and giving those resources to the Disability Trust Fund—something they referred to as a “clean reallocation.” The reforms that then-Chairman Hatch led from the Senate, and a reallocation of resources between trust funds, ultimately became law. None of those reforms privatized anything or cut benefits for anyone, aside from one change that was inserted by the Obama administration to cut benefits for certain upper-earners, and the reallocation ensured that Disability Insurance benefits did not have to be cut, which otherwise would have occurred. However, it is not clear the sense in which you “led” efforts in the House Ways and Means Committee to arrive at what became the reforms. Can you provide evidence of how you led the House efforts, such as legislation that you had sponsored that ultimately ended up in the Disability Insurance reform package?

Answer. As chairman of the House Democratic Caucus and ranking member of the House Ways and Means Subcommittee on Social Security, I was deeply committed in this effort to preventing cuts to Social Security, including introducing legislation, as part of this debate.

Question. During your tenure at the House Ways and Means Social Security Subcommittee, you said numerous times that “Social Security has not added 1 penny to our deficit and our debt.” I don’t believe that Social Security has contributed a great deal to deficits and debt, but to be honest with respect to government accounts of taxpayer resources, there have been contributions.

In his book titled “Stress Test: Reflections on Financial Crises” (Crown Publishers, New York, 2014), former Treasury Secretary Timothy Geithner wrote the following: “. . . I objected when Dan Pfeiffer wanted me to say Social Security didn’t contribute to the deficit, but it did contribute. Pfeiffer said the line was a ‘dog whistle’ to the left, a phrase I had never heard before. He had to explain that the phrase was code to the Democratic base, signaling that we intended to protect Social Security.”

Do you agree with Secretary Geithner that Social Security has contributed to the deficit?

When you repeatedly made public statements that “Social Security has not added 1 penny to our deficit and our debt,” were you being truthful, or sounding a “dog whistle” to the left as, according to Geithner, former Obama administration official Dan Pfeiffer characterizes such statements?

Answer. I am committed to protecting benefits for American seniors, and if I am confirmed as HHS Secretary, my commitment will extend to efforts to protect Medicare and seniors’ benefits, and I hope we can find common ground to work together on solutions to strengthen these lifelines.

Question. As Attorney General, you filed 122 lawsuits against the Trump administration, with some of these lawsuits related to HHS programs. The sheer volume is indicative of how active States can be when they are philosophically opposed to the administration in power. What impact would the threat of lawsuits or actual lawsuits filed by States against HHS have on how you would run the Department?

Answer. If I am confirmed as HHS Secretary, I will follow the law, and we will comply with the law when implementing the President’s agenda and the laws passed by Congress.

Question. President Biden announced your nomination for HHS Secretary simultaneously with his nomination of Dr. Vivek Murthy as Surgeon General. Dr. Murthy has in the past identified gun violence as a public health issue. Do you agree with Dr. Murthy’s opinion that gun violence is a health-care issue, and if so, how would you use your position as HHS Secretary to address it?

Answer. The American Public Health Association lists gun violence as a public health issue. If I am confirmed as HHS Secretary, I will support ongoing peer-reviewed research efforts at CDC and NIH, and implement the President’s agenda.

Question. The U.S. Supreme Court recently enjoined enforcement of California’s restrictive rules on gatherings for religious ceremonies. Indeed, some in the public health community have said that California’s extreme restrictions, including on gatherings, may have been counterproductive. How, as HHS Secretary, would you balance advocacy for public health with respect for constitutionally guaranteed liberties, including religious freedom?

Answer. As a person of faith myself, I believe deeply in religious freedom. It is a protection in our Constitution that makes the United States so unique and special. This pandemic continues to disrupt our daily lives and routines, and we need to be vigilant in mitigating the spread and protecting our fellow citizens. If confirmed as HHS Secretary, I will follow the law and Constitution in all our efforts to implement the President’s agenda.

FOLLOW-UP QUESTIONS SUBMITTED BY HON. MIKE CRAPO

Question. The response Mr. Becerra provided on the questions of unemployment fraud in California did not address the specific questions asked in the original question for the record. Please respond directly and substantively to the questions that were asked.

Answer. I have long been concerned about fraud across our State and take allegations of fraud seriously. Typically, District Attorneys (DAs) prosecute any fraudulent action in their counties, and while we can join investigations, DAs are routinely the arbiters. At the California Department of Justice (DOJ), it's our policy not to comment on any potential or pending investigation—even confirmation or denial—to protect the integrity of our work.

The question concerning the number of hours spent on unemployment fraud in relation to our Federal lawsuits seems to presume that we have spent substantial time on our Federal lawsuits, perhaps compared to other work at DOJ. Yet over the first 3 fiscal years during my tenure as Attorney General, our Federal lawsuits amounted to roughly 1 percent of our DOJ budget.

Question. The response Mr. Becerra provided did not address the question of whether the nominee agrees that the Statement of Actuarial Opinion of the 2015 trustee report represents a public rebuke of questionable elements of the trustee report. Given the importance of Social Security programs, it is important to know whether the nominee agrees or not. Please be directly responsive to the question.

Answer. The role of the Secretary of Health and Human Services as a trustee on the Board of Trustees for the Federal Old-Age and Survivors trust fund and the Federal Disability Insurance trust fund is vital. While I can't speak to the intentions of the Chief Actuary for Social Security in the 2015 Annual Report of the Trustees of the Federal Old-age and Survivors Insurance and Federal Disability Insurance trust funds, I believe that the future of Social Security is of the utmost importance. If confirmed as Secretary, I will approach this duty with the care and attention it deserves.

Question. The response Mr. Becerra provided did not answer whether he can provide evidence of how he led the House efforts, such as sponsored legislation that ended up in the ultimate package. The nominee identifies that he had introduced legislation, as part of a debate. Please identify the specific legislation, and whether it ended up in the Bipartisan Budget Act of 2015.

Answer. I introduced H.R. 3150, the One Social Security Act, on July 22, 2015, which proposed merging two trust funds—the Social Security Disability Insurance (SSDI) fund and the Old-Age and Survivors' Insurance fund—to cover possible shortfalls. While it did not become law, it led to conversations about how to prevent Social Security's disability trust fund from running out of money.

As for preventing the nearly 20-percent cuts to SSDI, I alerted House Democratic colleagues to the possible SSDI shortfall and made clear that the budget deal of October 2015 must not decrease SSDI benefits. Ultimately, I wrangled fellow House Democrats to put their feet down and insist on staving off cuts. The deal later passed without the cuts.

Question. The response Mr. Becerra provided regarding deficits, debt, and Social Security did not answer the specific questions asked. Please answer whether you do or do not agree with Secretary Geithner that Social Security has contributed to the deficit; and please answer whether your numerous iterated statement that "Social Security has not added 1 penny to our deficit and our debt" is truthful or, as a former Obama administration official reportedly has identified the statement, a "dog whistle" to the left.

Answer. I stand by my statement that Social Security has not added 1 penny to the deficit. As a member of Congress, I have been a champion for benefits for seniors including Social Security and Medicare. As HHS Secretary, if confirmed, I will continue to work with Congress to ensure that seniors have access to critical lifeline programs like Medicare.

QUESTIONS SUBMITTED BY HON. CHUCK GRASSLEY

Question. During the last 2 years as chairman of this committee, I've focused some of my oversight on what steps the Department of Health and Human Services has taken to detect and deter foreign threats to taxpayer-funded research. As part of my oversight, I've also worked to ensure that the Department's Office of National Security is given full, complete, and consistent access to all Intelligence Community information involving threats to the Nation's health care, such as COVID-19. That office has gained access to some Intelligence Community elements but more must be done.

Do you agree that China is a significant and consistent bad actor when it comes to stealing U.S. taxpayer-funded intellectual property and academic research? If so, what will you do to protect American work product from the communist Chinese government's theft and espionage activities? If not, why not?

If confirmed, do you intend to work with the Intelligence Community to better understand the origins of COVID-19 and China's involvement? If not, why not?

If confirmed, will you commit to briefing this committee on those efforts?

If confirmed, will you commit to updating me on the functions of the Office of National Security and how it's interacting within the Intelligence Community?

Answer. If confirmed, I look forward to working with the committee to protect research from undue foreign influences. As the president has said, China is a serious competitor, and I am deeply concerned about China's record of stealing intellectual property and engaging in coercive and malign economic practices. If confirmed, I will work with my colleagues to protect American work products from these activities, and I also am committed to working with the intelligence community and other partners to understand the origins of COVID-19, and I will keep the committee apprised.

I recognize the critical role of scientific collaborations based on principles of scientific excellence, integrity, responsibility to the public, and fair competition in advancing its mission. The National Institutes of Health (NIH) has taken a number of steps to address these risks, including clarifying expectations around foreign affiliation disclosures, financial conflicts of interest, and research support from foreign governments. Protecting the integrity of science is a priority for me to ensure that U.S. institutions and the American public benefit from their investment in biomedical research. If confirmed, I will work closely with NIH in their efforts to protect research integrity.

Question. Congress's ability to acquire information from Federal agencies is critical to its constitutional responsibility of conducting oversight of the executive branch. If you are confirmed, will you commit to providing thorough, complete, and timely responses to requests for information from members of this committee, including requests from members of the minority?

Answer. As I committed during Thursday's hearing, I will provide prompt responses in writing to requests from any members of this committee.

Question. Science tells us that an unborn child has many of the neural connections needed to feel pain, perhaps as early as eight weeks and most certainly by 20 weeks fetal age. Providing health care to unborn children and their mothers can help reduce infant mortality rates in low-income communities, research also suggests. Some States already offer prenatal care and other health services to unborn children through the Medicaid program. What is your view on whether unborn children should be entitled to Medicaid coverage, and do you believe that the Federal Government has a role to play in encouraging such coverage?

Answer. Medicaid is an important source of pre- and post-natal care, and if I am confirmed, I will work to ensure that pregnant people have access to quality health care that improves their own health and the health of their babies. I look forward to working with members of this committee and Congress to expand access to affordable quality care including through the Medicaid program.

Question. Last year, Senator Wyden and I released a report to colleagues exposing the extensive financial ties between manufacturers of opioids and opioid-related products and tax-exempt organizations. This investigation found that manufacturers made more than \$65 million in payments to a handful of tax-exempt organizations since 1997 to amplify their business interests. Would you agree that the Physician Payments Sunshine Act should be expanded to include these types of transactions so that the public is aware them?

Answer. As Attorney General, I have acted to combat the opioid crisis, including holding drug makers accountable. As California Attorney General, I worked to shine a light on the relationships between opioid companies and their consultants. The Open Payments Program established by your Physician Payments Sunshine Act promotes transparency and accountability by making information about certain financial relationships available to the public. If confirmed, I look forward to working with you on ways to promote transparency of the financial ties of opioid manufacturers.

Question. In 2020, I cosponsored the Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act and it was signed into law. The law extended the Drug Enforcement Administration’s temporary scheduling order to proactively control deadly fentanyl analogues. Fentanyl-related overdose deaths continue to rise and sophisticated drug trafficking organizations manipulate dangerous substances to skirt the law, so this critical law placed fentanyl substances in Schedule I so that they can be better detected and criminals can be held accountable for their actions. The law sunsets in May of 2021. You as Attorney General of California signed a letter in December 2019 joining all 55 other State and territory Attorneys General asking Congress to permanently codify a temporary emergency scheduling order keeping fentanyl-related substances classified as Schedule I drugs. If confirmed, do you support permanently codifying a temporary emergency scheduling order keeping fentanyl-related substances classified as Schedule I drugs?

Answer. I recognize that fentanyl and fentanyl analogues pose a significant danger, and are responsible for far too many deaths every year. I continue to believe that we should place sensible restrictions on these substances that pose harm. I am also cognizant of the vital role HHS plays in the scheduling process and the need to ensure that our actions are not inadvertently stifling the type of research that is needed to develop new drugs that can help address the opioid crisis in America. I commit that, if confirmed, I will work with you on legislation to ensure the appropriate scheduling of the fentanyl and fentanyl analogues that pose a danger.

Question. In 2003, Congress added an outpatient prescription drug benefit to the Medicare program called Part D. We did it the right way for seniors and taxpayers by allowing the forces of free enterprise and competition to drive costs down and drive value up. Key to designing this program was ensuring there was competition, not government mandates—to drive innovation, curb costs, expand coverage, and improve outcomes. This is why we wrote the non-interference clause into the law. The non-interference provision expressly prohibits Medicare from: negotiating drug prices, setting drug prices, and establishing a one-size-fits-all list of covered drugs. That language doesn’t prohibit Medicare from negotiating with drug makers. It prohibits the government from interfering in the negotiations that are actually happening. The Congressional Budget Office has repeatedly stated that repealing non-interference wouldn’t save money unless there was a restrictive formulary, therefore restricting patient access to critical drugs. President Biden, then as a candidate for president, said he wanted to “allow Medicare to negotiate lower drug prices” and last Congress the U.S. House of Representatives passed legislation that sought to give the Department of Health and Human Services (HHS) Secretary “broad power to negotiate lower drug costs now.” As a member of Congress, you cosponsored legislation that would have enabled the Secretary of HHS the ability to negotiate with pharmaceutical manufacturers. Does the Secretary of HHS have the authority to circumvent the 2003 law to negotiate prescription drug prices in Medicare? If confirmed, does the Biden administration support changes to Medicare’s non-interference clause to stifle the free market that includes amending or rescinding the non-interference clause provision?

Answer. Like President Biden, I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans. If confirmed, I look forward to working with Congress to build upon the good work you did in the Finance Committee on this important issue and finding ways to achieve these important goals.

Question. I recently requested the CDC to publicly release its weekly formula—including the State-by-State pro-rata share for allocating vaccines to States, territories, and tribes. No matter where you live, Iowans and all Americans should have fair access to a vaccine. Iowans must have confidence we are receiving our fair share of vaccines. I appreciate the CDC routinely releasing State-by-State vaccine data for allocation, doses delivered, and administration. However, it is difficult to determine based on this data whether Iowa is receiving its fair share. This publicly reported data can also lag. Will the Biden administration commit to the CDC publicly releasing its State-by-State weekly pro-rata share of vaccine allocations?

Answer. If confirmed, I look forward to working with the Department to ensure there is transparent and equitable distribution of vaccine allocations.

Question. In Iowa, grandmothers health plans have enabled many middle-class Iowans to keep the health plans and doctors they like at a reasonable price since the Affordable Care Act was implemented. For example, over 56,000 Iowans are covered by grandmothers health plans. To put this in context, about 59,000 Iowans signed up for the Federal health insurance exchange in 2021. Iowans have chosen

health plans that meet their individual needs. Currently, grandmothers health plans' existence is determined by the Department of Health and Human Services (HHS) through the Centers for Medicare and Medicaid Services (CMS) annually through non-enforcement extensions. If confirmed, are you committed to maintaining these affordable, consumer-chosen health plan options for Iowans by extending the non-enforcement authority for grandmothers health plans annually? Or do you support actions to remove choice for Iowans requiring them to select a one-size-fits-all Obamacare plan?

Answer. Making sure that all Americans have access to quality, affordable health care is one of the Biden administration's top priorities. If confirmed, I will examine rules and other policies to ensure all Americans can access the care that they need.

Question. I support transparency in the 340B Drug Pricing Program. The previous administration finalized a 340B Drug Pricing Program Administrative Dispute Resolution regulation that went into effect in January 2021. This final rule sets forth the requirements and procedures for the 340B Program's administrative dispute resolution (ADR) process. The rule establishes a 340B Administrative Dispute Resolution Board to review claims. In addition, on December 30, 2020, the Department of Health and Human Services' Office of the General Counsel released an advisory opinion. If confirmed, are you committed to the continued implementation of the 340B Drug Pricing Program Administrative Dispute Resolution final rule and Office of General Counsel's advisory opinion? If confirmed, what other detailed steps will the Biden administration take to ensure transparency in the 340B Drug Pricing Program?

Answer. The 340B Drug Pricing Program is an indispensable program for our safety-net providers serving some of our neediest populations. If confirmed, I look forward to working with you and other members of Congress to uphold the law and ensure this vital program is able to support vulnerable communities.

Question. In 2017, I sponsored the Over the Counter Hearing Aid Act with Senator Warren, which was included in the FDA Reauthorization Act of 2017. It required the FDA to issue a regulation by August 2020 establishing the requirements for products in this category. This legislation was based on recommendations put forth by the Presidential Council of Advisors on Science and Technology and the National Academies of Science Engineering and Medicine to increase consumer access to hearing aid technology and decrease costs associated with hearing aids. The Food and Drug Administration has not completed rulemaking on this. If confirmed, will you work to prioritize rulemaking so consumers can access affordable help for hearing loss that Congress intended?

Answer. Thank you for your leadership on this issue. I commit that, if confirmed, I will support FDA in their work to ensure availability of over-the-counter hearing aids. I recognize this as a public health priority as hearing loss can have a negative effect on communication, relationships, and other important aspects of life.

Question. A Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report found the use of telehealth increased 154 percent during the last week of March 2020 during the emergency of COVID-19 compared to the same period in 2019. We know the use of telehealth has continued throughout the COVID-19 pandemic. The Centers for Medicare and Medicaid Services (CMS) throughout the public health emergency authority has allowed more than 80 services to be furnished via telehealth. The data and response from patients and providers prove permitting telehealth services is a positive action to improve access and care. This last Congress, we provided permanent coverage for mental health telehealth visits under Medicare, which is helpful during the pandemic and will remain critical for many Americans afterwards. If confirmed, are you committed to working with Congress and in the executive branch to extend telehealth flexibilities in Medicare beyond the pandemic? Additionally, some providers, including community health centers, face regulatory barriers based on provider type or site of service. If confirmed, do you support removing telehealth barriers for certain providers?

Answer. Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at the telehealth flexibilities developed for the current public health emergency and determine how we can build on this work to improve health equity and improve access to health care, including at community health centers.

Question. If confirmed, does the Biden administration plan to change the State-Federal partnership in response to the COVID-19 pandemic by placing conditions

of participation, including specific public health mitigation efforts, on States in order to receive vaccine doses?

Answer. If confirmed, I would work within HHS to determine the best way to ensure transparent and equitable distribution of vaccine allocations.

Question. If confirmed, does the Biden administration plan to change the State-Federal partnership in response to the COVID-19 pandemic by placing conditions of participation, including specific public health mitigation efforts, on States in order to receive Federal funding to respond to COVID-19?

Answer. If confirmed, I would work within HHS to determine the best way to ensure transparent and equitable distribution of COVID-19 relief funding.

Question. I am a proud champion for greater transparency in government. This extends to the need for greater transparency in health care. I am the author of the Physician Payments Sunshine Act, which requires public disclosure of payments between drug companies and doctors and have introduced legislation to apply the same disclosure rules to nurse practitioners and physician assistants. In 2019, the Trump administration issued two major rules requiring price transparency for hospitals and health insurance companies. The rules took effect in January 2021. This effort shines a light on the health-care industry that is all too often shrouded in secrecy. While Congress can build upon the rules, consumers can finally see sunshine in health-care pricing. I have cosponsored legislation to codify the two health-care price transparency rules. This transparency will bring more accountability and competition to the health-care industry. If confirmed, do you plan to maintain, modify, or rescind these health-care transparency rules that give consumers the ability to compare prices online so they can make an informed choice about what's best for them and their families?

Answer. If I am fortunate enough to be confirmed, I will ensure that the Department continues to take steps to improve price transparency, so consumers can look behind the curtain to understand how providers and insurers are operating.

Question. As a direct result of the Affordable Care Act's one-size-fits-all approach, many Iowans have been priced out of health insurance. To rectify this, the Trump administration and Iowa Insurance Division enabled Iowans more choice and competition in the health-care marketplace by enabling and expanding short-term limited-duration insurance (STLDI). This gives Iowans access to health insurance with consumer protections. If confirmed as Secretary of Health and Human Services, will you stifle competition and limit the health plan choices for Iowans? Specifically, will you modify or rescind the current regulations enabling Americans to purchase STLDIs?

Answer. Making sure that all Americans have access to quality, affordable health care is one of the Biden administration's top priorities. If confirmed, I will examine rules and other policies to ensure that plans provide Americans access to the care that they need.

Question. It is important to give people affordable options for health insurance. Small business owners, like Iowa farmers, want to be able to provide insurance for their employees. Association Health Plans are a way for these small businesses to band together to expand access to health insurance and drive down costs. I have introduced legislation and support efforts to expand the pathway to affordable and accessible health care remaining open to employees across America. Association Health Plans allow small businesses to join together to obtain affordable health insurance as though they were a single large employer. The coverage offered to association members is subject to the consumer protection requirements that apply to the nearly 160 million Americans who receive coverage from large employers. If confirmed, will you as Secretary of Health and Human Services modify or rescind current regulations enabling employers and employees access to Association Health Plans removing the ability to access affordable health insurance?

Answer. Making sure that all Americans have access to quality, affordable health care is one of the Biden administration's top priorities. If confirmed as Secretary of HHS, I will examine all rules and policies to ensure all Americans can access the care that they need.

Question. I support access to affordable health-care coverage for all Iowans, regardless of their health status or pre-existing conditions. Americans want to be in control of their own health care. National, single-payer health systems do not allow that. The Affordable Care Act took options away from people and adopting a single-payer system will make that worse. A national, single-payer health system would

eliminate private health insurance for nearly 200 million Americans and require middle-class Americans to pay much more in taxes. Single-payer health care would also dramatically increase government spending substantially, fail to meet patient needs quickly, reduce provider payments rates and reduce quality of care, and the government would have more control over health care. It also threatens the benefits that current seniors on Medicare have paid into the system their entire working lives. If confirmed, do you intend to take administrative actions to implement the vision of a one-size-fits-all government-run health care scheme like single-payer? If so, please describe what authority you believe you have to take such actions?

Answer. President Biden has made it very clear that his goals for improving the American health-care system begin with building on the successes of the Affordable Care Act, and I am committed to working toward that goal.

Question. If confirmed, will you take actions as Secretary of Health and Human Services that stifle innovation and competition in health care?

Answer. Thank you for this question. I believe it is important to foster innovation and competition in our health-care system. Americans should have access to health-care services and products at an affordable price.

Question. Throughout the pandemic, the Trump administration gave States through the Medicaid program more flexibility to continue to care for and protect individual Americans and communities at most risk. If confirmed, will you work throughout the public health emergency to maintain these flexibilities for States?

Answer. I agree that these emergency flexibilities have played an important role in enabling State Medicaid programs to respond effectively to the COVID-19 pandemic. If confirmed, I am prepared to work closely with State Medicaid programs to ensure that they have the flexibility they need to care for Medicaid beneficiaries throughout the public health emergency.

QUESTIONS SUBMITTED BY HON. JOHN CORNYN

VACCINE ALLOCATION

Question. In order to streamline the distribution of COVID-19 vaccine from manufacturers to the States, the Trump administration created a pro rata formula that the Biden administration has left in place. The formula requires Federal administrators to run an automated algorithm in a program called Tiberius,³ which then calculates the division of vaccine doses nationwide based on the size of each State's adult population. While Texas has received the second-most vaccine doses in the country, an analysis of Centers for Disease Control and Prevention data has shown the State ranks near the bottom, 49 out of 50, when it comes to doses per 100,000.

The State population numbers used in the algorithm are derived from the U.S. Census Bureau's 2018 data. Texas is one of the youngest States in the Nation, with 25.5 percent⁴ of the State population under 18 years old. With that said, Texas media⁵ has noted "[s]till, even when adjusted for adults only, Texas ranks 48th."

What steps would you take as Secretary to ensure Texans receive an equitable share in future distributions?

Answer. If confirmed, I commit to working with the Department to ensure equitable distribution of vaccinations for States and local jurisdictions, including the State of Texas.

1115 WAIVERS

Question. In January, CMS granted Texas a 10-year extension of its Medicaid 1115 waiver, providing critical funding and stability for the program and Medicaid providers. The extension carries forward many policies and programs *approved across two different administrations* that ensure quality outcomes, transparency, and greater access to care. A one size fits all approach cannot meet the needs of a State as large and diverse as Texas, and the flexibility inherent in the 1115 waiver gives the State the authority to employ innovative solutions.

³ <https://www.defense.gov/Explore/News/Article/Article/2441698/pro-rata-vaccine-distribution-is-fair-equitable/>.

⁴ <https://www.census.gov/quickfacts/TX>.

⁵ <https://www.houstonchronicle.com/news/investigations/article/Nobody-is-getting-enough-Texas-near-the-15906851.php>.

There are concerns that the Biden administration will seek to withdraw approval of waivers that were granted at the end of the Trump administration. It is a dangerous precedent for the first action of a new administration to undo the final actions of the previous administration as States will no longer be able to trust in their negotiations with CMS.

Will you commit to maintaining Texas' waiver extension *as approved*?

Will you pledge to work with Texas to ensure the stability of the health-care safety net, which is heavily dependent on funding provided through the 1115 waiver?

Answer. Medicaid is an important lifeline for many Texans. Section 1115 demonstrations can be invaluable in allowing States to pursue innovative ideas through Medicaid. If confirmed as HHS Secretary, I would work to ensure that States' Medicaid section 1115 demonstrations promote the objectives of the Medicaid program and that these demonstrations are approved in accordance with and comply with the Medicaid statute.

FOREIGN THREATS TO RESEARCH

Question. In 2019, this committee held a hearing on foreign threats to taxpayer-funded research after multiple reports of espionage by the People's Republic of China. We have seen attempts by foreign entities like North Korea to steal intellectual property related to COVID vaccine development and I continue to hear concerns from research institutions in Texas.

Do you believe that NIH and other funders of public research should consider cybersecurity protocols that institutions have in place when evaluating applications for research grant funds?

What additional initiatives are you considering to ensure taxpayer funded research is protected from foreign threats?

Answer. If confirmed, I look forward to working with the committee to protect research from undue foreign influences. As the president has said, China is a serious competitor, and I am deeply concerned about China's record of stealing intellectual property and engaging in coercive and malign economic practices. If confirmed, I will work with my colleagues to protect American work products from these activities. I also am committed to working with the intelligence community and other partners to understand the origins of COVID-19, and I will keep the committee apprised.

I recognize the critical role of scientific collaborations based on principles of scientific excellence, integrity, responsibility to the public, and fair competition in advancing its mission. The National Institutes of Health (NIH) has taken a number of steps to address these risks, including clarifying expectations around foreign affiliation disclosures, financial conflicts of interest, and research support from foreign governments. Protecting the integrity of science is a priority for me to ensure that U.S. institutions and the American public benefit from their investment in biomedical research. If confirmed, I will work closely with NIH in their efforts to protect research integrity.

ESRD

Question. I have heard that some Medicare beneficiaries with End-Stage Renal Disease (ESRD) are being denied access to certain therapies following the inclusion of calcimimetic medicines in the ESRD bundled rate. For example, I've heard that some dialysis centers are requiring patients to change or stop using a medicine now that it is part of the bundled rate. It is extremely disturbing that dialysis patients, a group that is already impacted by significant disparities, would be taken off a treatment for economic reasons by the dialysis center.

What will you do to ensure that ESRD patients will continue to have access their calcimimetic treatment and what will you do to monitor patient outcomes in this area?

Answer. I agree that it is important for Medicare beneficiaries, particularly vulnerable groups such as those beneficiaries with ESRD, to have access to medically necessary treatments such as calcimimetics. If confirmed, I will work to ensure that Medicare beneficiaries continue to have access to these treatments and that patient outcomes are not compromised.

Question. Four hundred thousand Medicare beneficiaries are on dialysis, and those patients have not benefited from any meaningful innovation in their standard

of care in decades. Over the last several years, I have joined colleagues on both sides of the aisle and worked with CMS, the patient community, and innovators to encourage adoption of a new policy to spur innovation in medical technology for Medicare patients under the ESRD bundled payment system. CMS has made significant progress, having created the TPNIES add on payment for innovation in medical technology used in the provision of dialysis services. However, our work is not done. CMS should better align its metrics for innovation and clinical improvements over existing technologies with the lens FDA uses to evaluate such improvements and innovations. And CMS should also extend by another year the period of time during which the add-on payment can be made, having established an application and qualification process via rulemaking that essentially negates the first year of the add on payment window. I will again work with my colleagues on legislation to make these additional improvements to the work CMS has already done, and hope that you will commit to working with me to achieve full success on this policy for Medicare patients in whatever is the most expeditious and achievable path.

Will you commit to working with Congress to implement these policies and bring long overdue innovation to this vulnerable group of patients?

Answer. I agree that it is important to foster innovation in medical technology that improves health-care outcomes. If confirmed, I look forward to working with Congress to improve access to innovative technologies to Medicare ESRD beneficiaries.

DRUG PRICING—REBATE WALL

Question. We continue to see participants in the pharmaceutical supply chain, including some manufacturers and PBMs, engage in behaviors designed to foreclose competition. One form of potentially anticompetitive behavior is known as a “rebate wall” or “rebate trap”—a practice that, while serving as Attorney General for California,⁶ you acknowledged can foreclose competition and raise prices for consumers. Rebate walls occur when a firm with dominant market share requires a payer to prevent patients from accessing new innovation by coupling volume-based discounts with retaliatory measures such as the clawback of rebates. Rebate walls are especially problematic in therapeutic areas such as the autoimmune market where established medicines control considerable market share (*i.e.*, patient volume) and have FDA-approval for multiple indications.

A recent report⁷ found that removing rebate walls could save patients more than \$6,000 for high-cost (\$70,000 list price) infused biologics. Do you agree that a rebate wall can be problematic for patients, especially when it forecloses patient access to new, innovative, and often times lower cost brand and biosimilar options?

As Secretary of HHS, how would you engage with FTC, FDA, and other agencies to address anticompetitive rebate wall practices? For example, how would you build upon the FTC and FDA’s ongoing work to address competition issues in the biosimilars market, including rebate walls?

Answer. Like President Biden, I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans who depend on these medications. Competition in the market has helped control the growth in spending on prescription drugs and as California Attorney General I made it my mission to ensure that the marketplace worked better. I believe that biosimilars have a role to play in containing the cost of expensive therapies by creating competition. I am committed to reducing drug prices and ensuring Americans have access to the drugs that they need. If confirmed as Secretary of HHS, I look forward to working with you to find ways to achieve these important goals. I will also work across the government to address barriers to reducing drug prices.

BIOSIMILARS

Question. Biologic medicines treat some of the most serious conditions such as cancer, diabetes, and inflammatory diseases. Treating these conditions also represents a significant cost burden to the Medicare Part B program and the patients it serves. Biosimilar medicines are approved by FDA to be as safe and effective to previously approved reference biologic products that have gone off patent. This rep-

⁶ file:///cornyn-fs01/jeffreyl/Finance%20Committee/Hearings/117th/Becerra%20Nomination/State_of_California,_Office_of_the_Attorney_General.pdf.

⁷ https://www.pacificresearch.org/wp-content/uploads/2020/12/RebateWall_F_web.pdf.

resents the opportunity for high-value competition with savings estimates up to \$100B over the next 5 years.

What role do you see high-value, off-patent products like biosimilars playing in the Medicare program in helping to ease Medicare spending and reduce patient cost?

Will you commit to explore demonstration programs through CMMI or other authorities that allow savings from biosimilar adoption to be reinvested in patients and the health-care system?

Seniors are paying the high cost of prescription drugs. I introduced the Increasing Access to Biosimilars Act (S. 4134 in the 116th Congress) to encourage competition through the use of lower-cost biosimilars. The Increasing Access to Biosimilars Act would establish a 5-year, voluntary demonstration program to allow providers to share in the savings created by the use of biosimilars. Medicare savings would be guaranteed as the shared savings payments are only available when the biosimilar ASP is less than the reference biologic ASP.

Would you work with my colleagues and me to advance a biosimilars shared savings demonstration and test ways to encourage more biosimilar adoption?

Answer. We can all agree that the cost of prescription drugs are too high. Seniors should never have to choose between a meal and their medications. Biosimilars have a role to play in containing the cost of innovative yet expensive biologic treatments by creating competition. As Attorney General, I helped to promote competition by taking on a number of pharmaceutical companies who restricted competition through “pay-for-delay” schemes, which delayed putting a generic product on the market to compete with the brand-name product, therefore keeping the price of that brand name product high. If confirmed, I will continue to work on finding ways to lower drug costs and ensuring Americans have access to prescription drugs. As Secretary, I look forward to hearing your ideas for innovative models to do just that, and I look forward to working with you on this important issue.

340B—CONTRACT PHARMACIES

Question. Do you agree that the 340B statute does not mention contract pharmacies or define any role for them in the 340B program, and—notwithstanding that—contract pharmacies have pursued ways to generate revenue from their 340B patients, ultimately at cost to the Federal Government?

As HHS Secretary, how do you plan to address recent increases in diversion and duplicate discounting in the 340B program?

In your December 2020 letter to Secretary Azar, you noted that “some manufacturers are illegally conditioning 340B pricing on the provision of claims data to an agent of the manufacturer with insufficient compliance under HIPAA.” Assuming HIPAA were satisfied, would you still consider a manufacturer conditioning 340B pricing on the provision of claims data to a third party to be illegal?

Answer. The 340B Drug Pricing Program is an indispensable program for our safety-net providers serving some of our neediest populations. If confirmed, I look forward to working with you and other members of Congress to uphold the law and ensure this vital program is able to support vulnerable communities.

UNACCOMPANIED ALIEN CHILDREN PROGRAM

Question. If confirmed as Secretary of Health and Human Services, you would be responsible for supervising the Office of Refugee Resettlement (ORR) and its Unaccompanied Alien Children program. We are currently seeing a huge increase in apprehensions of unaccompanied migrant children (or UACs) along the border, particularly in the Big Bend and Del Rio Border Patrol sectors, where encounters have increased by 141 and 122 percent, respectively.

Many, if not most of these children will ultimately be referred to the ORR UAC Program. Under the *Flores* settlement agreement, these children must be placed in non-secure, State-licensed facilities or placed with a family member or other sponsor.

What is your plan with respect to HHS’s contracts with State-licensed facilities? Would you ensure that HHS has sufficient capacity to house children until they can receive at least preliminary merits hearings in their cases?

I am concerned about releasing children to sponsors while they are in removal proceedings. To the extent that we're releasing to family members, we need to be sure that they are here legally and that they will be responsible for ensuring that the child shows up to the court proceedings. And we need to be very conscious of the costs that such placements impose on State and local governments—which are already shouldering significant costs related to the COVID pandemic.

Answer. I appreciate your attention to this issue and the opportunity to answer this question. A guiding child welfare principle driving ORR's mission, along with legal requirements, is that children's best interests are served when he or she can safely be released to their family. HHS will release children without unnecessary delay to the care of appropriate sponsors, who are responsible for ensuring that children appear for any proceeding for which the children are a party. When a child is scheduled for a hearing before an immigration court while the child is in ORR care and custody, ORR arranges to transport the child to their hearings. ORR funds a national network of legal service providers who may represent children or appear as friends of the court at any immigration hearing the child is scheduled to appear.

ORR consistently seeks to balance permanent licensed bed capacity needs with being a good steward of taxpayer funds by closely monitoring migration patterns and reviewing historical trends in order to project program needs expediently and as accurately as possible. If confirmed, I will do everything in my power to ensure the safety and well-being of these vulnerable children.

CENTER FOR INNOVATION IN ADVANCED DEVELOPMENT AND MANUFACTURING

Question. During the Obama administration, HHS created the Center for Innovation in Advanced Development and Manufacturing (CIADM) program. This was a public-private partnership model that was created back in 2012 specifically to help protect Americans from the impacts of bioterrorism, of pandemic influenza and of other epidemics.

In response to the COVID-19 pandemic, HHS activated two CIADMs, one in Maryland and one at Texas A&M, as part of its COVID-19 response to domestically produce COVID-19 vaccine candidates and therapeutics. These CIADMs are serving as domestic manufacturers for the next tranche of vaccine candidates expected to be reviewed by the FDA—J&J, AstraZeneca, and Novavax, and working around the clock to manufacture these promising vaccine candidates. The program has not been without challenges, but the foresight of the Obama administration to create the program and the quick action by the Trump administration to activate these CIADMs show that the CIADM program could be a model to strengthen our domestic manufacturing capacity, strengthening our vaccine and therapeutics supply chain and helping ensure we can end this pandemic and respond to future public health emergencies quickly.

Are you familiar with the CIADM program?

Answer. I am familiar with the CIADM program, which helps to ensure a sustainable domestic medical countermeasure infrastructure.

Question. Will you commit to building on the successes of the CIADM program? No program is perfect of course—but this program clearly is playing a vital role in ending the pandemic domestically and likely globally.

Answer. If confirmed, I look forward to working with the Biomedical Advanced Research and Development Authority (BARDA) to expand innovative solutions and strengthen our domestic manufacturing capacity.

MEDICARE PROGRAM INTEGRITY

Question. I'm very concerned about the amount of Medicare funds lost to errors, waste, fraud, and abuse. Previously, CMS expressed the need to "elevate program integrity, unleash the power of modern private-sector innovation, prevent rather than chase fraud waste and abuse through smart, proactive measures, and unburden our provider partners so they can do what they do best—put patients first." Also, Congress included language in the Fiscal Year 2021 appropriations encouraging CMS "to consider pilot programs using AI-enabled documentation and coding technology to address CMS's top program integrity priorities and reduce administrative burden." I think we can do more to harness the expertise used in the private sector to benefit our Medicare beneficiaries and safeguard the Medicare trust fund. I hope this is an area of policy that we can work on together.

Will you commit to working with this committee to prioritize the use of artificial intelligence and other emerging technologies to bolster Medicare program integrity and protect the Medicare Trust Fund?

Answer. As California Attorney General, I cracked down on health-care fraud. Fighting fraud and abuse is important for maintaining a strong Medicare program. It is my understanding that CMS has taken steps to explore the possibilities of artificial intelligence for program integrity purposes. If confirmed, I will work with the committee to make sure that we are good stewards of the Medicare program and taxpayer dollars.

CHILDREN'S HEALTH

Question. As HHS Secretary, you will oversee a number of programs and agencies important to children from health coverage programs vital to children's health such as Medicaid and the Children's Health Insurance Program (CHIP) to programs responsible for training the pediatric health-care workforce like the Children's Hospital Graduate Medical Education Program (CHGME) to pediatric research initiatives at the National Institutes of Health.

What are your priorities for child health if confirmed?

Answer. Programs such as Medicaid and the Children's Health Insurance Program (CHIP) are crucial lifelines for ensuring that children have adequate access to quality health care. I had the great honor to help expand CHIP as a member of the House of Representatives, and have voted in support of reauthorizing the Children's Hospital Graduate Medical Education Program (CHGME). If confirmed, I would work to ensure children are receiving necessary health care so they can grow and thrive. I would also look to better ensure access to oral health and vision care for children, both necessary for children to thrive in school. And let us not forget that improving child health begins with ensuring maternal health. I will work tirelessly to reduce maternal and infant mortality and morbidity, using the expertise and resources across the many HHS agencies whose missions include ensuring child health. I look forward to working with Congress, and with State and local partners to make sure that we are improving child health.

Medicaid and CHIP are critical programs for children, providing coverage for over 40 million children. Medicaid is also the backbone of the pediatric health-care system providing care across the continuum from screenings and preventive to highly specialized diagnoses and treatments.

Question. What are your plans to strengthen this safety net for children and the providers who care for them?

Answer. If confirmed, I would work to support and strengthen crucial programs such as Medicaid and CHIP to ensure that children have adequate access to quality health care. In particular, I would look to better ensure access to oral health and vision care for children, while working to reduce maternal and infant mortality and morbidity. In addition, I would work to ensure that the providers who care for our children receive the support and resources they need to deal with the COVID-19 crisis and to make sure our children have access to quality care from the get-go.

The pandemic is having a profound impact on children's health and the providers who care for them.

Question. What are your immediate plans to address the current crisis in the increasing number of children facing severe mental, emotional and behavioral health challenges due to social isolation and the serious impact of the pandemic on the health of their families and caregivers?

Answer. I am deeply concerned about the impact of the COVID-19 pandemic on the mental, emotional, and other behavioral health outcomes of our children and their families and caregivers. I agree this must be an urgent national priority. If confirmed, I commit to working on this issue. In particular, we must ensure that we are fully leveraging the Medicaid and CHIP programs to connect children to the behavioral health care they need to navigate this unprecedented time and available SAMHSA funding to support behavioral health.

Question. The pediatric health-care safety net has been affected by the pandemic in different ways than the adult health care system, with less direct Federal financial support because they are not eligible for Medicare funding streams. What are your plans to sustain a stable pediatric health care system now and beyond the pandemic?

Answer. Medicaid and CHIP are lifelines to children and help form the fabric of the pediatric health-care safety net. Over 77 million individuals are enrolled in those programs, and about half are children. It is critical that we work to support our pediatric health-care safety net and pediatric health-care providers during the COVID-19 pandemic and beyond. If confirmed, I would make it a priority to provide necessary support to pediatric providers.

The Children's Hospital Graduate Medical Education Program (CHGME) provides significant support for the training of pediatricians and pediatric specialists. But unfortunately, the funding for this program still lags far behind the Medicare GME program—funding only half of what Medicare GME provides per resident.

Question. What are your plans to address this gap in training support for our Nation's pediatric workforce?

Answer. If confirmed, I will work to focus attention and resources to bolster our Nation's health-care workforce, including those who work with pediatric populations. HRSA's Children's Hospital Graduate Medical Education (CHGME) and Developmental-Behavioral Pediatrics programs are key pieces in the overall workforce landscape. If confirmed, I look forward to working with Congress to continue training a high-quality, skilled pediatric workforce to help increase access to these services.

During the pandemic, telehealth has played a major role in providing access to care for Medicaid beneficiaries, including children.

Question. How will HHS support the continued use and enhancements needed under Medicaid to ensure telehealth continues to enable access to care for children?

Answer. Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. Medicaid has made great strides in expanding services available through telehealth, including pediatric services, during the public health emergency. If confirmed, I will look at the telehealth flexibilities developed for the current public health emergency and determine how we can build on this work to improve health equity and improve access to health care.

As you know, pediatric health care is organized differently than adult health care. Pediatric care is more regionalized and often results in children, especially those with complex health needs, having to travel across State lines for care. Under Medicaid, this can be challenging for them and their providers with different policies State to State. The Advancing Care for Exceptional Kids (ACE Kids) Act passed in 2019 and effective next year, is one step in addressing these inconsistencies and getting much needed national data to inform care improvements.

Question. If confirmed, how would you approach these cross-State challenges that children with complex needs face when traveling for needed care?

Answer. Programs such as Medicaid and CHIP are crucial lifelines for ensuring that children have adequate access to quality health care, especially those with complex needs. I had the great honor to help expand CHIP as a member of the House of Representatives. If confirmed, I will work to ensure children are receiving necessary health care so they can grow. I look forward to working with other departments across the administration, Congress, and with State and local partners to make informed decisions that address the specific needs of children with complex medical conditions.

A major focus in health care among policy makers has been on pursuing delivery system reforms that improve quality and reduce costs. The Federal Government has traditionally focused more on adult populations rather than the needs of children in these reforms. As a result, Medicaid for children still lags behind Medicare in supporting improvements in care and innovative payment models.

Question. What steps will you take to promote increased emphasis on these types of innovations in Medicaid targeting the unique needs of children?

Answer. If confirmed, I will work with Congress and State and local partners to spur and encourage innovation in these important programs. Innovative delivery system and payment models are vital to ensuring that Medicaid and CHIP are equipped to address emerging pediatric health issues and can continue to provide children with access to quality health care.

SUPPLY CHAIN

Question. Regarding further distribution of personal protective equipment (PPE) and COVID-19 vaccines and ancillary products, how will government coordination with the private sector be managed? How will updates and information be communicated to the health-care supply chain in a timely manner?

Answer. The global pandemic has highlighted the vulnerabilities of the health-care supply chain for many products. In order to continue responding to the COVID-19 pandemic and better prepare the Federal Government to respond to any future public health emergencies, it is critical that HHS work to improve and expand health-care supply chain capabilities. If confirmed, I'm committed to working in coordination with the private sector on this urgent matter.

Question. How does the new administration plan to coordinate with and leverage the expertise of the commercial health-care supply chain to get product the last mile and get supplies into providers' hands across the care continuum?

Answer. Coordination across departments, agencies, and industries is key to ensure the adequacy of the health care supply chain. If confirmed, I'm committed to working on this urgent matter.

Question. Once the COVID-19 pandemic is under control, how do you anticipate partnering with the commercial supply chain to ensure that the country is ready for the next public health emergency? Have you considered solutions such as a "vendor managed inventory" solution to help guarantee that non-expired product could be available on demand?

Answer. As the Nation begins to turn the corner on the COVID-19 pandemic, it will continue to be important to think ahead to the next public health emergency. If confirmed, I will work with Assistant Secretary of Preparedness and Response (ASPR) to ensure these efforts can increase the Nation's ability to meet demand in future crises.

Question. How does the Biden administration intend to use the DPA authority and will the administration do so with thoughtful consideration of those with expertise in the medical supply chain so the existing infrastructure and supply are augmented rather than duplicated?

Answer. If confirmed, I commit to working closely with members of this committee on efforts related to the COVID-19 response, including the use of DPA and its potential impacts.

BUNDLED PAYMENTS

Question. The health-care system needs to continue to innovate while maintaining high quality and improving patient outcomes. The CMS Innovation Center, or CMMI, has several innovative models underway, including the Bundled Payment for Care Improvement Advanced (BPCI-A), that uses bundled payments to improve care, foster provider collaboration and lower health-care costs. We have hospitals and physician groups participating in bundled payments, and many see them as a way to drive the health-care system towards better value and better patient outcomes. When utilized with patient outcomes (and protections) and measurable value in mind, CMMI can be used to test new models without disrupting the rest of the program while a model is being tested.

What is your vision for CMMI, and how can leverage what we have learned to expand advanced payment models to meet Medicare transformation goals?

Answer. Innovation is critically important to advancing goals in health care. The CMS Innovation Center is integral to the administration's efforts to accelerate promote value-based care and encourage health care provider innovation. If confirmed as Secretary, I can commit to you that we will follow the evidence generated by Innovation Center model tests when considering whether to expand a model.

The Medicare Advantage program is currently covering about 24 million seniors, including almost 2 million in Texas. A recent report shows that MA has a higher percentage of racial minorities than fee-for-service (32 percent in MA compared to 21 percent in FFS) and MA beneficiaries tend to be older (almost 52 percent are between 70-84 years of age). We also know that seniors would prefer to remain in their home and their community, and that some seniors have trouble accessing care.

Question. How can we leverage existing tools in the Medicare Advantage program, particularly in home-based care, to ensure that seniors get the care they need?

Answer. Medicare Advantage plays an important role in giving people access to care. I believe we have to take every approach we can in order to get people the health care they need at an affordable price. If confirmed as Secretary of HHS, I look forward to working with you and other members of Congress to achieve this important goal.

QUESTIONS SUBMITTED BY HON. RICHARD BURR

COVID-19

Question. In order to mitigate the financial challenges hospitals faces as a result of the COVID-19 pandemic, certain third-party companies are able to offer hospitals cash advances for the Medicare segment of their business as is currently offered by these third-party companies for the hospital's commercial segment. These cash advances on Medicare claims may be utilized by hospitals accepting Medicare patients to offset their loss of revenue from elective procedures that are not being performed as a result of the COVID-19 pandemic. However, many hospitals believe that accepting a cash advance from a third-party to cover such losses is non-allowable under Medicare regulations.

Will you work with hospitals and third-party companies to provide clarity on all options available and allowed under the Medicare program for hospitals suffering from cash flow issues due to the COVID-19 pandemic?

Answer. During the pandemic, while some providers have experienced challenges with overcapacity, many other providers have faced financial setbacks related to billing disruption, the suspension of non-essential surgeries and procedures, and health care staff unable to work. As you know, Congress has provided financial relief to providers and suppliers through the Provider Relief Fund, Paycheck Protection Program, and the CMS Accelerated and Advance Payments Program, among other relief efforts. If confirmed, I will review Federal requirements to determine if there are barriers to providers obtaining financial assistance.

Question. Operation Warp Speed was created in March 2020 to accelerate the development of countermeasures for COVID. This public-private partnership with HHS and the Department of Defense is a historic example of American innovation. As of the end of January, five of the six Operation Warp Speed vaccine candidates have entered phase 3 clinical trials—two of which, Moderna and Pfizer, have received emergency use authorization (EUA) from the FDA as of February 25, 2021.

Should you be confirmed, what will your role be in this extremely successful public-private partnership?

What do you plan to change about the program?

Answer. I agree with the success of the operation in its ability to accelerate the development and manufacturing of COVID-19 vaccine candidates. If confirmed, I would work with all key partners to understand how to best support the ongoing development and distribution of medical countermeasures for COVID-19.

FDA-CMS COORDINATION

Question. We are in an exciting era of biomedical research and development, from which all generations of Americans stand to benefit. The development of new medical products is only half of the story, innovators must meet the FDA's gold standard of approval, then jump the hurdles of CMS's coverage and pricing decisions. This process can add time between when a medical product is approved by FDA and when a patient can use it. What opportunities do you see for FDA and CMS to work in parallel in order to be prepared for the next decade of novel medical products and reduce the time patients wait for CMS to make a decision on an FDA approved product?

Answer. I agree with the goal of expediting patient access to new medical products. I understand FDA and CMS have taken certain steps towards parallel review, and I will support appropriate measures to enable payors to make informed decisions earlier in the process.

CLINICAL TRIALS

Question. Last year, I worked with Senator Cardin on legislation to improve access to clinical trials for Medicaid beneficiaries. This bill, the Clinical Treatment Act, was signed in to law late last year. Medicaid beneficiaries have historically

been less likely to participate in clinical trials because they had to pay for the associated medical care as a part of the trial. When this law is implemented, routine care costs for individuals participating in clinical trials will be covered, providing them access to treatments that can save and improve their lives. Additionally, by having more Medicaid beneficiaries participate in clinical trials, we will broaden the base of clinical trial participants so we can bring cutting-edge treatments to more Americans.

If confirmed, it will be your responsibility to implement this new law. What steps will you take to ensure that Medicaid patients can quickly benefit from this new policy?

Answer. If confirmed, I will work to implement your newly enacted legislation to broaden access to potentially lifesaving clinical trials for Medicaid beneficiaries. I look forward to working with you and States to implement the law and to ensuring that Medicaid beneficiaries who wish to participate in clinical trials have adequate access to the health care they need.

MEDICAID

Question. You may be aware that Georgia recently gained approval of a unique Medicaid waiver that establishes a pathway for currently ineligible individuals to gain coverage by meeting Qualifying Hours and Activities. No currently enrolled Medicaid beneficiaries would be impacted by the program. Do you believe the State's "Georgia Pathways" waiver fulfills the purpose of Medicaid by providing coverage to currently uninsured individuals, and will you commit to keep an open mind about this waiver and other State-led initiatives to innovate within their Medicaid programs that fits their individual State needs?

Question. Section 1115 demonstrations can be invaluable in allowing States to pursue innovative ideas through Medicaid. If confirmed, I will work to ensure that States' Medicaid section 1115 demonstrations promote the objectives of the Medicaid program and that these demonstrations are approved in accordance with and comply with the Medicaid statute.

TRANSPARENCY

Question. Empowering consumers with health-care price information so they can make informed health-care decisions has long been a bipartisan priority. If confirmed as Secretary, are you committed to ensuring full implementation of the Department's Transparency in Coverage final rule?

Answer. If I am fortunate enough to be confirmed, I will ensure that the Department continues to take steps to improve price transparency, so consumers can look behind the curtain to understand how providers and insurers are operating.

FOSTER CARE

Question. The Family First Prevention Services Act created a new Federal category for settings that deliver trauma-informed treatment for foster children with serious emotional or behavioral issues in a residential setting, known as Qualified Residential Treatment Programs (QRTPs). QRTPs are one of the few residential settings that are eligible for title IV-E reimbursement. Recently, however, the Centers for Medicare and Medicaid Services (CMS) indicated QRTPs with more than 16 beds may meet the definition of an Institutions for Mental Diseases (IMDs), preventing Medicaid reimbursement for care in these circumstances. This interpretation is not consistent with congressional intent.

Do you believe that QRTPs should be exempted from the IMD payment exclusion, allowing children in foster care to have Medicaid coverage in these placements?

Answer. This is an important and complex question that I am committed to addressing quickly if I am confirmed by the U.S. Senate. I am similarly concerned that children in foster care receive necessary medical care without disruption. As such, I will work closely with the Centers for Medicare and Medicaid Services to resolve this issue, and will consider all available administrative and legislative vehicles to ensure that children in foster care receive the medical care that they need and to which they are entitled.

QUESTIONS SUBMITTED BY HON. PATRICK J. TOOMEY

Question. I find it deeply concerning that you supported the government’s use of march-in rights in the case of remdesivir. Dr. Francis Collins has publicly testified that the National Institutes of Health (NIH) does not have the authority to use march-in rights to lower the cost of a drug. Further, I have strong concerns with the disincentives created for innovators once government has set the precedent that it will “march in” and steal their intellectual property on a whim. As follow up to my questions during the hearing:

Can you assure me that you will not use your authority as Secretary of HHS to abuse the Bayh-Dole statute by invoking this march-in authority—that has never been used by NIH—to punish companies when you don’t like their prices?

Do you acknowledge that the administration does not have the legal authority to use march-in rights to lower drug prices?

Your letter to the Trump administration seems to conflict with the original intent of Bayh-Dole. Do you acknowledge that the intent of the Bayh-Dole Act is to incentivize public-private partnership and investment in innovative products?

Answer. Like President Biden, I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans. If confirmed, I look forward to working with Congress to build upon the good work you did in the Finance Committee on this important issue. If confirmed, I look forward to working with Congress to find ways to achieve these important goals.

Question. Separately, I have concerns regarding the legality and appropriateness of tying Medicare reimbursement for certain drugs to the prices foreign countries pay. The most obvious issue is the downstream effect it will have on patient access to lifesaving medicines.

If confirmed, will you advocate for reviving the interim final rule establishing the Most Favored Nation Model or promulgate similar rulemaking that ties the price Medicare pays for certain drugs to prices paid in other countries?

Answer. President Biden is committed to lowering the price of prescription drugs. Like President Biden, I believe prescription drugs must be affordable and accessible for all Americans. If confirmed, I will work to strengthen Medicare and Medicaid, reduce the cost of health care and prescription drugs, and ensure we are accountable in spending resources wisely and effectively. You have my commitment to work with you and other members of Congress on this issue.

Question. The Biden administration is requesting \$20 billion for vaccinations. Just 59 days ago, Congress provided \$8.75 billion for vaccine-related expenses. \$3 billion has been made available to States, but it has become incredibly difficult to know exactly how much money remains available and how much has been spent or obligated in granular detail.

My staff has requested certain documents from the Department of Health and Human Services commonly referred to by the previous administration as “weekly draw down reports.” These reports provide some insight into the allocation of Federal funding and subsequent spending by the States. It is my understanding that these reports have been shared with other members of this chamber and are generally used for press inquiries.

Prior to any vote on COVID–19 relief, it is important all members are given an opportunity to view these weekly draw-down reports. If confirmed, will you commit to providing this information to Congress on a weekly basis?

Answer. If confirmed, I commit to providing transparent and timely review of information.

 QUESTIONS SUBMITTED BY HON. TIM SCOTT

 LEVERAGING VIRTUAL HEALTH TECHNOLOGY AND
 TELEHEALTH TO EXPAND ACCESS TO CARE
Enhancing Telehealth Access

Question. Earlier this week, joined by Senator Schatz and a bipartisan group of my Senate colleagues, I introduced the Telehealth Modernization Act, legislation aimed at increasing access to high-quality health-care services, particularly for our Nation’s seniors, by codifying crucial flexibilities for telehealth coverage.

Long before the pandemic began, South Carolina had emerged as a leader in telehealth innovation, hosting one of just two federally recognized Telehealth Centers of Excellence in the Nation. High-quality telehealth services and networks spearheaded by cutting-edge providers like the Medical University of South Carolina have transformed the Palmetto State's health-care landscape. Unfortunately, however, for the majority of the State's roughly 1 million Medicare beneficiaries, outdated coverage restrictions have long inhibited access to telehealth services.

For years, rigid rules around patient location (geographic and site of service), eligible services and provider sites, and other components of care have created substantial barriers to telehealth utilization. In February 2020, for instance, just prior to the COVID-19 public health emergency (PHE), only 0.1 percent of Medicare fee-for-service (FFS) primary care visits were delivered via telehealth. In any given week before the PHE, an average of just 14,000 Medicare beneficiaries received a telehealth service.

Congress took decisive steps towards expanding telehealth access through the CHRONIC CARE Act, particularly for the roughly 36 percent of Medicare beneficiaries nationwide who have chosen to enroll in Medicare Advantage (MA) plans, more than three-quarters of which provided extra telehealth benefits, even before the pandemic struck. For South Carolina, however, MA penetration remained below 30 percent last year. For the 72 percent of SC's Medicare beneficiaries enrolled in FFS coverage, substantial restrictions have remained.

While these Medicare access gaps predated the pandemic, the spread of COVID-19 highlighted the urgency of updating telehealth coverage rules, prompting Congress to provide authority for pivotal emergency waivers designed to ensure safe access to care for seniors and other vulnerable populations. As the pandemic raged, Medicare beneficiaries turned to telehealth services to minimize viral exposure risk and receive medically necessary care in safe and accessible settings. In April 2020, more than two-fifths (43.5 percent) of Medicare FFS primary care visits were provided through telehealth, and from mid-March through early July of that year, more than 10.1 million beneficiaries accessed telehealth services.

Without congressional action, however, these emergency flexibilities will expire at the end of the PHE, creating an access cliff for tens of millions of Medicare beneficiaries, including many who have come to rely on telehealth for critically needed care.

If confirmed, can you commit to making the expansion of telehealth access, particularly for seniors and vulnerable populations, a priority for the Department of Health and Human Services?

The Telehealth Modernization Act would eliminate a number of outdated restrictions on Medicare coverage for telehealth services, including by removing geographic and originating site restrictions and ensuring that federally qualified health centers and rural health clinics can continue to serve as distant sites, even after the pandemic subsides. Would you support these types of policy proposals as a means of expanding access to care?

Can you commit, if confirmed, to working with my office, Senator Schatz's office, and the offices of other telehealth champions to ensure that the tens of millions of Medicare beneficiaries enrolled in FFS do not face a telehealth service coverage cliff when the public health emergency expires?

In the absence of the emergency waivers, what would you cite as some of the most significant barriers to telehealth access, particularly for seniors and those with serious health conditions, and what steps would you take as HHS Secretary, if confirmed, to address some of these barriers?

What role or roles do you see telehealth and other virtual health technologies in playing within the administration's broader goal of combating health disparities?

I see our digital infrastructure as a powerful tool in addressing health disparities. If confirmed, how would you work with other Federal agencies and officials to bolster broadband access and bridge the digital divide?

Answer. Telehealth is incredibly important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at the telehealth flexibilities developed for the current public health emergency and determine how we can build on this work to improve health equity and improve access to health care. As you mentioned, access to broadband is critical to the expansion of access to telehealth services, and I look for-

ward to working with you and other departments across the administration, if confirmed, on this important issue.

Improving the Medicare Diabetes Prevention Program (MDPP) Expanded Model

Question. The Medicare Diabetes Prevention Program (MDPP) Expanded Model (EM) leverages proven interventions to prevent the onset of type 2 diabetes in Medicare beneficiaries with prediabetes. In 2016, the Chief Actuary of CMS certified that “beneficiaries participating in diabetes prevention programs have achieved success with losing weight and reducing the incidence of diabetes” and that the expansion was “expected to reduce Medicare expenditures.” According to CMS, the program at the core of the expanded model “has been shown to reduce the incidence of diabetes by 71 percent in persons age 60 years or older.”

Unfortunately, the exclusion of innovative virtual suppliers from the MDPP EM has impeded the program’s reach and created substantial access gaps, particularly for older Americans living in rural and underserved urban communities. *Politico* reported that only 202 beneficiaries had used the program in 2018, and an *American Journal of Managed Care* study published in June 2020 concluded that “inadequate MDPP access” stemmed in part from “severe shortages” of suppliers, particularly in States with large populations of Medicare beneficiaries of color. The COVID–19 pandemic has highlighted and exacerbated these access barriers, but regulatory flexibilities remain limited.

In order to address these access gaps, last Congress, I partnered with Senator Warner in leading a number of letters to HHS and CMS leaders, urging them to take administrative action to enable the participation of CDC-recognized virtual suppliers in the MDPP EM. We also introduced the bipartisan, bicameral PREVENT DIABETES Act, which would accomplish the same goal legislatively. Unfortunately, virtual suppliers remain excluded from the program, and even the flexibilities provided for the pandemic emergency period have proven unable to improve access for beneficiaries in need.

The Biden administration has cited combating health disparities as a key policy priority. According to the CDC, 13 percent of American adults have diabetes, including 26.8 percent of those aged 65 or older. Diabetes prevalence varies substantially by race/ethnicity, affecting 16.4 percent of Black adults, 14.9 percent of Asian adults, and 14.7 percent of Hispanic adults, versus 11.9 percent of White adults. Inclusion of virtual suppliers in MDPP could help to address these disparities and improve outcomes for older Americans across the board.

In your testimony, you also pointed to reducing health-care costs as one of your primary aims in taking on this role, should you be confirmed. A 2018 study that focused specifically on the provision of DPP services through virtual providers found statistically significant evidence of reduced costs and utilization pattern changes for a Medicare population.

If confirmed, can you commit to working, in consultation with my office, Senator Warner’s office, and other relevant Federal officials, to enhance access to the Medicare Diabetes Prevention Program?

Can you commit to reviewing the robust evidence base and giving due consideration to the bipartisan and bicameral requests that I have led, in partnership with Senator Warner and others, to secure the inclusion of CDC-recognized virtual suppliers in the MDPP EM?

Beyond the MDPP EM, what do you see CMMI’s role to be in terms of facilitating the demonstration and evaluation of virtual care solutions and digital health tools?

More broadly, can you speak to the administration’s efforts to enable Medicare beneficiaries to leverage digital health tools for the prevention and treatment of disease? Are their limitations in your ability to expand access to these valuable resources for those that want to use them within Medicare?

Answer. Innovation is important to advancing goals in health care, and the CMS Innovation Center is integral to the administration’s efforts to promote high-value care and encourage health-care provider innovation, including virtual and digital health innovation. With respect to the Medicare Diabetes Prevention Program (MDPP) expanded model, I understand that CMS issued regulatory flexibilities in response to the COVID–19 pandemic, including waiving the limit on virtual sessions that can be provided by MDPP suppliers. If confirmed as Secretary, I commit to working with you on this and other models to reduce health disparities and prevent chronic diseases such as diabetes.

ENHANCING ACCESS TO INNOVATION

Question. As co-chair of the bipartisan, bicameral Personalized Medicine Caucus, I have long championed the potential for cutting-edge innovations like gene and cell therapies to transform the treatment landscape. In recent years, the pace of development on these fronts has accelerated, with a report from last Spring suggesting that more than 360 gene and cell therapies were in the United States' clinical pipeline, versus fewer than 300 just 2 years earlier. More than one-third of these therapies aim to treat rare diseases, providing cause for optimism to patients across the country, as 95 percent of the 7,000 known rare diseases currently lack an FDA-approved treatment option. Individuals with sickle cell disease, for instance, which affects an estimated 100,000 Americans, could feasibly see a cure on the horizon.

According to a 2019 statement by key FDA leaders, the agency anticipated, at that point, approving 10 to 20 new gene and cell therapies every year by 2025, in addition to receiving a projected 200 investigational new drug applications for gene and cell therapy candidates annually, beginning in 2020.

That said, even in the face of these potentially lifesaving developments, hurdles remain, even for gene and cell therapies that successfully gain FDA approval. A number of laws and regulations around Medicaid "best price," the Anti-Kickback Statute (AKS), and the Stark Law, among other relevant statutes, understandably failed to contemplate this new generation of gene and cell therapies, which have only recently begun to come to market.

A disproportionate share of the patients affected by the diseases most likely to be treated by the early waves of gene and cell therapies receive health care coverage through Medicare or Medicaid. With that in mind, would you agree that HHS should do all that it can to ensure access to FDA-approved cell and gene therapies when a doctor and a patient agree that it is the most appropriate treatment option?

The current Medicaid reimbursement structure was not designed with curative therapy payments in mind. For the roughly 100,000 Americans affected by SCD and other painful and debilitating conditions, these outdated rules risk delaying patient access and hinder Medicaid's ability to pay for innovative therapies based on their value. How will HHS overcome barriers in the current Medicaid reimbursement structure for cell and gene therapies, giving patients access to cures and not just treatments?

In December, HHS finalized the "Establishing Minimum Standards in Medicaid State Drug Utilization Review (DUR) and Supporting Value-Based Purchasing (VBP) for Drugs Covered in Medicaid, Revising Medicaid Drug Rebate and Third Party Liability (TPL) Requirements (CMS 2482-F)" rule, which took important steps towards ensuring that State Medicaid programs have the flexibility they need to hold manufacturers accountable for the performance of their therapies. Will HHS commit to implementing this rule and ensuring that patients have timely access to lifesaving cell and gene therapies?

If and when HHS implements this rule, barriers to value-based arrangements will remain, both within the Federal health-care programs and in the private sector. Can you commit, if confirmed, to work with my office to develop the additional legislative and regulatory solutions needed to facilitate meaningful value-based arrangements for drugs, biologics, devices, and other innovative medical products?

Answer. I believe that people should have timely access to lifesaving innovative therapies, including prescription drugs, biologics, devices, and other medical products. We need to foster innovation in medical technology to develop new lifesaving therapies. If confirmed, I look forward to working with you and other members to find solutions to address the high cost of new therapies.

Question. The prior administration issued new AKS safe harbors to protect value-based arrangements among health-care providers and other industry stakeholders, but value-based arrangements for drugs and biologics received no such protections, inhibiting the development of these types of agreements and jeopardizing patient access to innovation. Will you commit to developing a safe harbor that would help promote greater innovation in the pricing of drugs and biologics?

Answer. I look forward to working with the Office of Inspector General and the Department of Justice to explore whether a safe harbor would help promote access to beneficial innovation while also protecting against fraud and abuse.

Question. Over the past decade, Congress and the FDA have worked together to develop a useful set of tools to "fast track" new drug and biologic discoveries

through the FDA review process. These tools, known as “fast track,” “breakthrough,” and “regenerative medical advanced therapy designation,” have the potential to bring new treatments to patients faster, helping to confront some of the most serious medical challenges. For example, one rapidly emerging area of innovative discovery known as allogeneic “T-cell immunotherapy” for the treatment of cancerous tumors, blood cancers and autoimmune diseases, has benefited from these avenues through the FDA review process.

However, even after the FDA uses these tools to find said treatments clinically safe and effective, applicants must navigate a second component of the FDA review process, known as the “Chemistry, Manufacturing and Controls” or “CMC” process. This part of the process includes an on-site FDA inspection of manufacturing facilities, which must be completed before a new treatment can come to market.

Unfortunately, even before the pandemic, this stage in the review process had become considerably delayed, with immunotherapy products that have shown strong safety and efficacy in clinical studies being held up because of a lack of clarity and consistency from the agency on CMC requirements. I appreciate the challenges created by the pandemic, but these CMC delays existed before the pandemic, and without action, they will persist even after the pandemic subsides, imperiling patient access to lifesaving innovations.

Can you commit to resolving this issue when you arrive at the Department and to expediting the FDA’s CMC review process, as well as the requisite inspections, for these urgently needed fast-tracked therapies?

Answer. I commit to do everything I can to ensure that safe and effective therapies get to market as efficiently as possible. While FDA paused all on-site surveillance domestic inspections in March 2020 due to the COVID-19 pandemic, FDA investigators continued mission critical inspections and other activities to ensure FDA-regulated industries are meeting applicable FDA requirements. FDA also later began resuming surveillance inspections in July 2020. To date, FDA has not experienced a significant impact on its ability to take actions on drug and biologic applications.

FDA has also been employing other tools to evaluate facilities, as appropriate, such as requesting records and other information or reviewing trusted foreign regulator inspection records under existing Mutual Recognition Agreements. These tools have been, in many cases, successful to allow the agency to take actions on applications in lieu of an inspection.

I will work with FDA to ensure the agency uses every appropriate tool to get critical safe and effective therapies to market as efficiently as possible.

VACCINES

Seniors’ Access to Preventive Care

Question. While Medicare Part B covers a number of vaccines, including for influenza, pneumococcal, and hepatitis B, with no beneficiary cost-sharing, the majority of vaccines recommended for adults, including for older adults, are covered under Part D, where seniors can face substantial copays. While cost-sharing can serve as a useful and appropriate tool in other contexts, those rationales do not apply in the case of ACIP-recommended vaccinations, and studies have shown a direct correlation between cost-sharing and increased abandonment rates for vaccines.

As a number of my colleagues and I noted in a letter we sent to CMS on this subject last summer, “A 2017 report by Avalere Health found between 47 and 72 percent of the 24 million Medicare beneficiaries with Part D coverage had some level of cost sharing for vaccines, ranging from \$35 to \$70 in 2015. Another study found that only 4 percent or less of Medicare Part D enrollees had access to vaccines with no cost sharing.”

How can the Biden administration address the issue of ensuring medically necessary preventive care for all populations?

Answer. Ensuring access to health care, including preventive care, for all populations is a top priority of the Biden administration. If confirmed, I look forward to working with Congress to find ways to ensure preventive care, including recommended vaccination, is accessible for all populations, including Medicare beneficiaries.

HEALTH-CARE COVERAGE

Question. Many of my constituents have expressed concerns about your longstanding support for a single-payer health-care system, which many of them see as an existential threat. In addition to eliminating employer-sponsored health plans and replacing them with one-size-fits-all public coverage, legislation that you supported while in Congress would exact unprecedented payment cuts on health care providers, likely triggering hospital and practice closures, early physician retirements, and a decline in care quality and innovation.

Even before the pandemic began, Medicare paid just half of what private insurance reimbursed for the same hospital care. If SC's providers were to lose all commercially insured patients, confronted with a Medicare-only payer mix, many would be forced to close, particularly in rural areas, where close to one-third of the State's residents live.

These concerns are not merely hypothetical, as a survey of countries with single-payer systems shows. During the 2018–2019 flu season, for instance, one in every four patients in Britain had to wait more than four hours in the ER to get the care they needed. Even left-leaning sources in Britain acknowledge that rationing care had risen dramatically in the years leading up to the pandemic. This meant massive delays for cataract surgery, hip and knee replacements, arthritis treatments, and other high-demand procedures. Furthermore, in terms of medications, of the new cancer drugs launched between 2011 and 2018, 95 percent were available in the U.S., versus fewer than three-quarters in the U.K.

If confirmed, this role will provide you with a powerful podium to advocate for your policy preferences, and many of my constituents are worried that your support for government-run health care will inform the decisions you make, whether in terms of provider cuts, efforts to downsize Medicare Advantage, or any number of other proposals that could jeopardize access to care. What would you say to address these concerns, given your 3 decades of public support for government-run health care?

If confirmed, can you commit to working to bolster and enhance the employer-sponsored health care system that provides coverage to roughly 50 percent of all Americans?

Answer. President Biden has made it very clear that his goals for improving the American health-care system begin with building on the successes of the Affordable Care Act. If I am confirmed, I will work to implement his agenda, build on the Affordable Care Act, and expand coverage and reduce costs for all Americans.

Question. Looking at the current coverage landscape, what are some of the innovations in commercial health-care coverage and benefit design that you see as most compelling, promising, or worthy of replication? If confirmed, what would you do to promote, further publicize, or otherwise advance these innovative models?

Do you believe that employer wellness plans can or should play a role in driving positive health outcomes for Americans and lowering long-term health-care costs?

Answer. I believe that there can be many innovative strategies which can help improve health outcomes for Americans and lower long-term health-care costs. If confirmed as Secretary of HHS, I look forward to reviewing the information we have available to determine what approaches are working well and where there might be opportunity for further innovation.

Medicare Advantage

Question. A growing share of Medicare beneficiaries, rising from just one-quarter in 2010 to 36 percent in 2020, have chosen to enroll in Medicare Advantage (MA), which is managed by private insurers and has a 94 percent satisfaction rate. MA has enjoyed increasingly strong bipartisan backing, with 64 Senators and 339 members of the House signing on to a letter of support for the program last year.

MA plans cover an increasingly broad array of extra benefits, relative to the fee-for-service model. Of all MA plans, 88 percent cover hearing aids and 91 percent cover glasses and eye exams, while 92 percent include dental benefits and 96 percent have a fitness benefit.

Given the overwhelming bipartisan support and the additional benefits, as well as the growing competition in the MA market, what steps would you look to take, if confirmed, to continue increasing access to and education on MA options for seniors?

Answer. Medicare Advantage serves millions of Americans and is one important option for seniors. I believe that we have to take every approach we can in order to provide people access to quality health care. If confirmed as HHS Secretary, I look forward to working with Congress on this important issue.

RELIGIOUS LIBERTY AND CONSCIENCE PROTECTIONS

Question. Since long before I came to Congress, I have prioritized protections for religious liberty and freedom of conscience, one of our core constitutional rights. I have also been a committed defender of all human life, including the lives of the unborn. Your stated positions on a number of issues, including late-term abortion, life, conscience protections, and overreaching government policies that infringe on religious freedoms have raised significant concerns among many South Carolinians.

Prior to taking any actions with implications for people of faith, can you commit to consulting and engaging with religious liberty advocates, including those who disagree with your previously stated positions on the issues above?

Answer. As a person of faith, I certainly understand the importance of people's faith in their own lives, and I would always seek a range of views when making any decisions, if I am fortunate to be confirmed.

Question. If confirmed, can you commit, through all of your actions as HHS Secretary, to uphold religious liberty and freedom of conscience for all Americans, including those with deeply held religious convictions and beliefs?

Answer. As a person of faith, I believe deeply in religious freedom. I was raised in a Catholic home, and we would get up early on Sunday mornings to go to mass. My faith is a big part of who I am today, and I'm grateful that we live in a country that recognized the right of all Americans to exercise their religion. It's part of what makes the United States so special. I am also proud that, in this nomination, I have the support of the Catholic Health Association and other faith-based groups. If confirmed as HHS Secretary, in executing the President's agenda, I would certainly follow the law and Constitution in our efforts to protect people's health.

ACCESS TO HOME INFUSION THERAPY

Question. As the CDC and researchers across the world have noted, COVID-19 presents the most severe health risks to older individuals, as well as to those with underlying conditions, making the Medicare-covered population especially vulnerable to this disease. Unfortunately, Medicare beneficiaries in need of medical care or treatment for issues unrelated to the pandemic too often face a grueling decision, whereby they must choose between forgoing the services and medications they need by staying at home or, alternatively, seeking care in a hospital setting or physician's office.

However, many of these patients could viably receive their infused or injectable medications at home, relieving them of the risks associated with traveling to an institutional setting to receive their treatments.

Considering these ongoing challenges, can you commit to prioritizing policies that increase access to home infusion therapy for patients who want to receive their treatments at home?

Answer. I agree that we must ensure Medicare beneficiaries have access to quality health-care services, including access to these services in the home. During the public health emergency, CMS has taken actions to expand flexibilities under Medicare so that health-care services can be furnished to Medicare beneficiaries in the safety of their homes. If confirmed, I commit to working with you on making sure Medicare beneficiaries have access to the services and medications they need.

QUESTIONS SUBMITTED BY HON. BILL CASSIDY

Question. The CARES Act provides FDA with authority to expedite the facility inspections. Do you think that FDA should exercise this authority to address or prevent drug shortages, particularly as ramping up vaccine manufacturing capacity may mean redirecting activities and resources from manufacture of other drug products?

Answer. While the COVID-19 pandemic strained FDA's ability to perform traditional foreign inspections, as I understand it, the agency has worked to improve inspection capabilities within the current public health environment. I agree that we

must apply the lessons learned during this public health emergency to our work going forward.

Question. How do you think that FDA can best regulate tobacco products?

Answer. Tobacco use is the single largest preventable cause of disease and death in the United States. Each year, more than 480,000 people in the United States die prematurely from diseases caused by cigarette smoking and exposure to secondhand tobacco smoke. As you know, FDA has comprehensive tools to protect the public from the harmful effects of tobacco use through science-based tobacco product regulation. If confirmed, I will ensure FDA effectively uses this authority in the interest of the public's health.

Question. Do you support a product standard that would limit the level of nicotine in cigarettes or other tobacco products?

Answer. If confirmed, I will engage in this conversation with FDA and other experts across the Department and will examine potential actions in this area.

Question. Based on your reading of the statute and applicable regulations, what is the scope of FDA's regulatory authority over tobacco products and do you believe it extends to synthetic nicotine products?

Answer. This is a legal question that I have not personally examined but, if confirmed, this is a question that I intend to resolve through consultation with the attorneys and experts at HHS.

Question. How do you think that implementation of the interoperability regulations fits into data exchange efforts surrounding COVID-19?

Answer. Interoperability has proven to be an important innovation in health care that has gained bipartisan support. I believe we need increased access to data because good data leads to good policy. If confirmed, I look forward to partnering with States.

Question. Medicare is often slow to cover new technologies, even when they represent significant clinical improvements over the existing standard of care. This is even when we have committed significant Federal resources to supporting a product through the research and development process as well as FDA review, like we did with the artificial pancreas. What do you think CMS can do to make sure that Medicare can cover these new technologies?

Do you support the Trump administration's final rule creating a new, accelerated Medicare coverage pathway to ensure national coverage for breakthrough products?

Answer. I agree that it is important to foster innovation in medical technology, which has the potential to improve health-care outcomes. If confirmed, I will work to ensure Medicare beneficiaries have access to medically necessary innovative technologies.

Question. How do you think that HHS could discourage rebate traps or rebate walls?

Answer. Like President Biden, I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans who depend on these medications. I am committed to reducing drug prices and ensuring Americans have access to the drugs that they need. If confirmed as Secretary of HHS, I look forward to working with you to find ways to achieve these important goals. I will also work across the government to address barriers to reducing drug prices.

Question. Given current events and the importance of animal research to address medical emergencies such as COVID-19, as well as research for practically every other area of disease, can you tell us what steps HHS and NIH plan to take to ensure that air transport of and access to animal models in the U.S. is assured?

Answer. Research conducted in and supported by the NIH is invaluable to advancing the biomedical sciences and human health. If confirmed, I look forward to working with NIH and others at HHS to further the essential work of the NIH.

QUESTIONS SUBMITTED BY HON. JAMES LANKFORD

Question. The HHS contraceptive mandate, promulgated under the Obama administration, purported to offer cost-free birth control to all women. However, because of massive exemptions given to grandfathered corporate entities and even to the

government's own plans for Medicare and the U.S. military, one-third of all Americans were not even covered by the original mandate. Yet the Federal Government insisted that it could not find an alternate solution for the relatively small number of religious organizations with conscientious objections to paying for contraceptive coverage. One of these groups was the Little Sisters of the Poor, an order of Catholic nuns who care for the elderly poor who have nowhere else to go.

The losing attempt to force nuns to pay for birth control has now been to the Supreme Court three times and has lost a resoundingly three times. At oral argument in April of 2016, the Obama administration admitted that it can find ways to accomplish a policy goal of fully covered contraception without conscripting nuns into the process.

Continuing this unnecessary fight is not only an affront to the First Amendment, but also a waste of valuable government resources and time. But you are leading one of the ongoing lawsuits to continue forcing the Little Sisters of the Poor to choose between shutting down their ministry to the elderly poor or violating their religious beliefs.

Will you commit that if confirmed, you will not re-impose the contraceptive mandate on religious ministries like the Little Sisters of the Poor?

Answer. President Biden has committed to building on the Affordable Care Act to ensure that men and women have expanded access to health care. I strongly believe women should not be put through unnecessary hurdles to access to health care.

Question. I am concerned about the increasing trend to medically transition children who have self-diagnosed gender dysphoria. This has led to children as young as nine being prescribed puberty blockers that have irreversible consequences such as permanent infertility. The vast majority of Americans do not believe that a 9-year-old child can consent to puberty blockers or that a 13-year-old girl can consent to a double mastectomy.

If confirmed, under your leadership, what steps will the Department take to ensure that children are not subjected to experimental hormone therapy with life-altering effects?

Do you believe insurance must be required to pay for and doctors must be required to administer puberty-blocking drugs and sex-reassignment surgeries to children as young as 13?

Do you agree that doctors and hospitals should have the right to refuse to participate in gender transition therapies and treatments due to medical, religious or moral convictions?

Answer. If I am fortunate to be confirmed, I will rely on doctors and scientists to offer clear, scientific, fact-based information on issues like this because I believe medical decisions should be left to individuals and their health providers. As HHS Secretary, I will follow the law when it comes to regulating insurance and respecting constitutional freedoms.

Question. As you may know, an Obama administration regulation change that took effect on January 11, 2017 expanded the non-discrimination clause of title IV-E of the Social Security Act in a way that resulted in faith-based child placing agencies being faced with the dilemma of abandoning their religious beliefs and convictions or losing funding and possibly their licenses to operate.

HHS issued a notice of non-enforcement for the Obama-era rule. It subsequently announced and published its final rule (86 FR 2257) on nondiscrimination requirements in grants to allow faith-based child welfare organizations to operate in accordance with their faith.

If confirmed, will you commit to allowing faith-based organizations, specifically child welfare providers, to serve and partner with the Federal Government in accordance with their sincerely held religious beliefs?

Answer. I believe deeply in religious freedom. I am a person of deep faith myself. And faith-based organizations certainly have a role to play in our health-care and human services mission. If I am fortunate enough to be confirmed, I will work with our faith-based partners to deliver health care to Americans who need it and respect our Constitution.

Question. You have been asked a number of times over the past few days about the impact that Pharmacy Benefit Managers (PBMs) have on the pharmaceutical industry and drug prices. As you may be aware, the Trump administration released

a number of executive orders over the past few years intended to decrease drug prices. While many of those proposals have since been temporarily frozen, one proposal that we hoped would be seriously looked at was not able to cross the finish line. That is PBMs' use of Direct and Indirect Remunerated Fees, or DIR Fees.

Many Oklahoma pharmacists have talked to my office to share their frustration with the current DIR fees, specifically under Medicare Part D. Under the current policy these fees may not be charged at the time a claim is processed. When the PBMs and plan sponsors collect these fees, pharmacists are given almost no insight about why they were imposed. Also, it is virtually impossible for the pharmacy owner to assess his or her actual reimbursement rate at the outset of the plan year, the time of dispensing medication, or at the end of the contractual term.

This leaves pharmacies, particularly small and rural pharmacies, with little to no financial security based on the unknown level of fees they may be charged for simply doing their job and providing prescriptions to their customers, and has many times caused local pharmacies' doors to close. If we do not take a closer look at this, we may be nearing the end of many small, local pharmacies and the necessary services they provide their communities.

Will you commit to documenting the impact of DIR fees on pharmacies and to working with Congress toward viable solutions?"

Answer. Small and rural pharmacies are critical to our Nation's health-care system. We must do all we can to ensure that Americans can access important health-care services, including from local pharmacies in their communities. If confirmed, I look forward to working with Congress to ensure that community pharmacists have predictability.

Question. A little over a week ago, I sent a letter to the CDC asking that additional guidance be released for senior individuals who are isolated in long-term care facilities, but have received both doses of the COVID-19 vaccine. Many people who are elderly or may be more vulnerable to COVID have seen the vaccine as the light at the end of the tunnel. With little clarity on what can change after their full vaccine dosage, many seniors are more confused and hopeless than ever.

Will you commit, if confirmed, to work with the CDC to ensure that such guidance is quickly released and that continued guidance be released as new updates occur?

Answer. HHS and CDC stand committed to providing the best, most current data and scientific understanding available to protect the health, safety, and well-being of our communities. And, if confirmed, I will work to continue that effort and provide updated guidance as appropriate.

Question. You have discussed transparency and accountability at great length when it comes to all areas of the current health-care system. What specific solutions are you looking at to provide transparency when it comes to health-care costs and prescription drug costs?

Answer. The American people are entitled to know what they're buying. And, like President Biden, I believe prescription drugs must be affordable and accessible for all Americans. I am committed to reducing drug prices and ensuring Americans have access to the drugs that they need.

Question. If confirmed, you will have authority over the largest Federal department by budget and some of our largest Federal expenditures like Medicare and Medicaid. As I am sure you are aware, in September 2020, CBO predicted that if no changes were made, the Medicare Hospital Insurance Trust Fund would be insolvent in 2024.

How will you work to ensure the solvency of the Medicare trust funds without implementing additional financial stress on taxpayers?

Answer. If confirmed, my team and I will be ready to sit down with you and other members of Congress to discuss both short- and long-term solutions to guarantee Medicare's future.

Question. In 2019, the Senate Finance Committee considered a bipartisan amendment, of which I was a part, to reduce cost-sharing for seniors in Medicare Part D. Generic and biosimilar medicines can only provide significant savings for patients if they are covered on the appropriate Medicare Part D formulary tier.

Will you work with us to ensure Part D covers newly available generic and biosimilar medicines and ensure proper formulary tier coverage?

How will you work to encourage more use of generics and biosimilars in Part D?

Answer. Competition in the market has helped control the growth in spending on prescription drugs. I believe that generic drugs and biosimilars have a role to play in containing the cost of innovative yet expensive therapies by creating competition. Like President Biden, I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans who depend on these medications for their health. If confirmed as Secretary of HHS, I look forward to working with Congress on these important issues.

Question. During the pandemic telehealth has played a major role in providing access to care for both Medicaid beneficiaries, including children, and Medicare beneficiaries, including our Nation's most vulnerable elderly individuals. How will HHS support the continued use and enhancements needed under Medicaid and Medicare to ensure telehealth continues to enable access to care for people of all ages?

Answer. Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at the telehealth flexibilities developed for the current public health emergency and determine how we can build on this work to improve health equity and improve access to health care.

Question. Diabetes is the seventh leading cause of death in America. More than 34.2 million Americans, equivalent to 10.5 percent of the population, have diabetes. Minorities are up to three times more likely to be diagnosed with the disease. About 1.25 million Americans suffer from type 1 diabetes alone. Insulin is the most common treatment option for those with type 1 diabetes. Over the past 10 years, the price of insulin has nearly quadrupled, even though the product has been on the market for almost 100 years, with no significant changes to warrant such a dramatic price increase. The skyrocketing price of insulin has put the lives and livelihoods of millions of Americans at risk due to many families having to make the tough choice of affording life-sparing medication or other necessities such as food or rent.

Though insulin has largely remained the same, innovation in America is at work to create insulin products through many different means—hoping to bring more competition to the insulin market, thus driving down prices.

As of March 23, 2020, insulin is now considered a biologic product and is regulated under the Public Health Services Act. The Biologics Price Competition and Innovation Act (BPCIA) passed as part of the ACA, created an abbreviated Biologic License Application process for biosimilars. The biosimilar definition to receive access to this abbreviated pathway requires a product to (1) be highly similar, and (2) have no chemically important differences to the originator product. In the months and years to come, many are hopeful to see this transition bring about more treatment options for Diabetes patients.

In the fiscal year 2021 appropriations bill, my office worked for report language that would require the FDA to prioritize the approval of biosimilar insulin applications, including chemically synthesized insulins, should such a product request approval and provide examples of how FDA has given express attention to biosimilar insulin applications and FDA's plans in place to ease the application process for such products.

Will you ensure that all new insulin products have the ability to approach the FDA for an approval application in order to ensure robust competition for insulin products so the millions of Americans living with diabetes may have access to new and affordable insulin?

Answer. As you note, millions of Americans are impacted by diabetes. If confirmed, I look forward to working with you and other congressional leaders to expanding access to and lowering the costs of insulin.

Question. Given the severe dependence on foreign active pharmaceutical ingredients (API) production, what do you believe the Federal Government's role should be to support domestic API manufacturing and related pharmaceutical supply chains?

Answer. The global pandemic has highlighted the vulnerabilities of the global supply chain for many products. In order to continue responding to the COVID-19 pandemic and better preparing the Federal Government to respond to any future public health emergencies, it is critical that HHS work to improve and expand domestic

supply chain capabilities. If confirmed, I'm committed to working on this urgent matter.

QUESTIONS SUBMITTED BY HON. TODD YOUNG

UNITED NETWORK FOR ORGAN SHARING

Question. I have been championing oversight and reform of Organ Procurement Organizations (OPOs) for a few years now, including via an active, bipartisan investigation in this committee into OPOs and their oversight body, the United Network for Organ Sharing (UNOS), led by Chairman Wyden and former Chairman Grassley. Because UNOS has not been compliant with the investigation, however, the Senate Finance Committee was forced to issue UNOS a subpoena for the documents necessary for Congress to assess important issues related to system failures, patient safety lapses, and potential Medicare fraud. By virtue of the OPTN Final Rule, however, the HHS Secretary has broad authority to request any documents he or she deems necessary from OPOs or UNOS.

As HHS Secretary, will you commit to using this authority in all ways appropriate to support the ongoing bipartisan Senate Finance Committee investigation?

Answer. I am committed to making sure that patients who need organs receive the help they need with organ transplantation. To that end, we will work with the committee to support their oversight efforts related to organ procurement, where appropriate.

OFFICE OF ORGAN POLICY

Question. On January 15, 2021, HHS notified Congress that the Division of Transplantation was moving from HRSA to the Office of the Assistant Secretary for Health, in line with calls from patient advocates to create a dedicated Office of Organ Policy.

Can you commit to ensuring that oversight will be a key function of that new office?

Would you be willing to work with us on oversight of OPOs and UNOS so we can hold these organizations accountable?

Answer. I am committed to making sure that patients who need organs receive the help they need with organ transplantation. To that end, I will look into all options that move us closer to this goal.

CENTER FOR MEDICARE AND MEDICAID INNOVATION (CMMI)

Question. The Center for Medicare and Medicaid Innovation (CMMI) is charged with testing and evaluating voluntary health-care payment and service delivery models with the intent of increasing quality and efficiency while reducing program expenditures under Medicare, Medicaid, and the Children's Health Insurance Program. There is absolute value in innovating and experimenting with health care payment and service delivery systems. We won't know if we're truly making a difference unless we experiment and evaluate.

What are your plans for CMMI?

What issues and models do you hope to test in the innovation center?

Do you plan on canceling any existing or announced models?

Answer. Innovation is critically important to advancing the administration's goals in health care. The CMS Innovation Center is integral to the administration's efforts to accelerate the move from a health-care system that pays for volume to one that pays for value and encourages health-care provider innovation.

DRUG PRICING

Question. President Biden's health-care plan he campaigned on highlighted several policies to address drug pricing including allowing Medicare to negotiate drug prices, limiting launch prices for drugs, and limiting drug price increases beyond inflation.

Which Biden policy for controlling drug pricing will be the top priority for implementing quickly if you become HHS Secretary?

Do you plan on implementing all of these policies? When?

We've heard a lot about the Most Favored Nation model—do you plan on going forward with this model? Or do you plan on rescinding it?

We've also heard a lot about the Rebate Rule which has recently been delayed for a year—do you plan on going forward with this model? Or do you plan on rescinding it?

Answer. Like President Biden, I believe we must do all we can to lower the costs of prescription drugs and make them more accessible for Americans. If confirmed, I look forward to working with Congress to build upon the good work you did in the Finance Committee on this important issue.

Question. There have been proposals in Congress to repeal or significantly modify the Average Manufacturer Price (AMP) cap in the Medicaid Program, including a provision in the House Democrats' COVID relief package to repeal the AMP cap.

What do you think the impact will be on the commercial market and patients if the cap is removed?

Answer. I believe that people should have timely access to prescription drugs, biologics, devices, and other medical products. If confirmed, I look forward to working with you and other members in a bipartisan fashion.

SOCIAL DETERMINANTS OF HEALTH

Question. Social determinants of health (SDOH) are the economic and social conditions that affect an individual's health and well-being, such as access to reliable transportation and stable housing. Addressing these factors can have a meaningful impact on the prevention and management of chronic diseases in our communities.

Do you have plans to address social determinants of health?

Are you considering establishing some sort of commission or interagency council to address potential SDOH barriers?

Answer. The COVID-19 pandemic has laid bare inequities within our society and how social and economic conditions impact an individual's health and well-being. If confirmed, I intend to take a department-wide approach to the advancement of equity, consistent with President Biden's charge to Federal departments and agencies, and this would include examination of ways to address the social determinants of health.

FUTURE OF TELEHEALTH

Question. According to the Centers for Medicare and Medicaid, weekly telehealth visits increased from 12,000 a week before the coronavirus spread in March to more than 1 million a week across the country. Currently, authorizations included in the CARES Act create additional flexibilities which allow the use of telehealth services, including remote patient monitoring (RPM) technologies; however, these flexibilities are only extended until the end of the public health emergency.

Does this administration have any plans to advance policies specifically related to the permanency of telehealth waivers that were implemented during the pandemic?

Will HHS continue to support telehealth applications like RPM beyond the public health emergency?

Answer. Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at the telehealth flexibilities developed for the current public health emergency and determine how we can build on this work to improve health equity and improve access to health care.

MEDICAID INTEGRITY

Question. Medicaid is a very significant portion of the portfolio at HHS as more than 77 million people are currently enrolled in Medicaid and CHIP. In December 2018, the Office of Inspector General released a report showing that California "made Medicaid payments of \$959.3 million on behalf of 802,742 ineligible beneficiaries and \$4.5 billion on behalf of 3.1 million potentially ineligible beneficiaries."

As Attorney General of California at the time, were you aware of these major program integrity issues?

Did your office take action to recoup any of these funds for taxpayers?

How would you fix this systemic issue as head of HHS?

Answer. The Medicaid program is a lifeline for American families all around the country. With this in mind, it is vitally important that the Department works together with States to protect the integrity of the Medicaid program. If confirmed, I look forward to working within the Department and with Congress and States to make sure we are doing all we can to protect the Medicaid program and the millions of people it serves.

WELFARE REFORM

Question. A half-century ago, President John Kennedy memorably declared, “A rising tide lifts all boats.” Generations of public leaders have since invoked Kennedy’s metaphor as shorthand for the notion that if enough economic growth can be achieved, every American will benefit. Even in the best of times, not all boats are rising—because some boats inevitably need holes patched. Our system only works when everyone is able to seize the economic opportunities that are available. However, our complex and uncoordinated Federal welfare system, with its various benefit cliffs and phase-outs, discourage millions of low-income adults from seizing those economic opportunities to work and provide for their families. For some, our safety net has effectively become a poverty trap, keeping low-income individuals and families stuck in poverty for generations instead of acting as a springboard to prosperity.

With so many of our health and human services programs housed at HHS, what are some ideas you have for welfare reform?

Are you planning on making this issue a priority?

Answer. HHS’s Administration for Children and Families (ACF) administers the Temporary Assistance for Needy Families (TANF) block grant which, through States, provides cash assistance to low-income families as well as other services and supports. I welcome the opportunity to work with Congress to address improvements in the TANF program and the Federal welfare system.

MENTAL HEALTH

Question. Our Nation is facing an unprecedented mental health challenge in response to the coronavirus outbreak. For many people who live with mental illness and substance use disorders, the fear of the virus and increased economic hardship have created new mental health and addiction challenges for people across the country. A Kaiser Family Foundation poll found that 45 percent of adults say the outbreak has affected their mental health, while a separate study estimated that the pandemic could cause as many as 150,000 additional “deaths of despair” from suicide and overdose.

If confirmed, how would you try to address this growing crisis?

Answer. Unfortunately, the COVID–19 pandemic has dramatically impacted mental health and well-being for too many Americans. If confirmed, I am committed to working on this issue, including supporting programs and initiatives across the continuum of prevention, intervention, treatment, and recovery support services as well as strengthening enforcement of this country’s mental health parity laws.

Question. What kinds of resources and flexibilities would you consider providing to States in order to address this issue head-on?

Answer. The COVID–19 pandemic has brought with it additional resources and flexibilities for telehealth services. Telehealth services are a key piece of the puzzle for increasing access to behavioral health services. If confirmed, I look forward to working to build on the lessons learned during the COVID–19 pandemic to support health-care access for more Americans.

Question. What additional tools might you need from Congress in order to accomplish these goals?

Answer. HHS has many tools to expand access to health-care services. If confirmed, I commit to thinking critically about this issue and supporting robust investments that will sustain and expand access to behavioral health services.

ABORTION/CONSCIENCE PROTECTIONS

Question. As a member of Congress, you voted against a ban on partial-birth abortions; penalties for sex-selective abortions; protecting minors from being driven across State lines to procure an abortion without parental consent; and making it a Federal offense of harming or killing a child in utero during a violent crime.

Can you explain why you voted these ways?

Will you use HHS's trillion-dollar budget to advocate for policies that promote abortion and attack conscience protections for health workers?

Answer. Throughout my career, I have always sought to protect and expand men and women's access to health care. I believe in making sure that women have access to the health care they need under the law. If I am confirmed as HHS Secretary, I will follow the law.

COVERAGE OF INNOVATIVE TECHNOLOGIES

Question. The COVID-19 pandemic has furthered the necessity for access to medical technology including medical devices and diagnostic testing. CMS recently has made great strides to ensure coverage and improved payment for new and innovative technologies, including "breakthrough" technologies, which will help to make it easier for clinicians and patients to access life-saving or life-altering devices and diagnostic tests.

How will you work to continue these efforts as HHS Secretary?

Answer. I agree that it is important to foster innovation in medical technology that improves health-care outcomes. If confirmed, I look forward to working with you to increase Americans' access to lifesaving technologies.

PRIVATE PRACTICE

Question. Prior to the pandemic, we saw private practices start to disappear because of hospital mergers and acquisitions, bankruptcies, or physician retirements. I am concerned this trend will only continue.

If confirmed, what steps would you take to address this issue?

Answer. As Attorney General, I took on hospital consolidation that raised prices on patients and created noncompetitive markets that left consumers with little choice. This has been a major focus of mine on the health-care front, and if confirmed as HHS Secretary, I will continue to examine ways that we, at the Federal level, can confront this issue, and I hope to work with you on this front, Senator.

SUPPLY CHAINS

Question. Given the number of supply chains critical to the U.S. economy, what level of insight do you have into their vulnerabilities?

Do we have the necessary levels of insight into medical supply chains, including pharmaceuticals and PPE, to securely source these critical supplies?

What industrial supply chains were prepared or unprepared to handle the stresses caused by the pandemic?

Answer. The COVID-19 pandemic has highlighted the vulnerabilities of the global supply chain for many products. I am aware that HHS's Biomedical Advanced Research and Development Authority (BARDA) has invested in and is working to expand pharmaceutical manufacturing in the United States for use in producing medicines needed during the COVID-19 response and future public health emergencies. This work will expand domestic manufacturing of raw materials and active pharmaceutical ingredients for drugs. If confirmed, I will continue to support ongoing efforts in this area, as well as support the work HHS is doing with the FDA and DOD to expand domestic capacity for supplies needed in the ongoing COVID-19 response.

BIDEN'S HEALTH-CARE PROMISES

Question. Last year, then-candidate Biden proposed increasing Federal health-care spending by more than \$2 trillion—and proposed to offset some of that cost with direct and indirect offsets, and cost reductions.

What are those offsets and cost reductions?

Answer. President Biden has an ambitious plan to get the COVID-19 pandemic under control and improve access to affordable quality health care for American

families. If confirmed, I look forward to working with Congress to further those efforts.

STATE LICENSURE/GEOGRAPHIC RESTRICTIONS

Question. State licensing barriers and geographical restrictions have made access to care difficult for some patients, especially those in rural and/or underserved areas.

Do you have plans to address these barriers to access?

Answer. As you know, provider licensing is generally under the purview of State governments. To date, HHS has taken steps under Public Readiness and Emergency Preparedness (PREP) Act authorities to expand the vaccination workforce and enable States to utilize qualified health care professionals (*e.g.*, pharmacists) to respond to the pandemic. If confirmed, I look forward to working with you to explore other avenues to expand access to health care, especially for those in rural and other underserved areas.

QUESTIONS SUBMITTED BY HON. BEN SASSE

Question. The previous administration was criticized frequently for denying science in their handling of the pandemic, and yet this administration has done the same with regards to school re-opening. Study after study has shown that schools can reopen safely and that transmission in schools is dramatically lower than community transmission. We also know that there is a huge public health risk to keeping schools closed, with low-income children, minority children, and children with disabilities suffering the most. You spoke in your committee questionnaire about launching a Disability Rights Unit to “ensure that students with disabilities have received their legally entitled quality education,” so I would hope that you share these views.

Do you agree that schools remaining closed creates its own public health risk that disproportionately impacts these high-need groups?

Answer. Schools play a critical role in promoting equity in education and health for groups disproportionately affected by COVID-19. If confirmed, I commit to working with the CDC and State and local leaders to ensure everyone has the resources and support necessary to ensure children nationwide are able to attend school safely.

Question. Do you agree with the view that access to vaccinations for teachers should not be a prerequisite for reopening?

Answer. The CDC’s school reopening guidance noted that vaccinations were a key tool for reopening, and I agree with President Biden who has said teachers should be a priority in any vaccination effort. At HHS, we will follow the science and commit to helping States and localities have the information they need to reopen schools safely, if they choose to reopen.

Question. Setting back school reopenings even further, the CDC guidance released earlier this month recommends virtual-only learning in middle and high school and hybrid learning in elementary school for schools in “red zones,” and then defines red zones in such a way that it’s estimated that 76 percent of students would fall into a school in a so-called “red zone.” The administration also claimed its goal was for most students to have the option of in-person instruction one day a week, even though roughly two-thirds of students already have the option of in-person learning.

If confirmed, will you work with the Centers for Disease Control to make sure that their guidance does not directly contradict the stated goal of increasing in-person learning?

Answer. I understand the importance of providing robust resources and support to schools in order for them to open as safely and as soon as possible. If confirmed, I look forward to working with the experts at CDC on the issue of safely reopening schools nationwide.

Question. Will you consider encouraging the CDC to amend or rescind their guidance?

Answer. I understand the importance of providing robust resources and support to schools in order for them to open as safely and as soon as possible. If confirmed,

I look forward to working with the experts at CDC on the issue of safely reopening schools nationwide.

Question. Can you explain how billions of dollars provided to schools years from now (as seen in the American Rescue Plan Act) could possibly aid in a quick reopening for kids that are suffering now, many of whom have been out of school for nearly a year?

Answer. I understand the importance of providing robust resources and support to schools in order for them to open as safely and as soon as possible. If confirmed, I look forward to working with the experts at CDC on the issue of safely reopening schools nationwide.

Question. As California Attorney General you sued the Federal Government to ensure that California could force churches to pay for abortions in their health-care plans and sued the Federal Government to ensure that the Little Sisters of the Poor would not be provided an exemption from paying for contraception. In *NIFLA v. Becerra* you argued, incorrectly according to the justices of the Supreme Court, that pro-life pregnancy centers should be forced to tell women how to obtain State-funded abortions.

Given your track record, how can we trust you to successfully run the Department of Health and Human Services and carry out the law?

Will you commit to protecting the Hyde amendment, and if not, what is your justification for failing to protect the amendment, which has been the law of the land since 1976 and is supported by a majority of Americans who do not believe that taxpayer dollars should fund abortions?

As a member of Congress, you also voted against the Born-Alive Abortion Survivors Protection Act, a bill that I first introduced in 2015. Can you explain your opposition to babies being provided medical care in the rare cases where they survive abortion attempts?

Will you commit to not re-impose the contraception mandate on religious ministries like Little Sisters of the Poor?

Will you commit to ensuring that medical professionals are not forced to perform procedures, like abortion, that go against their religious convictions?

Answer. If I am fortunate enough to be confirmed as HHS Secretary, I will follow the law.

Question. Medicaid Improper Payments rates have hit an all-time high, and during your time as Attorney General of California we saw California pay out an estimated \$30 billion in fraudulent unemployment claims.

Can Americans feel safe putting over a trillion dollars in the taxpayer-funded Medicare and Medicaid programs in your hands given the mismanagement of your State?

If confirmed, what are your plans to fix improper payment rates across all HHS programs and ensure that dollars are going to those individuals who need them most?

Answer. Fighting fraud and abuse, while ensuring payments are made properly, are important for maintaining the strength of HHS's programs, including the Medicare and Medicaid programs. As California Attorney General, I made it a priority to crack down on health-care fraud. If confirmed, I will work with you to strengthen HHS programs and make sure resources are spent wisely and effectively.

Question. Enrollment in the Medicaid program has exploded during the pandemic, partially due to problematic language in last year's relief bills where States have no choice but to provide services even to people who are not actually eligible for the program.

Do you commit to working with States and Congress to actually identify which enrollees are eligible and which are not?

Do you commit to making sure that the Medicaid program is able to serve those individuals who are truly in need?

Do you believe States should have the right to remove ineligible enrollees, which is currently restricted by FFCRA?

Wouldn't Medicare-for-All threaten not only the care for the people in the Medicare program but also those on Medicaid given the already weak financial status of the trust fund, which is currently projected to run out of funds in 2026?

Answer. Medicaid is a lifeline for millions of Americans around the country. As California Attorney General, I made it a priority to crack down on health-care fraud, waste, and abuse. If confirmed, I will work with you and your colleagues to strengthen Medicaid and ensure resources are spent wisely and effectively.

Question. We have too often ignored the fact that States like Nebraska actually lost health-care options as a result of the ACA. My State benefited tremendously from Trump administration rules expanding Associations Health Plans and Short-Term Limited Duration Plans, and I'm concerned about the rules establishing these plans potentially being rescinded due to politics rather than actual data. These plans are very popular in my State and often cost half as much as ACA plans while providing more personalized coverage.

Can you point to any actual evidence that these plans destabilized the market, as you warned they would in a 2018 letter to CMS?

Will you commit to working with Congress and other agencies to preserve these plan options for the millions of Americans who have enrolled?

Answer. Making sure that all Americans have access to quality, affordable health care is one of the Biden administration's top priorities. If confirmed, I will examine rules and other policies to ensure all Americans can access the care that they need.

Question. In Congress you voted against allowing Americans to save more of their money tax-free in Health Savings Accounts. Can you explain your opposition?

Answer. Making sure that all Americans have access to quality, affordable health care is one of the Biden administration's top priorities. As health-care costs have continued to rise, more burden has been shifted to consumers in the form greater cost-sharing. We must work to reduce barriers to access, including excessive cost-sharing.

QUESTIONS SUBMITTED BY HON. JOHN BARRASSO

Question. As a doctor, I have grave concerns about the impact a one size fits all system would have on access to care, especially in rural communities.

Previously, Obamacare took a step in this direction with the Independent Payment Advisory Board (IPAB). This 15-person unaccountable board was supposed to make decisions regarding Medicare reimbursements. I was disturbed about giving so much power over Medicare to an unelected and unaccountable group of bureaucrats. Congress thankfully repealed the IPAB after you left Congress in 2018.

Do you support the recreation of the IPAB or any new government board that has the power to reduce access to care for patients?

Answer. Ensuring that Americans have access to high quality health care, including in rural areas, is a priority of mine. I believe that beneficiaries should come first, and if I am confirmed, I will work you and other members on solutions to reduce the cost of care and lengthen the trust fund's solvency.

Question. Currently, illegal immigrants are not allowed to receive most Federal health-care benefits. In particular, they are not eligible to receive insurance through the ACA exchange.

Do you support maintaining the ban on illegal immigrants receiving health insurance through the exchange?

Answer. If I am confirmed as HHS Secretary, I will follow the law.

Question. Do you support expanding Medicaid to require the use of Federal taxpayer dollars to pay for illegal immigrants to receive full Medicaid benefits?

Answer. If I am confirmed as HHS Secretary, I will follow the law.

Question. As a doctor, I want to ensure the United States continues to lead the world in medical and scientific innovation. This has never been more important than during the COVID-19 pandemic. We have seen firsthand the importance of generating new vaccines and therapeutics to combat COVID-19. Looking forward, we must do more to address drug pricing. We must do it of course without harming innovation.

The White House Counsel of Economic Advisers found H.R. 3, the House Democrats drug pricing proposal, would reduce the number of new drugs by up to 100 over a decade.

Are you concerned about legislative proposals that will decrease the number of new and innovative treatments for American patients?

Answer. The United States is a leader in medical and scientific innovation. The COVID-19 vaccines were developed faster than any vaccine in history. Innovation can only help patients if it's affordable. That's why I, like President Biden, believe we must do all we can to lower the costs of prescription drugs. If confirmed as Secretary of HHS, I look forward to working with you to find ways to reduce drug prices and ensure Medicare beneficiaries have access to the drugs that they need.

Question. It is vital for the United States to learn from the COVID-19 pandemic and ensure we are better prepared for future public health emergencies. In particular, I am interested in addressing the supply chain for personal protective equipment (PPE).

How do you anticipate partnering with the private-sector supply chain to ensure that the country is ready for the next public health emergency?

Do you believe HHS has a role in creating greater supply chain resiliency, in particular ensuring more PPE is made in the United States?

Answer. The global pandemic has highlighted the vulnerabilities of the global supply chain for many products. In order to continue responding to the COVID-19 pandemic and better preparing the Federal Government to respond to any future public health emergencies, it is critical that HHS work to improve and expand domestic supply chain capabilities. If confirmed, I'm committed to working on this urgent matter.

Question. Telehealth utilization has increased significantly as a result of the COVID-19 pandemic.

What steps or policies is the administration considering to ensure the American health care system continues to move forward with more telehealth innovation?

Answer. Telehealth is an important tool to improve health equity and improve access to health care. Health care should be accessible, no matter where you live. If confirmed, I will look at the telehealth flexibilities developed for the current public health emergency and determine how we can build on this work to improve health equity and improve access to health care.

PREPARED STATEMENT OF HON. MIKE CRAPO,
A U.S. SENATOR FROM IDAHO

WASHINGTON—U.S. Senator Mike Crapo (R-ID), ranking member of the U.S. Senate Finance Committee, delivered the following remarks at a hearing to consider the nomination of Xavier Becerra to be Secretary of Health and Human Services.

The Department of Human Health and Services (HHS) is a sprawling department, with over 80,000 employees and responsibility for over \$1 trillion in annual spending. HHS and its agencies directly affect everyday life, including running programs that provide health-care coverage to nearly 150 million people. The HHS Secretary will shape Medicare, Medicaid, Obamacare, and many other important programs in the Finance Committee's jurisdiction. These responsibilities are formidable in normal times, but the COVID-19 pandemic has made the HHS mission even more critical, as these programs will play a key role in the pandemic response.

This hearing is important for us to understand how Attorney General Becerra would carry out these monumental responsibilities. A few weeks ago, I outlined several issues in the health-care space where I intend to focus my efforts as ranking member, including fostering innovation to improve patient care and making our health-care system more efficient. The COVID-19 pandemic has threatened Americans' physical and economic health, but it has also reinforced the value of innovation and provided an opportunity to test changes that foster it.

HHS has used its authority under the Public Health Emergency to waive numerous requirements to ensure Medicare beneficiaries and other patients receive care during the pandemic. Patients have benefited from expanded access to telehealth and expedited approval of COVID-19 vaccines, diagnostics, and treatments.

Going forward, Medicare and Medicaid patients should have the same access to innovative items and services as those with commercial insurance. We must carefully evaluate our response to the pandemic and implement appropriate reforms based on the lessons we have learned. HHS should partner with this committee in that effort.

Another long-term priority for many on this committee is to finally address Medicare's looming financial problems. Medicare's financial stability was a key issue discussed by the bipartisan Bowles-Simpson Commission on which I served with Attorney General Becerra a decade ago.

Although the Commission's proposal did not reach the required super-majority of 14 of 18 votes for adoption, it did produce a constructive, bipartisan blueprint to reform and secure our entitlement programs. Medicare's finances remain unsettled, with the Medicare trustees currently projecting that the Hospital Insurance (HI) trust fund will go broke in 2026, and unforeseen circumstances could move the insolvency date even closer. The new administration should work with Congress in a bipartisan way to ensure that Medicare is able to serve current and future beneficiaries.

In yesterday's hearing before the HELP Committee, many of my colleagues raised concerns about the enforcement of California's restrictive actions related to COVID-19, including the ban on indoor religious services that was rejected by the Supreme Court. They also raised questions about challenges to HHS's authority to provide a conscience exemption from the Obamacare contraception coverage mandate.

A coalition of pro-life Americans sent a letter to all Senators in opposition to the nomination of Xavier Becerra to be Secretary of Health and Human Services. I ask that the letter be included as part of the record.

Nearly a year ago, this committee worked together to expand unemployment compensation programs in response to the economic devastation caused to workers by shutdowns. As time has passed, there has been substantial reporting of fraud perpetrated against California's unemployment insurance program. Fraudsters, including international criminal organizations, have siphoned off perhaps more than \$11 billion. That raises questions regarding what specific steps were taken to combat unemployment fraud, and when those steps were taken.

Finally, you have long been an advocate for moving all Americans to a government-run "Medicare for All" plan, raising concerns that your policy preferences could undermine the Medicare programs that rely on private insurance. You and I have talked about this privately, and I will discuss it further with you in the question period. I strongly support private insurance so patients can choose the coverage option that best meets their needs.

The popular Medicare Advantage program that covers 24 million beneficiaries must be allowed to continue to thrive. And the successful Medicare Part D program must continue to serve its 47 million enrollees without government interference.

The number of issues I have raised indicate the scope and importance of this position. I look forward to hearing your testimony and your responses to questions.

SUBMITTED BY HON. MIKE CRAPO, A U.S. SENATOR FROM IDAHO,
AND HON. JAMES LANKFORD, A U.S. SENATOR FROM OKLAHOMA

February 18, 2021

The Honorable Patty Murray
Chairwoman
Committee on Health, Education, Labor,
and Pensions
U.S. Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor,
and Pensions
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Chairman
Committee on Finance

U.S. Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
Committee on Finance

U.S. Senate
Washington, DC 20510

Dear Senators,

As organizations committed to the protection of unborn children and their mothers from abortion and representing millions of pro-life Americans, we write to you in opposition to the nomination of Xavier Becerra to be Secretary of Health and Human Services. Mr. Becerra is an enemy to every pro-life policy and law and has demonstrated complete disregard for the religious and moral convictions of those opposed to the brutal act of abortion. His radical record in public office as California's Attorney General and member of Congress leads our organizations to ask you to reject Mr. Becerra's nomination.

As Attorney General, Mr. Becerra went out of his way to attack pro-life policies and conscience protections. He led the charge against the Title X Protect Life Rule which, under the prior administration, successfully defunded Planned Parenthood of \$60 million.¹ Despite the Supreme Court already siding with the Little Sisters of the Poor in an earlier case, Mr. Becerra took the nuns and similar groups to court to force them to violate their consciences.² However, perhaps most ironically, Mr. Becerra has argued in opposition to following an existing Federal law against forcing healthcare entities to provide, pay for, provide coverage of, or refer for abortion (the longstanding Weldon Amendment) calling the enforcement of such provisions "illegal."³ Notably, if confirmed Mr. Becerra would be responsible for overseeing the title X program, establishing the federal preventive service mandates that infringed on the conscience rights of the Little Sisters of the Poor, and enforcing the Weldon Amendment.⁴

We are also concerned about Mr. Becerra's abuse of his statewide office to target pro-life health centers and journalists. Taking pregnancy centers to court to enforce California's so-called Reproductive FACT Act, Mr. Becerra futilely sought to force government-compelled speech on pro-life individuals who refused to direct women to abortion centers.⁵ Furthermore, he sought to intimidate and prosecute investigative journalists David Daleiden and Sandra Merritt after their reporting uncovered the unethical and likely illegal sale of aborted baby body parts by Planned Parenthood. Mr. Becerra sought 15 felony charges for recording 14 videos against these journalists, a move that the Los Angeles Times Editorial Board called "a disturbing overreach."⁶

More recently, Mr. Becerra's actions to exploit the COVID-19 pandemic to expand abortion demonstrate that he will not let a crisis go to waste. As most Americans sought to direct resources to essential health services, Mr. Becerra led a letter of pro-abortion state Attorneys General who sought to use the public health emergency to lift federal restrictions on chemical abortion under the FDA Risk Evaluation and Mitigation Strategy (REMS) protocol. Such a change to the REMS would lead to mail order abortion without physician oversight, a situation which could have dire consequences for women and girls. Additionally, Mr. Becerra led another letter of pro-abortion Attorneys General calling for the administration to fund research involving fetal tissue claiming that "no alternatives to human fetal tissue . . . have been shown to be as powerful conducting these important studies."⁷ Neither of the leading COVID-19 vaccines, developed by Pfizer and Moderna, used human fetal tissue in their production, demonstrating that this view is out of step with current science.

These radical views are not new for Mr. Becerra, whose pro-abortion track record extends back to his earliest years in public office. While a member of Congress, he voted against pro-life priorities such as the Pain-Capable Unborn Child Protection Act, the Born-Alive Abortion Survivors Protection Act, and the No Taxpayer Fund-

¹Mr. Becerra lost in the 9th Circuit in February 2020. A request to review this decision was denied in May 2020. The Title X policy was allowed to resume March 4, 2020. See *California v. Azar*.

²The Little Sisters of the Poor won at the Supreme Court on July 8, 2020 in a similar case. Mr. Becerra's case against the Little Sisters has been sent back to the 9th Circuit to be decided in light of this decision. See *Little Sisters of the Poor v. Commonwealth of Pennsylvania*.

³<https://khn.org/morning-breakout/california-defends-authority-to-require-insurers-to-cover-abortion-as-protecting-womens-rights/>.

⁴Mr. Becerra's refusal to enforce the Weldon Amendment led to a loss of \$200 million in Medicaid funding for California, HHS OCR Press Release 12/16/20.

⁵Mr. Becerra lost at the Supreme Court, which found the law to be likely unconstitutional. See *NIFLA v. Becerra*.

⁶<https://www.latimes.com/opinion/editorials/la-ed-planned-parenthood-charges-20170330-story.html>.

⁷<https://www.oag.ca.gov/system/files/attachments/press-docs/Multi-State%20Letter%20re%20Fetal%20Tissue%20Ban.pdf>.

ing for Abortion Act. Becerra even voted against commonsense legislation to prohibit partial birth abortion⁸ and the Unborn Victims of Violence Act which made it a crime to harm or kill an unborn child during the commission of a violent crime—38 states including California currently have similar protections.⁹

Mr. Becerra's confirmation would be divisive and a step in the wrong direction. We understand that the president needs to assemble a cabinet; however, Mr. Becerra has proven himself to be an enemy of the health of women and the unborn. He cannot be entrusted with our national health programs and policies and is not qualified to serve as Secretary of Health and Human Services.

For these reasons, we ask you to reject his nomination.

For Life,

Marjorie Dannenfelser
President
Susan B. Anthony List

Tom McClusky
President
March for Life Action

Kristan Hawkins
President
Students for Life Action

Catherine Glenn Foster
President and CEO
Americans United for Life

Penny Young Nance
President and CEO
Concerned Women for America LAC

Donna J. Harrison M.D.
Executive Director
American Association of Pro-Life
Obstetricians and Gynecologists

Fr. Frank Pavone
National Director
Priests for Life

Jor-El Godsey
President
Heartbeat International

Andrew M. Bath
Executive Vice President and General
Counsel
Thomas More Society

Garrett Bess
Vice President of Government Relations
and Communications
Heritage Action for America

David Daleiden
Project Lead
The Center for Medical Progress

Jordan Sekulow
Executive Director
American Center for Law and Justice

Terry Schilling
Executive Director
American Principles Project

Thomas Glessner, J.D.
President
National Institute of Family and Life
Advocates (NIFLA)

Carol Tobias
President
National Right to Life Committee

Lila Rose
Founder and President
Live Action

Abby Johnson
Founder and CEO
And Then There Were None

Ryan T. Anderson, Ph.D.
President
Ethics and Public Policy Center

Russell Moore
President
Southern Baptist Ethics and Religious
Liberty Commission

Craig DeRoche
President and CEO
Family Policy Alliance

Roland C. Warren
President and CEO
Care Net

Anne O'Connor
Vice President of Legal Affairs

National Institute of Family and Life
Advocates (NIFLA)

Travis Weber
Vice President for Policy and
Government Affairs
Family Research Council

Michelle Cretella, M.D.
Executive Director
American College of Pediatricians

Brian Burch
President
Catholic Vote

Colleen Holcomb
President
Eagle Forum

⁸ <https://clerk.house.gov/Votes/2003530>.

⁹ <https://www.ncsl.org/research/health/fetal-homicide-state-laws.aspx>.

Bradley Mattes President Life Issues Institute	Jonathan Keller President and CEO California Family Council
Steven Ertelt Editor LifeNews.com	Alexandra Snyder, Esq. CEO Life Legal Defense Foundation
Michael Gonidakis President Ohio Right to Life	Lois Anderson Executive Director Oregon Right to Life
Samuel H. Lee Director Campaign Life Missouri	John Stemberger President and General Counsel Florida Family Policy Council
Gene Mills President Louisiana Family Forum	John Helmberger Chief Executive Officer Minnesota Family Council
Janet Morana Co-Founder Silent No More	Bob Vander Plaats President The FAMiLY Leader
Eric J. Scheidler Executive Director Pro-Life Action League	Tami Fitzgerald Executive Director NC Values Coalition
Cathie Humbarger CEO Reprotection, Inc.	Joshua Edmonds Executive Director Georgia Life Alliance Committee
Zach Rodgers Executive Director Right to Life of Northeast Indiana	Monica Migliorino Miller, Ph.D. Director Citizens for a Pro-Life Society
Joe Langfield Executive Director Human Life Alliance	Dale A. Bartscher Executive Director South Dakota Right to Life
Esther Ripplinger Executive Director Human Life of Washington	Larry Cirignano DC Representative Children First Foundation
Deborah Tilden Co-Founder S.M.A.R.T. Women's Healthcare	Eva Andrade President Hawaii Family Forum
Peggy Nienaber Vice President Faith and Liberty	Mike Fichter President and CEO Indiana Right to Life
Gregory Cox Lead Missionary National Pro-Life Center on Capitol Hill	Julaine K. Appling President Wisconsin Family Action
Andrew Shirvell, J.D. Founder and Executive Director Florida Voice for the Unborn	Shawn Hyland Executive Director Family Policy Alliance of New Jersey
Amber Haskew Director of Public Policy Liberty Counsel Action	Cheryl Sullenger Senior Vice President Operation Rescue
Rabbi Yaakov Menken Managing Director Coalition for Jewish Values	Honorable Joel Grewe Executive Director Generation Joshua
Bryan Kemper President Stand True—Youth Pro-life Outreach of Priests for Life	Mike Rouse President The American Association of Christian Schools
	Marc Tuttle President Right to Life of Indianapolis

SUBMITTED BY HON. JAMES LANKFORD,
A U.S. SENATOR FROM OKLAHOMA

CATHOLIC MEDICAL ASSOCIATION

Upholding the Principles of the Catholic Faith in the Science and Practice of Medicine

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February 22, 2021

The Honorable Ron Wyden
Chair, Senate Committee on Finance
United States Senate
221 Dirksen Senate Office Building
Washington, DC 20510

Dear Mr. Wyden, Ranking Member Mr. Crapo, and committee members,

The Catholic Medical Association is the largest organization of Catholic health-care professionals in the United States. We represent over 2,500 faithful Catholics in the medical community across the country who provide high quality, ethical medical care in accordance with their Catholic faith.

As president of this organization, I write on behalf of our members to strongly oppose the nomination of Mr. Xavier Becerra to be Secretary of Health and Human Services Department. Mr. Becerra's partisan, ideological record of opposing individual and institutional conscience rights protections, religious freedom and the sanctity of life will significantly impact the ability of our memberships to practice ethical medicine guided by their faith.

Mr. Becerra's lack of experience in health care makes him inherently unqualified to lead a department responsible for the health and well-being of our citizens at this critical time of pandemic.

If appointed, Mr. Becerra would lead an agency responsible for creating policies that could significantly affect not only our members, but all Catholic and Christian health-care workers, their patients and faith based organizations. He has voiced support to rolling back conscience rights protection, instituting contraceptive and abortion mandates in health-care coverage, and advancing gender ideology. It would be our expectation that all actions taken by the Health and Human Services comply with the Hyde, Church and Weldon Amendments. Given the President's expressed religious views, we ask that no actions be taken in opposition to the conscience rights and religious liberties of our members. Our organization remains willing to work with the administration and the Health and Human Services Department to accomplish these goals.

In Congress, Mr. Becerra voted against a ban on partial birth abortions, against making it a crime to hurt an unborn child during another crime, and voted in favor of taxpayer-funded abortions. As Attorney General for the State of California, Mr. Becerra showed he is willing to use the power of the state against religious organizations and pro-life causes. His actions have been shown to be on the wrong side of the constitution in cases involving the Little Sisters of the Poor and *NIFLA v. Becerra*.

With the overwhelming regulatory and financial power of the HHS, Mr. Bacerra will advance policies with harmful and detrimental impact on pro-life, religious organizations and individuals.

Catholic health care is a direct outreach of our mission as Catholics to love our neighbors, feed the poor and heal the sick. Catholic hospitals currently provide 1 out of every 6 hospital beds in the United States. Catholics provide adoption and foster care services; help resettle immigrant families and are leading the fight against human trafficking. We fear many of these services will be eliminated if Mr. Becerra is confirmed. We have reasonable concern that Mr. Becerra will use coercive powers to advance ideological policies of Planned Parenthood and special interests to force Catholic institutions to violate deeply held beliefs in the provision of care. Our members would be forced to make a decision between practicing ethical medi-

cine or violating deeply held religious beliefs. Forcing out faith-based health-care providers risks undermining the health-care workforce and significantly harming the health-care capacity needed to fight current and future public health crises in our nation. At this critical time in our nation's history, we need to be supporting these individuals and institutions, not trying to shut them down.

Mr. Becerra is the wrong choice to be Secretary of the Department of Health and Human Services. His past record shows he is hostile to faith based organizations and individuals. Appointing Mr. Becerra will directly affect the ability of thousands of Catholic individuals and institutions to provide ethical, high quality, and compassionate care. His confirmation will divide this country even further at a time when unity is most needed.

Sincerely yours,

Michael S. Parker, M.D.
President, Catholic Medical Association

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February 18, 2021

The Honorable Charles E. Schumer
Majority Leader
U.S. Senate
322 Hart Senate Office Building
Washington DC 20510

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
239 Dirksen Senate Office Building
Washington, DC 20510

Dear Majority Leader Schumer, Minority Leader McConnell, Chairman Wyden, and Ranking Member Crapo:

As the world's largest network of pregnancy help centers serving pregnant women, Heartbeat International strongly opposes the nomination of Xavier Becerra for Secretary of Health and Human Services.

Every woman deserves love and support during an unexpected pregnancy. Heartbeat and its network of nearly 3,000 pregnancy help organizations worldwide work tirelessly to provide hope and help to women and families experiencing unexpected pregnancies.

Our network of pregnancy help provides compassionate care because no woman should feel alone, coerced, or so hopeless that she ends her child's life through abortion.

In 2019 alone, pregnancy centers nationwide served nearly 2 Million people with free services.¹

- 94% of these organizations provide material aide such as diapers and formula at no cost to families in need.
- 86% offered parenting classes to mothers and fathers.
- 486,213 women received free ultrasounds.
- 21,698 women and men received abortion recovery help at a center.
- 98% of pregnancy help organization clients report a positive experience.²

Each day, Option Line (our 24/7 pregnancy helpline) receives more than 1,000 calls from people seeking pregnancy help. Last year alone, Option Line connected more than 350,000 people to their local pregnancy help organization for care.

¹"Pregnancy Centers Stand the Test of Time," Charlotte Lozier Institute's Pregnancy Center Report, published 2020.

²Data from Next Level, Heartbeat International's Client Management System.

From a free pregnancy test to a temporary home, pregnancy help organizations exist to meet the needs of the women they serve.

Heartbeat's network of care does all of this in an effort to realize its vision to make abortion unwanted today and unthinkable for future generations.

The approval of Mr. Becerra for Secretary of Health and Human Services would be devastating to the thousands of grassroots volunteers and staff who daily champion life-affirming choices that he sought to muzzle.

As Attorney General of California, Mr. Becerra sought to force pro-life pregnancy help organizations to intentionally direct pregnant women toward abortion providers, undermining their conscience and diluting their very purpose.

Under the so-called Reproductive FACT Act, Becerra wanted to force these same organizations that exist to provide alternatives to abortion to tell women where to get an abortion.

Despite such a mandate being a clear violation of the centers' free speech rights and religious conscience, Mr. Becerra was so beholden to the pro-abortion lobby that he took the case all the way to the Supreme Court in an effort to silence these centers. Thankfully, in the case of *NIFLA v. Becerra*, the Supreme Court ruled in favor³ of the centers' free speech, holding that it was unconstitutional for the State of California to force private organizations to speak a message that was antithetical to their very reason for existence.

He did all this while receiving donations from abortion proponents. According to Open Secrets,⁴ Planned Parenthood gave Becerra thousands of dollars in donations over his long political career. All the while, Mr. Becerra received perfect scores from Planned Parenthood and NARAL Pro-Choice America on his abortion record.

As Attorney General, Mr. Becerra sought to use the power of government to force pregnancy help organizations to support abortion, and our grave concern is that this same Mr. Becerra would leverage the newfound position and the power of the Department of Health and Human Services to work against the good work of grassroots pregnancy help organizations.

While opinions regarding the legality of abortion may differ, everyone should agree that it is a good thing to empower women so that they never feel that their only choice is to end the life of their unborn child. It is indicative of Mr. Becerra's extreme position on abortion that he would attempt to shut down those who are merely providing help and hope to women and families.

For these reasons, we implore you to reject the nomination of Xavier Becerra. Surely there is someone less beholden to the lobbyists of the abortion industry and more qualified to truly lead the Health and Human Services department.

Regards,

Jor-El Godsey
President

CC: All U.S. Senators

NATIONAL INSTITUTE OF FAMILY AND LIFE ADVOCATES

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February 19, 2021

To Whom It May Concern:

The National Institute of Family and Life Advocates (NIFLA) opposes the nomination of Xavier Becerra to be Secretary of Health and Human Services (HHS). Because of our experience with Becerra and his radicalized agenda, we believe that

³*National Institute of Family and Life Advocates v. Becerra*, 585 U.S. — (2018), accessed 02/17/2021, <https://supreme.justia.com/cases/federal/us/585/16-1140/>.

⁴<https://www.opensecrets.org/members-of-congress/summary?cid=N00009774&cycle=CAREER>.

he is not qualified for this appointment. We respectfully ask that you reject his nomination.

NIFLA is a non-profit legal and medical organization that exists to train, equip and represent more than 1,600 life-affirming pregnancy center members across the nation. Pregnancy centers provide hope, counsel, medical services, material resources, housing referrals, and much more to mothers considering abortion, all for free. Primary among these is the procedure of ultrasound, which is medically necessary to confirm a viable intrauterine pregnancy. Statistics show more than 80% of mothers considering abortion decide to choose life after seeing an ultrasound image of their unborn child.

In 2016, NIFLA brought a lawsuit against Becerra because, as California Attorney General, he abused his statewide office to target our pregnancy centers. In his attempt to enforce California's so-called Reproductive "FACT" Act, Becerra futilely sought to force government-compelled speech on religiously motivated pro-life centers by requiring them to place notices on their walls advising clients how they could procure a state-funded abortion. Becerra vowed to aggressively enforce the law and make sure that pro-life centers use the walls of their waiting areas as billboards to advertise for and promote abortion.

This mandated compelled speech violated the pregnancy centers' First Amendment rights and undermined their mission to offer life-affirming care to women and children. It forced such centers to speak a message with which they fundamentally disagreed.

May the government force Alcoholics Anonymous to post signs promoting the sale of liquor to its clients? Could the government force the American Cancer Society to promote the sale of tobacco and cigarettes? If Becerra had his way with pro-life pregnancy centers then such scenarios (which are absurd) could very well happen, depending upon who has the political clout to promote their agenda.

While California's so-called Reproductive "FACT" Act was unconstitutional, Becerra insisted that it be enforced. The law was struck down by the United States Supreme Court in the landmark case of *NIFLA v. Becerra* 138 S. Ct. 2361 (2018). The Supreme Court ruled 5-4 to block California's blatant discrimination against non-profits that give life-affirming options to women facing unplanned pregnancies. Justice Clarence Thomas wrote the majority opinion of the Court which held that the free speech guarantees of the First Amendment to the U.S. Constitution prohibits government compelled speech when such speech mandates and compels people to speak a message with which they fundamentally disagree and which violates their consciences.¹ In concurrence, Justice Kennedy stated that "viewpoint discrimination is inherent in the design and structure of [the] Act" and that California required "primarily pro-life pregnancy centers to promote the State's own preferred message advertising abortions."

The Supreme Court handed Becerra a humiliating defeat in *NIFLA v. Becerra*, which ended up costing the taxpayers of California millions of dollars. They were ordered to pay attorneys' fees to his successful opponents. Immediately after this decision was handed down, Becerra referred to it as "unfortunate" and stated he would seek other ways to promote abortion services in California.

Becerra absolutely should not be in charge of such a powerful department as HHS. In such a position of authority and power, he will easily continue his attacks against pregnancy centers through bureaucratic rules and regulations. Such actions will guarantee further litigation against HHS and the government. Ultimately, under *NIFLA v. Becerra*, the government will lose, costing the taxpayers millions more in litigation costs.

Becerra's actions to enforce the "FACT" Act also caused the State of California to be cited by HHS, the very organization he now is nominated to lead, for violating federal conscience protections. The Office of Civil Rights Conscience and Religious Freedom Division conducted an independent investigation and determined that the "FACT" Act violated the Weldon and Coats-Snowe Amendments by requiring "licensed covered facilities" to refer for abortion. It further violated the Weldon amendment by subjecting "unlicensed covered facilities" to discrimination by targeting them for burdensome and unnecessary notice requirements because they do not refer for or make arrangements for abortion.

¹That free speech standard was distinguished by Justice Thomas from situations where the State is regulating the conduct of the physician in which that physician's speech is merely incidental to conduct, such as speech related to the performance of an abortion.

More recently, Becerra's actions to exploit the COVID-19 pandemic to expand abortion demonstrate that his radical abortion agenda knows no limits. As most government leaders sought to direct resources to essential health services, Becerra led a crusade to use the public health emergency to expand the distribution of chemical abortions by removing the FDA's Risk Evaluation and Mitigation Strategy (REMS) protocol. Such a change to the REMS would lead to mail-order abortion without physician oversight, a situation that could have dire consequences for women and girls. The U.S. Supreme Court again ruled against him in this regard in *Food and Drug Administration v. American College of Obstetricians and Gynecologists (FDA v. ACOG)* in January 2021.

Becerra's confirmation would be a very divisive action coming from an administration that pronounces the need for unity. He is an antagonist to millions of Americans who care for mothers, their unborn children, and who simply want to provide them with the right to choose life. As such, he is an enemy of the health of women and the unborn.

As Secretary of HHS, Becerra would be uniquely positioned to pass regulations that impact operations of pregnancy centers—particularly those that are licensed medical clinics. This should be concerning to all who care about providing abortion alternatives to mothers.

Becerra cannot be entrusted with our national health programs and policies. He is not qualified to serve as Secretary of Health and Human Services.

For these reasons, we ask you to reject his nomination.

Sincerely,

Thomas A. Glessner, J.D.
President

Anne O'Connor, J.D.
Vice-President for Legal Affairs

PREPARED STATEMENT OF HON. RON WYDEN,
A U.S. SENATOR FROM OREGON

The Finance Committee meets this morning for the second of three nomination hearings this week. I'm pleased to welcome Attorney General Xavier Becerra, President Biden's nominee to lead the Department of Health and Human Services.

With a pandemic raging, so many Americans struggling to get by, and our health-care system strained to the max, there may not be a higher-stakes job in the executive branch outside of the presidency itself.

Attorney General Becerra brings more than 2 decades of experience in the Congress. He was a senior member of the House Ways and Means Committee, which overlaps with this committee on a lot of important health-care subjects. He was closely involved in major accomplishments on health care, including the ACA. For 4 years he's led the second-largest department of justice in America, overseeing thousands of employees and a billion-dollar budget. Anybody who discounts the experience of leading a California agency that large and influential to the fifth-largest economy in the world is straining awfully hard to find something to critique.

AG Becerra defended the Affordable Care Act from absurd and dangerous far-right attacks. When the pandemic hit, he went to bat for Californians by increasing access and affordability for COVID treatments, protecting workers from exposure, and securing key safeguards for front-line health-care workers.

Having started my career in legal aid for seniors as the co-founder of the Oregon Gray Panthers, I appreciate that AG Becerra got his start in legal aid for the less fortunate as well. This is a nominee with the right policy experience, the right leadership experience, and the right experience fighting for the little guy. That's exactly what's needed at Health and Human Services after 4 years of mismanagement that took us in the wrong direction.

In this committee, a special focus of our work during this Congress is going to be tackling inequality in every form. In America, inequality is a killer. If you didn't believe it before the pandemic, there can be no questioning it now.

People of modest means, people targeted by discrimination, people marginalized in society—they're the Americans who've suffered disproportionately in this pan-

demic. That's because they were vulnerable before the pandemic too, and Federal policies did not do enough to protect them.

I'll tick through a few examples. First, Americans are still getting absolutely clobbered every time they walk up to the pharmacy window to pick up their prescription drugs. In a country as wealthy as ours, it is utterly shameful that you still hear about people rationing their own medicine and suffering terrible consequences because they can't afford their prescriptions.

Second, the pandemic has proven that there needs to be a new focus on mental health in America. With so many lives lost and so many people out of work, it shouldn't be any surprise that people in Oregon and across the country are struggling when it comes to mental health. Compared to physical health-care issues, mental health has really gotten short shrift for too long. The law says they're equally important, but that's not how they're handled in practice. I believe that needs to change, and I'm going to talk more about that in Q&A.

Third, the pandemic has also shined a spotlight on a lot of long-running disparities in health care in this country—many of them issues that stretch back through the generations. One of them is maternal health care. The American people want this to be a pro-family country. It is totally unacceptable that pregnancy and childbirth and the postpartum period are so dangerous to American women, particularly when you compare this country to other wealthy nations.

This is a particularly serious problem for black and Native American women, and it's getting worse as the years go on—not better. In fact, here's a shocking statistic: women today are more likely to die in childbirth than their mothers were a generation ago. Addressing this crisis goes hand-in-hand with the need to expand and improve women's health care overall, since the last 4 years have been a women's health nightmare.

I'm looking forward to working with AG Becerra and the Biden administration on those issues and more. It's been a difficult 4 years for too many vulnerable Americans who struggle to pay for their medications and find access to the health care they need.

If AG Becerra and his team start every day actually focused on expanding affordable health care and improving human services instead of limiting them, they'll already be doing better than the last administration.

AG Becerra is highly qualified. He has a valuable range of experience that will help him succeed in this job. And this is a historic nomination, because AG Becerra would be the first Latino HHS Secretary.

AMERICA'S ESSENTIAL HOSPITALS

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February 1, 2021

The Honorable Patty Murray
Chair
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

The Honorable Ron Wyden
Chair
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Chair Murray, Chair Wyden, and Ranking Members Burr and Crapo,

On behalf of our more than 300 member hospitals and health systems, America's Essential Hospitals extends our support for the nomination and confirmation of Xavier Becerra as Health and Human Services (HHS) Secretary.

America's Essential Hospitals is the leading champion for hospitals and health systems dedicated to high-quality care for all, including vulnerable populations. Filling a vital role in their communities, our more than 300 member hospitals provide a disproportionate share of the nation's uncompensated care, and three-quarters of their patients are uninsured or covered by Medicare or Medicaid. Our members provide state-of-the-art, patient-centered care while operating on margins a third that of other hospitals—2.5 percent on average compared with 7.6 percent for all hospitals nationwide.¹

We believe Becerra is uniquely qualified to lead HHS at this critical time. He has worked on significant health care issues throughout his career and has a deep understanding of the process and executive decision-making that comes with serving in leadership positions. Becerra has spent his career defending key programs of importance to essential hospitals and their communities, including Medicare and Medicaid. Most recently, in his role as attorney general of California, Becerra defended the 340B Drug Pricing Program and championed important protections for immigrant communities. During his tenure as a member of Congress, Becerra demonstrated a deep commitment to ensuring access to health care for all Americans.

We are confident Becerra will be a champion for the nation's health and bring a comprehensive approach to combatting the COVID-19 public health emergency. America's Essential Hospitals looks forward to working with him to address the pressing health issues of importance to our member hospitals and their communities. We urge the full Senate to approve his nomination as soon as possible.

Sincerely,

Bruce Siegel, M.D., MPH
President and CEO

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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February 5, 2021

The Honorable Ron Wyden
Chair
U.S. Senate
Committee on Finance
Washington, DC 20515

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20515

The Honorable Patty Murray
Chair
U.S. Senate
Health, Education, Labor, and Pensions
Committee
Washington, DC 20515

The Honorable Richard Burr
Ranking Member
U.S. Senate
Health, Education, Labor, and Pensions
Committee
Washington, DC 20515

Dear Chairman, Chairwoman, and Ranking Members:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 136,700 family physicians, residents, and medical students across the country, I write to offer support for the nomination of Xavier Becerra to serve as Secretary of the Department of Health and Human Services (HHS).

Mr. Becerra has long been a champion of ensuring all Americans have access to high-quality, affordable health care. As a member of Congress, Representative Becerra helped to pass the Affordable Care Act (ACA) and eliminate the flawed Medicare Sustainable Growth Rate. As Attorney General of California, he defended the ACA against legal challenges¹ in the case of *Texas v. United States*. The AAFP supports² this shared vision for meaningful and affordable health care coverage and

¹ Clark D, Roberson B, Ramiah K. *Essential Data: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2018 Annual Member Characteristics Survey*. America's Essential Hospitals. May 2020. <https://essentialdata.info>. Accessed January 25, 2021.

² <https://www.aafp.org/news/government-medicine/20180621amicusbrief.html>.

³ <https://www.aafp.org/news/media-center/statements/affordable-care-act.html>.

stands ready to work with Mr. Becerra to further build on the ACA's successes and further improve our health care system in his new role with HHS.

As the COVID-19 pandemic continues to threaten our communities, swift action to confirm the Secretary of HHS is urgently needed to ensure the agency is best-equipped to respond to the pandemic. Physicians and patients alike are looking to HHS for clear public health guidance, and they are counting on HHS to obtain and deliver COVID-19 vaccines to save lives and keep our communities healthy.

Thank you for the opportunity to offer our support for the nomination of Mr. Becerra for HHS Secretary. If you have additional questions, please reach out to David Tully, Director of Government Relations, at dtully@aafp.org.

Sincerely,

Gary L. LeRoy, M.D., FAAFP
Board Chair

AMERICAN COLLEGE OF CLINICAL PHARMACY
Government and Professional Affairs
1455 Pennsylvania Avenue, Suite 400
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202-621-1820
202-621-1819 [fax]
<https://www.accp.com/>

February 8, 2021

The Honorable Ron Wyden
221 Dirksen Senate Office Bldg.
Washington, DC 20510

The Honorable Patty Murray
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
239 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
217 Russell Senate Office Building
Washington, DC 20510

Dear Senators Wyden, Crapo, Murray and Burr:

On behalf of the American College of Clinical Pharmacy (ACCP) I am writing in support of the nomination of Xavier Becerra as Secretary of the Department of Health and Human Services (HHS).

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of over 20,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy.

The COVID-19 pandemic has placed unprecedented burdens on our nation's health delivery infrastructure. As communities across the country struggle to respond to the COVID pandemic, a comprehensive strategy to ensure a truly team-based, patient-centered approach to patient care, consistent with evolving integrated delivery models, must be prioritized.

Throughout the COVID pandemic, pharmacists have been at the forefront of our nation's response efforts. This includes the vital work early in the pandemic to help scale up testing capabilities, and now pharmacists and pharmacies are at the center of the largest mass-vaccination in history.

Beyond the urgent work of pharmacists on the front lines of the pandemic response effort, clinical pharmacists typically practice as fully integrated members of the health care team, working under formal collaborative practice agreements or institutional privileges, to assume full responsibility for managing patients' medication therapies.

Qualified clinical pharmacists are usually residency trained and are certified as specialists by the Board of Pharmacy Specialties (BPS) to fully manage complex drug therapies on behalf of chronically ill patients as part of clinical care teams. In California, state pharmacy practice regulations specifically recognize qualified clinical providers as Advance Practice Pharmacists (APP) who are responsible for delivering clinical services well beyond the important work of dispensing medications.

Comprehensive medication management (CMM) refers to the direct patient care process provided by clinical pharmacists working as formal members of the patient's health care team that has been demonstrated to significantly improve clinical outcomes and enhance the safety of medication use by patients.

As we reach a new stage in the global fight to contain the COVID-19 pandemic and address the sequelae of undressed health issues resulting from care avoidance during the pandemic, the issue of managing the safe and appropriate delivery of medications across an entire population takes center stage. This context provides a unique opportunity to improve patient care and decrease overall healthcare spending by advancing practice models that include CMM—the patient working in collaboration with the physician and a qualified clinical pharmacist.

Thank you for your ongoing bi-partisan leadership on behalf of the country at this time. We urge swift confirmation of Attorney General Becerra as HHS Secretary. We would welcome the opportunity to meet with your respective staff to provide expertise on comprehensive medication management as we collectively work to advance health care delivery models that ensure value and high quality patient outcomes.

Sincerely,

John McGlew
Director, Government Affairs

Cc: Michael S. Maddux, Pharm.D. FCCP, Executive Director

AMERICAN COLLEGE OF RADIOLOGY
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January 20, 2021

The Honorable Ron Wyden
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Michael Crapo
U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Senators Wyden and Crapo,

The American College of Radiology (ACR), a national medical professional organization representing over 40,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians and medical physicists, strongly supports the nomination of Attorney General Xavier Becerra to be the next Secretary of Health and Human Services (HHS).

As Attorney General of the state of California since 2017 and as a member of the House of Representatives for over 20 years, Attorney General Becerra has both the experience of running one of the largest government agencies in the country as well as the proven ability to navigate the challenges of the federal legislative and regulatory processes. These skills, along with his proven track record of bringing people together to solve big problems, will be critical as he addresses the nation's worst health care crisis in over a century.

While in Congress and a member of the House Ways and Means Committee, part of whose jurisdiction is healthcare, Attorney General Becerra worked with the ACR to enact complex legislation to improve patient care such as the inclusion of accreditation standards for those facilities providing advanced imaging, as well as the mandatory consultation of appropriate use criteria (AUC) prior to the ordering of medical imaging services. Both efforts improved imaging quality and safety and reduced cost to the Medicare system as well as to Medicare beneficiaries.

Most notably, while in Congress Attorney General Becerra played a prominent role in the drafting and enactment of the Patient Protection and Affordable Care Act (PPACA), where he fought to expand Americans' access to healthcare. As the California Attorney General, Becerra has led the fight to protect the PPACA from being overturned in order to preserve Americans' access to health insurance regardless of pre-existing medical conditions, as well as continuing access to lifesaving screening services, such as mammography, at no cost to the patient.

Therefore, for the reasons stated above, and countless more, the American College of Radiology urges the Committee, as well as the full Senate, to vote in favor of Attorney General Becerra's nomination for Secretary of Health and Human Services.

The ACR looks forward to working with Mr. Becerra in his new role as HHS Secretary and continuing its work with the Committee to improve care and timely access to imaging services for its patients.

Sincerely,

Howard B. Fleishon, M.D., MMM, FACR
Chair, Board of Chancellors

Cc: Members, Committee on Finance

AMERICAN FEDERATION OF STATE, COUNTY AND
MUNICIPAL EMPLOYEES, AFL-CIO

1625 L Street, NW
Washington, DC 20036-5687
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February 22, 2021

Members of the Committee on Finance
United States Senate
Washington, DC 20510

Members of the Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, DC 20510

Dear Senators:

On behalf of the 1.4 million members of the American Federation of State, County and Municipal Employees (AFSCME), I write to express our support for the nomination of Xavier Becerra to be Secretary of the Department of Health and Human Services (HHS). This is a historic confirmation at an unprecedented time. COVID-19 is rapidly becoming the leading cause of death in our nation. The pandemic has laid bare and deepened health inequities in our country. Our nation needs an experienced champion like former Attorney General Becerra to reverse the harms caused by the previous administration to Medicaid, Medicare, and the Affordable Care Act, to lead a successful COVID-19 response, and to continue to expand affordable health care access for everyone in America.

Xavier Becerra is absolutely the right person for this job at this crucial moment. His whole career has been focused on fairness and equity. As HHS Secretary, he will ensure that our nation's COVID-19 response does not continue to compound health care inequities, but instead that everyone can get fair access to health care without discrimination, no matter where they live, what language they speak, what gender they are or how much money they have.

He has an extensive knowledge of and commitment to the health care laws he will be implementing as HHS Secretary. He helped lead passage and implementation of the ACA and Medicaid expansion as a member of Congress. As AG of California, he has been a champion of the ACA, defending it against legal and administrative attacks.

His leadership shows that he understands and is willing to take on ingrained distortions in our health care system that make care more costly and harmful to patients. He has shown the fortitude needed to stand up to the drug companies' "pay for delay" schemes¹ that unnecessarily delay access to potentially life-saving and less expensive generic medications. He has held corporations accountable² for ped-

¹ <https://oag.ca.gov/news/press-releases/attorney-general-becerra-applauds-ninth-circuit-ruling-denying-challenge>.

² <https://oag.ca.gov/news/press-releases/attorney-general-becerra-announces-573-million-nationwide-settlement-mckinsey>.

dling dangerous addictive drugs,³ and challenged efforts to concentrate market place power to raise health care prices⁴ to the disadvantage of patients and employers.

Health care is a right, not a privilege. As HHS Secretary, Becerra will strengthen and expand the pillars of our nation's health care system—Medicaid, Medicare, and the Affordable Care Act. Our country needs his trusted leadership on both the health care and human service programs administered by HHS to ensure equity and fairness now during the pandemic and as our country moves forward to rebuild our economy. AFSCME urges you to promptly confirm Xavier Becerra to be the HHS Secretary.

Sincerely,

Bailey K. Childers
Director of Federal Government Affairs

AMERICAN FEDERATION OF TEACHERS
555 New Jersey Avenue, NW
Washington, DC 20001
202-879-4400
<https://www.nft.org/>

February 22, 2021

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Senators:

On behalf of the 1.7 million members of the American Federation of Teachers, I urge you to support the nomination of California Attorney General Xavier Becerra to become secretary of the Department of Health and Human Services.

Every person in America deserves the freedom to thrive, fueled by economic and educational opportunity and justice, fairness and a voice for all in our democracy. That requires not just addressing the confluence of crises affecting our country—including COVID-19, economic insecurity, a reckoning with racism, and threats to our democracy such as failing to distinguish fact from fiction and opinion—but also creating the conditions for opportunity and justice. By prioritizing science, the inequities in our health-care system, and protections and resources for health-care workers, Becerra will be a true partner as we work to achieve this agenda.

The AFT represents nearly 200,000 health-care professionals, who are directly affected by actions taken by HHS, while our educators daily see the impact of healthcare on the educational attainment of students living in poverty. Nominee Becerra's focus on equity comes from a basic philosophy articulated when he said: "For me, healthcare is a right." This crucial statement provides insight into his philosophy as California attorney general, and into what it would be as a HHS secretary. During his tenure as California's attorney general, he has fought to save the Affordable Care Act, support reproductive rights and ensure access to healthcare for immigrant families, while also seeking to make healthcare affordable through reducing provider market dominance.

As attorney general, Becerra manages more than 4,500 employees and a substantial budget. He has extensive background on federal healthcare policy from his time in Congress, including serving on the Committee on Ways and Means. I worked with Becerra while he was in Congress and can attest to both his mastery of policy and, even more crucially, his care for constituents, healthcare professionals, children and the nation.

Xavier Becerra has the expertise, experience and world view to serve the country exceptionally as the secretary of the Department of Health and Human Services. I urge you to support his nomination. He will provide the leadership we need to fight for the freedom to thrive for our members, our families, our communities and all those we serve.

Sincerely,

³ <https://oag.ca.gov/news/press-releases/attorney-general-becerra-sues-opioid-manufacturer-purdue-pharma-its-illegal>.

⁴ https://oag.ca.gov/system/files/attachments/press_releases/Sutter%20Complaint.pdf.

Randi Weingarten
President

AMERICAN HOSPITAL ASSOCIATION
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February 18, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners, including more than 270,000 affiliated physicians, 2 million nurses and other caregivers—and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) is pleased to support the nomination of California Attorney General Xavier Becerra to be the next Secretary of the Department of Health and Human Services.

As California Attorney General, Becerra has led the effort to protect the Affordable Care Act and its important protections and coverage for patients. The AHA has worked with Becerra throughout his long career as a former member of the U.S. House of Representatives, including as a member of the Ways and Means Committee's health subcommittee. He has been a champion for health care coverage and affordable health care, which the AHA has long supported. Throughout his time in public service, it is clear that Becerra has consistently made people across America and their health a priority.

There are many critical priorities facing the nation and the health care field. Nothing is more critical than the COVID-19 pandemic, and making sure hospitals, health systems and our heroic front-line caregivers have the resources and support they need to care for patients and win the battle against the virus. The enduring challenges of both caring for our non COVID patients and COVID patients, maintaining a healthy workforce, as well as partnering to vaccinate our country long term will require a significant partnership. We also need to make important progress on advancing the transformation of health care, ensuring access to coverage, making health care equitable to all people in America and enhancing the quality of care.

The AHA looks forward to working closely with Becerra should he be confirmed as the next Secretary of the Department of Health and Human Services to achieve our mutual mission of advancing the health of the patients and communities we are privileged to serve.

Sincerely,

Richard J. Pollack
President and CEO

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January 26, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance

Washington, DC 20510
 The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

We are writing to share our support of the nomination of Xavier Becerra for the Secretary of the U.S. Department of Health and Human Services. Mr. Becerra has a long history of support for expanding access to affordable health care in his role as a longtime member of the House of Representatives and as the California Attorney General.

As the nation's leading independent nonprofit working on behalf of the 37 million Americans with kidney disease, the American Kidney Fund is dedicated to ensuring that every kidney patient has access to health care, and that every person at risk for kidney disease is empowered to prevent it. AKF provides a complete spectrum of programs and services: prevention outreach, top-rated health educational resources, and direct financial assistance enabling the nation's low-income dialysis and transplant patients to access lifesaving medical care.

HHS is one of the largest and most important federal agencies—especially now, during the deadly COVID-19 pandemic—and Mr. Becerra's experience as both a legislator and an executive give him the needed expertise to lead during this crucial time. People with kidney disease need a strong leader at HHS now more than ever.

Kidney disease and kidney failure, also known as end-stage renal disease (ESRD), have a disproportionate impact on racial and ethnic minorities. Compared to white Americans, Black Americans are 3.4 times more likely to develop kidney failure; Hispanic Americans, American Indians/Alaska Natives and Asian Americans are respectively 1.5 times, 1.9 times and 1.3 times more likely. These statistics—and more importantly, people—have come into sharper focus as COVID-19 continues to spread across the country, with those same communities facing higher rates of hospitalizations and mortality during the pandemic. People with underlying kidney disease and ESRD are higher risk for COVID-19 and death related to the disease. Additionally, COVID-19 itself can also cause kidney damage.

We are honored to share our support for a dedicated and experienced public servant like Xavier Becerra to lead HHS.

Sincerely,

LaVarne A. Burton
 President and CEO

Jerry D. Klepner
 Chairman, Board of Trustees

cc: Sean McCluskie
 HHS Chief of Staff

AMERICAN MEDICAL ASSOCIATION
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January 21, 2021

The Honorable Ron Wyden
 Chairman
 U.S. Senate
 Committee on Finance
 219 Dirksen Senate Office Building
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 219 Dirksen Senate Office Building
 Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The American Medical Association (AMA) strongly supports Xavier Becerra for the Secretary of the Department of Health and Human Services (HHS). Throughout his career, Attorney General Becerra has worked to strengthen our nation's health care system. During his time in Congress, Mr. Becerra served on the important Ways and Means Committee, which oversees Medicare and other important health care

programs. Mr. Becerra labored to strengthen Medicare and ensure its long-term viability as well as address poverty issues for families that have the potential to affect their health. In particular, the AMA worked with Mr. Becerra to pass the Affordable Care Act (ACA) and to eliminate Medicare's Sustainable Growth Rate (SGR) formula.

As California's Attorney General, Mr. Becerra worked extensively on a series of health care issues of importance to the nation and to the AMA. Mr. Becerra led a coalition of 17 states in defending the ACA in the Federal District Court and the Fifth Circuit Court of Appeals case, *Texas v. U.S.*, which challenged the constitutionality of the ACA. Mr. Becerra also led 20 states and DC in filing a petition to the U.S. Supreme Court seeking review of the Fifth Circuit's decision in *Texas v. U.S.* The decision held the individual mandate of the ACA unconstitutional and called into question whether the remaining provisions of the ACA could still stand, including those that protect and provide coverage to Americans with pre-existing conditions. Also, as California Attorney General, Mr. Becerra pursued antitrust enforcement against hospital consolidations that distort the health care marketplace; worked to protect access to reproductive health care and for LGBTQ individuals; and joined other state Attorneys General in suing the Trump administration over its public charge rule. In all these cases, his efforts targeted at promoting public health and protecting access to care for chronically underserved individuals and populations.

The raging COVID-19 pandemic demands strong and consistent federal leadership, and it is imperative that the Senate act quickly to confirm Mr. Becerra to serve as Secretary of HHS. The AMA urges the Senate to confirm his appointment immediately.

Sincerely,
James L. Madara, M.D.

AMERICAN NURSES ASSOCIATION
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910
<https://www.nursingworld.org>

February 10, 2021

The Honorable Ron Wyden
Chair
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
United States Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Chair
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden, Chairwoman Murray, Ranking Member Crapo, and Ranking Member Burr,

On behalf of the American Nurses Association (ANA), I offer our wholehearted endorsement of California Attorney General Xavier Becerra to become the Secretary of the U.S. Department of Health and Human Services.

ANA is the premier organization representing the interests of the nation's 4.2 million registered nurses, through its state and constituent member associations, organizational affiliates, and individual members. ANA members also include the four advanced practice registered nurse roles (APRNs); Nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs) and certified registered nurse anesthetists (CRNAs). ANA is dedicated to partnering with health care consumers, the Congress, and the Administration to improve practices, policies, delivery models, outcomes, and access across the health care continuum. ANA had

the opportunity to work with Congressman Becerra during his time in Congress and it is our experience he shares our dedication to this cause.

While a member of the Health Subcommittee on the U.S. House Ways and Means Committee, Mr. Becerra championed many issues important to nurses, other health care providers, and patients. These included repealing the sustainable growth rate, repealing the per-beneficiary Medicare spending limits on therapy services, promoting value-based payment models, lowering prescription drug prices, and making health care more affordable and accessible to everyone.

As California Attorney General, Mr. Becerra has defended the Affordable Care Act and essential health benefits. He fought against hospital consolidation and short-term junk insurance plans which make health care more expensive for consumers. His experience running the Department of Justice in America's largest state instills confidence that he is very capable of running one of the largest government agencies in the world during the COVID-19 pandemic. Further he is a historic choice whose own experiences allow him to personally understand the health care disparities in our system that have ravaged minority communities across the country.

If you have any questions or require additional information concerning the above endorsement, please feel free to contact me or Sam Hewitt, ANA's senior associate director of policy and government affairs at samuel.hewitt@ana.org.

Sincerely,

Ernest Grant, Ph.D., RN, FAAN
President

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, AMERICAN SPEECH-LANGUAGE-
HEARING ASSOCIATION, AND AMERICAN PHYSICAL THERAPY ASSOCIATION

March 2, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The American Occupational Therapy Association, the American Speech-Language-Hearing Association, and the American Physical Therapy Association are writing to express our support for the confirmation of Xavier Becerra as the U.S. Secretary of Health and Human Services.

During his 12 terms in Congress and as a member of the House Ways and Means Committee, Attorney General Becerra spent much of his time working on health care issues, including ensuring Medicare beneficiaries have access to care. In 1997, Congress passed the Balanced Budget Act, which led to the creation of the Medicare therapy cap that set limits on reimbursement for outpatient physical therapy, occupational therapy, and speech-language pathology services. The therapy cap was intended as a temporary solution to control Medicare costs but instead acted as a barrier to care for a wide spectrum of Medicare beneficiaries needing rehabilitation services, from patients who were recovering from a stroke or traumatic brain injury, to those suffering from chronic conditions. The cap also created an administrative burden that led to disruptions in patient care and stress for patients.

While in Congress, Attorney General Becerra championed the elimination of this arbitrary cap through his sponsorship of the Medicare Access to Rehabilitation Services Act. Thanks to his leadership, Congress eventually eliminated the hard caps on therapy services as part of the Balanced Budget Act of 2018, ensuring Medicare beneficiaries have access to medically necessary therapy services and preventing disruptions in the continuum of care.

Attorney General Becerra also worked tirelessly to identify and support appropriate Medicare payment for health care services and specifically to avoid arbitrary payment cuts resulting from the flawed Sustainable Growth Rate Formula (SGR). His support for the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) eliminated the SGR and established a more solid foundation for Medicare payments to enrolled providers.

Finally, as a U.S. representative and Attorney General of California, Mr. Becerra has supported the Affordable Care Act's (ACA's) inclusion of essential health benefits such as habilitative and rehabilitative services and devices, which are vital to individuals in need of therapy services. The essential health benefits, defined in Section 1302 of the ACA, help ensure that Americans have access to comprehensive health insurance, leading to improved health outcomes and ability to participate in their communities.

We look forward to Mr. Becerra's continued leadership to ensure access to occupational therapy, physical therapy, and speech-language pathology services and support the confirmation of Attorney General Xavier Becerra to lead the U. S. Department of Health and Human Services as the country continues to address the array of challenges the pandemic presents. Thank you for your consideration.

Sincerely,

Wendy C. Hildenbrand, Ph.D., MPH, OTR/L, FAOTA
AOTA President

Sharon L. Dunn PT, Ph.D.
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
APTA President

A. Lynn Williams, Ph.D., CCC-SLP
2021 ASHA President

AMERICAN PHYSICAL THERAPY ASSOCIATION
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January 12, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The American Physical Therapy Association would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of Health and Human Services.

APTA is a professional organization representing 100,000 member physical therapists, physical therapist assistants, and students of physical therapy. Building a community that advances the profession of physical therapy to improve the health of society is our mission.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time, as the country continues to address the array of challenges the pandemic presents. During his 12 terms in Congress and as a member of the House Ways and Means Committee, Attorney General Becerra spent much of his time working on health care issues impacting U.S. citizens.

As a congressman, Attorney General Becerra was a staunch advocate for access to health care services. He helped lead a successful effort to eliminate arbitrary caps on seniors' access to necessary outpatient physical therapy services and championed legislation to ultimately remedy this issue for millions of Medicare beneficiaries.

In addition to his experience on health care matters, Attorney General Becerra brings his experience as an administrator, having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as large and diverse as the U.S. Department of Health and Human Services.

Finally, as a Latino he brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities to ensure the improving health of the nation.

Thank you for your attention to this matter. Should you have any questions regarding our comments, please contact Justin Elliott, vice president, government affairs, at justinelliott@apta.org or 703-706-3161. Thank you for your consideration.

Sincerely,

Sharon L. Dunn, PT, Ph.D.
Board-Certified Clinical Specialist in Orthopaedic Physical Therapy
President

AMERICAN PUBLIC HEALTH ASSOCIATION
800 I Street, NW
Washington, DC 20001-3710
202-777-2742
<https://www.apha.org/>

February 10, 2021

The Honorable Ron Wyden
Chair
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Patty Murray
Chair
U.S. Senate
Committee on Health, Education,
Labor, and Pensions
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education,
Labor, and Pensions
Washington, DC 20510

Dear Chairman Wyden, Chairwoman Murray, and Ranking Members Crapo and Burr:

On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I write to express our full support for the nomination of Xavier Becerra as Secretary of the U.S. Department of Health and Human Services. He has both the knowledge and experience to lead this vital agency at this critical time as we continue to address the COVID-19 pandemic and the many other health challenges we face as a nation.

As the attorney general of California, Becerra has played a leading role in defending the Affordable Care Act, the crucial public health law that has expanded health insurance coverage to millions and has provided essential funding for the nation's public health system. He has more than two decades of experience serving as a member of the House of Representatives, which included serving on the House Ways and Means Committee which has broad jurisdiction over the nation's health care delivery system, including the ACA. In addition, he has been a leading advocate in addressing important environmental health issues, including climate change and environmental justice, during his time as attorney general and as a member of Congress. He has consistently been a champion for improving the health and well-being of the nation.

We are confident that Mr. Becerra has the leadership skills and experience needed to lead the U.S. Department of Health and Human Services. We strongly endorse his nomination and urge the Senate's swift confirmation. We look forward to working with him and the rest of the dedicated staff at HHS to address the many public health challenges that we face as a nation. Please feel free to contact me with any questions regarding our support for his nomination.

Sincerely,

Georges C. Benjamin, M.D.
Executive Director

AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE

1861 International Drive, Suite 200
 McLean, Virginia 22102
<https://ascls.org/>
 ascls@ascls.org
 571-748-3770
 fax 571-354-7570

January 21, 2021

The Honorable Ron Wyden
 Chairman
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The American Society for Clinical Laboratory Science (ASCLS) would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of U.S. Department of Health and Human Services. ASCLS urges his swift confirmation by the U.S. Senate.

The mission of ASCLS is to make a positive impact in health care through leadership that will assure excellence in the practice of laboratory medicine. ASCLS represents medical laboratory scientists and medical laboratory technicians who are the backbone of our nation's diagnostic health care system.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time as the country continues to address the array of challenges the pandemic presents. During his twelve terms in Congress, Attorney General Becerra spent much of his time working on health care issues impacting U.S. citizens as a member of the House Ways and Means Committee.

As a Congressman, Attorney General Becerra was a staunch advocate for access to health care services. Clinical laboratory scientists have a critical health care role to play and we must ensure access to clinical laboratory services is unfettered especially during this coronavirus (COVID-19) pandemic. The ongoing shortage of laboratory personnel in the U.S. should be of great concern as we address the current pandemic and future access to high quality laboratory diagnostic services.

In addition to his experience on health care matters, Attorney General Becerra brings his experience as an administrator having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as large and diverse as the U.S. Department of Health and Human Services.

Finally, as the first Latino to head the agency, he brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities, including workforce disparities, to ensure the improving health of the nation.

Thank you for your attention to this matter.

Sincerely,

Maddie Josephs, MS, MLS (ASCP)
 President

AMERICAN SOCIETY FOR RADIATION ONCOLOGY

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 Arlington, VA 22202
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 Fax: 703-502-7852
<https://www.astro.org/>
<https://www.rtanswers.org/>

January 20, 2020

The Honorable Ron Wyden
 221 Dirksen Senate Office Bldg.
 Washington, DC 20510

The Honorable Mike Crapo
 239 Dirksen Senate Office Building
 Washington, DC 20510

The Honorable Patty Murray

The Honorable Richard Burr

154 Russell Senate Office Building
Washington, DC 20510

217 Russell Senate Office Building
Washington, DC 20510

Dear Senators Wyden, Crapo, Murray and Burr:

The American Society for Radiation Oncology (ASTRO), on behalf of our 11,000 members of the radiation oncology team, strongly supports the nomination of Xavier Becerra as Secretary of the Department of Health and Human Services (HHS).

Attorney General Becerra is uniquely qualified to serve in this position, as he has acquired a lifetime of personal and professional experience and expertise helping Americans access vital health care services. ASTRO has always appreciated the opportunity to work with Attorney General Becerra to ensure that cancer patients, particularly lower income Americans, have affordable health insurance and access to the highest quality cancer care. We are confident that Attorney General Becerra's continuous fight for those most at risk will translate exceptionally well to meeting the serious health care needs of all Americans, including those affected by the COVID-19 pandemic.

While serving in Congress for 24 years, Attorney General Becerra distinguished himself as a foremost health care expert and leader, championing critical issues such as the Affordable Care Act insurance expansions, ensuring appropriate Medicare and Medicaid benefits and reimbursement, tobacco prevention and control, reducing health disparities, lowering drug prices, and more. Recently, Attorney General Becerra has continued his extensive list of health care accomplishments, including dedicating himself to ensuring that Californians and all Americans receive the insurance benefits they deserve and can access COVID-19 testing, vaccines, and treatment.

ASTRO is particularly excited to work with Attorney General Becerra to advance health equity and reduce health care disparities, which have been further exposed and exacerbated by the pandemic and are evident across health care, including cancer care. Research consistently shows that adequate health insurance is associated with better cancer outcomes, but we know that many underserved cancer patients struggle to access life-saving radiation treatments in their communities. Attorney General Becerra understands the complexities associated with addressing health care disparities, and he has a proven record of navigating the legislative environment and agency bureaucracy for the benefit of Americans. As the first Latino Secretary of HHS, he is uniquely situated to help turn the tide against the persistent challenge of disparities in care.

There is no time to waste in responding to the COVID-19 pandemic and the myriad of health care challenges facing patients and providers. ASTRO knows that we can count on Attorney General Becerra to stand up for what is right. He brings unrivaled competency and unmatched passion to the position.

He is deeply familiar with the central role physician's play in the health care system, and their contribution to driving greater value in health care delivery. Attorney General Becerra is a wonderful choice to help us rebuild a frayed health care system and find ways to innovate and improve moving forward.

The HHS portfolio is as broad and expansive as any in the federal government, and there are few with the depth of experience to manage operations and drive exceptional performance. Attorney General Becerra is among the few with the extensive public service record of accomplishments that perfectly matches the important duties of HHS Secretary. ASTRO urges swift confirmation of Attorney General Becerra as HHS Secretary.

Sincerely,

Laura I. Thevenot
Chief Executive Officer

AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS
15000 Central Avenue, SE
Albuquerque, NM 87123-3909
505-298-4500
800-444-2778
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<https://www.asrt.org/>

January 18, 2021

To whom it may concern:

ASRT Supports President-Elect Biden's Nomination of Xavier Becerra for HHS Secretary

The American Society of Radiologic Technologists (ASRT) supports President-elect Biden's nomination of California Attorney General Xavier Becerra as Secretary of the United States Department of Health and Human Services (HHS). During his time in Congress, former Rep. Becerra was involved and instrumental (serving on the House Ways and Means Committee) on a wide array of health care issues and worked closely with the ASRT and the medical imaging community to improve the American health care system and ensure patient access to high quality imaging care. The ASRT looks forward to working with Mr. Becerra as the head of HHS, Congress and other interested stakeholders to continue to maintain the highest quality care to the patients we serve.

Sal Martino,
CEO and Executive Director

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE
726 7th Street, SE
Washington, DC 20003
(202) 747-5261
<https://www.asrm.org/>

February 22, 2021

The Honorable Patty Murray
Chair
U.S. Senate
Committee on Health, Education, Labor, and Pensions
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education, Labor, and Pensions
Washington, DC 20510

Dear Chairperson Murray and Ranking Member Burr:

On behalf of the American Society for Reproductive Medicine, I write in support of the nomination of Xavier Becerra to the role of Secretary of Health and Human Services. Mr. Becerra has an established track record as a healthcare champion; for example, having led 20 states and the District of Columbia in a campaign to protect and uphold the Affordable Care Act. As an organization committed to ensuring our health advisers prioritize access to reproductive medicine, we are confident in Mr. Becerra's ability to lead and look forward to working with him, once confirmed.

The American Society for Reproductive Medicine (ASRM) has, for nearly a century, been a global leader in multidisciplinary reproductive medicine research, ethical practice, and education. ASRM's approximately 8,000 distinguished members, which include obstetricians and gynecologists, urologists, mental health professionals, and others, represent more than 100 countries and impact and inform all aspects of reproductive care and science worldwide.

ASRM is dedicated to the advancement of the science and practice of reproductive medicine. The Society accomplishes its mission through the pursuit of excellence in evidence-based, life-long education and learning, through the advancement and support of innovative research, through the development and dissemination of the highest ethical and quality standards in patient care, and through advocacy on behalf of physicians and affiliated healthcare providers and their patients.

As leaders in the field of reproductive medicine, we are invested in ensuring the swift confirmation of qualified leaders equipped and prepared to prioritize Americans' healthcare needs, including reproductive medicine.

We appreciate your consideration and support of this nomination. Becca O'Connor, ASRM's Director of Government Affairs, is prepared to respond to any questions you might have about this and as you undertake the important work of the 117th Congress. She can be reached at: boconnor@asrm.org or 617-270-4465.

Sincerely,

Hugh Taylor, M.D.
President

ASSOCIATION OF AMERICAN MEDICAL COLLEGES
655 K Street, NW, Suite 100
Washington, DC 20001-2399
T 202-828-0400
<https://www.aamc.org/>

February 22, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
221 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Chairwoman
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
154 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
239 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
217 Russell Senate Office Building
Washington, DC 20510

Dear Chairman Wyden, Chairwoman Murray, Ranking Member Crapo, and Rank-
ing Member Burr:

On behalf of the AAMC (Association of American Medical Colleges), I write to urge you to support the nomination of the Honorable Xavier Becerra, JD for Secretary of the U.S. Department of Health and Human Services (HHS). Secretary-designate Becerra's experience in health policy and patient advocacy makes him a well-qualified candidate to serve in this role. In addition, his leadership experience will prove useful as he guides the many agencies of HHS as the department not only continues to respond to the COVID-19 pandemic, but also prepares for future public health emergencies and addresses other critical health care issues, including health coverage.

The AAMC is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; more than 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and their more than 179,000 full-time faculty members, 92,000 medical students, 140,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

HHS is critical to defeating COVID-19, as demonstrated already by the creation of a COVID Response Team within the agency. HHS and its agencies also are dedicated to promoting the nation's health and well-being, including through medical research, patient care, the health care workforce, and community health. Academic Medicine has been defining the front lines in addressing the pandemic. In addition, the missions of HHS and its agencies also are key to the mission of the AAMC and are core for our member medical schools and teaching hospitals. Secretary-designate Becerra's leadership experience—such as the efforts to protect patients' access to health care and establish health equity initiatives that he led during his tenure as Attorney General of the State of California—will be an asset in this role. He also brings health policy expertise from his experience on the House Committee on Ways and Means where he championed affordable, comprehensive health care coverage for patients.

As the challenges presented by the COVID-19 pandemic continue, we urge the Senate to proceed quickly with Secretary-designate Becerra's confirmation to ensure that HHS has leadership at the helm now to coordinate an effective response to COVID as well as proceed on the other pressing health care needs of the country. We look forward to engaging with Secretary-designate Becerra to address important

issues facing the nation, including our mutual goal of improving the health of people everywhere.

Please feel free to contact me or AAMC Chief Public Policy Officer Karen Fisher, JD (kfisher@aamc.org) if you have any questions or would like any additional information.

Thank you,

David J. Skorton, M.D.
President and Chief Executive Officer

cc: Senate Majority Leader Chuck Schumer
Senate Minority Leader Mitch McConnell

ASSOCIATION OF CLINICAL RESEARCH PROFESSIONALS
99 Canal Center Plaza, Suite 150
Alexandria, VA 22314
<https://acrpnet.org/>

January 21, 2020

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The Association of Clinical Research Professionals (ACRP) would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of U.S. Department of Health and Human Services. HCAOA urges his swift confirmation by the U.S. Senate.

ACRP members are individuals working on research studies in humans or with materials from humans. With over 13,000 members in the United States, ACRP's diverse population work in a variety of practice settings, roles, and specialty areas, with a wide range of experience in the field. What's common about them all is their dedication and commitment to promoting excellence in clinical research.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time as the country continues to address the array of challenges the pandemic presents. During his twelve terms in Congress, Attorney General Becerra spent much of his time working on health-related issues impacting U.S. citizens as a member of the House Ways and Means Committee.

As a Congressman, Xavier Becerra was a staunch advocate for access to health care. ACRP members are actively engaged in the clinical research necessary to discover and improve health care treatment, devices, and pharmaceuticals, to include vaccines. Much work lays ahead and ACRP is committed to ensuring the clinical competency of all clinical research professions.

Attorney General Becerra brings his experience as an administrator having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as large and diverse as the U.S. Department of Health and Human Services.

Finally, Attorney General Becerra brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities. ACRP itself is undertaking efforts to produce a more diverse workforce and looks forward to working with the nominee to ensure the improving health of the nation.

Thank you for your attention to this matter.

Sincerely,

Jim Kremidas
Executive Director

ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED
 1575 I Street, NW, Suite 300
 Washington, DC 20005
 Tel: (844) 422-8247
 Fax: (703) 562-8801
<https://clinicians.org/>

Statement on the nomination of Xavier Becerra as HHS Secretary

Washington, DC—January 21, 2021—The Association of Clinicians for the Underserved (ACU) strongly supports the nomination of Xavier Becerra to be the next Secretary of the United States Department of Health and Human Services. ACU was fortunate to work with Xavier Becerra and his colleagues during his tenure as a member of the US House of Representatives on the passage of the Affordable Care Act. Mr. Becerra's commitment to ensure affordable coverage and access to healthcare for the those most in need represents exactly the type of leadership and vision needed to lead our nation through this time of challenge and crisis.

As the ACU network continues to grapple with the horrible strain and dire impact of the COVID-19 pandemic, we are encouraged by the leadership Mr. Becerra can bring to our nation in addressing health equity, ensuring affordable healthcare access and coverage, and working to build the healthcare workforce needed to support and transform our healthcare system.

We are grateful for Mr. Becerra's long history of public service and his dedicated work in support of America's underserved. The ACU welcomes the opportunity to work closely with Mr. Becerra and all of HHS to advance our shared goals and mission; to improve the health of America's underserved populations and to enhance the development and support of the clinicians who serve them.

#

The Association of Clinicians for the Underserved is a uniquely transdisciplinary membership association uniting clinicians, advocates, and organizations in the shared mission to improve the health of America's underserved populations and to support the clinicians serving them. ACU provides professional education, training and technical assistance, and clinical tools and programs to thousands of clinicians and organizations every year to improve health equity for the underserved. To learn more about ACU, visit www.clinicians.org, like ACU on Facebook, or follow us on Twitter.

ASSOCIATION FOR COMMUNITY AFFILIATED PLANS
 1155 15th Street, NW, Suite 600
 Washington, DC 20005
 Tel. 202-204-7505
<https://www.communityplans.net/>

February 16, 2021

The Honorable Ron Wyden
 Chairman
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

The Honorable Patty Murray
 Chairman
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington, DC 20510

The Honorable Richard Burr
 Ranking Member
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington, DC 20510

Dear Senators Wyden, Crapo, Murray, and Burr:

The Association for Community Affiliated Plans (ACAP) is a national trade association representing 78 not-for-profit Safety Net Health Plans. Collectively, ACAP plans serve more than 20 million people through Medicaid, Medicare, the Marketplaces, and other publicly supported coverage programs. Our mission is to support our member plans' efforts to improve the health and well-being of people with low incomes and with significant health care needs.

We write to support the nomination of the Honorable Xavier Becerra for Secretary of the Department of Health and Human Services (HHS). Secretary-Nominee Becerra is unequivocally qualified to run HHS, as a longtime supporter of equitable access to comprehensive, affordable health coverage and care. Throughout his career in Washington, DC—with 20 years of experience on the House Committee on Ways and Means—and as California’s Attorney General, Xavier Becerra has not just led efforts to support and protect the Affordable Care Act, but countless other health care efforts. In addition to his significant policy and operational knowledge of health care from his time in the U.S. House of Representatives, his time as California’s Attorney General unequivocally demonstrated his ability to manage a large, bureaucratic agency that oversees a wide swath of topics.

We encourage a swift confirmation of Mr. Becerra, so that he can quickly get to work addressing the multitude of health care issues that have befallen the American public—from the COVID-19 pandemic, to all-too-frequent churn within the Medicaid program, to the loosening of ACA rules that protect consumers from inadequate, junk insurance plans. Throughout his career Mr. Becerra has been a stalwart supporter of policies to improve the lives of lower-income and vulnerable populations; we look forward to working with him and Congress to further improve the lives of Americans nationwide.

Sincerely,

Margaret A Murray
CEO

BE A HERO

<https://beaherofund.com/>

February 22, 2021

The Honorable Ron Wyden
Chairman
Committee on Finance
United States Senate
Washington, DC 20510

Dear Chairman Wyden:

I write to urge the Committee to support Xavier Becerra, President Biden’s nominee to lead the Department of Health and Human Services.

During an infectious disease pandemic that has cost more than 500,000 lives in the United States, it is imperative that HHS is led by someone who understands that SARS-CoV-2 doesn’t discriminate based on income, immigration papers, health history, and more—but our broken systems do. We need a demonstrated health equity champion who can lead the Department during an unprecedented challenge to health equity for marginalized communities.

A child of an immigrant day labor and clerical worker, Xavier Becerra has spent his career working to help more families access health care and the services needed for their well-being. To name just a few of his efforts, as a Member of Congress, Becerra helped expand Medicaid to millions of vulnerable people through the Affordable Care Act. As California Attorney General, he led a multi state coalition to defend the health and well-being of children held in immigration detention. And throughout his career, he has fought against the structural racism that leads to disproportionately worse health outcomes for communities of color.

In the coming months, we will hopefully see your work help eradicate a deadly virus that has already destroyed so many lives. But too many people are facing this pandemic while also facing barriers to accessing health coverage and care. We can help ease that burden right now—we need an experienced manager and policy leader who knows the impact structural inequality has on everyday families and is willing to fight to ensure that no family is left behind during this pandemic and beyond. This begins with the committee’s support for Xavier Becerra as United States Secretary of Health and Human Services.

Thank you for your consideration of this crucial nomination. If you would like more information or to discuss further, please contact Matthew Cortland at matthew@beaherofund.com.

Sincerely,
 Ady Barkan

CALIFORNIA PRIMARY CARE ASSOCIATION
 1231 I Street, Suite 400
 Sacramento, CA 95814
 (916) 440-8170
<https://www.cpc.org/>

January 26, 2021

The Honorable Dianne Feinstein
 331 Hart Senate Office Building
 Washington, DC 20510

Re: Xavier Becerra's Nomination for Secretary of Health and Human Services (HHS)—SUPPORT

Dear Senator Feinstein,

On behalf of the California Primary Care Association (CPCA)—representing California's 1,370 community health centers (CHCs) which serve 7.2 million Californians, I am writing to express our strong support of Xavier Becerra's nomination for Secretary of Health and Human Services (HHS). I have known Secretary-designate Becerra for many years, and I think he is the perfect choice to lead HHS at this crucial time. COVID-19 has reinforced the structural discrimination and racism within our society, and CHCs have witnessed this uneven impact of COVID-19 on their racial and ethnic minorities, homeless, and farm worker patients. Xavier Becerra is uniquely positioned to bring the tailored approach and leadership that is needed to support all Americans through this unprecedented public health emergency and guarantee a stronger health care delivery system when it is over.

With the Biden Administration refocusing the federal government's COVID-19 response and building a new vaccination infrastructure that is centered in community health centers, Becerra comes well-prepared to see that vision forward. As congressman, Secretary-designate Becerra represented a district that has 30 health centers with 57 sites. Collectively, those health centers serve over 244,000 patients, representing over one-quarter of the population of his former congressional district. Nationwide, health centers serve almost 10% of the population, so the Secretary-designate's experience with health centers in his congressional district will be important as he transitions to a national position.

Secretary-designate Becerra has always been a strong supporter of health centers. He attended events at health centers in his former congressional district and hosted regular policy roundtables for health center leaders. More importantly, he fought for programs and funding helpful to health centers through his position as a senior member of the House Ways and Means Committee. He has also been involved in the important discussions about the federal government's role in ensuring coverage for all.

As Attorney General of California, Secretary-designate Becerra continued his work in support of access and coverage, most notably as leader in defending the Affordable Care Act through a legal challenge that united 20 states and the District of Columbia, a case that will be decided by the Supreme Court this Spring. Additionally, as Attorney General, he worked with his peers across the country to make pharmaceutical reforms and support a women's access to health care services.

As COVID continues to ravage our country, with a disproportionate impact on historically marginalized communities and communities of color, it is imperative that Secretary-designate Becerra be confirmed and on-the-job quickly. For that reasons, we respectfully request the swift confirmation of Secretary-designate Becerra as Secretary of Health and Human Services. I cannot recommend him more highly for this position, and I look forward to working with him in his new role.

Thank you for your quick consideration of his nomination.

Sincerely,
 Carmela Castellano Garcia, Esq.
 President and CEO

CAMPAIGN FOR TOBACCO-FREE KIDS

1400 I Street, NW, Suite 1200
 Washington, DC 20005
 Phone (202) 296-5469
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<https://www.tobaccofreekids.org/>

February 12, 2021

The Honorable Ron Wyden
 Chairman
 Committee on Finance
 United States Senate
 Washington, DC 20510

Dear Chairman Wyden:

We write to express our strong support for the nomination of Xavier Becerra to be Secretary of the Department of Health and Human Services. He is highly qualified and has the experience necessary to address the enormous health challenges facing our nation, including the death and disease caused by tobacco use.

Mr. Becerra has an impressive record of protecting public health and will be prepared on day one to address the COVID-19 pandemic and the stark health disparities it has exposed, as well as tobacco use, which heightens those disparities.

Tobacco use has long been the leading preventable cause of death in the U.S., causing more than 480,000 deaths and an estimated \$170 billion in health care costs each year. High rates of e-cigarette use by youth is a new challenge that is placing another generation at risk for nicotine addiction and tobacco use. Tobacco use is also a significant contributor to health disparities, as tobacco use and tobacco-caused disease have become more concentrated among certain communities of color, people with lower levels of income and education, people with a behavioral health condition, and LGBT Americans. Exacerbating this problem, cigarette smokers are at greater risk for severe illness from COVID-19, which provides an urgent new reason to help tobacco users to quit.

As the Attorney General of California, Mr. Becerra has demonstrated leadership in protecting kids from tobacco. Recognizing that youth are particularly vulnerable to nicotine use and addiction, he worked to protect kids from e-cigarette marketing and tobacco imagery in streamed video content. He also supported California's new law ending the sale of flavored tobacco products, which are a key driver of youth tobacco use. During his time in Congress, he supported the landmark law giving FDA authority to oversee tobacco products, which includes a critical requirement that new tobacco products undergo a public health review by the agency before they can be marketed.

We believe Mr. Becerra will be a strong and effective leader of the Department of Health and Human Services and will use his position to prevent disease and save lives. We urge your Committee to favorably report his nomination to the U.S. Senate and that he be quickly confirmed.

Sincerely,

Matthew L. Myers
 President

cc: The Honorable Mike Crapo, Ranking Member, Committee on Finance

CANCER SUPPORT COMMUNITY

734 15th Street, NW, Suite 300
 Washington, DC 20005
 202-659-9709 Phone
 202-974-7999 Fax
<https://www.cancersupportcommunity.org/>

February 8, 2021

The Honorable Ron Wyden
 Chairman
 U.S. Senate
 Committee on Finance
 219 Dirksen Senate Office Building
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 219 Dirksen Senate Office Building
 Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo,

The Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, supports the nomination of the Honorable Xavier Becerra to serve as the next Secretary of the United States Department of Health and Human Services (HHS). While serving as a United States Congressman and as the Attorney General of California, Mr. Becerra continuously protected the rights of patients both state and nationwide. We are confident that he will do the same as Secretary of HHS.

Throughout his career, Mr. Becerra has always put patients first, including those impacted by cancer. Mr. Becerra was a proud co-sponsor of the Patient Protection and Affordable Care Act (ACA) and actively worked to pass this landmark legislation. As a member of Congress, he steadfastly fought to protect and preserve the ACA by voting at least nine times against efforts to repeal and replace the law. He also sponsored the E-Centives Act, which provided incentives for Medicaid providers to improve quality of care by implementing electronic health records.

Most recently, as Attorney General of California, Mr. Becerra led a coalition of over 20 state Attorneys General in defending the ACA against an effort to repeal the entire law in the Supreme Court case, *California v. Texas*. In their brief, the coalition underscored the substantial advancements in access to health care made under the ACA, including Medicaid expansion which has provided coverage to nearly 15 million Americans (Kaiser Family Foundation, 2020), and guaranteed protections for as many as 133 million Americans with pre-existing conditions, such as cancer (Department of Health and Human Services, 2017). Mr. Becerra has long stressed that the ACA is the backbone of our health care system and that if it were to be struck down, it will impact the ability of many Americans to access and afford health coverage, especially during a global pandemic.

The COVID-19 pandemic has significantly strained our nation's health care system and continues to have an enormous impact on the continuity of care for people impacted by cancer. HHS needs a strong leader at the helm who can implement policies that will protect patients both now during these challenging times and in the future. Mr. Becerra's record in advocating for policies that will strengthen the health and well-being of patients makes him the right person for this ever important position at this consequential time in history. Therefore, we urge you to confirm Mr. Xavier Becerra as the next Secretary of HHS.

Thank you for your consideration. Should you have any questions about our support for Mr. Becerra's nomination, please contact me at (202) 552-6762 or pwoods@cancersupportcommunity.org.

Sincerely,

Phylicia L. Woods, JD, MSW
Executive Director—Cancer Policy Institute

References

- Department of Health and Human Services. 2017. *Health Insurance Coverage for Americans with Pre-Existing Conditions: The Impact of the Affordable Care Act*. Retrieved from <https://aspe.hhs.gov/system/files/pdf/255396/Pre-ExistingConditions.pdf>.
- Kaiser Family Foundation. 2020. *Potential Impact of California v. Texas Decision on Key Provisions of the Affordable Care Act*. Retrieved from <https://www.kff.org/health-reform/issue-brief/potential-impact-of-california-v-texas-decision-on-key-provisions-of-the-affordable-care-act/>.

CASA DE ESPERANZA: NATIONAL LATIN@ NETWORK
FOR HEALTHY FAMILIES AND COMMUNITIES
540 Fairview Avenue S., Suite 540
St. Paul, MN 55104
651-646-5553
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February 12, 2021

U.S. Senate
Committee on Health, Education, Labor, and Pensions

428 Dirksen Senate Office Building
Washington, DC 20510

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo, and Committee Members:

On behalf of Casa de Esperanza: National Latin@ Network for Healthy Families and Communities, I write this letter to express our support and endorsement of Xavier Becerra as someone who is uniquely qualified to lead the Department of Health and Human Services at this critical time. His diverse experience has placed him at the forefront of efforts to address the needs of poor and working families, legal efforts to protect access to affordable health care, and a demonstrated commitment to supporting survivors of intimate partner violence.

Casa de Esperanza is a national organization with almost 40 years of experience in supporting Latin@ communities with regards to anti-domestic and sexual violence, stalking, trafficking, and dating violence. We were founded in 1982 in Minnesota to provide emergency shelter and support services for women and children experiencing domestic violence. In 2009 Casa de Esperanza launched the National Latin@ Network for Healthy Families and Communities, which is a national resource center that provides training and technical assistance, research, and national policy advocacy focused on addressing and preventing gender-based violence, primarily in Latin@ and immigrant communities. We are part of a network of domestic violence programs that work collaboratively to promote practices and strategies to improve our nation's response to domestic violence and make safety and justice for all families a priority. Our efforts involve working closely with the Family Violence Prevention and Services Act (FVPSA) Program, located in the Family and Youth Services Bureau (FYSB), Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services.

Domestic and sexual violence impacts all areas of the lives of survivors and their children. The systems they access for help can either support or cause further harm and trauma. A holistic approach to domestic and sexual violence is needed to ensure the safety and well-being of survivors and their families. This is especially critical as the United States grapples with the COVID-19 pandemic. The inequities in our nation are inescapable as Black, Latin@, Asian/Pacific Islander and Native American communities bear the brunt of the pandemic's economic and health damages. We are at a time where all of us must work toward outcomes that benefit and are equitable for all. Leading us out of this pandemic will require unwavering ethics, a leader with integrity, and someone who understands complex bureaucratic systems, as well as the issues everyday people are currently experiencing. Mr. Becerra, through his long-term commitment to support families, women, and children, has proven he is concerned about the same lived realities of the communities we serve at Casa de Esperanza.

The Department of Health and Human Services (HHS) is the agency in the federal executive branch most involved with addressing the nation's human concerns. In one way or another, it touches the lives of more people than any other federal agency. It is the agency that addresses the health and well-being of all people, and within that has a longstanding commitment of working to prevent family violence and provide services, ever since the enactment of the Family Violence Prevention and Services Act in 1984. HHS is the agency best positioned to advancing a more holistic and equitable approach to improving pathways to safety for survivors of domestic violence. It is more important than ever that this department be comprised of leaders committed to ending violence against women, addressing health equity, and advancing racial equity. As such, there is no better candidate to lead the Department of Health and Human Services than Xavier Becerra.

Mr. Becerra is a deeply qualified and passionate leader with a depth and breadth of experience that spans three decades of working to address violence against women and support survivors, ensure access to healthcare, and protect Social Security and Medicare. In May of 2020, as California Attorney General, Xavier Becerra called for the reauthorization of the Violence Against Women Act, stating that "[t]here's no place for violence against women anywhere." At the California Department of Justice, Becerra ensured that they were doing their part to support survivors of domestic and sexual violence and prevent and respond to crimes against

women. During COVID–19, Attorney General Becerra stayed focused on the needs of survivors and worked to ensure that they had access to critical services during state-wide stay-at-home orders. At the California Department of Justice, Becerra ensured that they were doing their part to support survivors of domestic and sexual violence and prevent and respond to crimes against women.” During COVID–19, Attorney General Becerra stayed focused on the needs of survivors and worked to ensure that they had access to critical services during state-wide stay-at-home orders.

We urge the Senate Committees on Health, Education, Labor, and Pensions and Finance to swiftly confirm Xavier Becerra as Secretary of the Department of Health and Human Services.

Please feel free to contact me if you have any questions relating to these comments.

Respectfully submitted,

Patricia Tototzintle
Chief Executive Officer

CENTER FOR MEDICARE ADVOCACY
1025 Connecticut Avenue, NW, Suite 709
Washington, DC 20036
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<https://medicareadvocacy.org/>

February 12, 2021

The Honorable Ron Wyden
United States Senate
Washington, DC 20510

The Honorable Mike Crapo
United States Senate
Washington, DC 20510

The Honorable Patty Murray
United State Senate
Washington, DC 20510

The Honorable Richard Burr
United States Senate
Washington, DC 20510

Dear Senators Wyden, Crapo, Murray and Burr:

The Center for Medicare Advocacy (the Center) strongly supports the nomination of California Attorney General Xavier Becerra for Secretary of the Department of Health and Human Services (HHS). The Center, founded in 1986, is a national, non-profit, non-partisan law organization that works to advance access to comprehensive Medicare, health equity, and quality health care.

Mr. Becerra has been a champion of expanding access to health care, from his time in Congress to his most recent role as California’s Attorney General. During his twelve terms in Congress, including while serving on the House Ways & Means Health Subcommittee, Mr. Becerra worked to improve the Medicare program as well as health care access more broadly.

Our organization strongly supported his introduction of the Medicare Savings Programs Improvement Act of 2007 to expand cost-sharing subsidies for low-income individuals dually eligible for Medicare and Medicaid, many provisions of which were included in the Medicare Improvements for Patients and Providers Act of 2008 and the Medicare Access and CHIP Reauthorization Act of 2015. Among other things, he also worked to eliminate the arbitrary caps on outpatient therapy, expand Medicare coverage of medical nutrition services, and require the HHS Secretary to conduct research on issues related to socioeconomic status related to Medicare’s value-based programs.

As Attorney General of California, he led a group of states defending the Affordable Care Act (ACA) in *California v. Texas*; the Center was honored to support this effort by submitting an amicus brief along with AARP and Justice in Aging in support of California and the other states.

In his role as California AG, Mr. Becerra was at the forefront of challenges to policies that harm the health of older adults and people with disabilities, such as the previous administration’s expansion of the “public charge” rule. As a strong advocate for residents of nursing facilities, AG Becerra led 17 State Attorneys General in an effort to stop the previous administration from rolling back regulatory protections for nursing home residents, and later opposed proposed revisions to the nursing facility Requirements of Participation that would have scaled back appropriate oversight. Further, his demonstrated commitment to equity includes protecting women and LGBTQ+ individuals from unlawful discrimination in health care, and

a recognition of the unequal effect that environmental damage has on the health of people of color and other communities.

AG Becerra's extensive legislative and executive experience make him uniquely qualified to serve as Secretary of Health and Human Services. Further, his personal experience as the proud son of immigrants will help ground his efforts to address the disparities in our health system laid bare by the COVID-19 pandemic.

Mr. Becerra is the right leader for HHS at this moment, not only for overseeing the response to the COVID pandemic, but also for protecting and building health care rights for Medicare beneficiaries, and for all Americans. The Center for Medicare Advocacy enthusiastically supports the nomination of Mr. Becerra. We urge his swift confirmation.

Sincerely,

Judith A. Stein
Executive Director/Attorney

CHILDREN'S HOSPITAL ASSOCIATION

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Washington, DC 20005

P: 202-753-5500

F: 202-347-5147

<https://www.childrenshospitals.org/>

February 15, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Patty Murray
Chairman
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

Dear Senators Wyden, Crapo, Murray and Burr:

On behalf of the Children's Hospital Association, we write to express our support for Xavier Becerra's confirmation as secretary of the U.S. Department of Health and Human Services (HHS). His experience in Congress, as attorney general of California and in support of health care access and coverage will allow him to be an effective leader for the department at this critical time. We also believe his commitment to HHS programs will help us address the unique challenges children face, especially as we battle the pandemic together.

It is important for HHS to have experienced leadership that is committed to strengthening Medicaid and the Children's Health Insurance Program (CHIP) and maintaining our nation's long-standing commitment to children's health. Over 40 million children are enrolled in Medicaid and CHIP. These programs provide affordable coverage with pediatric-appropriate benefits to low-income children and are a lifeline for children with special health care needs or complex conditions. The Medicaid program provides critical support to states and the pediatric health care system, including children's hospitals, and plays an important role in ensuring children can access the care they uniquely need. Throughout his tenure in Congress and as Attorney General of California, secretary nominee Becerra has demonstrated a recognition of the essential role that Medicaid and CHIP play in children's overall health and well-being.

We believe HHS secretary nominee Becerra also recognizes the short-and long-term implications of COVID-19 on children and will work with us to address the impact. The pandemic has hit children's well-being hard and directly, exacerbating what was already a growing national crisis: rising and increasingly severe, mental, emotional and behavioral health (MEB) challenges to children and youth due to traumatic stress such as social isolation and family unemployment. While longer-term investments in children's health and well-being are necessary, immediate steps must be taken to better use existing provider capacity and telehealth to more effec-

tively address the crisis. HHS secretary nominee Becerra is committed to improving care and supports for our nation's most vulnerable children and will be a strong partner as we continue to ensure every child has the best opportunity to thrive.

We stand ready to work with HHS secretary nominee Becerra on strategies that will support the pediatric health care safety net—a safety net that is struggling under incredible financial and operational challenges brought about by the pandemic. Strengthening existing payment systems through Medicaid and ensuring that ongoing relief addresses the unique needs in the pediatric sector (which does not benefit from relief funding through Medicare) is critical. We look forward to partnering with the secretary nominee to ensure that children's hospitals can continue providing needed specialized clinical care, training and research that benefits all our nation's children.

We believe Xavier Becerra as HHS secretary will be able to partner across the health care sector, states and communities to make health equity a priority. Children's hospitals care for diverse populations of children, including many from low-income families. They work within their communities to address gaps in health and social supports. There is more we all need to do to reduce disparities and inequities in our current health care system and nation, and the Children's Hospital Association and its members are eager to work collaboratively with the secretary nominee, the Biden administration and Congress to address these challenges.

We look forward to working with the new HHS secretary to ensure all children across the country have the coverage and access to care they need.

Thank you and very best wishes,

Mark Wietecha
Chief Executive Officer

THE CHILDREN'S PARTNERSHIP

February 23, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

RE: Hearing on Nominee Attorney General Xavier Becerra for US Secretary of Health and Human Services

Dear Chairman Wyden and Ranking Member Crapo:

The Children's Partnership, a California-based children's policy and advocacy organization committed to improving the health and well-being of marginalized children where they live, learn and play, strongly supports the nomination of California's Attorney General, Xavier Becerra for the role of U.S. Secretary of Health and Human Services (HHS).

Attorney General Becerra has spent his career fighting to expand people's access to health care and protect underserved communities, taking on powerful special interests to get results. A former Member of Congress who helped pass the Affordable Care Act, and an Attorney General who has fought to defend it against persistent attacks, Becerra has a long track record of advocating for everyone to have access to quality, affordable health care and getting results, which is exactly what we need in an HHS Secretary as we claw back from a pandemic that has killed half a million Americans and infected 14 million Americans. Specifically, among children, Latinx, Black, Native American and Pacific Islander children make up nearly 70% of cases, despite making up slightly over 50% of California's population of children.

As Attorney General, Mr. Becerra led the defense of the Affordable Care Act in the Supreme Court, and has taken on powerful special interests who prey on people's

health, from the drug companies responsible for the opioid epidemic to the tobacco industry. He also led a multi-state coalition to protect the health and welfare of immigrant children being held in detention - actions that brought back painful memories of the darkest times in US history when Black children were separated from their parents due to slavery, when indigenous children were sent to boarding schools hundreds of miles away from their families, and when Japanese-American families were separated in internment camps.

During this especially challenging time, Attorney General Becerra is also a proven leader on COVID-19 who has taken action to keep people safe and protect Americans during the pandemic. He used his powers as Attorney General to protect workers from exposure to COVID-19, secure key safeguards for frontline health care workers' rights, and stand up for homeowners trying to make their mortgage payments during the downturn. He understands that the pandemic is impacting all American families but is having disproportionate impacts on communities of color and low-income Americans and that our collective efforts must center their needs in order to build back effectively and equitably from this crisis.

As the first Latino ever to run the Department of Health and Human Services, Attorney General Becerra will be intensely focused on addressing persistent health disparities, which have led to even worse outcomes for communities of color during the COVID-19 pandemic. He understands that structural racism in our country too often dictates where you live, what you eat, the air you breathe and the water you drink. It is what drives communities of color to suffer from higher rates of chronic conditions, including heart disease, diabetes and asthma. His history of representing marginalized communities in Congress and as Attorney General of California has instilled in him a career-long passion and policy for ensuring no community is left behind in the promise of America.

With a proven record successfully managing a large and complex agency, he is uniquely qualified for the job and is a historic pick ready to run HHS on day one. Having led the second largest Department of Justice in America behind only the federal DOJ, he has the proven capacity to lead a complex agency that has to manage many critical issues at the same time, a necessary qualification as we confront the pandemic.

His depth of experience will also make him an effective secretary. Having served in the U.S. House of Representatives for more than 20 years, he knows how to work with Congress and has a proven track record of bringing people together to solve big problems. He recognizes that he is fighting for the well-being of all American families and as such will work in a bipartisan manner to listen effectively to all parties in Congress.

Having been born into a working-class California family, the son of immigrants with a father who worked the fields and in construction to build roads and a mother who came to this country from Mexico when she was 18, he also has first-hand perspective on the American family experience. He carries this perspective with him in his work and will do the same in his role as the U.S. Secretary of Health and Human Services.

For these reasons, we strongly urge you to support the nomination of Attorney General Xavier Becerra for the position of U.S. Secretary of Health and Human Services. He will bring his values of equity, inclusion and health care as a human right to serve as an effective leader for the health and well-being of all families in America.

Sincerely,

Mayra E. Alvarez, MHA
President

COALITION OF FILIPINO AMERICANS AND FRIENDS OF XAVIER BECERRA

2443 Park Oak Drive
Hollywood, CA 90068
Telephone Number: (323) 467-5243

January 23, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance

Washington DC 20510
 The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 Washington, DC 20510-6200

RE: Support for the Approval of Xavier Becerra as U.S. Secretary of Health and Human Services

Dear Senator Wyden:

We, the undersigned below, and on behalf of the more than 374,000, Filipino Americans residing in Los Angeles County, request that you, to approve the nomination of Xavier Becerra, as the new U.S. Secretary of Health and Human Services. Mr. Becerra is a dedicated person, who will restore calmness, and will ensure fairness in providing healthcare to all the citizens of the United States of America. He will ensure continued protection of the people, especially of those who in need to improve the quality of care, and medicine that are cost effective. He will do a good job, and will deliver, equality to all people regardless of race because, it is the right thing to do.

Mr. Becerra helped the thousands of Filipino WWII veterans to fight on their struggle for justice. In 1942, the late President Franklin Delano Roosevelt and the 77th U.S. Congress, granted full benefits to Filipino American World War II Veterans who fought under the U.S. Armed Forces. Then, without their knowledge, the 79th U.S. Congress passed the Rescission Act of 1946 denying their rights and privileges. Finally, in 2009, working closely with the Office of U.S. Congressman Xavier Becerra, the Filipino Veterans Equity Compensation Fund, was passed through both houses of Congress and was signed into law by President Barrack Obama.

We all love him for his passion and dedication to correct the injustice done to the Filipino American Veterans in passing the Rescission Act of 1946.

Mr. Becerra is the right person for the job, and you will make the right decision to approve his position as the US Secretary of Health and Human Services. Please do not hesitate to contact us if you have any questions or need additional information. Thank you.

Respectfully Yours,

Susan Espiritu Dilkes
 Community Activist
 Retired/Exe. Director, Filipino American Service Group Inc.
 Email: susan.espiritu@dilkes.us

Supporters (organization name for recognition only; signatures on file)

Anna Lourdes Armada Chickey, M.D.
 President, Philippine Heritage Institute
 Bryan Jones
 Executive Director, The HOOP Foundation Inc.
 Cora Oriol
 Owner, Publisher, Asian Journal Newspaper
 Board Member, Asian Business Association
 Eric Lachica
 Executive Director, American Coalition for Filipino Veterans Inc.
 Felicitas A. dela Cruz, DNSc, R.N., FAANP, Professor
 Executive Director, Office of Assessment and Evaluation
 Director, Center for the Study of Health Disparities
 School of Nursing, Azusa Pacific University
 Josie Estaris-Jesus, BSN, R.N., MA
 Past President & Advisor, Philippine Nurses Association of Southern California
 Retiree, Nursing Administration
 Licerio Castro, M.D.
 President, Philippine Medical Association of Southern California
 Lucy Babaran, R.N., MBA
 Executive Director, United Specialist Healthcare Foundation
 Nena Zosa
 Founder of Philippine Medical Association Auxiliary of Southern California
 R. Bong Vergara, MSW
 Executive Director, Conscious Youth Promoting Health & Environmental Readiness

Salvador Abiera, M.D.
 President, University of Santo Thomas Medical Alumni Association of Southern
 California

Individuals:

Jeanette Sayno, Bilingual Outreach Personnel, Eagle Rock, CA
 Jennifer Deborah Agbayani, Pre-School Teacher, Eagle Rock, CA
 Joselito Babaran, M.D., San Fernando Valley, CA
 Kathrina Abrot, Youth Community Organizer, Los Angeles, CA
 Marian Gomez Espiritu, Accountant, Valencia, CA
 Marilou Dischoso, M.D., Los Angeles, CA
 Lawrence Espiritu, Retired, Computer Technician, Valencia, CA
 Lydia Solis, Filipino American Journalist, San Dimas, CA

Footnote: 2010 census data; https://en.m.wikipedia.org/wiki/Demographics_of_Filipino_Americans.

Cc: Xavier Becerra
 Supporters

COMMONWEALTH CARE ALLIANCE

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March 1, 2021

The Honorable Ron Wyden
 Chairman
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the Commonwealth Care Alliance (CCA), a not-for-profit health care organization dedicated to improving care for people enrolled in both Medicare and Medicaid, I would like to express our strong support for the nomination and confirmation of Xavier Becerra to serve as Secretary of the United States Department of Health and Human Services.

Established in 2003, CCA serves individuals who have complex medical, behavioral health and social needs. With more than 38,000 members, our mission is to improve the health and well-being of people with significant needs by innovating, coordinating and providing the highest quality, individualized care.

Throughout his distinguished career, Secretary-designate Becerra has demonstrated his long-standing commitment to expanding access to high-quality health care. He was a leader in crafting the landmark Affordable Care Act during his time in Congress, which has helped millions of Americans obtain health care coverage.

Secretary-designate Becerra is also a champion for improving public health and has been a leader in addressing the many challenges that confront our nation, including achieving health care equity and ensuring all patients have access to affordable medications. Secretary-designate Becerra's proven leadership, experience and expertise are also critical to guide him as the nation continues to battle the COVID-19 pandemic.

Our organization stands ready to work with Secretary-designate Becerra to address the ongoing challenges our nation faces and to ensure all patients, including those who have complex and significant health care needs, have access to high-quality health care. We urge the Committee to approve Secretary-designate Becerra's nomination and we support his confirmation by the full United States Senate.

Yours sincerely,

Christopher D. Palmieri
 President and Chief Executive Officer

COMMUNITY CATALYST

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 Fax: 617-451-5838
www.communitycatalyst.org

February 22, 2021

The Honorable Ron Wyden
 Chair
 U.S. Senate
 Committee on Finance
 221 Dirksen Senate Office Building
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee Finance
 239 Dirksen Senate Office Building
 Washington, DC 20510

Dear Senators Wyden and Crapo:

As advocacy organizations committed to advancing health equity, we submit the following letter in support of the nomination of Attorney General Xavier Becerra for Secretary of the U.S. Department of Health and Human Services (HHS).

Attorney General Becerra is a demonstrated leader in the fight for quality, affordable health care, immigrant rights and the principles of equity and justice upon which our health system must be based. As a member of Congress from 1993–2017, Attorney General Becerra fought tirelessly to protect and expand access to affordable health care for all people, which included his leadership in the passage of the Affordable Care Act (ACA). Since then, as California's Attorney General, he has continued his tireless work to protect people's health, most notably as the lead defender of the ACA in the *California v. Texas* lawsuit, currently before the Supreme Court. He is also a longstanding champion for protecting and expanding access to sexual and reproductive health, including abortion, which is critical for advancing health equity.

Now, more than ever, we need a proven champion of health equity leading HHS. The COVID-19 pandemic has shed light on the deep inequities that leave many Black and brown people without resources or recourse to protect their families. In particular, the pandemic has had a disproportionate and devastating impact on Black, Latinx, Indigenous, Asian American, and Pacific Islander communities, who face alarming rates of infection and death due to discriminatory barriers to safe work places, health coverage, and care. It has also exposed how our health system fails LGBTQ+ people, immigrants, people with disabilities, older adults, and every intersection thereof. We are confident that as HHS Secretary, Attorney General Becerra will take quick and decisive action to mitigate the harm the pandemic has caused as well to address the underlying inequities that keep our systems from serving the public fairly and well.

We further expect Attorney General Becerra to continue his commitment to working with advocates, policy makers, and agency staff to build on the important foundation the ACA has laid, including in the areas of expanded coverage, increased affordability, and improved access to quality care for all people. His leadership and expertise will also be particularly valuable in developing and implementing a plan to reverse anti-immigrant policies, including public charge rules and non-discrimination protections for people with limited English proficiency, and to rebuilding trust between our government and immigrant communities going forward.

Attorney General Becerra is the right leader for the moment. We enthusiastically support his nomination and look forward to working with him to move our nation's health system forward with health equity and the needs of historically excluded and under-resourced communities at the center.

Thank you,

National
 Community Catalyst

State

California
 California Pan-Ethnic Health Network Health Access California

Colorado	
Colorado Consumer Health Initiative	Colorado Organization for Latina Opportunity and Reproductive Rights
Florida	
Florida Policy Institute	Florida Health Justice Project
Georgia	
The Arc Georgia	Georgians for a Healthy Future
Illinois	
Shriver Center for Poverty Law	EverThrive Illinois
Indiana	
Hoosier Action	
Kentucky	
Kentucky Voices for Health	Kentucky Equal Justice Center
Massachusetts	
Health Care for All Massachusetts	Advocates
Maryland	
Maryland Citizens' Health Initiative	
Maine	
Consumers for Affordable Health Care	Maine Equal Justice
Michigan	
Arab Community Center for Economic and Social Services (ACCESS)	
Minnesota	
TakeAction Minnesota	
Mississippi	
Mississippi Center for Justice	
Missouri	
Missouri Health Care For All	
North Carolina	
NC Justice Center	North Carolina AIDS Action Network
New Jersey	
New Jersey Citizen Action	Salvation and Social Justice
Nevada	
Children's Advocacy Alliance	
New York	
Progressive Doctors	Raising Women's Voices for the Health Care We Need
Make the Road New York	
Ohio	
Universal Health Care Action Network of Ohio	
Oklahoma	
Oklahoma Policy Institute	
Pennsylvania	
Pennsylvania Health Access Network	CASA
Rhode Island	
Economic Progress Institute	
South Carolina	
SC Appleseed Legal Justice Center	

Tennessee

Tennessee Justice Center
Tennessee Health Care Campaign

Tennessee Disability Coalition

Utah

Utah Health Policy Project

Virginia

Virginia Organizing

Virginia Poverty Law Center

Washington

Northwest Health Law Advocates

Wisconsin

Citizen Action of Wisconsin

Kids Forward

West Virginia

West Virginians for Affordable Health
Care

WV FREE

 DATAROBOT

March 1, 2021

The Honorable Ron Wyden
Chair
U.S. Senate
Committee on Finance

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance

Dear Senator Wyden and Senator Crapo:

DataRobot, one of the leading artificial intelligence (AI) firms in America, is proud to offer our strong support for Secretary-designate Xavier Becerra and hope that he will be promptly confirmed by the United State Senate.

During the Secretary-designate's testimony, he repeatedly stressed the need for a data-driven pandemic response that prioritizes fairness and equity. This approach is not only welcomed, but essential as we continue to fight the COVID-19 pandemic and future pandemics.

Over the last year, DataRobot put hundreds of our data scientists to work around the clock analyzing COVID-19 data to help bring an end to the pandemic with a focus on improving health equity. As one example, we worked with the National Institutes of Health (NIH) to help bring diversity to clinical trial recruitment in Operation Warp Speed. Using our AI solution, one vaccine manufacturer increased the percentage of Black and Hispanic participants recruited on a weekly basis by 400%.

To realize Secretary-designate Becerra's vision of equity during the pandemic response, the government needs quality data. Currently, only about 10% of antigen tests results are being reported, and only 57% of those results have crucial race and ethnicity data attached. While PCR test results are being reported at a much better rate of around 95%, only 52% of those results have race and ethnicity data.

The data we do have indicates that the Hispanic community has been systemically under-tested during the pandemic. In the northeast, for instance, the Hispanic population accounts for nearly 24% of the COVID-19 cases but only 9% of the tests administered.

Secretary-designate Becerra stated it well during his confirmation hearings: we need to collect better data. DataRobot looks forward to working with Mr. Becerra to help improve the quality of COVID-19 data so that vulnerable communities can be identified sooner and resources prioritized more efficiently.

Secretary-designate Becerra repeatedly stressed using science to guide policy in his testimony. DataRobot stands ready to assist Secretary-designate with cutting edge data science to help achieve fair and equitable outcomes during the COVID-19 pandemic, future pandemics and in other health care priorities for America.

With a distinguished career in public service, and a data-driven commitment to tackling the pandemic in an equitable manner, Secretary-designate Becerra is extremely well-suited for the job. We urge the Committee—and the full Senate—to approve his nomination without delay.

Sincerely,
Steven E. Moore
Vice President, Global Government Affairs
PS—Feel free to reach out with any questions at steven@datarobot.com.

DENTAL TRADE ALLIANCE
4350 North Fairfax Drive, Suite 220
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<https://dentaltradealliance.org/>

January 20, 2021

The Honorable Ron Wyden Chairman U.S. Senate Committee on Finance Washington, DC 20510	The Honorable Mike Crapo Ranking Member U.S. Senate Committee on Finance Washington, DC 20510
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Dear Chairman Wyden and Ranking Member Crapo:

The Dental Trade Alliance (DTA) would like to express its support for Xavier Becerra as the Biden Administration’s nominee for the position of Secretary of U.S. Department of Health and Human Services.

The DTA represents dental product distributors, dental laboratories and manufacturers. By providing the best equipment, materials and services to dentists and oral care professionals, we are partners in improving the oral health of all Americans.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time as the country continues to address the array of challenges the pandemic presents. During his twelve terms in Congress, Attorney General Becerra spent much of his time working on health care issues impacting U.S. citizens as a member of the House Ways and Means Committee.

In addition to his experience on health care matters, Attorney General Becerra brings his experience as an administrator having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as large and diverse as the U.S. Department of Health and Human Services.

Should you have any questions please contact Patrick Cooney, DTA Federal Affairs Representative at 202-413-2629 or via email at Patrick@federalgrp.com.

Thank you for your attention to this matter.

Sincerely,
Greg Chavez
Chief Executive Officer

FAMILIES USA
1225 New York Avenue, NW, Suite 800
Washington, DC 20005
main 202-628-3030
fax 202-347-241
<https://familiesusa.org/>

February 22, 2021

The Honorable Ron Wyden Chair U.S. Senate Committee on Finance Washington, DC 20510 The Honorable Mike Crapo Ranking Member U.S. Senate	The Honorable Patty Murray Chair U.S. Senate Committee on Health, Education, Labor, and Pensions Washington, DC 20510 The Honorable Richard Burr Ranking Member U.S. Senate
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Committee on Finance
Washington, DC 20510

Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

Dear Chairman Wyden, Chairwoman Murray, Ranking Member Crapo, and Ranking Member Burr:

On behalf of Families USA, one of the nation's leading health care consumer and justice organizations dedicated to high quality, affordable health care and improved health for all, we are honored to support your consideration of President Biden's nomination of California Attorney General Xavier Becerra to serve as the next United States Secretary of Health and Human Services (HHS). Attorney General Becerra has dedicated his career to fighting for improved health equity, rooting out industry abuses that contribute to sky-rocketing health care costs, and ensuring every person in America has affordable access to high-quality health care. At a time when our nation's health and health care is under unprecedented strain, Mr. Becerra's expertise on health care issues and his extensive and consistent track record of championing better health and health care for all in our nation make him uniquely qualified to serve as HHS Secretary.

During his long and distinguished tenure on the House Ways and Means Committee, AG Becerra was instrumental in protecting Medicare coverage for seniors and drafting the Affordable Care Act (ACA), expanding health care access to millions of people while securing critical consumer protections. As Attorney General of California, he continued this important work, leading the charge to defend the essential coverage protections provided under the ACA from political attacks in the *California v. Texas* case currently being reviewed by the Supreme Court.

AG Becerra has been a stalwart defender of equitable access to health. He led the fight against the Trump Administration's "Health Care Refusal Rule" which would have disproportionately harmed people of color, LGBTQ communities, and women seeking health care services by allowing medical staff to refuse life-saving care to patients at their discretion. He has championed bipartisan immigration reform efforts to find commonsense solutions that ensure no one is denied basic healthcare because of who they are or where they are from.

AG Becerra has also consistently and fearlessly taken on powerful special interests in order to put access and affordability for individuals and families at the center of our health care system. He has been a champion for lower drug costs, ending the opioid epidemic, and toppling health system monopolies that create perverse incentives that block consumer access to high-quality, high-value, affordable care. He took bold action to end "pay for delay" practices by pharmaceutical companies that make backroom deals to delay generic drugs from entering the market—deals that put the interests of industry over those of consumers. AG Becerra sought accountability for the drug companies responsible for the opioid crisis and won landmark settlements to be used to fund future opioid treatment. He won a groundbreaking settlement from Sutter Health, Northern California's largest hospital system, for overcharging patients through price gouging and monopolistic behavior—one of the largest legal actions against anti-competitive behavior in the health care sector.

As the COVID-19 health crisis continues to expose serious flaws in our health care system, it is absolutely essential to confirm a Secretary of Health and Human Services whose understanding of the scope of opportunities and challenges we face is beyond reproach. AG Becerra is strong leader who, I am confident, would help pave the country's way toward health and economic recovery.

I urge you and your colleagues in the Senate to move swiftly on AG Becerra's nomination so that the important work of addressing the COVID-19 crisis and building a better, stronger, and more equitable health care system can move forward in earnest.

Please don't hesitate to contact me if I can provide any additional information.

Sincerely,

Frederick Isasi
Executive Director

FEDERATION OF AMERICAN HOSPITALS

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 Washington, DC 20001
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 FAX 202-737-6462
<https://www.fah.org/>

February 12, 2021

The Honorable Ron Wyden
 Chair
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

The Honorable Patty Murray
 Chair
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

The Honorable Richard Burr
 Ranking Member
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington, DC 20510

Dear Chairs Wyden and Murray & Ranking Members Crapo and Burr:

On behalf of the Federation of American Hospitals (FAH), the national representative for over 1,000 leading tax-paying hospitals and health systems throughout the United States, I would like to express our strong support for the nomination and confirmation of California Attorney General Xavier Becerra to serve as the next Secretary of the U.S. Department of Health and Human Services (HHS).

FAH members provide patients and communities with access to high-quality, affordable care in both urban and rural America. Our members include teaching and non-teaching, acute, inpatient rehabilitation, behavioral health, and long-term care hospitals and provide a wide range of inpatient, ambulatory, post-acute, emergency, children's, and cancer services.

Throughout his distinguished career in government at both the federal and state level, Secretary-designate Becerra has demonstrated his capability to lead HHS at one of the most pivotal and challenging moments in our nation's history. Having the pleasure of knowing him for more than twenty years, I am confident that Secretary-designate Becerra's proven leadership, experience and expertise will successfully guide him as the nation seeks to defeat COVID-19.

Along with efforts to overcome the pandemic, Secretary-designate Becerra has the first-hand experience necessary to bolster and strengthen the Affordable Care Act (ACA)—from helping to craft the landmark legislation to defending it as Attorney General of California. Secretary-designate Becerra has a keen understanding of how the ACA, if fully and properly implemented, can reach its true potential.

Secretary-designate Becerra is, first and foremost, a champion for patients. A seasoned public servant, his lifelong commitment and dedication to public health will help him confront the many challenges that face us, from achieving health equity to reducing the cost of prescription drugs to reinforcing access to care in rural and underserved communities. He is highly qualified, time-tested, and will be ready on day 1.

The Federation of American Hospitals urges the Senate Finance and HELP Committees to approve Secretary-designate Becerra's nomination expeditiously, and we support his confirmation by the full U.S. Senate.

If you have any questions or wish to speak further, please do not hesitate to reach out to me at 202-624-1534.

Sincerely,

Charles N. Kahn III
 President and CEO

FIRST FOCUS ON CHILDREN

1400 I Street, NW, Suite 650
 Washington, DC 20005
 t: 202-657-0670
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<https://firstfocus.org/>

February 16, 2021

The Honorable Ron Wyden
 Chair
 U.S. Senate
 Committee on Finance
 Washington, DC 20515

The Honorable Patty Murray
 Chair
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 Washington, DC 20515

The Honorable Richard Burr
 Ranking Member
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Chairwoman Murray and Ranking Member Burr:

I am writing on behalf of First Focus Campaign for Children, a bipartisan children's advocacy organization dedicated to making children and families a priority in federal budget and policy decisions, to express our strong support for confirming California Attorney General Xavier Becerra for Secretary of the U.S. Department of Health and Human Services (HHS).

As an organization dedicated to improving the health, economic security, child safety and protection, and overall well-being of America's children, we applaud Attorney General Becerra's long history of leadership in prioritizing children's needs, and have recognized him several times as a First Focus Champion for Children for his long-standing work across the full array of these issues. HHS is critical to the well-being of our nation's children and it is important that the Secretary of HHS be familiar with the full range of HHS programs that impacts children, and we believe Attorney General Becerra will be.

Now, more than ever, the full array of issues that HHS oversees are critical to children. The COVID-19 outbreak and the resulting economic crisis are falling hardest on the most vulnerable among us, including our nation's children. It is disrupting every facet of children's lives and we cannot yet know all of the negative and long-lasting implications it will have on children's healthy development and future success. The programs and services within HHS directly affect children's lives more than any other Department. Therefore, during this critical time, HHS needs a leader who not only has the ability to manage and direct the array of programs, but who also understands and cares about children and their health and well-being.

Clearly, HHS has a critical role in ensuring that this historic public health pandemic does not threaten our children's future outcomes. Moreover, after two decades of progress in reducing the uninsured rate of our nation's children, the uninsured rate has risen in each of the last four years. Attorney General Becerra has a strong knowledge of the health care programs run by HHS from his time in Congress and as Attorney General, and he would play a critical role in helping get our nation back on track to ensuring all children have health coverage in this country. HHS also houses the Maternal and Child Health Bureau that provides expertise and oversees programs dedicated to improving maternal and child health services at a time when infant and maternal mortality rates and child suicide rates all desperately need attention.

Although health care is a critical part of HHS, it is important to note that HHS is not just a health agency. HHS also manages an array of human services issues, including poverty and family supports. Due to the pandemic and economic recession, for example, we know that at least an additional 2.5 million children have fallen into poverty since May 2020,¹ and through the administration of the cash assistance, child support, utility assistance, and other critical income supports for chil-

¹Jason DeParle, "8 Million Have Slipped into Poverty Since May as Federal Aid Has Dried Up," *New York Times*, October 15, 2020, <https://www.nytimes.com/2020/10/15/us/politics/federal-aid-poverty-levels.html>.

dren and families, HHS leadership plays a key role in reducing child poverty and mitigating the impact of the pandemic on family economic security.

Through the Administration for Children and Families (ACF) at HHS, early childhood programs are instrumental in positive outcomes in children and families' lives as well, and we look forward to Attorney General Becerra continuing to prioritize these at HHS. HHS administers programs vital in the lives of our youngest children and their families including the Child Care and Development Block Grant, Early Head Start and Head Start, and the Maternal, Infant, and Early Childhood Home Visiting Program. These programs and others at the department need a strong leader who recognizes the connections between programs and the children who participate in them.

ACF also oversees a number of other programs that Attorney General Becerra had oversight over while serving on the House Ways and Means Committee and that he was involved with as Attorney General, including those addressing the child welfare system and foster care and programs related to runaway youth and social services. The Children's Bureau funds and supports states as they provide case management to more than 670,000 children that are in the foster care system each year and the Runaway and Homeless Youth program supports outreach, shelter services, and transitional programming for the 1.6 million to 2.8 million youth who run away or are "thrown away" annually. Coordination across HHS programs is essential for children and youth's time away from safe, supportive, and permanent families to be rare, brief, and non-recurring.

HHS also has a critical role in reaching out to all communities that use the federal assistance programs, including children of immigrants and their families. Many of these children and families, as a result of the prior administration's public charge rule, avoided health insurance and other life-sustaining programs² for which they were eligible, including during the pandemic when families need assistance most. HHS leadership is critical to ensure that the agency effectively communicates with children and their families, in partnership with local organizations, about eligibility for HHS programs and services, and supports them in enrolling in programs for which they are eligible. Attorney General Becerra's personal experience as a child of immigrants and experience as Attorney General of California make him well equipped to ensure consideration of the needs of children of immigrants and their families throughout HHS.

The Office of Refugee Resettlement (ORR) Unaccompanied Children's Program within HHS is responsible for the short-term care of unaccompanied children who arrive at the border without a parent or legal guardian. Its mandate is to place children in the least restrictive setting in their best interests and facilitate the prompt and safe release of children to a sponsor, typically family. After many years of ORR's increased entanglement with immigration enforcement to the detriment of children's safety and well-being, we look forward to Attorney General Becerra's leadership to ensure that child well-being is central to all the agency's departments.

Attorney General Becerra is completely knowledgeable with respect to all of these programs that are in the jurisdiction of the Department of Health and Human Services from his time working on Capitol Hill and as California's Attorney General. We urge the Committees and the Senate to swiftly confirm him as Secretary of HHS.

Sincerely,

Bruce Lesley
President

FUTURES WITHOUT VIOLENCE

February 12, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

²First Focus on Children, "Fact Sheet: The Public Charge Rule Harms Children," February 2020, https://firstfocus.org/wp-content/uploads/2020/02/FACT-SHEET-Public-Charge_2-20.pdf.

The Honorable Patty Murray
 Chairman
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington, DC 20510

The Honorable Richard Burr
 Ranking Member
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington, DC 20510

Dear Chairman Wyden, Chairman Murray, Ranking Member Crapo, and Ranking Member Burr:

Futures Without Violence is a national social justice organization focused on preventing violence against women and children utilizing public health approaches that build strong, safe and healthy families and communities. We understand deeply how trauma, adversity and exposure to violence in childhood can have severe lifelong consequences that not only reproduce violence in families but also cost our nation's health care system significantly.

Because of this we write you today in strong support of the nomination of Xavier Becerra to be the next Secretary for the Department of Health and Human Services. As a California-based organization, we have seen first-hand his commitment to protecting the safety of all people from violence and his commitment to ensuring all people have access to health care, including women and our most vulnerable. We look forward to working with him to address the health consequences of violence, improve access to health care for all survivors of violence, including immigrant and LGBTQ survivors, advance health equity, and utilize the untapped potential of the Administration for Children and Families to reduce trauma and violence and help families who are struggling heal and thrive.

Xavier Becerra is a highly qualified and passionate leader with demonstrated depth and breadth of experience spanning three decades. As Attorney General of California, he joined with Attorneys General from across the country in 2018 and 2020 to advocate for the reauthorization of the Violence Against Women Act. His defense of the Affordable Care Act has meant essential health care access and coverage for many previously uninsured people, including those experiencing sexual and domestic violence. For victims of violence, health care is even more essential given the toll it takes on the body and the critical role providers play in helping connect them to an advocate or someone who can help them. The ACA specifically includes screening and counseling for women who are victims of interpersonal violence as part of a well-woman visit, and the ACA also included groundbreaking home visiting programs that helped vulnerable new mothers and babies, including with support to address domestic violence.

As a Member of Congress, he was a strong supporter of legislation to help abused and neglected children and voted for the first Violence Against Women Act that included health care and youth-focused prevention programs. Throughout his tenure in Congress, he demonstrated year after year an understanding and commitment to health care access and the importance of programs that help lift up mental health and the needs of vulnerable children and families.

As America works to mitigate and recover from the harm of the COVID pandemic, it is essential that HHS have a leader who understands both the health and human services needs of our nation, and understands clearly that the toll of this virus has not been spread evenly. We believe for these reasons that Xavier Becerra is uniquely qualified to lead the Department of Health and Human Services and encourage you to quickly advance his nomination.

Sincerely,
 Esta Soler
 President and Founder

HOME CARE ASSOCIATION OF AMERICA
 444 North Capitol Street, NW, Suite 428
 Washington, DC 20001
 (202) 508-3870
<https://www.hcaoa.org/>

January 26, 2020

The Honorable Ron Wyden
 Chairman

The Honorable Mike Crapo
 Ranking Member

U.S. Senate
Committee on Finance
Washington, DC 20510

U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The Home Care Association of America (HCAOA) would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of U.S. Department of Health and Human Services. HCAOA urges his swift confirmation by the U.S. Senate.

The Home Care Association of America (HCAOA) represents over 3,000 home care providers across the nation that provide personal care services in the homes of millions of older Americans, individuals with disabilities and children with special needs. Our members and their staff enter the community each day to provide care that will enable seniors to remain in their homes and prevent further spread of COVID-19.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time as the country continues to address the array of challenges the pandemic presents. During his twelve terms in Congress, Attorney General Becerra spent much of his time working on health-related issues impacting U.S. citizens as a member of the House Ways and Means Committee.

As a Congressman, Xavier Becerra was a staunch advocate for access to health care services. Personal care and companionship services provided by qualified home care providers play an important role in protecting seniors and individuals with disabilities. Access to these services diminishes the likelihood of costly hospitalization by ensuring seniors have appropriate nutrition and by helping prevent falls.

Attorney General Becerra brings his experience as an administrator having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as large and diverse as the U.S. Department of Health and Human Services.

Finally, the nominee brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities, including workforce disparities, to ensure the improving health of the nation.

Thank you for your attention to this matter.

Sincerely,

Vicki Hoak,
Executive Director

INTERNATIONAL ASSOCIATION OF FORENSIC NURSES
6755 Business Parkway, Suite 303
Elkridge, MD 21075
<https://www.forensicnurses.org/>

January 20, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

The International Association of Forensic Nurses (IAFN) would like to express its support for Xavier Becerra as the Biden Administration's nominee for the position of Secretary of Health and Human Services. IAFN urges his swift confirmation by the U.S. Senate.

IAFN is an international membership organization comprised of forensic nurses working around the world and other professionals who support and complement the work of forensic nursing. Our mission is to provide leadership in forensic nursing practice by developing, promoting, and disseminating information internationally about forensic nursing science. Forensic nurses are on the front lines of caring for

victims of sexual assault, domestic violence, and elder abuse in our nation's health care system.

President-Elect Biden made a wise choice in the selection of California Attorney General Xavier Becerra to lead the department at this time as the country continues to address the array of challenges the pandemic presents. During his twelve terms in Congress, Attorney General Becerra spent much of his time working on health care issues impacting U.S. citizens as a member of the House Ways and Means Committee.

As a Congressman, Attorney General Becerra was a staunch advocate for access to health care services. Forensic nurses have a critical health care role to play and we must ensure that victims of abuse and violence have available services in their communities.

In addition to his experience on health care matters, Attorney General Becerra brings his experience as an administrator having run the California Department of Justice since 2017. In this position he addressed an array of health and other matters that prepare him well to handle the significant challenges of running an agency as large and diverse as the U.S. Department of Health and Human Services.

Finally, he brings to the agency knowledge of the disparities in access to health services in the U.S. He is well positioned to address these disparities, including workforce disparities, to ensure the improving health of the nation.

Thank you for your attention to this matter.

Sincerely,

Jennifer Pierce-Weeks
CEO

LAMBDA LEGAL ET AL.

February 22, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Patty Murray
Chair
United States Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
United States Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Chair Murray, and Ranking Member Burr,

On behalf of Lambda Legal, the Human Rights Campaign, the National Center for Lesbian Rights and the 15 undersigned organizations representing the interests of lesbian, gay, bisexual, transgender, and queer (LGBTQ) people and everyone living with HIV, we write to express our strong support for the nomination of California Attorney General Xavier Becerra to be the next Secretary of the United States Department of Health and Human Services (HHS).

Our country is amid a public health crisis. We presently are confronted by the unprecedented challenges created by the COVID-19 pandemic, as well as the many structural barriers that diminish people's access to health care and exacerbate long-standing health inequities. It is therefore critical that HHS be led by a person with proven leadership ability, a deep understanding of our health care system and the need for equitable access to health care and human services, and an appreciation of the needs of communities of color and LGBTQ people. Attorney General Becerra is such person.

Attorney General Becerra possesses a keen understanding of our health care system. As a member of Congress, Attorney General Becerra worked on the passage of the Affordable Care Act, reducing health disparities, lowering drug prices, and more. As Attorney General, he has been a leader in ensuring the implementation and preservation of the Affordable Care Act, which has expanded access to health

coverage for millions of Americans, by fighting off legal challenges against the Affordable Care Act, including in *Texas v. United States*. His leadership in these cases required not only a profound understanding of the law, but also insight in the many intricacies of the Affordable Care Act and our health care system.

Attorney General Becerra has also been a stalwart supporter of LGBTQ people's right to equality and equitable access to care. Specifically, with regards to health care, Attorney General Becerra has brought legal challenges to administrative actions and regulations that would have resulted in diminished access to care for LGBTQ people and other minorities, such as: regulations eliminating antidiscrimination protections under the Affordable Care Act for LGBTQ people and people with limited English proficiency, among others; regulations seeking to inappropriately expand who could refuse to provide care to people based on religious or moral objections, which would have disproportionately LGBTQ people and those seeking reproductive health care; and actions denying access to care to our country's transgender servicemembers.

What is more, Attorney General Becerra has not only demonstrated his ability to lead a large government agency, like the California Attorney General's Office, but also shown that he can listen to and work with a broad range of stakeholders. His work seeking equity and justice for all Californians and all persons in America is to be admired. Indeed, he has led multiple coalitions of attorneys general in commenting to proposed HHS regulations.

Put simply, we believe Attorney General Becerra is the right person to lead HHS, especially at this particular moment in time. His commitment to civil rights, health care equity, and the rights of LGBTQ people and everyone living with HIV is without a question.

Sincerely,

Lambda Legal Defense and Education Fund, Inc.
 Human Rights Campaign
 National Center for Lesbian Rights
 BiNet USA
 Center for Disability Rights
 Center for LGBTQ Economic Advancement & Research
 CenterLink: The Community of LGBT Centers
 Equality California
 Family Equality
 Fenway Health
 FORGE, Inc.
 GLMA: Health Professionals Advancing LGBTQ Equality
 National Coalition for LGBT Health
 National Equality Action Team (NEAT)
 National LGBT Cancer Network
 Silver State Equality—Nevada
 URGE: Unite for Reproductive and Gender Equity
 Whitman-Walker Institute

LEADERSHIP CONFERENCE ON CIVIL AND HUMAN RIGHTS ET AL.

1620 L Street, NW, Suite 1100
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 202-466-3435 fax
<https://civilrights.org/>

February 22, 2021

The Honorable Ron Wyden
 Chairman
 United States Senate
 Committee on Finance
 Washington, DC 20510

The Honorable Patty Murray
 Chair
 United States Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington DC 20510

The Honorable Mike Crapo
 Ranking Member
 United States Senate
 Committee on Finance
 Washington, DC 20510

The Honorable Richard Burr
 Ranking Member
 United States Senate
 Committee on Health, Education, Labor,
 and Pensions
 Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Chair Murray, and Ranking Member Burr,

The Leadership Conference on Civil and Human Rights and the 31 undersigned organizations dedicated to the universal values of dignity, equity, justice, and inclusion in health care, write in strong support of the nomination of California Attorney General Xavier Becerra to be the next Secretary of the United States Department of Health and Human Services (HHS).

In the midst of a pandemic that has compounded our preexisting public health crisis of structural racism and its resulting deep health inequities, it is imperative that the next leader of HHS be someone with a full understanding of how equity, justice, and health care are inextricably linked. Attorney General Becerra has consistently demonstrated that he is that person:

- During his time as a member of Congress, Attorney General Becerra served on the House Ways and Means Committee, where he developed deep expertise on the Affordable Care Act (ACA). His leadership in later defending the ACA against legal challenges is a key reason why the ACA, the greatest advance in access to health care for a generation, is still in effect.
- Becerra is committed to putting patients first, and as attorney general, has worked to ensure nondiscrimination protections in access to care, particularly for women, LGBTQ individuals, people of color, older adults, and individuals in rural and low-income communities. In addition, he has shown strong support for reproductive rights, including for access to birth control and abortion services.
- Becerra led the country in defending against the harmful Public Charge rule and attacks on the Deferred Action for Childhood Arrivals (DACA) program, showing his dedication to protecting the rights of immigrants and their families.
- Becerra has worked tirelessly to help ensure the availability of affordable prescription drugs, once again demonstrating his commitment to providing equitable access to care.
- As attorney general, Becerra established the Bureau of Disability Rights within the Civil Rights Enforcement Section of the California Department of Justice, the latest example in his long record of working for disability justice.
- Becerra's record also indicates that he would bring to the position a deep understanding of the ways in which access to social and economic opportunities and resources contribute to health and health outcomes. For example, Becerra has shown a deep commitment to ensuring fair housing, most recently opposing efforts to weaken federal protections against housing discrimination as well as efforts to cut off housing assistance eligibility, which threatened vulnerable families with eviction. He also established the Worker Rights and Fair Labor Section within the California Department of Justice to help protect the health, safety, and rights of working people, linking the creation of the new section to the urgent need to address the impact of the COVID-19 pandemic on working people.

We cannot afford to have our next Secretary of Health and Human Services learning about our country's deepened health inequities on the job. Following the injustices and harms inflicted on some of our most vulnerable communities over the last four years, it is critical that the next Secretary of Health and Human Services be a person well-equipped to handle our country's deep health inequities. In order to emerge from this pandemic with healthier, stronger, more resilient communities, we need a Secretary of HHS who has fought for, and will prioritize health care access and equity for all people in America. For this reason, we urge you to support the confirmation of Attorney General Xavier Becerra to be the next Secretary of HHS.

If you have any questions, please contact Gaylynn Burroughs, senior policy counsel at The Leadership Conference, at burroughs@civilrights.org, or the co-chairs of The Leadership Conference Health Care Task Force: Sinsi Hernández-Cancio, vice president for health justice at the National Partnership for Women and Families at shc@nationalpartnership.org and Mara Youdelman, managing attorney at the National Health Law Program, at youdelman@healthlaw.org.

Sincerely,

The Leadership Conference on Civil and Human Rights
National Health Law Program
National Partnership for Women and Families

Asian Americans Advancing Justice (AAJC)
 Association of Asian Pacific Community Health Organizations (AAPCHO)
 Association of People Supporting Employment First (APSE)
 Autistic Self Advocacy Network
 Bazelon Center for Mental Health Law
 Center for Law and Social Policy (CLASP)
 Clearinghouse on Women's Issues
 Disability Rights Education and Defense Fund (DREDF)
 Equality California
 Families USA
 Family Equality
 Feminist Majority Foundation
 Hispanic Federation
 Human Rights Campaign
 Justice in Aging
 Lawyers' Committee for Civil Rights Under Law
 National Action Network
 National Center for Lesbian Rights
 National Education Association
 National Hispanic Media Coalition
 National Immigration Law Center
 National Organization for Women
 National Urban League
 National Women's Law Center
 Planned Parenthood Federation of America
 Reproductive Health Access Project
 SEIU
 Silver State Equality—Nevada
 The International Union, United Automobile, Aerospace and Agricultural Implement
 Workers of America (UAW)

LEADINGAGE

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<https://leadingage.org/>

The Honorable Ron Wyden
 Chair
 United States Senate
 Committee on Finance

Washington, DC 20510

February 11, 2021

Dear Chair Wyden and Murray:

LeadingAge fully supports the nomination of Xavier Becerra as Secretary of the US Department of Health and Human Services and encourages the Committees to support his nomination. We worked closely with his office on long-term services and supports financing when he was a member of Congress and appreciated his understanding of, and commitment to addressing, the challenges facing our country to ensure that all older persons can age well wherever they call home.

LeadingAge represents more than 5,000 nonprofit aging services providers and other mission-minded organizations. Alongside our members and 38 state partners, we use applied research, advocacy, education, and community-building to make America a better place to grow old. Our membership encompasses the entire continuum of aging, including nursing homes, home and community-based services providers, hospice and affordable senior housing providers.

We support the nomination of Secretary-Nominee Becerra to be the next HHS Secretary to advocate for and carry out the robust health care platform outlined by President Joe Biden. We have confidence that he has the health care expertise and experience managing large systems that are critical to successfully leading HHS and that he will work with Congress to take quick action on such issues as:

- Beating COVID–19, by ensuring implementation of the Executive Orders mandating increased production of protective equipment, ensuring access to vaccinations and testing for all older persons and the front-line staff who serve them, and implementing the provisions in the CARES Act and other COVID-related legislation.
- Taking strong steps to promote racial equity by addressing stark economic disparities.
- Implementing the Administration’s commitment to advancing HCBS to ensure that older persons have access to quality health care in the community.
- Implementing the Administration’s commitment to addressing the needs of family caregivers.
- Advancing LGBTQ+ equality for older adults.
- Acting swiftly to fully integrate HHS/CMS and HUD collaboration on housing and services, as directed by Congress in the fiscal year 2020 HUD appropriations bill.

LeadingAge urges the swift approval of Mr. Becerra to be HHS Secretary.

Please reach out to LeadingAge senior vice president for policy, Ruth Katz, rkatz@leadingage.org with any questions.

Sincerely,

Katie Smith Sloan
President and CEO

LITTLE LOBBYISTS
<https://littlelobbyists.org/>

February 18, 2021

The Honorable Ron Wyden
Chairperson
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo,

Little Lobbyists is a family-led organization advocating for the health care, education, and community inclusion children with complex medical needs and disabilities require to survive and thrive. The U.S. Department of Health and Human Services is an agency charged with protecting the health of all Americans, as such its leader must center the rights of patients and endeavor to ensure access to health care for all. We believe Xavier Becerra will dutifully and effectively enact this charge, and we write today in support of his swift confirmation as Secretary of Health and Human Services.

For the past four years, families of children with complex medical needs and disabilities have lived in fear. In 2017, Little Lobbyists was formed as a direct response to the threat posed to our children’s health and well-being by the Trump Administration’s effort to repeal and defund the Affordable Care Act, Medicaid, and Medicare. Although their initial effort narrowly failed in 2017, President Trump and his Administration continued their relentless attack on our health-care system in myriad ways, including: executive orders weakening our health insurance protections, policies making Medicaid more difficult for families to access, a failed federal response to the COVID–19 pandemic crisis, and support for a lawsuit to overthrow the entire Affordable Care Act—including protections for people with pre-existing conditions, bans against lifetime caps on care, Medicaid expansion, and more—which is currently before the U.S. Supreme Court. In this last example, it was the Secretary Designate of HHS Xavier Becerra, in his role as Attorney General of California, who led a coalition of 14 states and the District of Columbia to file a motion to intervene in *Texas et al. v. United States et al.* to defend the Affordable Care Act.¹

¹Attorney General Becerra, joined by 16 AGs, “Moves to Defend the Affordable Care Act Against Federal Lawsuit Filed in Texas,” State of California, Department of Justice, Office of the Attorney General.

It was also Attorney General Becerra who led the defense of the Affordable Care Act before the Supreme Court this past fall, standing up to ensure our children will continue to have access to the health care they need to survive and thrive.

Prior to becoming California's Attorney General, Mr. Becerra was a member of Congress, serving as a senior member of the House Ways and Means committee, overseeing Medicare, Medicaid and other health programs.² He represented a largely Latino district with the second highest uninsured rate in the country,³ which inspired him to help write and pass the Affordable Care Act.⁴ In his role as California's Attorney General, Mr. Becerra led the second-largest Justice Department in the nation, as well as a multi-state coalition to protect the health and welfare of immigrant children being held in detention.

Little Lobbyists knows that representation matters. We need leaders with the insight that comes from the lived experience of diverse and marginalized communities. If confirmed, Xavier Becerra would be the first Latino to lead the Department of Health and Human Services. Representation that reflects the diversity of our great country is imperative.

Mr. Becerra has already met with and intently listened to diverse groups of stakeholders, including members of the disability community. We appreciated that he understood the great importance of issues, like Medicaid, which our children rely on to access the home and community based services they need. However, Medicaid was under constant attack during the previous administration's tenure, putting the lives and freedoms of our children at risk. In our meeting, we were also able to impress upon Mr. Becerra the disproportionate impact of the COVID-19 pandemic on people with disabilities, including barriers to care, reduced access to home and community based services, and inequities in the distribution of the vaccine. These issues, and many more, are urgent matters that we trust the Secretary Designate will prioritize and act on immediately with the input of those directly affected.

Little Lobbyists strongly supports Xavier Becerra's nomination to serve as Secretary of Health and Human Services. Based on his history, his experience, and his willingness to bring those most impacted to the table, we believe Xavier Becerra will continue to be a champion in our fight to protect and strengthen the health care our children, and all Americans, need to survive and thrive. In our nation's history there has hardly been a more critical time, or a more imperative need, for the Department of Health and Human Services to have strong leadership. We urge the committee to act quickly to confirm Xavier Becerra as Secretary of Health and Human Services.

Thank you for all you do for our families,

Erin Gabriel
Director of Advocacy

LOWER DRUG PRICES NOW
<https://www.lowerdrugpricesnow.org/>

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

February 22, 2021

Dear Senate Finance Committee Leaders:

² <https://history.house.gov/People/Detail/9147>.

³ "California: Affordable Care Act (ACA) Impacts on Insurance Coverage by Congressional District," SHADAC.

⁴ Xavier Becerra, *Congress.gov*, Library of Congress.

On behalf of Lower Drug Prices Now, a coalition of labor unions, community organizations, think tanks and advocacy groups that represent millions of people who are struggling with high prescription drug prices, I'm writing to urge you to swiftly confirm Attorney General Xavier Becerra as Health and Human Services (HHS) Secretary. Mr. Becerra is eminently qualified for the position. In today's public health and economic crisis, there is no time for delay in installing a leader at HHS who can lead the nation toward effective response and recovery as the nation reaches another dismal milestone: 500,000 COVID deaths.

As Congressman, Mr. Becerra was a key leader in passing the largest health care reform of the last 50 years, the Affordable Care Act. He was also a key protector of the law, defending it in court in order to protect coverage for millions and pre-existing condition protections for hundreds of millions. Without the ACA, countless Americans would lose access to coverage and to prescription drug medicines that are covered as an essential health benefit under the law. Seniors would lose billions in discounts in Part D and millions of Medicare recipients would end up back in the Part D donut hole that the ACA closed after a decade of implementation.

In his role leading a massive state agency in the largest state in the Union, AG Becerra has the experience of overseeing an agency larger than some departments in the federal government. He is well able to manage complex agencies and ensure that moving parts work together to serve the best interests of constituents. Protecting patients and ensuring access to healthcare and affordable medicines have been Mr. Becerra's priorities throughout his career. His record on making medicines more accessible and affordable through drug corporation accountability speaks for itself.

Over two decades in Congress, Mr. Becerra sponsored legislation that would lift the ban on negotiating prices on drugs in Medicare, supported bills that would cap or lower out of pocket costs for seniors, and worked with colleagues to increase transparency and accountability for prescription drug corporations.

In his time as Attorney General of California, Mr. Becerra earned a reputation as a champion of patients and consumers by taking on prescription drug corporation abuses, from rampant price gouging to pay for delay tactics that circumvent competition and allow drug corporations to maintain monopoly control over prices. His leadership on drug corporation accountability has helped California and also advanced national efforts to hold drug manufacturers accountable for an array of practices that have devastating consequences for millions of people who are forced to ration or go without medicine.

Mr. Becerra joined with a bi-partisan coalition of state Attorneys General to investigate the role and culpability of opioid manufacturers in fueling the man-made opioid epidemic that has devastated communities from coast to coast. He worked with AGs across the nation to support Congressional action that would stop the harmful distribution of synthetic opioids. In response to COVID needs, AG Becerra also worked with a bi-partisan group of Attorneys General to urge HHS to make Remdisivir more available for patients in need.

We strongly urge members of the Finance Committee to vote in support of this nomination and to quickly confirm Mr. Becerra as HHS Secretary. We are confident that he has the legislative, legal and regulatory expertise to excel in this role and that he will prioritize patients and consumers over special interests. We look forward to working with him to ensure access to affordable medicines for all in his role as Secretary.

Thanks for your consideration.

Sincerely,

Margarida Jorge
Campaign Director

MENTAL HEALTH AMERICA
500 Montgomery Street, Suite 820
Alexandria, VA 22314
P: 703-684-7722
F: 703-684-5968
www.mhanational.org

February 22, 2021

U.S. Senate

Committee on Finance

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Committee:

We are pleased to support the nomination of Xavier Becerra as Secretary of Health and Human Services.

Mental Health America is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all. We advocate for the inclusion of mental health as a part of overall health. Our mission is driven by a focus on prevention for all, early identification and intervention for those at risk, and integrated services for those who need them, with recovery as the goal. We have argued that mental health conditions are the only chronic conditions that, as a matter of public policy, we have waited until stage four—the crisis stage—to treat, and that as we do with every other condition, we must act before Stage 4 to advance mental health and recovery.

We support Attorney General Becerra's nomination because we believe that he had demonstrated a decades-long commitment as a public official to promoting the health and well-being of the population. As a member of Congress, he sponsored and supported legislation that has proven essential on the journey to health equity for all our people, including those affected by mental illnesses. As the Attorney General of California, his efforts in support of enforcing mental health parity, for example, are well-known and critically important. So, too, were his efforts throughout his career to build an Affordable Care Act that did not leave essential benefits for people with mental health conditions behind. His efforts to promote community health centers has also led to increased access to mental healthcare through integrated health and behavioral health services as part of their comprehensive primary care mandate.

Attorney General Becerra's background in lawmaking, enforcement, and government make him an outstanding choice to lead the Department of Health and Human Services. In his past work, he has demonstrated the skills of focusing on the most critical problems and learning from all stakeholders. These are the critical skills and talents needed to lead a large, complex, governmental agency and direct its energies to serving all those in need. We strongly support his nomination and urge you to quickly confirm him as HHS Secretary given the unprecedented health, including mental health, needs of the country at this time.

Sincerely,

Paul Gionfriddo (he/him/his)
President and CEO

MEDICAL IMAGING AND TECHNOLOGY ALLIANCE

1300 North 17th Street, Suite 900
Arlington, Virginia 22209
Tel: 703-841-3200
Fax: 703-841-3392

<https://www.medicalimaging.org/>

January 19, 2021

The Honorable Patty Murray
U.S. Senate
Washington, DC 20510

The Honorable Richard Burr
U.S. Senate
Washington, DC 20510

Dear Senator Murray and Senator Burr:

As the leading trade association representing the manufacturers of medical imaging equipment, contrast agents, radiopharmaceuticals, and focused ultrasound devices, the Medical Imaging and Technology Alliance (MITA) supports the nomination of Xavier Becerra as Secretary of the Department of Health and Human Services (HHS).

His State and Federal government service, and especially his 24 years in Congress, has given Attorney General Becerra a deep understanding of the complexities and challenges of our health care system. He has been a champion for healthcare access, ensuring patients receive safe high-quality scans through accreditation of imaging centers. He also recognizes the importance of appropriate reimbursement for healthcare providers. MITA counts on the Senate to confirm Attorney General Becerra and we and our Members look forward to working with him in his new role at the earliest opportunity.

If you have any questions, please contact Holly Grosholz, Senior Manager, Government Relations at 703-841-3228 or by email at hgrosholz@medicalimaging.org.

Sincerely,
Patrick Hope
Executive Director

NARAL PRO-CHOICE AMERICA

February 16, 2021

Dear Senator,

We write on behalf of our 2.5 million member-activists to express our support for the nomination of Xavier Becerra to the position of U.S. Secretary of Health and Human Services. In order to be qualified to lead the Department of Health and Human Services, a nominee must be someone who prioritizes public health and bases decisions on evidence not ideology. Attorney General Becerra's record makes clear that he is such a nominee.

As both attorney general of California and a member of the U.S. House of Representatives, Attorney General Becerra acted to protect access to healthcare and reproductive freedom, including abortion and contraception. As attorney general, he opposed abortion bans and burdensome restrictions on abortion, medically unnecessary restrictions on medication abortion during the COVID-19 pandemic, and a rule promulgated by the Trump administration which prevents patients in the Title X family planning program from getting full and accurate healthcare information and adds new restrictions to exclude providers that also provide abortion care from the program. While serving in the House of Representatives, Attorney General Becerra voted in favor of the Affordable Care Act, voted to protect funding for Planned Parenthood, and voted against bans on abortion and abortion coverage.

Now more than ever executive agencies need leaders who are fair-minded and committed to their agency's core mission. For these reasons, we urge Senators to support this nomination.

Sincerely,
NARAL Pro-Choice America

NATIONAL ALLIANCE TO END SEXUAL VIOLENCE
1875 Connecticut Avenue, NW, Floor 10
Washington, DC 20009
(202) 869-8520
<https://endsexualviolence.org/>

U.S. Senate
Committee on Health, Education, Labor, and Pensions
U.S. Senate
Committee on Finance
Senate Dirksen Office Building
Washington, DC 20510

February 11, 2021

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo, and Committee Members:

The National Alliance to End Sexual Violence (NAESV) is the voice in Washington, DC for the 56 state and territorial sexual assault coalitions and over 1500 local programs working to end sexual violence and support survivors. The local programs we serve see the widespread and devastating consequences of sexual violence for survivors every day. On their behalf, I write to urge you to confirm the appointment of Xavier Becerra as Secretary of Health and Human Services (HHS).

According to the National Intimate Partner and Sexual Violence Survey:

- 21% of women and 3% of men reported completed or attempted rape ever in their lifetime.

- Among victims of rape, 43% (11 million) of females and 51% (1.5 million) of males reported it occurred for the first time between the ages of 11–17.¹

The estimated lifetime cost of rape is \$122,461 per survivor, or a population-based economic burden of nearly \$3.1 trillion (2014 U.S. dollars) over survivors' lifetimes. This estimate included \$1.2 trillion (39%) in medical costs; and \$1.6 trillion (52%) in lost work productivity among survivors and perpetrators.²

The short- and long-term effects of sexual violence can undermine a person's physical and mental health. Based on an analysis of studies from 1980–2008, survivors of sexual violence have a significantly higher prevalence of anxiety, depression, eating disorders, post-traumatic stress disorder, and suicide attempts.³ According to the 2005 Behavioral Risk Factor Surveillance System, survivors of sexual violence are more likely to suffer from asthma and joint conditions. Studies have also found an increased risk of cervical cancer and sexually transmitted diseases.⁴

Many survivors encounter the problems of homelessness, substance use disorders, mental health problems, trafficking experiences, and chronic health conditions. The issue of sexual violence cuts across many HHS bureaus, programs, and offices: programs in the Family and Youth Bureau including Family Violence Prevention Services (FVPSA), Homeless & Runaway Youth, and Adolescent Pregnancy Prevention; the Office on Trafficking in Persons; the Substance Abuse and Mental Health Services Administration; and the CDC where the Rape Prevention & Education Program (RPE) is housed.

Xavier Becerra is a demonstrated leader who brings decades of health policy experience addressing violence against women and support services, ensuring access to healthcare, and protecting Social Security and Medicare. His long history of defending and protecting the Affordable Care Act has provided essential health care access and coverage for many previously uninsured people, including those experiencing sexual violence and trauma. His commitment to gender equity and women's health, and specifically reproductive health, positions him well to develop and promote policies that will positively impact survivors of sexual violence and further the administration's commitment to ending gender-based violence. As District Attorney of California, he joined with Attorneys General across the country in 2018 and 2020 to advocate for the reauthorization of the Violence Against Women act, including provisions strengthen protections for the most marginalized and vulnerable members of our communities. During the current COVID–19 pandemic, he prioritized the needs of survivors experiencing even greater isolation to ensure they had access to critical services in California.

For the past decade, our nation has experienced a deep reckoning with the devastating depth and breadth of the problem of sexual violence. Under the leadership of Xavier Becerra, HHS can reach farther in meeting the needs of survivors and preventing sexual violence. His legal background and efforts with his expansive understanding of health and welfare issues is the perfect mix of experience to meet the needs of an agency that affects all members of our communities.

Sincerely,

Monika Johnson Hostler
President

NATIONAL ALLIANCE OF SAFETY-NET HOSPITALS
21351 Gentry Drive, Suite 210
Sterling, VA 20166
Phone: 703-444-0989
<https://safetynetalliance.org/>

January 25, 2021

The Honorable Ron Wyden
Chair
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

¹ <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>.

² [http://www.ajpmonline.org/article/S0749-3797\(16\)30615-8/abstract](http://www.ajpmonline.org/article/S0749-3797(16)30615-8/abstract).

³ *Ibid.*

⁴ *Ibid.*

Dear Chairman Wyden and Ranking Member Crapo:

The National Alliance of Safety-Net Hospitals is pleased to express our support for the confirmation of Xavier Becerra to serve as the next Secretary of the Department of Health and Human Services.

Private safety-net hospitals—large hospitals that serve large numbers of low-income, low-income elderly, Medicaid, and uninsured patients—play a special role in the broader American health care system. That role has always been critical, and it has been magnified during the current COVID-19 crisis. We worked with Mr. Becerra when he was a member of Congress and served on the House Ways and Means Committee and can attest to his understanding of the distinct challenges low-income and underserved communities face and his sincere interest in using public policy to help address those challenges. We would welcome an opportunity to work with a Secretary who understands these challenges and also understands the underlying health equity challenges that we must address as a nation.

For these reasons, NASH enthusiastically support Mr. Becerra's nomination to be Secretary of Health and Human Services and urges you to vote to recommend his nomination to the entire Senate.

Sincerely,

Ellen Kugler, Esq.
Executive Director

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

444 North Capitol Street, NW, Suite 339
Washington, DC 20001
(202) 434-8090
<https://www.nastad.org/>

February 22, 2021

U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

U.S. Senate
Committee on Health, Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Committee Members,

On behalf of NASTAD (National Alliance of State and Territorial AIDS Directors), a leading non-partisan non-profit association that represents governmental public health officials who administer HIV and hepatitis programs in the U.S., I would like to offer our organization's support for Xavier Becerra to serve as the next Secretary of the Department of Health and Human Services (HHS). Based on his demonstrated leadership, expertise, and vision, NASTAD believes Mr. Becerra is an excellent candidate for this important role.

Mr. Becerra has proven to be a strong leader during his tenure as Attorney General of California. While serving the state, Mr. Becerra reached a settlement over a breach of patient confidentiality for 1,991 Californians who received mailings that revealed the recipient was taking HIV-related medication. Mr. Becerra also led the charge to protect the Affordable Care Act (ACA), legislation that led to a substantial decline in uninsurance rates among people living with HIV. Through his legal actions, Mr. Becerra has shown that he prioritizes patients' rights, equity, and access in health care. These commitments will be incredibly important as Mr. Becerra works to contain and end the COVID-19 pandemic that has highlighted American health inequities.

With over 20 years public service experience in Congress, Mr. Becerra worked to represent his constituents and strengthen health care in America as a senior member of the Ways and Means Subcommittee on Health. Mr. Becerra is a dedicated public servant who understands that truly protecting health requires leadership that addresses the social and structural determinants of health including gender inequality, homophobia, and poverty.

Mr. Becerra is uniquely suited to serve as the next HHS Secretary. His public service record as an advocate for improved health care access makes Mr. Becerra an exemplary nominee.

Sincerely,

Stephen Lee, M.D., MBA, DHSM
Executive Director

NATIONAL ALLIANCE ON MENTAL ILLNESS
4301 Wilson Boulevard, Suite 300
Arlington, VA 22203
(703) 524-7600
<https://www.nami.org/>

February 23, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

RE: NAMI Support for HHS Secretary Nominee Xavier Becerra

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the National Alliance on Mental Illness (NAMI), I am writing in support of confirmation of California Attorney General Xavier Becerra as the next Secretary of the U.S. Department of Health and Human Services (HHS). As the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness, NAMI is pleased to support this important nomination.

Attorney General Becerra has been a true leader on mental health and addiction issues, tirelessly defending the ACA and working to enforce federal & state mental health parity laws. As California's Attorney General he led efforts on the part of states to challenge measures taken by the previous Administration to undermine a series of patient protections in the Affordable Care Act (ACA). Under his leadership, California also stepped up enforcement and compliance with respect to the Mental Health Parity and Addiction Equity Act (MHPAEA) ensuring more equitable coverage of mental illness treatment.

In his 24 years as a Member of the House of Representatives, Congressman Becerra established a significant record of accomplishment in crafting legislation to expand access to mental health treatment. This includes improvements to the Medicare program including enhanced protections for low income beneficiaries that are concurrently eligible for Medicaid. He also led a number of efforts in Congress to prevent cuts to the Social Security Disability Insurance (SSDI) program that many people living with mental illness rely on.

NAMI is proud to support Attorney General Becerra's confirmation as HHS Secretary. We urge the Committee move expeditiously on his nomination.

Sincerely,

Daniel H. Gillison, Jr.
CEO

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS
7501 Wisconsin Ave., Suite 1100W
Bethesda, MD 20814
301-347-0400 TEL
301-347-0459 FAX
<https://www.nachc.org/>

February 11, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance

Washington, DC 20510

The Honorable Patty Murray
Chairwoman
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Chairwoman Murray and Ranking Member Burr:

On behalf of Community Health Centers and the 30 million patients they serve, I want to express my support for Attorney General Xavier Becerra's nomination to be the Secretary of the Department of Health and Human Services (HHS). The COVID-19 pandemic continues to challenge health centers across the country and strong leadership at the department is necessary to tackle this ongoing crisis.

Attorney General Becerra has a long-established relationship with California health centers and NACHC. As a former Member of Congress from Los Angeles, and a member of the House Ways and Means Committee, he consistently sought feedback from local health center leadership through roundtable events and regular communications with the Los Angeles Community Clinic Consortium.

Additionally, he regularly attended health center events throughout the district and then acted to support health center priorities. These connections were incredibly important since his congressional district included 30 health centers that collectively serve nearly 250,000 patients. NACHC was pleased to recognize this work in support of health centers by awarding Becerra with the Distinguished Community Health Advocate Award during his time in Congress.

Federally qualified health centers across the country are working every day to help address the COVID-19 pandemic. To date, over 8 million health center patients have been tested for COVID-19, 13% have tested positive and 140,000 immunizations have been initiated. A significant number of these patients are racial and/or ethnic minorities, who are bearing a disproportionate brunt of this crisis. Attorney General Becerra's experience representing one of the most diverse Congressional Districts will be critical to ensuring that all Americans have access to COVID-19 testing and vaccines.

NACHC appreciates the expanded role that the Biden Administration envisions for health centers and looks forward to working with Attorney General Becerra should he be confirmed. His commitment to equitable access to health care and experience at the state and federal levels make him an ideal choice at this critical moment. Thank you in advance for your consideration.

Sincerely,

Tom Van Coverden
President and CEO

NATIONAL ASSOCIATION OF STATE
MENTAL HEALTH PROGRAM DIRECTORS
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
(703) 739-9333
Fax (703) 548-9517

February 23, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden and Senator Crapo:

The National Association of Mental Health Program Directors (NASMHPD)—the organization representing the state executives responsible for the \$41 billion public mental health service delivery systems serving 7.5 million people annually in 50 states, 5 territories, and the District of Columbia—is writing to recommend a nomi-

nee for Secretary of Health and Human Services. State Mental Health Authority priorities focus on improving services in the mental health and substance use disorder field, particularly within the Medicaid and Medicare programs, and the Affordable Care Act insurance program, and this nominee has shown experience in supporting these priorities.

NASMPHD recommends Attorney General Xavier Becerra of California who has shown vast experience in handling the broad array of issues under HHS purview. As Attorney General, he has worked to enforce the mental health parity laws he helped to pass in Congress to ensure that insurance companies expand provider networks and guarantee equal treatment for mental health conditions in insurance plans. In Congress, he was active in the passing of the Affordable Care Act, specifically focusing on strengthening Medicare benefits, and expanding the Children's Health Insurance Program. These are vital in order to provide for the essential care needed by those with mental health and substance abuse disorders, and so that health insurance coverage for mental health and substance use disorder services is no more restrictive than coverage for medical/surgical services.

Attorney General Becerra has also shown the leadership and demonstrated a track record of advocating for access to quality, affordable health care which is essential as our nation continues to deal with the COVID-19 public health emergency that has contributed to mental health crises. With the creation of the 988 suicide prevention hotline, it is more important than ever to improve the system to provide access to crisis services for those in mental health crisis, and to be diverted away from hospital emergency departments and jails where their needs will not be met. A strength of Attorney General Becerra is being a champion for reducing the health inequities that have been problematic, and exacerbated by the COVID-19 public health emergency, so that all have quality care readily available.

Thank you for considering this recommendation on the confirmation of Attorney General Becerra for the position of Secretary of Health and Human Services.

Sincerely,

Brian M. Hepburn, M.D.
Executive Director

NATIONAL CENTER FOR LESBIAN RIGHTS
1300 Pennsylvania Ave., NW, #190-706
Washington DC 20004

February 22, 2021

Honorable Ron Wyden
Chair
U.S. Senate
Committee on Finance

Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance

Honorable Patty Murray
Chair
U.S. Senate
Committee on Health, Education, Labor, and Pensions

Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education, Labor, and Pensions

Dear Chair Wyden, Ranking Member Crapo, Chair Murray, and Ranking Member Burr,

The National Center for Lesbian Rights (NCLR) is pleased to support the nomination of California Attorney General Xavier Becerra to serve as Secretary of the U.S. Department of Health and Human Services (HHS).

NCLR is a non-profit, public interest law firm that litigates precedent-setting cases at the trial and appellate court levels, advocates for equitable public policies affecting the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community, pro-

vides free legal assistance to LGBTQ people and their advocates, and conducts community education on LGBTQ issues. NCLR has been advancing the civil and human rights of LGBTQ people and their families across the United States through litigation, legislation, policy, and public education since its founding in 1977.

While NCLR is a national organization, our headquarters and roots are in San Francisco. In addition to our advocacy work at the federal level, we also engage in legal and policy work within California, and thus have extensive familiarity with Attorney General Becerra's track record. The nation would be fortunate to have Mr. Becerra in a leadership role at this unprecedented time, when addressing systemic injustices and a global pandemic will be at the top of the agenda for the new HHS secretary.

Attorney General Becerra is a longstanding friend and ally to the LGBTQ community, including back when it was far less socially and politically popular to take such a position. During his congressional tenure he voted for marriage equality, against discrimination in military service, and for inclusion of LGBTQ people in hate crimes laws. His commitment to equality continued when he became California's attorney general, and we were honored to join forces with his office in litigating against former President Trump's unlawful ban on transgender persons serving in the military.

No less important is Mr. Becerra's staunch defense of access to the full range of reproductive health care, including contraception and abortion. As someone with a deep commitment to health care access, he understands that this includes reproductive health care. Mr. Becerra helped to bring the Affordable Care Act into being and has been at the forefront of defending it from legal attack. He has also worked to protect the rights of immigrants and their families, people with disabilities, and so many more.

Xavier Becerra is the leader we need right now to helm the Department of Health and Human Services as we navigate out of the pandemic and toward a more just and equitable future for all in this nation. We urge the Senate to move quickly on his confirmation.

Should you have any questions regarding this letter, please do not hesitate to contact me at jgonen@nclrights.org.

Sincerely,

Julianna S. Gonen, Ph.D., JD
Policy Director

NATIONAL COALITION AGAINST DOMESTIC VIOLENCE

1140 3rd St., NE, 2nd floor
Washington, DC 20002
202-714-7662
www.ncadv.org

February 12, 2021

U.S. Senate
Committee on Health, Education, Labor, and Pensions
U.S. Senate
Committee on Finance
Dirksen Senate Office Building
Washington, DC 20510

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo, and Committee Members:

The National Coalition Against Domestic Violence (NCADV) writes to you to urge you to confirm California Attorney General Xavier Becerra (Becerra) to be the Secretary of the Department of Health and Human Services (HHS). NCADV is the nation's oldest national grassroots domestic violence organization, representing domestic violence programs and survivors directly. Established in 1978, mission is to lead, mobilize and raise our voices to support efforts that demand a change of conditions that lead to domestic violence such as patriarchy, privilege, racism, sexism, and classism. We are dedicated to supporting survivors and holding offenders accountable and supporting advocates.

NCADV envisions a national culture in which we are all safe, empowered and free from domestic violence, and Becerra's record proves that he will promote such a cul-

ture as Secretary of HHS. Domestic violence impacts every person in America. With one in four women and one in ten men experiencing intimate partner violence,¹ everyone is acquainted with someone who has experienced violence—whether they know it or not. Black and Native women experience the highest rates of intimate partner violence,² and they systems that ought to protect them are often actively hostile. White supremacy is a feature of all of these systems. Women who are financially unstable, and who may rely on government assistance such as that overseen by HHS, are also particularly vulnerable to intimate partner violence—or are financially unstable as a result of the violence they experienced.

Programs within HHS are a literal lifeline for countless survivors. The Family Violence Prevention and Services Act (FVPSA) is the only dedicated funding source for domestic violence programs and is housed in HHS. Survivors rely on a host of other HHS programs, including programs that are necessary for them to rebuild their financial stability after leaving an abusive relationship such as Temporary Assistance to Needy Families and childcare assistance. HHS programs are integral to the health and well-being of survivors. With experience both as a legislator in the United States House of Representatives and as an executive as the Attorney General of California, Becerra is uniquely qualified to lead the agency.

Intimate partner violence is nothing short of a public health crisis, and the domestic violence epidemic is only exacerbated by the COVID-19 pandemic, as survivors face added barriers to leaving abusive relationships, including the potential of losing healthcare coverage. Becerra has a proven record of fighting for access to healthcare for all Americans. This includes leading the legal campaign to prevent the Affordable Care Act from being dismantled, thereby protecting millions of survivors' access to healthcare.

In both elected and appointed positions, he has been a champion for women and for lower-income families. In 2020, he said, “There is no place for violence against women anywhere.”³ We agree with him, and we know that he will continue to be a champion for survivors as Secretary.

Thus, we urge the Senate Committee on Health, Education, Labor, and Pensions and the Senate Committee on Finance to expeditiously confirm Attorney General Becerra to be the Secretary of the Department of Health and Human Services.

Sincerely,

The National Coalition Against Domestic Violence

NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY AND MEDICARE

111 K Street, NE, Suite 700
Washington, DC 20002
202-216-0420
<https://www.ncpssm.org/>

February 22, 2021

U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Senators:

It is with great pleasure that I write to endorse the nomination of Xavier Becerra to lead the U.S. Department of Health and Human Services.

¹Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., and Chen, J. (2018). “The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief—Updated Release.” Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/2015data-brief508.pdf>.

²Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., and Jain, A. (2017). “The National Intimate Partner and Sexual Violence Survey (NISVS): 2010–2012 State Report.” Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>.

³State of California Department of Justice (2020, May 4). “Attorney General Becerra Urges Congress to Renew Protections Under the Violence Against Women Act” [Press release]. <https://oag.ca.gov/news/press-releases/attorney-general-becerra-urges-congress-renew-protections-under-violence-against>.

Throughout his long and distinguished career in public service, Mr. Becerra has demonstrated his capabilities in the health care arena, from taking on a corporate health care giant that illegally drove up prices, to helping secure passage of the Affordable Care Act and later defending it in court. He knows the plight of Americans who lack access to affordable health care coverage and understands the government's fundamental responsibility overseeing the financing and delivery of services through large, federal agencies.

Mr. Becerra's deep background in health care policy and human services programs, his knowledge of underserved and vulnerable populations, his commitment to fiscal responsibility for both taxpayers and the government, combined with his leadership skills and willingness to listen to all stakeholders makes him the ideal Secretary to oversee HHS.

Attorney General Becerra's experience as a legislator and executive leaves little room for doubt about his ability to help the Biden Administration successfully guide this nation out of the COVID pandemic and into a stronger era of health and human services delivery for all Americans.

Sincerely,

Max Richtman
President and CEO

NATIONAL COUNCIL ON AGING
251 18th Street South, Suite 500
Arlington, VA 22202
Phone 571-527-3900
Fax: 571-527-3901
ncoa.org

February 18, 2021

The Honorable Patty Murray
Chair
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

The Honorable Ron Wyden
Chairman
United States Senate
Committee on Finance
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510

Dear Chair Murray, Ranking Member Burr, Chairman Wyden, and Ranking Member Crapo:

I am writing to express support from the National Council on Aging (NCOA) for the nomination of California Attorney General Xavier Becerra as the next Secretary of the U.S. Department of Health and Human Services (HHS).

NCOA is a trusted national leader working to ensure that every person can age well. Since 1950, our mission has not changed: Improve the lives of millions of older adults, especially those who are struggling. NCOA empowers people with the best solutions to improve their own health and economic security—and we strengthen government programs that we all depend on as we age.

Attorney General Becerra has been a longstanding champion for affordable health coverage and access, particularly for Americans in greatest need. He has deep knowledge and passion for improving health care for patients and consumers, not powerful special interests.

As a 12-term member of Congress and a member of the House Ways and Means Committee's Health Subcommittee, Becerra demonstrated his expertise on a broad range of critical health care issues facing our nation. While playing a leadership role in providing health coverage to millions of uninsured and underinsured Americans under the Affordable Care Act and championing improvements to women's health, he also authored Medicare proposals focused on improving care for beneficiaries in need, including those that would:

- Increase access to physical therapy by repealing arbitrary limits on Medicare coverage for outpatient rehabilitation therapy;

- Expand Medicare coverage of medical nutrition services; and
- Strengthen low-income Medicare beneficiary protections and assistance.

NCOA had the privilege of working closely with then-Rep. Becerra and his staff on legislation he introduced in 2007 and 2009 to make health care more affordable for low-income Medicare beneficiaries whose fixed incomes made it difficult to afford rising health care costs. His Medicare Savings Program Improvement Act would have made it easier to meet stringent asset test eligibility requirements. These restrictions continue to unfairly penalize low-income older adults who did the right thing during their working years by putting away a modest nest egg of savings, thereby disqualifying them from receiving the help they need. Becerra also recognized the need to improve protections against increasing copayments and deductibles only available for low-income older Americans with annual incomes below 100% of poverty (\$12,880 in current dollars).

More recently, as Attorney General of the largest state in the nation and managing 4,800 employees, Becerra has continued to be deeply involved in crafting health policies that benefit consumers, including:

- Taking action to make hospital care more affordable and increase transparency and competition by addressing monopolistic practices that drive up prices and exploit market power for profit;
- Reducing prescription drug costs by addressing anti-competitive pay-for-delay agreements, through which brand name drug companies have been able to delay the entrance of less expensive generics into the market; and
- Leading a multistate coalition to fight against the Trump Administration's "Healthcare Refusal Rule," which would disproportionately impact communities of color, LGBTQ+ communities, and women seeking health care services by allowing medical staff to refuse life-saving care to patients based on personal objection.

Attorney General Becerra's knowledge and experience will help our nation to effectively address our current public health crisis. Becerra's degrees in economics and law from Stanford University have helped provide him with an in-depth understanding of health care financing issues and how complex health laws and regulations impact those in need.

His skills and experience in working with Congress cannot be underestimated. There is much that must and can be done to improve our flawed health care system, such as promoting equity, addressing health disparities, and overcoming barriers to care. His understanding of what can and cannot be done, and how to combine good policy and good politics are desperately needed to effectively address these serious challenges.

Finally, his appointment would be historic. A former chair of the Congressional Hispanic Caucus, Becerra was the first Latinx person to serve as a member of the powerful Committee on Ways and Means and would be the first to serve as Secretary of HHS.

Attorney General Becerra is highly qualified to lead America's efforts to improve our flawed health care system for Americans of all ages. NCOA strongly urges members of the Senate Finance Committee to vote in favor of and for the Senate to promptly confirm his nomination.

Sincerely,

Ramsey Alwin
President and CEO

NATIONAL COUNCIL OF JEWISH WOMEN
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<https://www.ncjw.org/>

February 19, 2021

U.S. Senate
Committee on Health, Education, Labor, and Pensions
U.S. Senate
Committee on Finance
Dirksen Senate Office Building

Washington DC, 20510

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo, and Committee Members:

On behalf of the 180,000 advocates of National Council of Jewish Women (NCJW), I write to express our strong support for the nomination of Xavier Becerra to serve as Secretary of the US Department of Health and Human Services (HHS). As a national grassroots organization fighting for social justice on behalf of women, children, and families, we know that Attorney General Becerra would be a champion for essential health care access and coverage at a time when we need it most.

Throughout his career, Attorney General Becerra has been a vocal supporter of women's health in particular. While in the US House of Representatives, Attorney General Becerra supported the Affordable Care Act (ACA) and the Lilly Ledbetter Fair Pay Act of 2019, among other important bills impacting reproductive and economic justice. He also opposed the racist and discriminatory Prenatal Non-discrimination Act, which would have imposed civil and criminal penalties on anyone knowingly attempting to perform a sex-selective abortion.

As California's top law enforcement official, Attorney General Becerra has prioritized the needs of domestic violence and sexual assault survivors experiencing even greater isolation during the pandemic. He has also helped to lead legal fights across the nation, championing access to health care and dismantling barriers for women struggling to get medical services. Whether leading 20 states and the District of Columbia in an effort to protect the ACA, ensuring that everyone can receive birth control at no cost, or blocking the murder prosecution of a woman whose consumption of methamphetamine during pregnancy tragically resulted in stillbirth, Attorney General Becerra has demonstrated his commitment to protecting our critical rights.

The Secretary of HHS certainly does not have an easy job, particularly as this nation faces a once-in-a-century pandemic. Fortunately, Attorney General Becerra's depth and breadth of experience more than prepare him to lead this agency and fulfill its mission "to enhance the health and well-being of all Americans." As Becerra has noted, the ACA "has been life-changing and now through this pandemic, we can all see the value in having greater access to quality health care at affordable prices." Becerra's words and actions gives us confidence that he shares our values. We trust that he will not only tackle COVID-19, but will also restore and strengthen our health care system to meet the many and disparate needs at this moment in time and in the future.

As Jews, we believe in the ultimate moral imperative to protect every single person's health, the obligation to care for our bodies and to ensure others can do the same through access to quality care. We believe in compassion and dignity for all and are committed to ensuring equity and justice for the most marginalized members of our society. Xavier Becerra shares these values and NCJW urges his swift confirmation as Secretary of Health and Human Services.

Please reach out to me by email (JRabhan@ncjw.org) if you have any questions.

Sincerely,

Jody Rabhan
Chief Policy Officer

NATIONAL HEALTH LAW PROGRAM
1444 I Street, NW, Suite 1105
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(202) 289-7661
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February 22, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Patty Murray
Chair
U.S. Senate

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate

Committee on Health, Education, Labor, and Pensions
Washington DC 20510

Committee on Health, Education, Labor, and Pensions
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Chair Murray, and Ranking Member Burr,

On behalf of the National Health Law Program, we write to encourage you to support Xavier Becerra's confirmation as the next Secretary of the United States Department of Health and Human Services (HHS). As long-time advocates for the health rights of low-income individuals and families, we know that Attorney General Becerra has the skills, drive, and empathy to guide HHS.

Attorney General Becerra has taken on threats to health care with vision and boldness, both as a Member of Congress and as Attorney General of California. Throughout his career, he has championed access to health care for those who need it most: low-income individuals and families; Black, Indigenous, and people of color (BIPOC); people with disabilities; children; women; immigrants; members of the LGBTQ-GNC community; people with limited-English proficiency; and those at the intersections of multiple identities. AG Becerra possesses both a keen understanding of the law and a deep recognition of the challenges faced by everyday people. While a Member of Congress, AG Becerra sponsored and supported the Affordable Care Act. As Attorney General of California, he has led the fight against the latest effort to have the federal courts strike down the law. He has worked to block federal regulations and policies that encourage discrimination in health care delivery—especially against women, LGBTQ-GNC individuals, and those seeking reproductive health care.

The challenges facing this nation are multifold, both acute and long-simmering. The pandemic has exposed flagrant flaws in our health care system and painfully revealed America's entrenched health inequities. President Biden was wise to nominate Xavier Becerra to be his lieutenant in addressing them. There is much work to do, and we are confident that AG Becerra will face those challenges with thoughtfulness and fearless energy. As an organization with deep roots in California, we will miss his leadership in Sacramento, but we look forward to working with him in this new capacity. We encourage the Senate to confirm his nomination swiftly and resolutely.

If you have any questions, please contact Kim Lewis (lewis@healthlaw.org) or Mara Youdelman, Managing Attorney (Washington, DC) (youdelman@healthlaw.org).

Sincerely,

Elizabeth G. Taylor
Executive Director

Kim Lewis
Managing Attorney, California

NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION

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Tampa, FL 33618
813-264-2697
www.nmeda.org

February 2, 2021

To Whom It May Concern:

The National Mobility Equipment Dealers Association (NMEDA) submits this statement in support of Xavier Becerra's nomination for Secretary of the U.S. Department of Health and Human Services. During his tenure in the House of Representatives, Congressman Becerra demonstrated a thorough understanding of federal programs that support the aging and disability communities—most notably the Social Security Disability Insurance, Medicare, and Medicaid programs—and made significant and meaningful contributions to disability-related policies. NMEDA is confident that Mr. Becerra's leadership will advance and strengthen HHS's commitment to the empowerment, integration, independence, and health and well-being of American seniors and people with disabilities.

Respectfully Submitted,

Danny Langfield
Chief Executive Officer

NATIONAL ORGANIZATION FOR RARE DISORDERS
1779 Massachusetts Avenue, NW, Suite 500
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<https://rarediseases.org/>

February 11, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, and Members of the Senate Finance Committee,

The National Organization for Rare Disorders (NORD) writes to express our support for the nomination of Xavier Becerra as the next Secretary of the Department of Health and Human Services (HHS). NORD is a unique federation of over 325 voluntary health organizations dedicated to helping the 25–30 million Americans living with a rare disease. NORD is committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services. We believe that all patients should have access to quality, accessible, and affordable health coverage that is best suited to their medical needs.

Attorney General Becerra has spent a career in both Washington and California advancing policies that have improved access to affordable and comprehensive health care. As a member of Congress for more than 20 years, Representative Becerra served on the House Ways and Means Committee, where he focused on strengthening the programs that patients with rare diseases depend on and played an integral role in the passage of the Affordable Care Act (ACA). Mr. Becerra has continued to act as a champion for patients as Attorney General of California, spearheading efforts to safeguard the patient protections enshrined within the ACA, including leading a coalition of 17 states to defend the law before the Supreme Court. We are confident that his experience will enable him to effectively lead HHS and support the implementation of policies that can help address pressing health needs of the rare disease community.

Should Attorney General Becerra be confirmed, he will be tasked with addressing many of our nation's most urgent health challenges. Over the past several years, many essential guardrails that protect patients and their families have been eroded while insurance practices that disproportionately discriminate against patients with pre-existing conditions have proliferated. Upon confirmation, Attorney General Becerra and the Department must take immediate steps to restore protections and resources that help patients get high-quality insurance coverage that meets their needs. In addition, we hope Attorney General Becerra will strengthen the vital Medicaid and Medicare programs upon which so many in the rare disease community rely. Medicaid, in particular, is an invaluable safety net for rare disease patients who often find their financial lives upended by the debilitating nature of their diseases, but its core objective of serving the health and wellness needs of its beneficiaries has been undermined in recent years through federal government approval of several harmful Section 1115 waivers. NORD looks forward to working with HHS to reinforce the objectives of the Medicaid program and continue to develop new and innovative payment models to reward the delivery of high-quality care to patients.

This nomination is occurring during an unprecedented national public health crisis. The devastating impact of COVID-19 means that it is more important than ever that the Department of Health and Human Services has strong and continuous leadership. In addition to overseeing the distribution of vaccines for COVID-19 and coordinating our public health agencies, as Secretary, Attorney General Becerra must address the systemic racism and pervasive inequality within our health care system that has only been exacerbated by this crisis. The COVID-19 pandemic has been particularly challenging for the rare disease community, as many rare disease patients are immune-compromised, putting them at high risk of infection and seri-

ous illness. Our community cannot afford for there to be any interruption in the operations of the Department during this pandemic.

NORD believes that Attorney General Becerra's lifetime of public service and commitment to patients with pre-existing conditions makes him the right candidate for this role. We look forward to working alongside Attorney General Becerra to ensure that health care is accessible, comprehensive, and affordable for patients with rare disorders. We urge this committee to take swift action to advance Mr. Becerra's nomination before the full Senate so that the critical work of the Department may proceed without any delay. For questions regarding NORD or our support, please contact Rachel Sher, Vice President of Policy and Regulatory Affairs, at rsher@rarediseases.org, or 202-588-5700.

Sincerely,

Peter L. Saltonstall
President and Chief Executive Officer

NATIONAL ORGANIZATION OF SOCIAL SECURITY
CLAIMANTS' REPRESENTATIVES

January 21, 2021

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Michael Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Senators Wyden and Crapo:

The National Organization of Social Security Claimants' Representatives (NOSSCR) strongly supports the nomination of Xavier Becerra to be Secretary of the Department of Health and Human Services (DHHS). NOSSCR is a specialized bar association for attorneys and advocates who represent Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claimants throughout the adjudication process and in federal court. Founded in 1979, NOSSCR is a national organization with a current membership of over 2,500 members from the private and non-profit sectors and is committed to the highest quality representation for claimants and beneficiaries. NOSSCR's mission is to advocate for improvements in Social Security disability programs and to ensure that individuals with disabilities applying for SSDI and SSI benefits have access to highly qualified representation and receive fair decisions.

As both Ranking Member and as a member of the House of Representative's Ways and Means Social Security Subcommittee, Attorney General Becerra championed important pieces of legislation affecting the lives of millions of beneficiaries of Social Security Disability, SSI, Medicare and Medicaid. NOSSCR awarded then Congressman Becerra our "Award for Excellence in Social Security Disability Advocacy." Attorney General Becerra understands beneficiaries' needs and the interaction between Social Security benefits, Medicare and Medicaid health insurance, and an individual's overall well-being.

As both California's Attorney General and as a former twelve-term Member of the House of Representatives, Attorney General Becerra will be ready to lead the DHHS on day one. Attorney General Becerra's experience and leadership will help the nation turn the corner on the COVID-19 epidemic while protecting and enhancing our nation's SSI and SSDI programs. NOSSCR enthusiastically supports Attorney General Becerra's nomination and calls for the Senate Finance Committee to move his confirmation forward without delay.

Sincerely,

Barbara Silverstone
Executive Director

NATIONAL RESOURCE CENTER ON DOMESTIC VIOLENCE

6041 Linglestown Road
 Harrisburg, PA 17112
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February 12, 2021

U.S. Senate
 Committee on Finance
 U.S. Senate
 Committee on Health, Education, Labor, and Pensions
 Dirksen Senate Office Building
 Washington, DC 20510

Dear Chairman Wyden, Ranking Member Crapo, Chairwoman Murray, Ranking Member Crapo, and Ranking Member Burr:

On behalf of the National Resource Center on Domestic Violence (NRCDV), I write today in support of the nomination of Xavier Becerra to lead the Department of Health and Human Services (HHS). His diverse experience on and around the issues affecting domestic violence survivors makes him uniquely qualified to become the Secretary of HHS during this critical time.

The NRCDV has worked, for the past 25 years, to strengthen the capacity of programs responding to domestic violence victims and their families by promoting effective public policy, institutional response and research, and engagement in prevention. Today NRCDV works with many other organizations and partners who bring various expertise, backgrounds, and perspectives, to improve community response to domestic violence and, ultimately, prevent its occurrence. We are part of a network of domestic violence programs that work collaboratively to promote practices and strategies to improve our nation's response to domestic violence and make safety and justice for all families a priority.

We believe that Domestic violence impacts all areas of the lives of survivors and their children and the systems they access for help can either support or cause further harm. A holistic approach to domestic violence is needed to ensure the safety and well-being of survivors and their families. This is especially critical as the United States grapples with the COVID-19 pandemic. The inequities in our nation are inescapable as Black, Latino, Asian and Native American communities bear the brunt of the pandemic's economic and health damages. Through all this, women, broadly, and survivors and their families are more severely affected. The devastation of this moment compels us to reimagine what kind of America we want to become after the pandemic—one that is more equitable for all people.

The Department of Health and Human Services (HHS) is the agency in the Federal executive branch most involved with the Nation's human concerns. In one way or another, it touches the lives of more Americans than any other Federal agency. It is a department of people serving people, from newborn infants to persons requiring health services to our most elderly citizens. It is the agency that addresses the health and well-being of Americans and within that addresses the issues of Family Violence. HHS is the agency best positioned to advancing a more holistic and equitable approach to Domestic Violence. It is more important than ever that this department be comprised of leaders committed to ending violence against women, addressing white supremacy and advancing racial equity. As such, there is no better candidate to lead the Department of Health and Human Services than Xavier Becerra.

Xavier Becerra is a deeply qualified and passionate leader with a depth and breadth of experience that spans three decades of working to address violence against women and support survivors, ensure access to healthcare, protect Social Security, and Medicare. In May of 2020 as California Attorney General, Xavier Becerra called for the reauthorization of the Violence Against Women Act stating that "[t]here's no place for violence against women anywhere." At the California Department of Justice, Becerra ensured that they were doing their part to support survivors of domestic and sexual violence and prevent and respond to crimes against women." During COVID-19, Attorney General Becerra stayed focused on the needs of survivors and worked to ensure that they had access to critical services during state-wide stay-at-home orders.

Xavier Becerra has been at the forefront of legal efforts to protect the Affordable Care Act and a vocal advocate for women's health. Through appointed and elected office Xavier Becerra worked to combat poverty among working families, and as a

legal services lawyer Becerra fought for the rights of people with mental health disabilities. At a time where the US is facing so many challenges, we have a nominee with a vast array of experience which positions Xavier Becerra to be the best suited leader. His legal background and efforts with his expansive understanding of health and welfare issues is the perfect mix of experience to meet the needs of an agency that touches the greatest number of lives.

We urge the Senate Committees on Health, Education, Labor and Pensions and Finance swiftly confirm Xavier Becerra as Secretary of the Department of Health and Human Services.

Sincerely,

Farzana Q. Safiullah
Chief Executive Officer

OGLALA SIOUX TRIBE
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Office of the President
Kevin Killer

January 28, 2021

The Honorable John Thune
U.S. Senate
511 Dirksen Senate Office Building
Washington, DC 20510

Re: Support for Xavier Becerra to be Secretary of the Department of Health and Human Services

Dear Senator Thune:

On behalf of the Oglala Sioux Tribe I write in support of the confirmation of California Attorney General Xavier Becerra as Secretary of the Department of Health and Human Services (HHS).

The Oglala Sioux Tribe is a part of the Oceti Sakowin (Seven Council Fires, known as the Great Sioux Nation) and a signatory to the Treaty with the Teton of 1815, 7 Stat. 125 (July 19, 1815), the Treaty of Fort Laramie of 1851, 1 Stat. 749 (September 17, 1851), and the Treaty of Fort Laramie of 1868, 15 Stat. 635 (April 29, 1868). The Tribe is one of the largest land-based tribes in the United States. Our Tribe's Pine Ridge Indian Reservation is comprised of 3,155,200 acres of land in southwestern South Dakota, roughly the size of Connecticut. Our Reservation, however, is extremely rural and remote, and we are in need of adequate housing, economic development, job opportunities, community development and infrastructure, and quality health care. It is critical that nominees to cabinet positions fully understand the challenges facing our people and Indian Country as a whole.

Mr. Becerra has a long track record of supporting tribal sovereignty, honoring treaties, and supporting improved health for American Indians and Alaska Natives (AI/ANs). We believe that as HHS Secretary, he will advance the health of all Americans, including indigenous peoples and adeptly serve the health needs of the nation.

HHS has many programs that are responsible for fulfilling the trust responsibility toward tribal nations. As you know, Indian Health Service (IHS) is housed at HHS, which has the primary responsibility for providing health care to AI/ANs. However, IHS is not the only agency at HHS serving tribal communities. Virtually all HHS operating divisions including the Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services; the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration all have important roles to play in ensuring that AI/ANs are included fairly and treated as sovereign nations in any action by the Department.

Our IHS Pine Ridge Service Unit is notoriously underfunded and understaffed. This is alarming and anxiety-producing under normal conditions. In a pandemic, it is downright terrifying. We have a desperate need for: health care professionals; health care facility administrators and office workers; emergency medical services

(EMS) (ambulance) personnel and equipment; hospital and health clinic equipment, including personal protective equipment (PPE) and ventilators. Having a capable Secretary who fully understands these challenges and these needs will be crucial in this Administration. We believe that Mr. Becerra's decades long experience as a policy maker will mean that he can bring creative solutions to addressing some of these complex issues for our health system.

During his tenure as Attorney General of California, Mr. Becerra led a 20 state coalition to defend the Affordable Care Act (ACA) in *Texas v. U.S.* Overturning the ACA in the courts would not only create chaos for America's health system, but could have disastrous impacts for Indian Country as well. As you are aware, the Indian Health Care Improvement Act was permanently reauthorized as part of the ACA, and overturning the law would likely create serious uncertainty for the Indian health system and undo over a decade of process for AI/AN health. There are also other critical protections and benefits for AI/ANs in the ACA outside of the IHCA. His leadership in protecting this important law will be critical as HHS looks to undertake a new era of health policy making.

As Attorney General of California, Mr. Becerra demonstrated his support for tribal nations. He led a bipartisan coalition of 27 attorneys general in filing an amicus brief to defend the Indian Child Welfare Act in *Brackeen v. Bernhardt*. In filing this brief, he said, "we are proud to lead the way in defending the rights of Native American children and families." His leadership on this issue clearly reveals his belief in strong tribal nations, and we are confident that as HHS Secretary he will continue to uphold laws passed by Congress which are critical to tribal nations and AI/AN people.

Mr. Becerra also had a strong record of supporting tribal communities during his tenure in Congress. He signed on to legislation that would renew the Special Diabetes Program for Indians, the Violence Against Women Act, and other legislation supporting tribes. As a member of the Ways and Means Committee, he was the lead sponsor on bipartisan legislation¹ to exclude from gross income certain medical care or benefits provided to American Indians, clearly demonstrating his leadership on tribal sovereignty and the federal trust responsibility for health.

Mr. Becerra has had a decades-long career where he has demonstrated his commitment to upholding tribal sovereignty and the treaty and trust responsibility for AI/AN health. His Tweet from November 30, 2020 summarizes it well: "The California Department of Justice is committed to supporting tribal sovereignty, preserving Native American culture, and fighting to improve the health, safety and welfare of our Native American brothers and sisters." Should he be confirmed as HHS Secretary, we believe that he will carry this commitment forward at the Department.

We respectfully request that you vote to confirm to Mr. Xavier Becerra for the position of Secretary of HHS in the Biden Administration. We believe that he would serve as an excellent partner with Indian Country and work tirelessly to fulfill the federal trust responsibility for health, and it is our hope that you feel the same.

Sincerely,
Kevin Killer
President

OREGON PRIMARY CARE ASSOCIATION
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February 5, 2021

The Honorable Ron Wyden
Chairman
United States Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
United States Senate
Committee on Finance
Washington, DC 20510

¹ 111th Congress—H.R. 3608, Tribal Health Benefits Clarification Act.

Re: Xavier Becerra's Nomination for Secretary of Health and Human Services (HHS)—Support

Dear Chairman Wyden and Ranking Member Crapo,

On behalf of the Oregon Primary Care Association (OPCA)—representing Oregon's 33 community health centers (CHCs) who serve over 466,00 Oregonians, I am writing to express our strong support of Xavier Becerra's nomination for Secretary of Health and Human Services (HHS). Our trusted colleagues to the south, at the California Primary Care Association, speak highly of Secretary-designate Becerra and his ability to lead HHS at this crucial time.

COVID-19 has reinforced the structural discrimination and racism within our society, and CHCs have witnessed this uneven impact of COVID-19 on their racial and ethnic minorities, homeless, and farm worker patients. Xavier Becerra is uniquely positioned to bring the tailored approach and leadership that is needed to support all Americans through this unprecedented public health emergency and guarantee a stronger health care delivery system when it is over.

With the Biden Administration refocusing the federal government's COVID-19 response and building a new vaccination infrastructure that is centered in community health centers, Becerra comes well prepared to see that vision forward. As congressman, Secretary-designate Becerra represented a district that has 30 health centers with 57 sites. The Secretary-designee's experience with health centers in his congressional district (where over one quarter of the population of his former district accessed care at a health center) will be important as he transitions to a national position. Nationally, and in Oregon, health centers serve almost 10% of the population (9% of Oregonians access care at a health center).

Secretary-designate Becerra has always been a strong supporter of health centers. He attended events at health centers in his former congressional district and hosted regular policy roundtables for health center leaders. More importantly, he fought for programs and funding helpful to health centers through his position as a senior member of the House Ways and Means Committee. He has also been involved in the important discussions about the federal government's role in ensuring coverage for all.

As COVID-19 continues to ravage our country, with a disproportionate impact on historically marginalized communities and communities of color, it is imperative that Secretary-designate Becerra be confirmed and on-the-job quickly. For these reasons, we respectfully request the swift confirmation of Secretary-designate Becerra as Secretary of Health and Human Services.

Thank you for your quick consideration of his nomination.

Sincerely,

Joan Watson-Patko
Executive Director

PATIENTS RISING

February 17, 2021

The Honorable Charles Schumer
Majority Leader
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Leader Schumer, Leader McConnell, Chairman Wyden and Ranking Member Crapo:

On behalf of Patients Rising, the organization representing the voice of millions of Americans living with chronic illness, I write to raise awareness of our priorities

during the Congressional hearings on the nomination of Xavier Becerra to serve as Secretary of Health and Human Services.

Patients Rising is a 100,000 member-organization of patients and caregivers living with chronic illness. We work with patients to advocate for access to the treatments, innovations and care they need. Our numerous patient programs and initiatives, including Patients Rising Concierge, Patients Rising University, Voices of Value, and Patients Rising NOW, educate patients about the legislative process and empower them to advocate for reforms to advance patient access, affordability, and transparency in healthcare.

The U.S. Department of Health and Human Services oversees the health and well-being of Americans. Together, with patients and the federal government, we share the agency's objective to advance sound, sustained advances in the sciences underlying medicine, public health, and social services. Our organization has engaged with HHS in the past to inform them of the impact of healthcare policies on Americans with chronic disease. These include our concern around their copay accumulator and six protected classes policies, as well as our enthusiastic support of the transparency rule.

For Patients Rising, our pro-patient agenda addresses critical priorities to work with the Department of HHS and Congress. The Secretary-designate should work to get patients out of the middle of the drug price wars.

Patients Rising supports a nominee who will *empower patients* and their families by:

- Addressing the root causes of financial toxicity that harm patients by bringing the issue of poor benefit design and not just the costs themselves to the healthcare finance conversation.
- Allow for and provide additional financial tools and options for patients to make their healthcare dollars stretch further.
- Strengthen the Essential Health Benefits and hold health plans accountable for covering a broad range of therapies and treatments with nominal out-of-pocket cost to patients.
- Give patients more control by making a variety of health plans available to them, including a public option.

Patients Rising supports a nominee who will support the *advancement of medical innovation* by:

- To speed up development and approvals of new medicines, empower regulators at the FDA to more rapidly incorporate advances in regulatory science, such as biomarkers, patient-reported outcomes, real world data, and simultaneous review.
- Develop pathways for the FDA and states to approve access to new therapies.
- Eliminate the Most Favored Nations rule, which threatens access to lifesaving medications for Medicare Part B patients and does little to lower the overall cost of drugs for a majority of Americans.

Patients Rising supports a nominee who truly wants to *reform healthcare finance* in the interest of patients and their families:

- Ensure states have the tools and flexibilities to offer a range of health insurance products to meet the coverage needs of their residents.
- Ensure that plans regulated under ERISA cannot avoid compliance with state-based regulations.
- Establish a healthcare finance and payment model that rewards improvements in the long-term care of patients.
- Stop incorporating flawed coverage recommendations based on inappropriate measurements—including the use of Quality Adjusted Life Year (QALY).

Patients Rising is engaged on all issues impacting patients with chronic disease and looks forward to working with the Department of HHS and the Committee on these issues during the 117th Congress. If you have any questions, please do not hesitate to reach out to me at twilcox@patientsrising.org or at 202-750-4331.

Sincerely,

Terry Wilcox
Executive Director, Patients Rising and Patients Rising Now

PEOPLE'S ACTION
Chicago, IL | Washington, DC
www.peoplesaction.org

February 19, 2021

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

Dear Majority Leader Schumer, Minority Leader McConnell, Chairman and Ranking Member of the Senate Finance Committee, Senator Wyden and Senator Crapo,

We the undersigned organizations representing millions of members and supporters write to express our enthusiastic support for an urgent and historic confirmation of Attorney General Xavier Becerra as Secretary of the Department of Health and Human Services. In the midst of a global pandemic following the deadliest year in U.S. history, we call on the U.S. Senate Finance committee to advance the confirmation of Attorney General Becerra to the full Senate for confirmation without hesitation. The people of the United States need AG Becerra, an outstanding leader, at the helm of the Department of Health and Human Services immediately.

As a 12 term Congressman and current California State Attorney General, Becerra has been a champion of expanding healthcare to more people, eliminating barriers to accessing care, and protecting patient's rights. He played a leading role in the construction and passage of the Patient Protection and Affordable Care Act, resulting in over 20 million people in the United States gaining access to healthcare coverage. He has championed protections against discrimination of women, people who are LGBTQ+, and people of color in healthcare.

Attorney General Becerra has proven that he is willing to take on the healthcare industry in order to protect all people and our rights to quality, affordable, and accessible healthcare. He has challenged harmful practices such as the pharmaceutical industry's "pay for delay," which unnecessarily delayed the introduction of potentially life-saving generic medication. He has won major settlements over exorbitant prices and anti-competitive practices, for example Sutter Health, one of the largest healthcare chains in California. He sued Purdue Pharma and McKinsey and Co. for their roles in creating the national overdose crisis.

The people of the United States deserve a champion who will take on the healthcare industry and AG Becerra has proven that he is unafraid to stand up to corporate America in pursuit of justice and health equity for all patients.

As the head of a massive state agency in the largest state, AG Becerra has the experience of overseeing an agency larger than some federal departments. If confirmed, Xavier Becerra would be the first Latino to lead the Department of Health and Human Services, making his confirmation both critical and historic.

As Secretary of the Department of Health and Human Services, AG Becerra would be an outstanding pick to direct the urgent task of overseeing the agency that will guide the nation out of this pandemic. Further, we are confident that he will be proactive in establishing a resilient public healthcare system to meet the future needs of the nation.

We strongly urge members of the Finance Committee to vote "yes" on this nomination, so that AG Becerra may be confirmed by the U.S. Senate. The people of the United States need a leader with extensive direct experience improving our nation's healthcare system, and one who is dedicated to ensuring we all have the healthcare coverage and services we need and deserve.

Sincerely,

People's Action

AFSCME
American Federation of Teachers
Blue Future

American Family Voices
Arkansas Community Organizations
Brain Mind Self Adaptability Institute

People's Action—Continued

Brave New Films	Business Leaders for Health Care Transformation
California Alliance for Retired Americans	California Democratic Party Senior Caucus
California OneCare	California Progressive Alliance
CARA	Center for Coalfield Justice
Center for Law and Social Policy (CLASP)	Center for LGBTQ Economic Advancement and Research
Center for Popular Democracy Action	Churches United For Fair Housing Action
Coalition on Human Needs	Common Defense
Communications Workers of America	Communities United
Connecticut Citizen Action Group (CCAG)	Criminalization of Poverty Project at the Institute for Policy Studies
DelACA (Delaware Alliance for Community Advancement)	Demand Progress
Equality California	Family Equality
Generation Progress	Hayward Area Democratic Club
Health Access California	Health Care for All—California
Health Care for America Now	Health Care Voter
Healthcare Action Committee	Healthcare for All Working Group, Sonoma County, CA
Healthy California Now	Hispanic Federation
Hometown Action	Indivisible
Indivisible Healdsburg	Inland Equity Partnership
Iowa Citizens for Community Improvement	Jane Addams Senior Caucus
Justice for Migrant Women	Justice Is Global
Long Beach Area Peace Network	Long Beach Medicare for All Coalition
LULAC	Maine People's Alliance
Make the Road Nevada	Michigan United
Missouri Jobs with Justice	National Council of Jewish Women
National Harm Reduction Coalition	National Health Care for the Homeless Council
National Partnership for Women and Families	National Union of Healthcare Workers
New American Leaders	New Hampshire Youth Movement
New Jersey Citizen Action	ONE Northside
OneAmerica	OWL SacCap
Physicians for a National Health Program, California chapter	Progressive Democrats of America
Progressive Leadership Alliance of Nevada	Progressive Maryland
Public Advocacy for Kids (PAK)	Public Citizen
R2H Action [Right to Health]	Rights and Democracy NH
Rights and Democracy VT	River Valley Organizing
San Francisco Gray Panthers	Santa Clara County Single Payer Health Care Coalition
Silver State Equality—Nevada	Small Business for America's Future
Social Security Works	South Bay Progressive Alliance
Students for Sensible Drug Policy	The People's Lobby
Therapists for Single Payer	United Vision for Idaho
University of Washington	VOCAL—NY
Voice for Refuge Action Fund	Washington Community Action Network
We All Rise	Yolo Progressives
Young Invincible	

PORT GAMBLE S'KLALLAM TRIBE

January 27, 2021

The Honorable Patty Murray
 U.S. Senate
 154 Russell Senate Office Building
 Washington, DC 20510

Re: Support for Xavier Becerra to be Secretary of the Department of Health and Human Services

Dear Senator Murray:

On behalf of the Port Gamble S'Klallam Tribe I write in support of the confirmation of California Attorney General Xavier Becerra as Secretary of the Department

of Health and Human Services (HHS). Mr. Becerra has a long track record of supporting tribal sovereignty, honoring treaties, and supporting improved health for American Indians and Alaska Natives (AI/ANs). We believe that as HHS Secretary, he will advance the health of all Americans, including indigenous peoples and adeptly serve the health needs of the nation.

HHS has many programs that are responsible for fulfilling the trust responsibility toward tribal nations. As you know, Indian Health Service (IHS) is housed at HHS, which has the primary responsibility for providing health care to AI/ANs. However, IHS is not the only agency at HHS serving tribal communities. Virtually all HHS operating divisions including the Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services; the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration all have important roles to play in ensuring that AI/ANs are included fairly and treated as sovereign nations in any action by the Department. Having a capable Secretary who fully understands tribal sovereignty and the federal trust responsibility for health will be crucial in this Administration.

Mr. Becerra has demonstrated his commitment to tribal nations during his tenure as Attorney General of California. He led a bipartisan coalition of 27 attorneys general in filing an amicus brief to defend the Indian Child Welfare Act in *Brackeen v. Bernhardt*. In filing this brief, he said, “we are proud to lead the way in defending the rights of Native American children and families.” His leadership on this issue, clearly shows his belief in strong tribal nations, and we are confident that as HHS Secretary he will continue to uphold laws passed by Congress which are critical to tribal nations and AI/AN people.

Also during his tenure as Attorney General of California, Mr. Becerra led a 20 state coalition to defend the Affordable Care Act (ACA) in *Texas v. U.S.* Overturning the ACA in the courts would not only create chaos for America’s health system, but could have disastrous impacts for Indian Country as well. As you are aware, the Indian Health Care Improvement Act was permanently reauthorized as part of the ACA, and overturning the law would likely create serious uncertainty for the Indian health system and undo over a decade of process for AI/AN health. There are also other critical protections and benefits for AI/ANs in the ACA outside of the IHCA. His leadership in protecting this important law will be critical as HHS looks to undertake a new era of health policy making.

During his tenure in Congress, Mr. Becerra also had a strong record of supporting tribal communities. He signed on to legislation that would renew the Special Diabetes Program for Indians, the Violence Against Women Act, and legislation affirming the authority of the Secretary of the Interior to take land into trust for Indian tribes (or so-called “*Carceri* Fix”). As a member of the Ways and Means Committee, he was the lead sponsor on bipartisan legislation¹ to exclude from gross income for certain medical care or benefits provided to American Indians clearly demonstrating his leadership on tribal sovereignty and the federal trust responsibility for health.

Mr. Becerra has had a decades-long career where he has demonstrated his commitment to upholding tribal sovereignty and the treaty and trust responsibility for AI/AN health. His Tweet from November 30, 2020 summarizes it well: “The California Department of Justice is committed to supporting tribal sovereignty, preserving Native American culture, and fighting to improve the health, safety and welfare of our Native American brothers and sisters.” Should he be confirmed as HHS Secretary, we believe that he will carry this commitment forward at the Department.

We respectfully request that you vote to confirm to Mr. Xavier Becerra for the position of Secretary of HHS in the Biden Administration. We firmly believe that he would serve as an exceptional partner with Indian Country and work tirelessly to fulfill the federal trust responsibility for health—it is our hope that you feel the same.

Respectfully submitted,

Jeromy Sullivan
Chairman

¹ 111th Congress—H.R. 3608, Tribal Health Benefits Clarification Act

PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS

1107 9th Street, Suite 1001
 Sacramento, CA 95814
 916.446.6000
<https://www.peachinc.org/>

January 25, 2021

The Honorable Ron Wyden
 Chair
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

Private Essential Access Community Hospitals (PEACH), a state-wide association representing California's private community safety-net hospitals, is pleased to convey our support for former California congressman Xavier Becerra's nomination to serve as our next Secretary of the Department of Health and Human Services.

As a 12-term member of Congress, Mr. Becerra represented a district that included a number of private safety-net hospitals and came to understand the needs of the low-income, underserved communities those hospitals serve. During that time Mr. Becerra served on the House Ways and Means Committee and showed a commitment to developing and supporting public policies that reflected his understanding of the distinct challenges low-income and underserved communities face and made a difference in the lives of the people he represented. We are confident he would do the same as Secretary of Health and Human Services, including pursuing a much-needed effort to address the underlying health equity challenges that we must address as a nation.

For these and other reasons PEACH is proud to support Mr. Becerra's nomination to be Secretary of Health and Human Services and asks you to advance his nomination to the full Senate.

Sincerely,

Anne McLeod
 President and CEO

PROVIDENCE
 1801 Lind Avenue SW
 Renton, WA 98057
<https://www.providence.org/>

February 9, 2021

Dear Chairman Wyden,

On behalf of Providence, I am urging you to support Attorney General Xavier Becerra's nomination for Department of Health and Human Services Secretary. Our health system looks forward to working with Mr. Becerra in his new capacity once confirmed, as we take on critical health issues facing our nation and communities.

As one of the largest health care provider in Oregon, our belief that health care is a basic human right animates much of our work. We are strong proponents of Medicaid expansion under the Affordable Care Act (ACA) and are working to preserve coverage gains achieved through the ACA. We are leaders and innovators on community benefit and charity care, and an advocate for our country's immigrants and refugees. Last summer, Providence pledged \$50 million to end disparities in health care and we have been working diligently to reach communities of color and other populations at highest risk for COVID-19 in terms of education, testing, access to care and vaccinations. Many areas of health policy can have a profound effect on very vulnerable populations, and we are proud to be a leading voice on their behalf.

We know that Mr. Becerra shares these beliefs and priorities as well. We have had the privilege of working with Mr. Becerra during his tenure in Congress and as Attorney General in California, another state where Providence has a large footprint. We have experienced, firsthand, Mr. Becerra's leadership in ensuring access to care for vulnerable communities and addressing racial and ethnic inequities in health care.

Thank you for your consideration of Mr. Becerra's deserving and important nomination. Mr. Becerra is the leader our nation needs to stem the tide of the COVID-

19 pandemic, expand health care access to the uninsured, and steer the nation's health care system under the new administration.

Please contact Jacquelyn Bombard, Executive Director of Federal Relations, for any follow up and to schedule a meeting. She may be reached at Jacquelyn.Bombard@providence.org or (512) 569-3105.

Sincerely,

Rod Hochman, MD
President and CEO

PUBLIC HEALTH EXPERTS AND PROFESSIONALS ET AL.

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Chairman
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Patty Murray
Chairman
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
U.S. Senate
Committee on Health, Education, Labor,
and Pensions
Washington, DC 20510

February 22, 2021

Dear Leaders Schumer and McConnell, Chairmen Wyden and Murray, and Ranking Members Crapo and Burr,

As public health experts and professionals, we write to urge that you swiftly consider and confirm President Joe Biden's nominee for Secretary of the Department of Health and Human Services (HHS), California Attorney General Xavier Becerra. It has been roughly one month since Joe Biden was sworn in as president. Given the once-in-a-century pandemic that has infected roughly 80 million Americans and caused the death of more than 500,000 Americans, it is critical that the Department have leadership in place to guide and coordinate the federal response and oversee many of the nation's most urgent priorities, including the administration of COVID-19 vaccines, the safe return to in-person learning, and ensuring Americans can sign up for health coverage during the recently launched Special Enrollment Period.

HHS is charged with protecting the health of the nation and providing essential human services to the American people. The role of the Secretary has never been more critical as it is now—given the responsibility for managing efforts between its vital agencies, including the Centers for Disease Control and Prevention, the Food and Drug Administration, the U.S. Public Health Service, the National Institutes of Health, the Centers for Medicare and Medicaid Services, and the Administration for Community Living. Each of these agencies will play a critical role in the Biden-Harris administration's policy responses to COVID-19, from CDC's role in tracking the virus and supporting state and local health departments, CMS's role in providing health insurance to tens of millions of Americans, and the FDA's role in evaluating new treatments and vaccines.

Attorney General Becerra is the leader the Department needs during this crisis. As California's Attorney General he has not only led the nation's second-largest law enforcement agency but also prioritized actions to protect the health of Californians. His health care legacy includes challenging efforts to overturn the Affordable Care Act (ACA) and actions by drug manufacturers to keep lower-cost generic drugs from entering the market. He also secured a \$575 million settlement with Sutter Health, one of California's largest hospital chains, after arguing the system was driving up the costs of medical care.

Even before his tenure as California's Attorney General, Mr. Becerra has been a health care leader. Attorney General Becerra's longstanding commitment to addressing health inequities will ensure that the Department's response to the COVID-19

pandemic is centered on the communities hardest hit by the crisis. And his service on the Ways and Means Committee has given him a deep understanding of the federal health care programs he will be charged with overseeing as Secretary. Throughout his years in public service, Mr. Becerra has consistently sought out consensus solutions, including reaching across the aisle to find areas of common interest. During the debate over the ACA, then-Congressman Becerra helped resolve a dispute between members from rural and urban areas about the appropriate allocation of Medicare payments. Most recently, he has joined broad coalitions of attorneys general to advocate for a more robust COVID-19 federal response, such as leading a multistate, bipartisan effort with Louisiana Attorney General Jeff Landry to urge the federal government to use its legal authority to increase the availability of the COVID-19 treatment, Remdesivir.

As the Biden administration enters its second month, it is deeply alarming that the Senate has yet to confirm Mr. Becerra. We urge the Senate to act quickly to ensure that the Department has in place a capable and compassionate leader at its helm.

Sincerely,

Stacy Abrams, Physician Assistant, Columbia University in the City of New York	Karlotta Bartholomew, Psychologist, Former Kaiser Permanente Psychologist
Carol Allen, MD, Retired	William Beardslee, Director, Baer Prevention Initiatives, Boston Children's Hospital
Ivey Allen, President, Foundation for the Mid South	Pamela Behrman, PhD/Adjunct Professor, Department of Psychology, College of Mt. St. Vincent
Luzann Ampadu, FNP-BC, Highland Family Medicine	Ann Behrmann, MD, Pediatrician, ICATCH Program Director
Mari Armstrong-Hough, Assistant Professor, NYU School of Global Public Health	Leo Beletsky, Professor of Law and Health Sciences, Northeastern University
Marice Ashe, Lecturer, Public Health Law, UC Berkeley Law	Trude Bennett, Associate Professor Emerita, Gillings School of Global Public Health, University of North Carolina, Chapel Hill
Heather Barr, RN, Public Health Services Supervisor, Heather	David Celentano, Professor and Chair, Epidemiology, Johns Hopkins Bloomberg School of Public Health
Cheryl Berenson, Public Health Nurse Practitioner, RN, MS, MPH, Seattle King County Public Health Reserve Corps/ Medical Reserve Corps	Susan Cheng, Associate Professor and Chair, Benedictine University
Barbara Berney, Producer, Power to Heal: Medicare and the Civil Rights Revolution; Associate Professor of Public Health Policy, City University of New York (Emeritus), BLB Productions	Andrew Young Choi, Ph.D., Psychologist Fellow, The University of Hawai'i at Manoa
Robert Berry, MD, Attending Physician, CHA	Kim Clark, Attorney, Legal Voice
Sierra Black, Clinical Social Worker, Cambridge Health Alliance	Nancy Connolly, Clinical Assistant Professor of Medicine, University of Washington
Susan Bonadonna, MD, Montefiore Medical Center	Robin Cooper, Associate Professor of Psychiatry, Physician
Julia Boyle, Psychology Postdoctoral Fellow	Dominick DeFelice, Physician, University of Rochester
Paula Braveman, Professor of Family & Community Medicine, University of California, San Francisco	Carlos del Rio, Distinguished Professor, Emory University
Elizabeth Brown, MD, MPH, Associate Professor, University of Rochester	Mary Dewar, Nurse Educator for Public Health Nursing (Retired), PNHP Metro
Loraa Burke, Professor of Nursing and Epidemiology, University of Pittsburgh	Victoria DiCicco, PhD, Clinical Psychologist, Retired

- Scott Burris, Professor of Law and Public Health, Temple Law School
- Robert Byron, MD, MPH
- Jesus Casas, Retired Psychologist, University of California, Santa Barbara
- Sara Casey, Assistant Professor, Heilbrunn Department of Population and Family Health, Mailman School of Public Health, Columbia University
- Joe Feinglass, Research Professor of Medicine, Northwestern University Feinberg School of Medicine
- Marie Fioravanti, Director of Nursing, University of Pittsburgh School of Nursing
- Joan Fiorello, Ph.D.
- Kevin Fiscella, Professor, Family Medicine and Public Health Sciences, University of Rochester Medical Center
- Rachael Fite, Clinical Psychologist, Private Practice
- Kenneth Freedland, Professor, Washington University School of Medicine
- Bryony Freij, LCSW, Private Practitioner
- Emily Galpern, Public Health Consultant, Emily Galpern Consulting
- Shelley Geballe, Assistant Professor of Clinical Public Health, Yale School of Public Health
- Elizabeth Gershoff, Professor, University of Texas at Austin
- Robyn Gershon, Clinical Professor, NYU College of Global Public Health
- Carly Goldstein, Assistant Professor (Research) and Research Scientist, Alpert Medical School of Brown University/The Miriam Hospital
- Andrew Goldstein, MD, Assistant Professor, NYU School of Medicine
- Gregg Gonsalves, Assistant Professor, Yale School of Public Health
- Jennifer Huer, Managing Director, Center for Health Policy and Law at Northeastern University School of Law
- Samuel Jackson, MD, Kings County Hospital Center
- Peter Jacobson, Professor Emeritus of Health Law and Policy, University of Michigan School of Public Health
- Elizabeth Jarpe, Clinical Assistant Professor, University of Illinois at Chicago
- George DuPaul, Professor and Associate Dean for Research, College of Education, Lehigh University
- Maria Ekstrand, Professor, University of California, San Francisco
- Ronald Epstein, Professor of Family Medicine, University of Rochester
- Kathleen Fagan, MD, MPH
- Gail Goodman, Distinguished Professor of Psychology, University of California, Davis
- Rhoda Goodwin, Ph.D., Psychologist
- Andrea Gordon, Faculty Physician, Tufts University Family Medicine Residency at Cambridge Health Alliance
- Scott Greer, Professor, Health Management and Policy, University of Michigan
- Jodie Guest, Professor and Vice Chair, Department of Epidemiology, Emory University School of Medicine and Rollins School of Public Health
- Vincent Guilamo, Professor, NYU
- Jhumka Gupta, Associate Professor, George Mason University
- Ravi Gupta, Physician, NCSP, University of Pennsylvania
- Michael Gusmano, Professor, Rutgers University
- Perry Halkitis, Dean and Professor, School of Public Health, Rutgers University
- Lindsay Heckler, Supervising Attorney, Center for Elder Law and Justice
- Tamara Henry, Professor, George Washington University
- Jennifer Hirsch, Professor of Sociomedical Sciences, Mailman School of Public Health, Columbia University
- Natalie Hogan, RN
- Joseph Ladines-Lim, Resident Physician, Michigan Medicine
- Marc Lavietes, MD, Physicians for a National Health Program
- Jane Leavitt, ARNP, Retired
- Jane Lester, MD, Seattle King County Public Health

- Jonathan Kahn, Professor of Law and Biology, Northeastern University
- Leslie Kantor, Professor and Chair, Department of Urban-Global Public Health, Rutgers University School of Public Health
- Matthew Kavanagh, Assistant Professor, Georgetown University
- Susan Kegeles, Professor Emerita, Department of Medicine, University of California San Francisco
- Albert Ko, Professor and Department Chair, Yale School of Public Health
- Margaret Kozel, Pediatrician, Retired
- Barbara Kraft, MSW, Retired
- Nancy Krieger, Professor of Social Epidemiology, Harvard T.H. Chan School of Public Health
- Sunny Kung, Resident Physician, Brigham and Women's Hospital
- Theanvy Kuoch, Executive Director, Khmer Health Advocates
- Therese McGinn, Professor Emerita, Mailman School of Public Health, Columbia University
- Aimee McHale, Assistant Professor, University of North Carolina at Chapel Hill
- James McKeever, Pediatric Psychologist, Seattle Children's Hospital
- Molly McNulty, Assistant Professor of Public Health Law and Policy, University of Rochester
- Gail McVey, Psychologist, Gail McVey, Psy.D. LLC
- Emily Mendenhall, Provost's Distinguished Associate Professor, School of Foreign Service, Georgetown University
- Angelica Millan, Registered Nurse and Nursing Faculty, Los Angeles County Community Colleges
- Shan Mohammed, Clinical Professor, Northeastern University
- Marjaneh Moini, MD, JMH
- Donald Moss, Dean, College of Integrative Medicine and Health Sciences, Saybrook University
- Elizabeth Naumburg, Associate Dean, Advising; Professor of Family Medicine, University of Rochester
- Gina Novick, Associate Professor, Yale School of Nursing
- Joseph Nunes, Ph.D., Practicing Mental Health Clinician
- Jeffrey Levi, Professor of Health Policy and Management, George Washington University School of Public Health
- Beth Linas, Infectious Disease Epidemiologist, Johns Hopkins Bloomberg School of Public Health
- David Loud, Retired, Health Care Is a Human Right WA
- Mark Lowenthal, Psychologist, NJPA
- Karina Maher, Physician
- Duncan Maru, Associate Professor, Mount Sinai School of Medicine and NYC H&H/Elmhurst Hospital Center
- Marilyn Matthews, MD, Self Employed
- Kenneth Mayer, Medical Research Director and Professor, Fenway Health/Harvard Medical School
- Amy Mayfield, Family Nurse Practitioner, NPA
- Ann Mayo, Professor of Nursing, University of San Diego
- Mary Ann McCabe, PhD, ABPP, Associate Clinical Professor of Pediatrics, George Washington University School of Medicine
- Susan Opotow, Professor, John Jay College, City University of New York
- Melissa Palma, MD, MPH, Council of Young Filipinx Americans in Medicine
- Wendy Parmet, Professor of Law, Northeastern University
- Terence Patterson, Psychologist, USF
- Joanna Perkins, Medical Director, Hematology-Oncology, PRA Health Sciences
- Janet Perlman, Physician, Stanford Children's Health
- Nina Piazza, MD, Family Physician, University of Rochester
- Tonia Poteat, Assistant Professor, University of North Carolina at Chapel Hill, School of Medicine
- Tracy Rabin, Associate Professor of Medicine, Yale University School of Medicine
- Michele Ribeiro, Licensed Psychologist, APA Div 49

Iyabo Obasanjo, Assistant Professor, College of William and Mary	Kayla Ringelheim, MBA, MPH, Yale University
Elizabeth Samuels, Assistant Professor of Emergency Medicine, Brown Emergency Medicine	Tamara Rissman, Epidemiologist, CT Emerging Infections Program
Javier Sanchez, MD, Associate Professor of Family Medicine, UC Riverside School of Medicine, Southern California Permanente Medicine, UC Riverside School of Medicine	Cheryl Ritenbaugh, Professor Emerita of Family and Community Medicine, University of Arizona
Andrew Saxon, MD, Professor and Director, University of Washington School of Medicine/ VA Puget Sound Health Care System	Dr. Ellen Rosenberg, The Chicago Psychoanalytic Institute
Manisha Sharma, MD, FAAFP, Physician	Margie Sable, Professor Emerita, Retired Social Work
Mark Siegel, MD, Professor of Medicine, Yale School of Medicine	Catherine Stanger, Associate Professor, Geisel School of Medicine at Dartmouth
Vincent Silenzio, Professor of Urban-Global Public Health, Rutgers University	Steffanie Strathdee, Associate Dean, Global Health Sciences, University of California, San Diego
Jennifer Silverstein, LCSW	Lara Sucheston-Campbell, Associate Professor, The Ohio State University
Robin Simon, Professor of Sociology, Wake Forest University	Mary Tinetti, Professor of Medicine and Public Health, Yale School of Medicine
Heidi Sinclair, MD, Doctors for America; American College of Physicians	Kelly Vinehout, Clinical Psychologist, IL Psychological Association
Nirbhay Singh, Professor, Augusta University	Anna Walden, Psychologist
Stephen Soldz, Professor and Director of Research, Boston Graduate School of Psychoanalysis	Echo Warner, Postdoctoral Research Associate, University of Arizona Cancer Center
Sandra Springer, MD, Associate Professor of Medicine, Yale School of Medicine	William Watson, Psychologist, Associate Professor of Psychiatry and Neurology, University of Rochester Medical Center
Sanjeev Sriram, Senior Advisor, Social Security Works	Linda Webb, LCSW, Clinical Social Worker, Catskill Addiction Coalition
Judy Wessler, Retired Community Health Policy Director	Amy Williams, Clinical Health Psychologist, Henry Ford Health System
Jennifer Weuve, Associate Professor, Boston University School of Public Health	Kathryn Wouk, PhD, Postdoc

PURCHASER BUSINESS GROUP ON HEALTH

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(415) 281-8660
<https://www.pbgh.org/>

The Honorable Ron Wyden
Chair
U.S. Senate
Committee on Finance
Washington, DC 20510

The Honorable Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
Washington, DC 20510

February 24, 2021

Dear Chairman Wyden and Senator Crapo:

On behalf of the Purchaser Business Group on Health (PBGH), I write to offer our strong support for the nomination of Xavier Becerra for Secretary of the Department of Health and Human Services. PBGH is a nonprofit coalition representing nearly 40 private employers and public entities across the U.S. that collectively spend \$100

billion annually purchasing health care services for more than 15 million Americans and their families.

As a national health care focused business coalition based in California, PBGH has had the opportunity to work closely with Mr. Becerra on numerous initiatives, including his successful efforts to stop anti-competitive business practices by large health care systems, saving consumers and purchasers millions of dollars and improving access to care. During his four years as the attorney general of the most populous state in the country, Mr. Becerra demonstrated exceptional leadership in his efforts to improve the affordability and quality of health care. He has a deep knowledge of health policy and law, and he understands how health care markets should work to benefit consumers and employers.

Before returning to California to serve as Attorney General, Mr. Becerra had a distinguished career on Capitol Hill, serving as a senior member on the Health Subcommittee of the House Committee on Ways and Means, where he was widely recognized for his leadership on health care legislation. We are confident that he will provide effective leadership in his role as Secretary, and we look forward to working with him. Thank you for your consideration.

Sincerely,

Elizabeth Mitchell
President and CEO

SERVICE EMPLOYEES INTERNATIONAL UNION
1800 Massachusetts Ave., NW
Washington, DC 20036
202-730-7000
<https://www.seiu.org/>

February 19, 2021

Dear Senators:

On behalf of the two million members of the Service Employees International Union, I write to express strong support for the confirmation of Attorney General Xavier Becerra as the next Secretary of the United States Department of Health and Human Services (HHS). With more than one million home care workers, nursing home workers, and hospital workers, we are the largest health care union in the country and have a long-time commitment to ensuring high quality universal health coverage, including our work to pass and implement the Affordable Care Act (ACA). Our commitment to these issues has only deepened during the pandemic, when many of our members—especially in nursing homes and hospitals, but also in other sectors of the economy—have been on the front lines of the COVID-19 pandemic, risking their own lives to provide essential services.

Now that more than 27 million Americans have contracted COVID-19 and more than 488,000 have died of the disease, it is clear that the country needs leaders like Attorney General Becerra. Attorney General Becerra will work to help correct course to finally create and implement a national strategy to get the pandemic under control, improve access to affordable quality healthcare, and strengthen the country's care infrastructure and vital services that are essential to ensuring an inclusive and successful economic recovery. We also believe that we must finally begin to address the issue of health disparities, both in the context of the pandemic—which has had a disparate impact on communities of color—and in the longer term, and are pleased that Attorney General Becerra has committed to addressing this issue in policy and practice. His extensive background in governance, together with his expertise in healthcare policy, demonstrate his extraordinary qualifications for the role of HHS Secretary.

During his 12 terms in Congress, where he served in Congressional Leadership and as the first Latino Representative on the Ways and Means Committee, Attorney General Becerra fought for significant improvements to the US healthcare system and helped extend quality, affordable coverage to millions of Americans. Attorney General Becerra played a significant role in the construction and passage of the ACA and then stood up against repeated repeal attempts that would have disrupted access to healthcare for millions of people. He regularly championed the Medicare and Medicaid programs and their beneficiaries, tirelessly working to make benefits and prescription drugs more affordable by supporting premium and cost-sharing assistance for low-income older Americans, improving the generosity of Medicare bene-

fits for physical therapy, and providing incentives to expand the use of electronic health records.

As Attorney General for California, Mr. Becerra continued his work to improve the American healthcare system. He once again demonstrated his strong commitment to preserving and strengthening the ACA by leading more than twenty states in the defense against the legal challenge to the ACA intended to invalidate the law that now sits before the Supreme Court. In addition, through his work with the California State Legislature, Attorney General Becerra gained a keen understanding of the evolving healthcare system and the importance of protecting consumers from the negative impacts of consolidation. He required the California Attorney General's office to review affiliations and acquisitions of healthcare systems, facilities, and provider groups to ensure that patients, especially those who live in underserved communities, do not lose access to care because of these transactions. Furthermore, he continued his long pursuit to make sure prescription drugs are affordable by defending a California state law banning "pay for delay" agreements used by the pharmaceutical industry to delay making cheaper and equally effective generic drugs available to consumers.

Attorney General Becerra has been at the forefront of fighting the COVID-19 pandemic, stepping into a leadership role when the past Administration's federal response caused uncertainty and chaos. He repeatedly called on President Trump to invoke the Defense Production Act in order to increase the supply of personal protective equipment. In May 2020, Mr. Becerra joined with other attorney generals to demand CMS improve nursing home transparency and accountability as COVID-19 ravaged facilities. In August 2020, he joined a bipartisan group of attorney generals who banded together to urge HHS to increase the availability of groundbreaking and life-saving COVID-19 medical treatments. Additionally, Attorney General Becerra supported the implementation of an emergency temporary standard by the California Division of Occupational Safety and Health to protect workers from COVID-19 exposure hazards.

The COVID-19 pandemic has only worsened the disparities that have always existed in our healthcare system and economy with devastating consequences. Attorney General Becerra is a trusted and admired leader in impacted communities, and we believe that he is well positioned to bring stakeholders together to begin to address these issues. For example, we remain deeply concerned and disturbed by data demonstrating COVID-19 vaccinations lag significantly behind in communities of color even though these communities are among the hardest hit. SEIU and our members are currently engaged in aggressive outreach and education. We have done over 100 events, including education events through social media, city, state and national town halls, making events available in nine different languages. We have already worked closely with the Biden Administration to move our vaccination outreach and education program forward and stand ready to get to work with Attorney General Becerra as soon as the Senate moves his confirmation forward.

As a union, we also deeply appreciate Attorney General Becerra's support for the rights of working people and families. This commitment is not only evidenced through his work to ensure people have access to affordable healthcare and his most recent work to address the COVID-19 pandemic including worker health and safety, but also in understanding the essential role home care workers, 90 percent of who are women and mostly women of color, play in our long term care system and in our lives. When the Trump Administration tried to weaken the rights of home care workers paid through Medicaid to be able to join together in unions and have self determination over how to use their own pay, Attorney General Becerra led a challenge to this ill-designed rule, which a federal judge recently deemed was based on an erroneous reading of Medicaid law. This action to defend the home care workforce and preserve access to in-home care for older Americans and people with disabilities was yet another example of Mr. Becerra's commitment to health care and vulnerable populations. He understands that the strength of our long term care system, and the care system overall, is tied directly to the quality of this work and these jobs. President Biden has articulated a groundbreaking economic plan that finally recognizes care, including home- and community-based services such as home care, as essential American infrastructure that holds the promise of building back a more inclusive and thriving economy. We believe Attorney General Becerra has the expertise necessary to make this plan a reality.

The HHS mandate is expansive. Not only will the Secretary oversee health care and public health, but also vital human services and early childhood education programs that help our communities thrive, as well research, training, and education activi-

ties. Attorney General Becerra's career and actions demonstrates that he has a holistic approach and understanding of community well-being and that our nation's health and safety requires that all people—no matter where we come from or what we look like—have access to healthcare and crucial support. He challenged the Trump Administration's public charge rule, also known as the wealth test, that has made immigrant families afraid to access critical care and services that keep them and our communities healthy. HHS contains the Office of Refugees and Resettlement, an agency that implemented some of the previous Administration's cruelest policies and will continue to play a key role in reuniting children with their families. We have full confidence that Attorney General Becerra, the son of immigrants and, if confirmed, the first Latino to hold the office of Secretary of HHS, has the skills and expertise necessary to correct the humanitarian crisis caused by past policies such as family separation.

For all these reasons, we urge you to confirm Attorney General Xavier Becerra to Secretary of HHS. We may add this vote to our legislative scorecard. Should you need any additional information, please contact Rebecca Wasserman, SEIU's Government Relations Director, at becky.wasserman@seiu.org.

Sincerely,

Mary Kay Henry
International President

UJIMA, INC.
5 Thomas Circle, NW
Washington, DC 20005
O: 202-299-1181
F: 202-299-1193
<https://ujimacommunity.org/>

February 12, 2021

U.S. Senate
Committee on Health, Education, Labor, and Pensions
U.S. Senate
Committee on Finance
Dirksen Senate Office Building
Washington, DC 20510

Dear Chairwoman Murray, Chairman Wyden, Ranking Member Burr, Ranking Member Crapo, and Committee Members:

Ujima, Inc. is a national Culturally Specific Services Issue Resource Center funded by the Administration of Children and Families, Family and Youth Services Bureau within the U.S. Department of Health and Human Services by and through the Family Violence Prevention and Services Act. The name Ujima was derived from one of the Kwanzaa principles which means Collective Work and Responsibility. This principle is critical to addressing violence against Black women in the United States. Ujima Inc. through its education and outreach; training and technical assistance; resource development; research; and public policy efforts mobilizes the Black community and allies to strengthen our families, recognizing that the safety and viability of our families is connected to the health and well-being of our individual neighborhoods and communities at large. We are part of a network of domestic violence programs that work collaboratively to promote practices and strategies to improve our nation's response to domestic violence, sexual assault, and community violence.

Survivors of domestic violence seek help from a multitude of systems for safety and healing, however those same systems can cause harm and are often difficult to navigate. Black women are almost 3x as likely to be killed by an intimate partner than white women—we are particularly concerned that this statistic will increase as we grapple with the COVID-19 pandemic and dearth of resources. We believe Xavier Becerra is uniquely qualified to lead the U.S. Department of Health and Human Services during this unprecedented time. His depth and breadth of experience over the past thirty years includes addressing violence against women and supporting survivors, ensuring access to healthcare, and protecting Social Security and Medicare. These are life-saving safety nets for survivors.

In May of 2020 as California Attorney General, Mr. Becerra called for the reauthorization of the Violence Against Women Act stating “[t]here’s no place for violence against women anywhere.” He has been at the forefront of legal efforts to protect

the Affordable Care Act and a vocal advocate for women's health. His legal background and expertise in health and welfare issues exemplifies his commitment to social change that promotes access to services and justice for all people. We fully support the confirmation of Xavier Becerra as Secretary of the U.S. Department of Health and Human Services by the Senate Committees on Health, Education, Labor and Pensions and Finance.

Respectfully,

Karma Cottman
Executive Director

UNITED STEEL WORKERS
60 Boulevard of the Allies
Pittsburgh, PA 15222
412-562-2400
412-562-2598 (Fax)
www.usw.org

February 23, 2021

U.S. Senate
Washington, DC 20515

RE: United Steelworkers supports the confirmation of Xavier Becerra as Secretary of Health and Human Services.

Dear Senator:

On behalf of the 850,000 members of the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union (USW) and working people everywhere, I write in strong support of the nomination of Xavier Becerra to serve as the Secretary of Health and Human Services.

As a former member of the House of Representatives and the current Attorney General of the state of California, Mr. Becerra will bring years of health policy experience to this role. During his 24 years in Congress, he served as a member of the House Ways and Means Committee, fighting to protect, strengthen, and expand Medicare and Social Security. He supported numerous measures to expand healthcare access to thousands of Americans and has been a strong proponent of making healthcare more affordable for all working families across the country.

In his current role as the Attorney General of California, he has challenged hospitals for their anti-competitive actions which had driven up healthcare costs for thousands of consumers throughout the state. He has pursued settlements that limited out-of-network costs and increased transparency, improving medical services for patients across California. He's taken on the powerful pharmaceutical industry in an effort to curb skyrocketing drug costs, pursuing violations of agreements that delay generic drugs from entering the market and take money out of consumer's pockets by keeping drug prices high. And during the COVID-19 pandemic, he not only called on the previous Administration to invoke the National Defense Production Act to ensure that workers had access to personal protective equipment, he called on the Centers for Medicaid and Medicare Services (CMS) to increase transparency and accountability at long term care facilities hit hard by the virus.

Having devoted countless hours to expanding access to healthcare, reducing drug prices, and fighting the COVID-19 pandemic, we are confident that Mr. Becerra will work to strengthen the health and well-being of our country. Under Mr. Becerra's direction, we look forward to the Department of Health and Human Services taking a more active role in addressing the healthcare needs and skyrocketing healthcare costs plaguing our nation's working families. We urge you to confirm Mr. Becerra as the new Secretary of Health and Human Services.

Sincerely,

Thomas Conway
International President

UNIVERSITY OF CALIFORNIA
 Office of the President
 1111 Franklin St.
 Oakland, CA 94607
<https://www.universityofcalifornia.edu/>

February 4, 2021

The Honorable Ron Wyden
 221 Dirksen Senate Office Building
 Washington, DC 20510

Dear Senator Wyden:

I write to express my support for the Honorable Xavier Becerra to be the next Secretary for the U.S. Department of Health and Human Services.

Mr. Becerra has spent a lifetime in service to California and the nation. As a Member of Congress for more than 2 decades, Mr. Becerra gained a deep understanding of the health care needs of his constituents, which informed his important work on the House Ways and Means Committee—the panel with jurisdiction over health care and health delivery systems.

He left Congress to serve Californians as attorney general, managing thousands of lawyers, investigators, peace officers, and others. Throughout his tenure in that office, Mr. Becerra demonstrated a deep and consistent commitment to the well-being of his constituents. He has been a fierce advocate for patients, health care access, and health equity.

Mr. Becerra is a committed leader whose personal and professional skills have prepared him well to lead HHS.

There is no doubt that the tasks before the next HHS secretary are daunting. Mr. Becerra will meet those challenges with experience, empathy, and leadership. For these reasons, I encourage the Senate to approve Mr. Becerra's nomination.

Sincerely,

Michael V. Drake, M.D.
 President

cc: Senator Richard Burr
 Senator Mike Crapo
 Senator Patty Murray

SUBMITTED BY HON. TODD YOUNG,
 A U.S. SENATOR FROM INDIANA

STATE OF INDIANA
 OFFICE OF THE GOVERNOR
 State House, Second Floor
 Indianapolis, Indiana 46204

Eric J. Holcomb
 Governor

February 1, 2020

Mr. Jeffrey Zients
 COVID-19 Response Coordinator
 The White House
 1600 Pennsylvania Ave., NW
 Washington, DC 20500

Dear Mr. Zients;

Thank you for your service as the COVID-19 Response Coordinator at the White House. We look forward to working closely with you to manage the pandemic and rebuild our economy safely and quickly.

Indiana, like all states, has suffered great loss due to this scourge. However, there is hope and healing in our great State. The viral spread is trending in the right direction in the majority of Indiana counties; hospitalizations are the lowest they have

been in a month; and the majority of schools in Indiana have largely been open for at least hybrid instruction between online and in person learning.

As we get closer to a return to some form of normalcy with each vaccination, I write to express my appreciation for all of the work your team has done in just two weeks and to request a call with you at your earliest convenience to discuss the following issues of critical importance to Indiana.

First, the Moderna vaccine is manufactured in Bloomington, IN at Catalent Pharma Solutions. We respectfully request an additional supply of 4,000 vaccines (2/worker) so that we are able to offer vaccinations to their workforce immediately to ensure there are no disruptions to this national priority manufacturing facility. As most of their workers do not meet our current guidelines (65+/healthcare worker in direct patient contact/first responder), they are not eligible under our state policy. With an allocation from the federal government for the express purpose of this national priority, we would set up an onsite clinic expressly for the Catalent workforce.

Secondly, while we fully support and applaud increased federal assistance for vaccination supply, I respectfully request close and complete coordination with state governments in developing your plan and priorities. In Indiana, we have worked to develop a vaccine administration network of over 200 sites and have plans to grow this network to over 1,000 sites as soon as vaccine allotment allows. These sites have been carefully selected to ensure we are reaching all of our disparate populations, and it includes the utilization of mobile units to reach disparate populations, and federally qualified health clinics.

Indiana ranks among the top states nationally and first in the Midwest in vaccination delivery because we have put in place a statewide system that includes centralized scheduling supported via online (ourshot.in.gov) and a statewide call center (2-1-1) that allows Hoosiers to schedule their vaccine directly and efficiently. We are successfully making first and second dose appointments with no lines or situations where vaccination runs out before fulfilling appointments. We also have partnered with our public libraries, aging agencies, and the AARP to train their staffs and volunteers to help citizens with appointments. Soon, we will begin a homebound vaccination program in cooperation with EMS professionals.

All of this has allowed us to closely monitor our program's effectiveness, including being just one of a few states which closely monitors and publicly reports vaccinations by race. In short, our distribution system has high integrity and credibility with our citizens. Any disruption to this system could have a detrimental impact to ensuring we vaccinate all Hoosiers in a rapid and equitable manner.

I am concerned the yet to be announced Federal Pharmacy Retail Program which calls for additional vaccine to be shipped directly to federally selected pharmacies outside of state's current allotment process could create confusion among Hoosiers. Our robust communication and outreach plan focuses on ourshot.in.gov and 2-1-1 as THE way to get a vaccine, especially as we work through the first few phases and supply is limited. I strongly urge you to hold off on moving away from the current state-based system of distributing vaccine or consider giving states the option of participating in this federal program or opting for an increased allotment to be included in the state's weekly federal allocation.

Once again, thank you for your service to our great nation and I look forward to our continued partnership.

Sincerely,
Eric Holcomb
Governor

NATIONAL GOVERNORS ASSOCIATION
444 N. Capitol Street, NW, Suite 267
Washington, DC 20001
202-624-5300
<https://www.nga.org/>

February 15, 2021
President Joseph R. Biden Jr.
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Mr. President:

The Nation's Governors again congratulate you on your victory and look forward to a working partnership as we battle these difficult times together. We thank you for the coordination that your team has already extended to the Governors. We are the front line in the battle against COVID-19 and we will only succeed if we work together.

We have two immediate issues of concern. First, we believe it is essential that the American people understand the vaccine distribution process and the extent of the effort that governments on both the federal and state level are extending. There has been an ongoing issue since last year with which we would ask your assistance. Due to the anxiety created by the demand and supply of the vaccine, it is imperative that the American people fully understand the process.

Currently the Centers for Disease Control and Prevention (CDC) provides public information on a state and territory level as to the number of vaccines distributed to each state and the number of vaccinations performed. The CDC reporting mechanism has created unnecessary confusion. We would ask that the CDC reporting accurately reflects the reality.

The vaccine is delivered and administered through several different programs. By one program, the federal government administers a program in which it contracts with private pharmacies for vaccinations in nursing homes and long-term care facilities (LTCF program). The program is not controlled by the states. Your Administration has started a new federal program to directly deliver vaccines to certain pharmacies in our states the federal government selects. Your Administration has also announced another new federal program whereby the federal government will directly distribute to Federally Qualified Health Centers (FQHC) that it selects. These are three separate federal efforts beyond our control.

State and territorial governments then receive vaccine allocations for "first doses" and "second doses" from the federal government. We appreciate transparency, accountability and our responsibility for the administration of the first and second doses. However, the federal LTCF program, federal pharmacy program and the federal FQHC program, are federally administered and beyond the states' control.

We believe it is important that the CDC in its reporting distinguish between these separate efforts to avoid confusion and provide a clear understanding to the American people. States also need visibility into the federal vaccination efforts at the facility level happening in our borders.

Second, we believe that federal decisions to use pharmacies and FQHCs should be coordinated with state governments. States also allocate doses often to these same pharmacies and FQHCs. We understand the capacity of the individual entities and we know the range of the individual entities throughput and their inventory. As usual, some pharmacies and FQHCs are better suited for the task than others. Following the performance data on these entities is essential. We also know the need in the respective communities they serve and other efforts in the geographic vicinity. If the federal government distributes independently of the states to these same entities without state coordination and consultation, redundancy and inefficiency may very well follow.

We are most appreciative of our relationship with your administration and Mr. Jeff Zients in particular, who has been doing great work, and we look forward to working through these issues in a mutually productive manner. Thank you in advance.

Sincerely,

Governor Andrew Cuomo, New York
Chairman

Governor Charlie Baker, Massachusetts
Member, NGA Executive Committee

Governor Kay Ivey, Alabama
Member, NGA Executive Committee

Governor Michelle Lujan Grisham, New
Mexico
Member, NGA Executive Committee

Governor Gretchen Whitmer, Michigan
Member, NGA Executive Committee

Governor Asa Hutchinson, Arkansas
Vice Chairman

Governor Larry Hogan, Maryland
Member, NGA Executive Committee

Governor Doug Ducey, Arizona
Member, NGA Executive Committee

Governor Jared Polis, Colorado

Member, NGA Executive Committee

COMMUNICATIONS

LETTER SUBMITTED BY CASSANDRA ALCALÁ

To United States Senate HELP and Finance Committees:

I want to take the opportunity to first say that I am so very sorry, as a fellow citizen, to all those who were at the U.S. Capitol doing the people's work and who were forced to experience those horrific events of January 6th. I deeply sympathize with the ongoing concern expressed in news coverage about the safety concerns of working around others in the workplace. That is a big part of the reason why I am writing this letter—attempting once again to express to the U.S. Senate in its of the harmful events I've been through in a space that the U.S. Senate has oversight capacity on—and compelled because I also saw Senator Murray's interview with PBS's Judy Woodruff detailing out her experiences in her workplace on January 6th. I began to feel perhaps she and other senators will now be better able to understand what I am going to express in these pages and help me find some answers as well, or at least be in some way responsive to it in some humane way. The scale of those events were on a different level, but the reaction not so different from my own experiences of observing troubling events from a very unique and specific vantage point and thus having to be a whistleblower and title IX complainant and the stress and worry of that and having that process completely disrupt my successful career and only to ultimately lead to experiencing retaliation and spending so much time (like so many other University of California whistleblowers and title IX complainants) trying over a years long process to get answers and conclusive findings for my cases. This took place at a significantly federally funded research university known as University of California, Berkeley, which has been under title IX compliance review at both the federal and state level for many years and complainants continue to detail procedural problems and anomalies in case handling. UC continues to boast claims of great positive economic impact on their graduates, they don't talk about their negative economic impact on whistleblowers and title IX complainants who are also their alumni.

The work I was doing was in support of and was being conducted as a result of funding from the California Attorney General's Office. The funding for the creation of the center came from federal anti-trust case settlement funds. The work I did and the retaliation I experienced long predate AG Becerra's appointment as AG but my inability to get answers or a response from the CA AG office when I have contacted the AG multiple times and asked about their understanding of the status on the case findings in my whistleblower and title IX case has continued into the Becerra administration because each AG has continued to rely on the research produced by the center that is directed by the professor I complained against and the AG continues to be non-responsive to me when I inform them of my case and his prior history. I was told by the Locally Designated Official at UC Berkeley that the AG's office was aware of my case and was weighing in on it as it was investigated. The AG office has some of their Deputy AG in their anti-trust division continuing to serve as active advisory board members for the research center where I worked and offering up their writings for research purposes to be cited by the university; they are also claiming the creation of the research center in their accomplishments in their CVs—but they have never approached me to find out the details of my experiences at that center. In my whistleblower case the campus Director of Audit and Advisory found that the professor had engaged in bad business practices and also misused university resources. The findings substantiated what I claimed. Many of the financial transactions funded travel and entertainment transactions for multiple intimate relationships and personal expenses over years—yet in the title IX concurrently investigated case the campus refused to address the financial transactions as part of the title IX evidence. I could not get an opinion/finding/conclusion from the

title IX officer on the financial transactions as part of the title IX case. I was told that I was under the protection of the general counsel for the campus but if I discussed the case with anyone I would lose that protection. After a period of no response to the questions on the title IX case, I sought answers from AG Becerra's predecessors (Lockyer, Brown, and even Harris) but they did not respond to me either. In later years, I sent certified mail to then-U.S. Senator Harris and received no response. Yet, they all continued to collaborate with and relied on the ongoing partnership with the UC Berkeley professor I had to blow the whistle on and who I filed a title IX complaint about. AG Becerra has held multiple press conferences with that same UC Berkeley professor as he and the CA DOJ proceeded intensively over the past 2 years with the complex litigation case of Sutter Summit.

<https://petris.org/california-attorney-general-holds-press-conference-dr-scheffler-announce-new-petris-report-californias-healthcare-market-concentration/>

<https://petris.org/los-angeles-times-discusses-ca-attorney-general-lawsuit-sutter-health-based-new-petris-center-report/>

Now that a settlement has been reached and is about to be finalized AG Becerra has gone on 60 Minutes news magazine show to be interviewed by Lesley Stahl. Politicians and universities covet such media attention when they can tout a figure of over \$500 million dollar settlement. Any researcher at the principal investigator/professor level at a public university—one who began as an expert witness on a paid consulting contract with then—AG Lundgren; and who was next awarded a \$2+ million dollar endowed chair by then-AG Lockyer to start up a research center; and who has spent years working with the AG and CA DOJ offices on crafting multiple attempts at a successful anti-trust case with (albeit only a fraction of the real \$3 billion in damages to CA residents but) with a high number fraction of damages as settlement of the case—a researcher would be only to eager to have a moment with Lesley Stahl on 60 Minutes to talk about that result. Interestingly though, that interview excluded the UC Berkeley faculty member AG Becerra was on a first name basis with in their earlier press conferences—instead suddenly 60 Minutes included a faculty member from University of Southern California as the researcher the AG office highlighted as collaborator. The UC Berkeley professor the AG's office has collaborated with over years via a CA AG sponsored funded research center—a research center that at inception prominently featured the current AG's photo on its materials and office entry walls—none of that was included or referenced during the 60 Minutes interview.

<https://www.cbsnews.com/news/california-sutter-health-hospital-chain-high-prices-lawsuit-60-minutes-2020-12-13/>

Perhaps because two months prior to the 60 Minutes piece on Becerra and Sutter Summit, I submitted a declaration to the San Francisco Superior Court that was ruling on the terms of the settlement agreement and I paid significant fees to expedite service to the Judge and attorneys—that declaration went to both lead attorneys in the case which includes Becerra's anti-trust division staff. But I still have not heard any outreach from AG Becerra to respond to what I experienced and ongoing issues resulting from my whistleblower and title IX cases. It seems AG Becerra's approach to my cases involving the professor is either: to ignore, be non-responsive or not see my experiences OR perhaps his staff have kept the intake of the details from him entirely—I don't know which is true . . . perhaps he and former CA AG Harris have a policy to maintain distance from correspondence so that the staff can just make invisible a long term collaborator once something like a declaration to the court on the settlement raises those trouble facts about him, and then they don't have to deal with the complainant or any details they might have. I don't know. It is something I need AG Becerra to speak to if I am to believe his testimony when he went through confirmation hearing as AG in CA where he claimed he would champion the rights of workers, or if we are to believe him when he testified to the HELP committee on February 23, 2021 and said many times all the ways that he believes in "transparency in order to get Americans to believe in the science," equity, equality etc. Politico has a story from February 22, 2021 stating "Becerra will pledge to protecting government scientists and career workforce from political interference"—but protection from basic harassment, retaliation, etc is important as well. In her closing comments in that February 22nd session Senator Murray even highlighted discrimination and bias and all the factors that weigh on getting and keeping women into or back into the workplace and his response was in support of all of that, yet. . . .

I also need to make the committee members aware of some other important facts:

– The professor at UC Berkeley was under investigation for over a decade and a half prior to my hire to work for him. It was a scandal known as the Western Consortium for Public Health and UC scandal. Several articles cover the few details that were made public and there is a very small group of UC community who actually know what really transpired. Ultimately the University had to repay the U.S. Government, specifically and ironically HHS, back \$600,000.00+ circa 2000 that was considered a significant amount of research money at that time and it still is now:

One telling of it: <https://www.sfgate.com/education/article/UC-Professors-Cleared-After-Federal-Probe-Into-2932967.php>

And another:

https://cshe.berkeley.edu/sites/default/files/publications/2003_dont_ask_dont_tell_evolution_of_the_uc_conflict_of_commitment_policy.pdf

– And it occurred just before the professor was awarded the \$2 million+ anti-trust case settlement funds as an endowed chair by the CA AG as the funding agency.

– Further compounding my distress in trying to assess who could be trusted, during the then CA AG Harris term there was a sexual harassment case that originated in the immediate office of AG Harris, who is now U.S. Vice President Harris. There was a human resource manager who was blamed for the non-disclosure settlement agreement that the complainant had to sign in order to achieve a settlement resolution. This has been downplayed during the election year and not much of a response has been required. Harris has stated she did not know about it and the can was kicked over to Becerra's staff were responsible for the handling of the resolution. I believe it is important to highlight the case because the human resource manager was someone who was former staff to Senator Feinstein and Senator Stabenow and she has either been scapegoated as being responsible for the failed handling of the complaint, the handling of the case and the resulting non-disclosure agreement which during the era of #MeToo many progressive and Democrats have frowned on such instruments to dispose of difficult cases. The public is left an unclear understanding of who authorized the NDA and whether or not it is a common practice the CA AG office uses with their employees.

See:

<https://www.rollcall.com/2018/12/14/harassment-claim-arrived-at-california-doj-months-before-sen-kamala-harris-left/>

https://www.washingtonpost.com/politics/longtime-aide-to-sen-kamala-d-harris-resigns-amid-sexual-harassment-allegations/2018/12/06/b748934c-f94b-11e8-8c9a-860ce2a8148f_story.html

<https://www.usatoday.com/story/news/politics/2018/12/06/kamala-harris-aide-resigns-sexual-harassment-settlement/2223882002/>

<https://www.latimes.com/politics/la-pol-ca-sexual-harassment-settlement-20181206-story.html>

<https://www.presstelegram.com/2018/12/12/harassment-case-tarnishes-sen-kamala-harris/>

<https://www.sacbee.com/news/politics-government/capitol-alert/article223053155.html>

In the above, it reads like the staff member was blamed for the handling: “the first Latina chief of staff in the history of the U.S. Senate.”

<https://www.igs.berkeley.edu/people/amanda-renteria>

– The Hartley case raises those NDA questions about the real policy position the AGs have on it:

The Harris and Becerra AG administrations were employing NDA to resolve cases involving employees in the immediate office of the CA AG Harris. Harris has repeatedly claimed she is in touch with her staff—interacts with them, appreciative of them. It seems the “body person” (the person who travels with the principal) for the AG was the person who was the respondent in the case. I found this treatment of that case by Harris and Becerra really chilling and not dissimilar to the worst aspects of my experiences.

There is the outward expression of CA AG Becerra's stance on title IX :

https://oag.ca.gov/system/files/attachments/press-docs/Memorandum%20of%20Law_IX.pdf

Source: CA. DOJ

<https://goldrushcam.com/sierrasuntimes/index.php/news/local-news/23792-california-attorney-general-leads-multistate-lawsuit-challenging-erosion-of-title-ix-protections-for-survivors-of-sexual-violence-and-harassment>

“California Attorney General Leads Multistate Lawsuit Challenging Erosion of title IX Protections for Survivors of Sexual Violence and Harassment”

– but then they don’t match up to my own experiences with the CA AG over time.

Adding to my deep concern and inability to really trust the stance of the CA AG on sexual harassment cases and equity issues is an almost not talked about aspect of the Sutter case, it was a development that occurred in the last half of 2020 and revolved around the appointment of a monitor or administrator of the case settlement funds.

– Stunningly in the court documents of the Sutter Summit case dated circa October 2020 the Judge in the case places into the record a shocking rebuke of both the plaintiff and respondent—both the CA AG office and Sutter Summit attorneys in their failure to conduct an equitable recruitment of an administrator of the case settlement funds. They apparently did not seek to include female candidates in the applicant/potential candidates pool. See:

The full context of the Judge’s remarks and frustration with the applicant process Becerra headed up is in 13 pages of her decision here: <https://2zele1bn0sl2i91io41niae1-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/Sutter-Order-09.22.2020.pdf>

and some coverage here:

<https://sourceonhealthcare.org/sutter-case-watch-court-officially-rejects-sutters-proposed-settlement-due-to-inadequate-compliance-monitor-selection/>

includes:

The court found such a “limited and confidential selection process in which applications to be monitor were solicited by personal invitation only” to be unreasonable and inadequate, particularly as it resulted in “an applicant pool in which all of the candidates interviewed were white men.” Judge Massullo noted that given the parties had identified potential candidates while negotiating a settlement on the brink of trial, it necessitated the selection process to move quickly and quietly. As such, it resulted in applications to be solicited in confidence, without sufficient time for the parties to conduct a nationwide search for applicants. In summary, Judge Massullo found “the idea that in 2020 there are only five white men in the United States who are qualified to be interviewed for this position is anathema to what are today basic notions of fairness, equity, and justice.”

In denying the motion to appoint . . . as compliance monitor, the court also denied the motion for preliminary approval of the settlement, both without prejudice, as the identity of the monitor is a material term of the settlement. The court order provides that the parties may refile both motions after addressing the issues the court identified. In the renewed motion, the parties should describe their efforts to broaden the applicant pool and consideration of any additional applicants, whether they agree on a new monitor or determine that . . . is still the best candidate.

[Sutter Case Watch] Sutter Health Preliminary Approval of Settlement Agreement Held up by Compliance Monitor Selection

See case page: *UFCW & Employers Benefit Trust v. Sutter Health*

<https://sourceonhealthcare.org/sutter-case-watch-sutter-health-preliminary-approval-of-settlement-agreement-held-up-by-compliance-monitor-selection/>

With regard to research, I now need to turn back to the University of California and the UC Berkeley professor who collaborates with AG Becerra on Sutter Summit. That UC Berkeley professor has now been highlighted by the current UC Berkeley Chancellor for his interest in research on the subject anxiety in students and mental health services for students. The basis of his research is data that also claims to see connection between the level of mothers’ education with increased levels of anxiety for their children. The UC Berkeley professor who created an environment where I had to make a title IX claim and a protected disclosure and in doing so threw me into an abyss the UC creates for such complainants, that professor recently laughed about that aspect of the research when he shared the stage with the current UC Berkeley Chancellor in presenting that research.

See: "Rising anxiety on campuses linked to finances, phones in UC Berkeley study"

<https://www.sfchronicle.com/bayarea/article/Rising-anxiety-on-campuses-linked-to-finances-13781698.php> "Students with a mother who has a college degree have a 45% higher chance of having anxiety."

– you can watch the professor laugh about that part in this talk here:

<https://www.youtube.com/watch?v=5xil1eP9HRg>

Currently female faculty are also being told that they are lousy mentors by other unrelated research findings—this stuff can be toxic to the academy and become harmful to young scholars if not presented in a thoughtful manner, with a light on the full context and with rebuttal or counter arguments or findings.

And those who offer such research findings should also be trusted and reliable figures who don't have history of investigations on their work practices over decades or title IX complaints against them.

I appreciate that Democratic Senators and their staff are pushing for President Biden's nominees to clear all hurdles and be confirmed. In many ways I am in support of that effort and there are many commonalities between myself and Vice President Harris's and AG Becerra's upbringing that they have detailed out over this past year. We are all very proud of the particular part of California where we were born and raised in and we have all grown up in a tradition that has lifelong connections to and respects the research university—but I believe the questions I raise in this document need answers from AG Becerra while he is still in his capacity as CA AG, to fill in gaps, get answers to important questions and make clarifications and avoid the same shortcomings in a transition to HHS, and to make clear what direction he will take HHS which will have nationwide impact.

I also worry about the continued collaboration after Becerra become HHS secretary and this sort symbiotic relationship:

"What To Expect From Biden In Health Policy And How Will It Affect YOU?"

https://www.youtube.com/watch?v=nvE3c0_OaEE

and

<https://publichealth.berkeley.edu/news-media/what-does-california-att>

and

I also raise this because there will be other title IX complainants and whistleblowers who attempt, like me to FOIA documents from HHS to understand in some way the history or origins of the behavior that led to their title IX or WB cases at their home research institutions, ultimately AG Becerra as HHS Secretary will be responsible for how those requests for records are responded to or not. I had great difficulty finding out the details of the WCPH–UC scandal that occurred before my hire but played a huge role in my work life. I also had no assistance from any federal agency or state agencies in getting a resolution either.

There are also news stories on access for journalists and lists and public records access decisions that have not come up as questions to answer for Becerra in the confirmation hearing on 2/23—but prior to COVID–19 they were important issues in CA and it seems there is the danger that things are viewed only through a COVID–19 centered framing—forgetting other issues and values that are important in normal times and those values and clear mission need to be buttressed and communicated and nominees need to speak on them.

At the state level I also had the misfortune of reaching out to state politicians for help those who shortly thereafter were investigated and had serious cases that shocked the state's residents. So even reaching out to your state representative who speaks to your issues is a fraught experience and even more so today. I ask that you remember this as I submit this letter to your committees.

When I talk about retaliation some of what I am referencing is what occurred to me after I gave my whistleblower statement and title IX statement. I was placed in the campus administration's Human Resources department in the HRIS section—Human Resources Information Systems unit. There were all sorts of behaviors there that ran counter to the ideals of human resources but my specific concern was that job applicants could see other job applicants profiles and the university's systems analysts did not know how frequently this was occurring but it was being detailed in the system's task database and by alarmed users alerting us to it. I was an administrative analyst who worked on the functional team side of maintaining the sys-

tem and we were tasked with highlighting to counterparts on the technical team these issues—when I noticed these issues unaddressed and raised them—I was shut out, ostracized and my coworkers referenced my placement on waiver into the unit because of my earlier whistleblower case, this also happened in other instances. I detailed all of this out to then CA AG Harris in that certified letter, and prior to that to her predecessors. I also informed the CA State Auditor, but CSA has no enforcement power over UC—only the AG does and the CA AG as I have said before has been non-responsive to me. Shortly after I sent that letter to the CA AG Harris, the UC President at that time basically gave a blank check to a project called UC PATH which has become so botched the state auditor believes it will come in at almost \$1 billion in costs for the HRIS project.

<https://www.auditor.ca.gov/reports/2016-125.2/auditresults.html>

<https://www.courthousenews.com/california-auditor-blasts-1-billion-system-latest-look-uc-president/>

This handling of cases involving electronic records also lends itself to scenarios of handling of digital medical records and I don't understand why the CA AG did not respond back to me on this aspect if only to do away with my concerns with facts to the contrary, debunk them if they have facts from the university that run contrary or to at least tell me they feel it is already being addressed. Senator Romney asked CA AG Becerra yesterday if CA is just big and a mess of an example and CA AG Becerra replied back about many of the good things about California but the tech sector does not benefit from just remaining a blind spot on oversight of the products they put out and just a lucrative locale for political contributions. There are other nominees coming from CA into the Biden cabinet, administration and it would be refreshing if they would state that what CA is wrestling with is what the country is also wrestling with—so CA big approaches to resolving can inform nationwide attempts to bring real advancements—things are running smoothly in CA and the commitment to transparency has to be real from the state level to the federal.

I also want to highlight to the HELP and Finance committee that I sent email to the senate email account Senator Grassley highlights on his web pages it is set up to receive whistleblower testimony of procedural complaints. I also received no response to that and have no idea what was done with that information and that exacerbated my anxiety rather than being a source of support for whistleblowers. I thought I could trust that contact point because of Grassley's assistance to Dr. David Kessler, who is now assisting the White House in the COVID-19 response, in Kessler's years long whistleblower case on budget finance anomalies at UCSF:

<https://www.nytimes.com/2009/12/12/education/12kessler.html>

<https://www.latimes.com/local/la-me-ucsf15dec15-story.html>

<https://www.bizjournals.com/sanfrancisco/stories/2010/01/18/story5.html>

– but I did not get even a courtesy acknowledgement from Grassley's office and I also did not hear from my home state senators Feinstein and Boxer at that time who I also addressed the emailed correspondence to back then. Even to this day I remain concerned that the U.S. Senate has this email account in existence over all these years and it is directed at whistleblowers in need of help but does not explain to those constituents who use that account what is done with the content or who has access to it or what level of confidentiality or type of response can be assured. In the current climate in DC I think that needs to be made clear and protected disclosures need to be handled appropriately.

This is what I can provide to you in a very short time frame and there is much more to state. I only just learned of the confirmation hearings for AG Becerra but if you need additional back up documentation or examples or for me to fill in any gaps, please let me know via reply to my email submission of this testimony. I would be very grateful for an acknowledgement ensuring committee members receipt and I ask that a courtesy copy be provided to the U.S. Senate Majority Leader Schumer and the President of the U.S. Senate VP Harris.

Sincerely,

Cassandra Alcalá

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February 22, 2021

The Honorable Ron Wyden
 Chairman
 U.S. Senate
 Committee on Finance
 219 Dirksen Senate Office Building
 Washington, DC 20510

The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 219 Dirksen Senate Office Building
 Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the California Hospital Association (CHA) and our more than 400 member hospitals and health systems, I write in strong support of the nomination of Xavier Becerra as Secretary of the Department of Health and Human Services (HHS).

In his time as California's Attorney General and his many years representing Los Angeles in the U.S. House of Representatives, Mr. Becerra has been a strong advocate for ensuring access to health care for all. As a champion of the Affordable Care Act—from the time of the law's conception to leading its defense in the courts—he has expanded and protected health care access for millions of Americans. Mr. Becerra also shares our goals of addressing disparities and health equity, as well as improving access to behavioral health services.

CHA looks forward to working with Mr. Becerra as HHS Secretary while hospitals continue to respond to the most challenging health crisis of our time. We believe Mr. Becerra is well-equipped to provide leadership as the ongoing public health emergency has exposed the need for a more centralized, stable, and coordinated approach to managing the COVID-19 pandemic.

We urge the Senate to act swiftly to confirm Mr. Becerra as HHS Secretary. If you have any questions about CHA's support, please do not hesitate to contact Anne O'Rourke, senior vice president, federal relations, at aorourke@calhospital.org.

Sincerely,

Carmela Coyle
 President AND CEO

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February 17, 2021

The Honorable Ron Wyden
 Chairman
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 221 Dirksen Senate Office Building
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The Honorable Mike Crapo
 Ranking Member
 U.S. Senate
 Committee on Finance
 239 Dirksen Senate Office Building
 Washington DC 20510

The Honorable Patty Murray
 Chairwoman
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 154 Russell Senate Office Building
 Washington, DC 20510

The Honorable Richard Burr
 Ranking Member
 U.S. Senate
 Committee on Health, Education, Labor,
 and Pensions
 217 Dirksen Senate Office Building
 Washington, DC 20510

RE: Secretary of Health and Human Services Nominee Xavier Becerra

Dear Chairman Wyden, Ranking Member Crapo, Chairwoman Murray and Ranking Member Burr:

My senior citizen clients comment and provide information regarding Xavier Becerra, the Biden administration nominee for Secretary of Health and Human Services (“HHS”). Based on his California attorney general record, the committees should consider if Mr. Becerra is suitable for the secretary post.

Attorney General (“AG”) Mr. Becerra has been hostile and obstructive to government transparency, police and prosecutor accountability, and applying rule of law to judges.

Mr. Becerra derailed new law for disclosure of police misconduct records. In 2018 he obstructed the “Right to Know Act,” which mandated public access to police misconduct records. AG Becerra declined to prosecute district attorneys that engineered a clandestine and illegal “jailhouse snitch” informant program. The scheme trampled the rights of suspects and victims. It is documented that Mr. Becerra gives preferential treatment, a “pass,” to judges engaged in criminal conduct from the bench.

Xavier Becerra acts to undermine justice on all levels: (1) police misconduct; (2) prosecutorial wrongdoing; and (3) judge corruption. Mr. Becerra’s cover up of police misconduct records and not prosecuting “snitch” scheme district attorneys are reported in the attached references. My clients have experienced Mr. Becerra’s misuse of his attorney generalship to allow judge crime under apparent “*quid pro quo*” with the judge oversight commission.

I. Transparency and Open Government—Mr. Becerra Fought to Keep Police Misconduct Records Secret

The Biden administration will “bring transparency and truth back to the government to share the truth even when it’s hard to hear.”¹ Mr. Becerra has been adverse to transparency and accountability. From 2019–2020 Mr. Becerra wasted taxpayer resources on litigation he brought to keep police misconduct records secret despite public access rights to the records.² His zeal to keep the records clandestine went against the open government laws.³

The Mercury News and *East Bay Times* editorial boards referred to Mr. Becerra as a “coddler of bad cops.”⁴ *The Orange County Register* op-ed title was “Xavier Becerra’s empty words about police abuse.”⁵ “Becerra’s decision to keep misconduct records secret betrays public trust and the law” stated the editorial board of the *Sacramento Bee*.⁶ Courthouse News Service pointed out that Mr. Becerra’s objective was to “dodge police transparency law.”⁷

Mr. Becerra’s vain attempt to undermine police transparency came to an end on January 29, 2020 when, in a published opinion,⁸ a California Court of Appeal ruled against the attorney general, enforcing the citizen initiative law and ordering police records release.⁹

¹ President Biden’s press secretary Jen Psaki stated the administration and the press “have a common goal, which is sharing accurate information with the American people,” and that Biden plans to “bring transparency and truth back to the government to share the truth, even when it’s hard to hear.” (1/20/21)

² In California, “access to information concerning the conduct of the people’s business is a fundamental and necessary right” of every person in the state. *See*, California Government Code § 6250.

³ *See, i.e.*, the California Public Records Act, Government Code §§ 6250–6276.48.

⁴ “Becerra, Coddler of Bad Cops, Offers Hypocritical Post-Floyd Reforms.” *San Jose Mercury News*, *East Bay Times* editorial June 21, 2020.

⁵ “Xavier Becerra’s Empty Words About Police Abuse.” *Orange County Register* editorial bd. June 9, 2020.

⁶ “Becerra’s Decision to Keep Misconduct Records Secret Betrays Public Trust and the Law.” *Sacramento Bee* editorial board, February 9, 2019.

⁷ “California AG Faces Tough Slog in Bid to Dodge Police Transparency Law.” Maria Dinzeo, *Courthouse News Service*, December 19, 2019.

⁸ *Becerra v. Superior Court*, (2020) 44 Cal. App. 5th 897.

⁹ *See, i.e.*, “Appeals Court Rules California Must Release Police Misconduct Records.” Maria Dinzeo, *Courthouse News Service*, January 29, 2020; “State Attorney General Must Disclose Police Misconduct Files on Local Cops, Appeals Court Rules.” Alex Emslie, NPR–KQED, January 29, 2020.

II. Failure to Prosecute Prosecutors that Conducted Illegal “Jailhouse Snitch” Scheme

In October 2011 Orange County California suffered its worst mass shooting. A deranged armed man stormed the hair salon where his ex-wife worked. He shot and killed her and seven more people. With eyewitness and substantial evidence, the perpetrator faced swift conviction.

While in jail, the perpetrator was taken in by another prisoner who was part of an Orange County District Attorney created and implemented illegal “jailhouse snitch” operation. Working for prosecutors, the “snitch” informant would befriend the fellow prisoner to elicit confessional or self-incriminating statements.

The public defender uncovered the “snitch” scheme, and the case had to be delayed. For the victims’ families and friends, the “snitch” compromised prosecution, protracted the anxiety of anticipating and going to trial, excluded a possible death penalty choice for the jury, and caused all manner of complications to what otherwise would have been a straightforward prosecution.

The Orange County District Attorney and Sheriff deputies conducted the “snitch” operation for years. Its exposure tainted the validity of many criminal convictions. The California Attorney General, then Kamala Harris, stepped in. After Ms. Harris became Senator, AG Becerra took over. Ultimately the shooter was convicted and received life sentence. But many asked, what should be done about the District Attorney and deputies that had illegally created and conducted the “snitch” operation?

The “snitch” scheme tormented the victims’ families and friends by a prolonged and complicated prosecution that ended up being more about “snitch” prosecutor illegality than the mass murder tragedy and grief. Families and friends of the murdered called for criminal prosecution and legal action against the Orange County attorneys that had trampled constitutional constraints in order to notch higher conviction rates for their resumes.

There ensued a four-year examination of the scandal with inquiry into the Orange County Sheriff’s Department and District Attorney’s office. Mr. Becerra heard the victims’ survivors’ grief and outrage. The inquest dragged on.

In April 2019, AG Becerra abruptly dropped inquiry into the jailhouse informant scandal.¹⁰ AG Becerra exonerated the offenders by letting the statutes of limitation lapse. He squandered public resources on an investigation that he ultimately squelched to shield wrongdoer local prosecutors and deputies.

III. Crime Committing Judges Not Prosecuted; Judge Oversight Commission Disciplines Becerra’s Republican Rival in 2018

My clients lived in Palm Beach Mobilehome Park, situated on a valuable coastal parcel in San Clemente, Orange County, CA. A self-dealing real estate broker and HOA President with accomplices perpetrated a fiduciary fraud on the seniors to sell the Park. They bribed a judge to “fix” a case to enable the Park sale by which they stole millions in real estate equity from seniors.

The judge “fix”¹¹ happened when the seniors filed for temporary restraining order (“TRO”) to stop the fraudulent give-away of their Park. The judge, previously disqualified by presiding judge decision, suddenly called in from vacation, ordered himself re-qualified, and issued an order to thwart the TRO. Four (4) hours later the Park sale real estate deed was recorded.

The facts and evidence of the fiduciary fraudulent sale and judge “fix” were provided to Attorney General Xavier Becerra. He said he “lacked resources” to investigate

¹⁰“State Ends Four-Year Investigation into O.C. Jail Snitch Scandal,” *LA Times*, 4/19/19; “California Ends Orange County Jailhouse Informant Probe without Explanation from Attorney General,” KABC, 04/27/19.

¹¹The California Judicial Conduct Handbook, 4th Ed. 2017, describes “quintessential” judicial misconduct where the judge puts in a “fix” for the benefit of a relative, friend, or other person. (*Id.* pgs. 174 et seq., § 3:32, and pg. 468, § 7.52) The judge breaks the law in order to award the “win” to whomever the judge is fixed to favor for whatever the judge will receive as benefit or bribe. *See, In re Koven* (2005) 134 Cal.App.4th 262, 271 “The term ‘fix’ carries the connotation that for money consideration, a certain result can be purchased from a judge. This is also known as bribery.” CJP warns that judge fix makes for “both the appearance and the reality of a two-track system of justice—one for [the judge’s] friends and family and another for all others.” (*See, Inquiry Re: Judge William R. Danser*, No. 172 (6/2/05; CJP); *Danser v. CALPERS* (2015) 240 Cal.App.4th 885).

and prosecute the judge.¹² It turned out that AG Becerra policy was not to investigate judge crime. Instead, he referred those who sought his help with judge criminal misconduct to the Commission on Judicial Performance (“CJP”), the judge oversight arm of the judicial branch.

AG Becerra did nothing about the judge “fix” reported to him. In April 2016, the seniors had complained about the judge to the CJP. Over 4 years later, on May 14, 2020, CJP sent its “no action” letter.¹³ The judge commission, like AG Becerra, did nothing about the judge “fix” that took the seniors’ homes.

About judge crime generally, AG Becerra’s office stated it had no way to find any records of it. In contrast, the CJP publicly declared that it referred “judge crime” to prosecutors on “multiple occasions.”¹⁴ But no evidence or information shows that CJP has ever referred judge crime to prosecuting authorities. CJP asserts that its rule compliance data as to referral, or lack thereof, is “secret.”

The CJP and AG Becerra collude to conceal and suppress judge crime evidence and to not investigate or prosecute judge crime. This unconstitutional collaboration that shields wrongdoer judges is reflected in the California State Auditor 2019 audit report, “Weaknesses in Its [CJP] Oversight Have Created Opportunities for Judicial Misconduct to Persist.” The auditor recommended drastic CJP constitutional amendment reform.¹⁵

For 2015, the Center for Public Integrity, in its “comprehensive assessment of state government accountability and transparency,” flunked California, grading it an “F” on “Judicial Accountability.” “[California’s] . . . failing mark was for judicial accountability.”¹⁶

Attorney General X. Becerra, in collusion with the CJP, allowed a judge crime, the “quintessential” judge “fix” [See, fn. 11] The fixed sale stole millions in real estate equity from seniors. Becerra does not prosecute judge crime that inflicts catastrophe on seniors and veterans—the fraudulent taking of their homes.

AG Becerra’s “no prosecution” policy emboldens dishonest judges. They know that AG Becerra puts judges above the law. Indeed, the judge that “fixed” the case against the seniors, having suffered no repercussions for his “fix,” perpetrated more judge crime, perjuring affidavits to collect his paychecks. The judge committed more crime, comfortable nothing would be done about it.

The claims and contentions cited herein are documented in federal and state courts. *D. Padilla and F. Chodosh vs. Commission on Judicial Performance, Xavier Becerra, in his official capacity*, Sacramento Superior Court Case No. 34–2018–00242031 (filed 10/5/18; on appeal in Third Dist. Ct. of Appeal No. C091221) and *Floyd Chodosh, et al. v. John Saunders, et al.* (U.S. Dist. Ct. no. 8:20–cv–01326–CJC–KES (filed 7/22/19; on appeal, Ninth Cir. No. 20–56252)).¹⁷ In the federal court RICO action, AG Becerra is an unindicted co-conspirator.

Apart from giving judges a “pass” to break the law, AG Becerra and the CJP appear to have coordinated and colluded on publicly filed pre-election charges against retired judge Steve Bailey, the 2018 Republican attorney general candidate opposite Becerra. There is appearance of “*quid pro quo*” where CJP strategically and timely launched charges against the Republican candidate in exchange for Becerra not prosecuting judges for crimes reported by the public.

IV. Conclusion and Information Available

AG Becerra abuses his office to curry and keep favor on all levels in the justice system, police, prosecutors, and judges, to secure political support.

¹² Attorney General “no action” and “lacks resources” letter to seniors, 03/03/17.

¹³ CJP letter acknowledging receipt of complaint against judge, 4/26/16, and CJP “no action” letter, 5/14/20.

¹⁴ Report Concerning [review of] Rules of the CJP 8/29/2017, page 15, item 10, CJP website.

¹⁵ <https://www.auditor.ca.gov/reports/2016-137/index.html>.

¹⁶ <https://publicintegrity.org/politics/state-politics/state-integrity-investigation/California/>.

¹⁷ *D. Padilla and F. Chodosh vs. Commission on Judicial Performance, California Department of Justice, Office of the Attorney General, and Xavier Becerra, in his official capacity as Attorney General*, Sacramento Superior Court Case No. 34–2018–00242031 (filed 10/5/18; judgment 10/25/19; on appeal in Third Dist. Ct. of Appeal No. C091221) and *Floyd Chodosh, et al. v. John Saunders, et al.*, (U.S. Dist. Ct. no. 8:20–cv–01326–CJC–KES (filed 7/22/19; on appeal, Ninth Cir. No. 20–56252).

Documents, evidence and analysis that demonstrate the above stated facts and contentions are available upon request. We appreciate your consideration.

Sincerely,

Patrick J. Evans

cc. Committee's members

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Chairman
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The Honorable Mike Crapo
Ranking Member
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219 Dirksen Senate Office Building
Washington, DC 20510

Re: Letter of Support for Xavier Becerra to serve as Secretary of the U.S. Health and Human Services Agency. Senate Finance Committee, February 24, 2021.

Dear Honorable Chair Wyden and Senator Crapo:

The leadership and national alumnae of Hispanas Organized for Political Equality (HOPE) strongly supports the nomination of Xavier Becerra as Secretary of the U.S. Department of Health and Human Services (DHHS). We feel confident that he is exceedingly qualified to lead and will execute the duties of DHHS with a strong commitment to health equity for all Americans.

We are writing to strongly urge you to swiftly confirm Xavier Becerra to serve as the Secretary of U.S. Department of Health and Human Services.

As a longstanding champion of health equity and women's health, and a dedicated public servant, we are certain that Mr. Becerra will serve as the head of the Department of Health and Human Services with the strong leadership and dedication that is needed to move our country forward.

Attorney General Becerra has an expansive legacy of leadership in his 2 decades in the U.S. House of Representatives and as California's Attorney General since 2017. As an elected official and public servant, Attorney General Becerra has proven that his values are rooted in community, justice and fairness for all Americans. We are certain that Mr. Becerra is the best candidate to fulfill the mandates of the Department of Health and Human Services, whose mission is to enhance the health and well-being of all Americans.

If confirmed, Xavier Becerra will be the first Latino to lead Department of Health and Human Services in its history. This historic nomination further highlights that it is time that the Latino Community is fairly represented at all levels of our government. As the COVID-19 pandemic has disproportionately impacted Latinos across the nation, this representation is critical to forging the path ahead to refocus on health equity.

California Attorney General Xavier Becerra has demonstrated through his experience, expertise and dedication to public service that he is exceptionally qualified to serve in this role, and we strongly urge you to swiftly confirm him as the next Secretary of the U.S. Department of Health and Human Services.

Sincerely,

Lydia A. Aranda, M.A.
South Arizona
President, Chicanos Por La Causa

Susana Mendoza
Illinois State Comptroller

Sindy Benavides
Chief Executive Officer, LULAC
Washington DC

Ina Minjarez
Texas State Representative, District 124

Julissa Ferreras Copeland
Former New York City Council Member

Nathalie Molina Niño
BRAVA Investments
New York

Melisa López Franzen
Minnesota State Senator, District 49

Jane Gonzalez
President, MEDWheels
Texas

Janie Martinez Gonzalez
Chief Executive Officer
WebHead Group
Texas

Maria Regan Gonzalez
Mayor of Richfield, Minnesota

Rosario Marín
Former U.S. Treasurer under President
George W. Bush

Eve Rodriguez Montoya
Founder & President
Rodriguez Media Communications
Illinois

Nathalie Rayes
President and Chief Executive Officer
Latino Victory
Massachusetts

Helen Iris Torres
Chief Executive Officer of HOPE
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Elizabeth Balli Van Sickle
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January 22, 2021

Senate Committee on Finance
Dirksen Senate Office Bldg.
Washington, DC 20510-6200

Chairman Ron Wyden (D-OR)
Ranking Member Mike Crapo (R-ID)
U.S. Senate Committee on Finance

Dear Chairman Wyden and Ranking Member Crapo:

On behalf of the National Hispanic Medical Association (NHMA), I strongly support the nomination of Mr. Xavier Becerra to the position of Secretary, U.S. Department of Health and Human Services (HHS).

I have known Mr. Becerra since the 1970s when we were college students at Stanford University and met his family. Like most of the Chicano students accepted to Stanford at that time, we were all first generation from working class families of immigrant parents or grandparents and understood the opportunity afforded us to help our families with our education trajectories. During that time many of the Chicano students were close and supportive of each other's strong interest to pursue careers that would take us to decision-making positions and public service efforts to give back to our communities.

I have worked with Mr. Becerra in Sacramento, California when he served as Assemblyman and led a briefing on the healthcare workforce diversity needs for the state and again in Washington, DC as Congressman and as a member on the Ways and Means Committee and on the Congressional Hispanic Caucus. He spoke at the first Annual Conference of the NHMA in 1997 and advised us to become advocates for the lifestyle of our communities and not just to change the health care system.

I worked at HHS from 1994-1998 in the Office on Women's Health, and following that, started at the NHMA. He and his staff met with NHMA physicians and staff through the years and spoke at our Congressional Briefings to discuss priorities for medical education and research diversity, Medicare and GME, prevention and access to care issues, the ACA and other areas that would improve policies and programs for the health of Latinos and other underserved.

In summary, Mr. Xavier Becerra has the vision and the strong leadership experience to build the programs and policies for HHS to support the most vulnerable as

well as healthcare institutions, public health agencies, private sector companies which partner with the department, and to lead HHS officials to support President Biden's vision for a healthier America.

Sincerely,

Elena Rios, M.D., MSPH, FACP
President and CEO
National Hispanic Medical Association

NATIONAL HUMAN SERVICES ASSEMBLY
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February 23, 2021

Senator Ron Wyden
Chair
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Senator Mike Crapo
Ranking Member
U.S. Senate
Committee on Finance
239 Dirksen Senate Office Building
Washington, DC 20510

RE: Hearing to Consider the Nomination of Xavier Becerra, of California, to be Secretary of Health and Human Services; February 24, 2021; 2pm ET

Dear Chairman Wyden and Ranking Member Crapo:

The National Human Services Assembly (NHSA) offers its enthusiastic support for the confirmation of Xavier Becerra as U.S. Secretary of Health and Human Services. NHSA members are 35 of the nation's largest human services organizations which together, with their local service networks, collectively serve nearly every household in America—as consumers of services, donors, or volunteers. NHSA members comprise a \$32 billion sector that employs some 800,000 workers, operating from over 100,000 locations.

In the midst of a global pandemic NHSA calls on the U.S. Senate Committee on Finance to advance the confirmation of Xavier Becerra to the full Senate without delay. As a twelve term Congressman and current California State Attorney General (AG), Mr. Becerra has been a champion of equity, fostering human services, and expanding access to quality healthcare for all.

Both his life experiences and professional career have given him a deep understanding of the importance and role of human services to foster opportunity for all. Mr. Becerra was a leader on the Ways and Means Committee for reauthorization of the Promoting Safe and Stable Families Act and efforts to reform TANF to make poverty reduction an explicit purpose of the program. His work to incorporate support in TANF for human services demonstrate his commitment to advance opportunity for all families and children. Furthermore, as a key architect of the Affordable Care Act (ACA) and a member of the House Ways and Means Committee he showed a deep understanding of the financing of health care; and, as California AG was a national leader in state efforts to protect the ACA.

As the head of a massive state agency in the largest state, Mr. Becerra has the experience of overseeing an agency larger than some federal departments. If confirmed, he would be the first Latino to lead the Department of Health and Human Services (DHHS), making his confirmation both critical and historic.

The people of the United States deserve a champion who will effectively direct the urgent task of overseeing the agency that will guide the nation out of this pandemic. We need a leader of DHHS who understands that equity must be a guiding principle in meeting the nation's health and human services challenges, including reversing the chapter of harming immigrant children and ensuring that family reunification gets accomplished without delay. Xavier Becerra is uniquely qualified to lead DHHS to meet the challenges our nation is facing.

NHSA, on behalf of our national human services organization members and those we serve, strongly urge members of the U.S. Senate Committee on Finance to vote "yes" on the nomination of Xavier Becerra to be the 25th Secretary of Health and

Human Services. The people of the United States need a leader with extensive direct experience improving our nation's health and human services systems, and one who is dedicated to ensuring equity in advancing our national health and well-being.

Sincerely,

Jeff Fleisher
Chair, Board of Directors

Membership of the National Human Services Assembly —



LETTER SUBMITTED BY ANNE C. TAFFE

Dear Finance Committee,

I object to Xavier Becerra due to his radical support for late term abortion and his attack of the Little Sisters of the Poor. The appointment of such a radical supporter of abortion is an affront to all pro-life citizens. The failure of senators to protect the life of the unborn goes directly against their constitutional right to life.

Anne C. Taffe

