United States Senate Committee on Finance January 29, 2025 Hearing to Consider the Nomination of Robert F. Kennedy, Jr., of California, to be Secretary of the Health and Human Services

Question for the Record submitted to Robert F. Kennedy, Jr. from Senator Charles E. Grassley

Question 1: I have been investigating the organ industry since 2005. My oversight led to the passage of the Securing the OPTN Act in 2023, which provides HRSA with statutory authority to improve management and government oversight of the U.S. organ transplantation system. As HRSA continues to build off this legislation and remove UNOS as the sole OPTN contractor, concerns have been raised about HRSA's ability to manage multiple contractors, as well as the OPTN modernization initiative. Will you commit to working with my staff to ensure that the congressional intent of the Securing the OPTN Act is maintained as HRSA works towards modernizing the OPTN? Will you ensure that proper management personnel are employed at HRSA?

Response: Yes, and, if confirmed, I will do everything I can to ensure proper staffing.

Question 2: I asked Secretary Becerra multiple times for information about whistleblowers retaliated against for reporting HHS's Office of Refugee Resettlement (ORR) placing children in dangerous situations. He failed to respond. This included the case of Tara Rodas, a federal detailee to ORR who was walked off the job after she reported children being placed in a household connected with the violent MS-13 gang, as well as an employee referenced in a Florida grand jury report, whom HHS allegedly fired for reporting a case of suspected human trafficking of over 100 UAC sent to a single house in Texas. As you know, I've spent my whole career advocating for whistleblowers and trying to make sure they're protected as they disclose wrongdoing to Congress and the American people. Will you cooperate with my investigation of this retaliation and make sure HHS makes any whistleblowers who were wrongfully terminated whole?

Response: Yes.

If confirmed I will work with the Office of Refugee Resettlement to make sure that no child is placed in a dangerous situation. I look forward to working with you on this issue and will respond promptly and appropriately to your inquiries.

Question 3: You agreed to cooperate with my investigation of ORR and provide records I've requested, and to instruct HHS's contractors and grantees to do so as well. This includes case-specific information, which is necessary to determine whether contractors and grantees, and ORR, followed the law and their own policies in vetting sponsors and staff who have direct access to children. There's an urgent need to get these records into the hands of law enforcement as well. As you may know, I referred records dating back to early in the Biden Administration to DHS and FBI in January 2024. As a result of my referral, DHS advised my office they identified over 100 sponsors for further investigation, including for potential trafficking or smuggling. HHS under the Biden Administration failed to fully comply with two-thirds of subpoenas DHS

issued, which likely placed more children in harm's way. This is the result of the Biden Administration's ill-considered cancellation of an information-sharing agreement between HHS and DHS in the first Trump Administration. The cancellation of this robust information-sharing agreement and its replacement with a far more restrictive one hindered HHS's cooperation with vital law enforcement efforts to protect children. Given so many suspicious sponsors my oversight identified at a single ORR facility, it's likely thousands of suspicious sponsors nationwide could be identified if this information is placed in the hands of law enforcement for further analysis. In addition, local police whistleblowers told my office the Biden Administration's ORR was not cooperative in their efforts to find missing UAC. Can you assure me that you'll provide not only the records I've requested, but also will provide information and data to law enforcement, the inspectors general, and other appropriate entities to enable them to shut down trafficking rings and help find missing children?

Response: Yes.

If confirmed I will work with the Office of Refugee Resettlement to make sure that no child is placed in a dangerous situation. I look forward to working with you and any law enforcement agencies on this issue and will respond promptly and appropriately to your inquiries

Question for the Record submitted to Robert F. Kennedy, Jr. from Senator Cornyn

1. Medicaid State Directed Payments

Last year the Biden Administration finalized a <u>rule</u> that alters CMS's interpretation of federal provider tax law on what is a permissible financing arrangement of the nonfederal share in Medicaid that goes far beyond the plain language of the statute. The gives CMS authority to withhold, condition, or retroactively deny approvals of SDPs based on nonfederal share financing arrangements that are lawful and have been previously approved. Additionally, the rule mandates that appeals on any denials go through the Departmental Appeals Board or Office of Hearings and Inquiries. This would create excessive delays in resolving denials. These disastrous policies that would endanger the safety net for millions of Medicaid beneficiaries.

Can you commit to repealing these new and unlawful financing provisions in <u>42 CFR</u> <u>438.6(c)(2)(ii)(G) and (H)</u> and the routing of all appeals of SDP denials to the Departmental Appeals Board or Office of Hearings and Inquiries under <u>42 C.F.R.</u> <u>430.3(e)</u>?

Response: If confirmed, I will work with the CMS administrator and team to review regulations and current policies to ensure compliance with the law. We will seek to preserve the federal – state partnership supporting the Medicaid safety net.

2. Certified Community Behavioral Health Clinics – CCBHCs

Certified Community Behavioral Health Clinics, known as CCBHCs, are a tremendously effective model of care helping Americans in need get the right care at the right time. These

clinics are delivering cost savings throughout our healthcare system and beyond by disrupting the cycle of crises care, which is less effective and more expensive. At a time when our nation is facing a rampant opioid and substance use crisis as well as high suicide rates, CCBHCs have helped people struggling with addiction and mental illness find healing with safe and effective treatment. In addition, CCBHCs have played a fundamental role in supporting our veterans and data have shown that getting care at a CCBHC can result in decreased homelessness. CCBHCs work closely with community partners and have established trusted relationships with our nation's law enforcement agencies.

Texas has been a leader with nearly 50 CCBHCs operating across the state providing lifesaving, comprehensive care to Texans. In Texas and across the country, we've seen dramatic improvements in outcomes among those suffering from substance use disorders from adoption of the CCBHC model. The model has also been good for creating jobs in our economy, 82% of CCBHCs in the state have either hired or transitioned staff and/or created new positions.

 President Trump was instrumental in advancing this modern way of delivering behavioral health care in the 21st Century. What steps will you take to build on that history and ensure CCBHCs continue their success of delivering high quality, integrated care for people across America?

A: If confirmed, I will direct SAMHSA and CMS to generate innovative ideas to help CCBHCs develop ways to deliver services efficiently and effectively. In addition, I will ensure that CMS works with states to support access to high-quality behavioral health care.

3. Artificial Intelligence

Artificial Intelligence is transforming health care research, development, and delivery. It has the potential to improve patient care, health outcomes, and efficiency. AI could also be used by payers to limit patient access and create additional hurdles.

• What role do you see HHS taking in governance of this transformative technology? Response: Artificial intelligence has the potential to fundamentally change the way healthcare services and human services are delivered. With that in mind, new policies and approaches across industry and government may need to be considered. HHS can best support patients by offering a clear and stable regulatory environment, where appropriate, with respect to safety, effectiveness, and transparency while also creating ample space for the private sector to innovate and expand America's competitiveness.

Questions for the Record submitted to Robert F. Kennedy Jr. from Senator Tim Scott

Question 1: Gene Therapies

As you know, I have a longstanding interest in efforts to combat sickle cell disease and other rare diseases. I've spoken before on the future of gene therapies and the potential for developing technologies, like CRISPR-Cas9, to one day provide treatments for rare diseases like Sickle Cell. I am so excited that sickle cell disease patients now have two potential one-time cures, one developed with the CRISPR technology. These revolutionary new treatments are medical innovations at their finest but took years to get to where we are today. Within HHS, there is the Cell and Gene Therapy Access Model, which is a voluntary program that will test outcomes-based agreements for cell and gene therapies. Payments will be tied to whether the therapy improves the health of the Medicaid beneficiary receiving the drug. I really appreciate this model as a foundational step forward as a way for Medicaid enrollees to access gene therapies.

• Can you please commit to working with me and my office on promoting access to these creative therapies?

Response: If I am confirmed, I will work with Congress, CMS and stakeholders to ensure that the Innovation Center tests appropriate innovative models that improve the quality of care of patients and reduce costs for Medicare, Medicaid and CHIP beneficiaries, including those with chronic conditions. I agree that the cell and gene therapy model is an interesting approach, and was not surprised to see two manufacturers of therapies for Sickle Cell disease enter the model. I look forward to reviewing all current Innovation Center models, consistent with the President's priorities and Congressional actions.

Question 2: Medicare Advantage

Around 42% of Medicare beneficiaries in South Carolina choose a Medicare Advantage plan. Some of the benefits of Medicare Advantage include gym memberships or fitness programs that improve health outcomes and tie into your view of healthcare. Sadly, after two years of Biden Administration cuts, seniors in 19 states – including South Carolina – are seeing double-digit premium increases and reduced access to popular benefits only offered by MA plans.

• Will you commit to protecting Medicare Advantage beneficiaries from further cuts to the program that do not just impact seniors' pocketbooks but also their health, unlike the past Administration?

Response: Medicare Advantage provides an opportunity for people with Medicare to access additional choices and benefits based on their individual needs. If confirmed, I would seek to ensure that Medicare Advantage provides seniors with access to the best care while remaining financially sustainable.

Question 3: Transparency

Mr. Kennedy, the first Trump administration took significant steps to improve healthcare transparency. Healthcare transparency programs and requirements if expanded could offer a unique opportunity to dramatically assist in lowering healthcare cost and improving quality outcomes.

• If confirmed will you continue to support these efforts through the implementation of additional transparency pilot programs and HHS policies to greater expand upon the work the federal government has already begun in transparency?

Response: A: If confirmed, I commit to instituting transparency across all programs and activities at HHS, so Americans can regain trust in the healthcare system. In addition, I look forward to working with Congress to put forth legislative reforms which give Americans unprecedented transparency into their health system.

Question 4: Telehealth

The COVID-19 pandemic underscored the vital role of telehealth, allowing patients to stay connected to their care teams while staying safe at home. But beyond the pandemic, telehealth continues to offer hope and innovation, from supporting mental health services to managing chronic conditions, enhancing maternal care, and even addressing workforce shortages in healthcare. I introduced the Telehealth Modernization Act, a bipartisan bill to make permanent the telehealth flexibilities enacted during the COVID-19 pandemic, to ensure continued coverage and access to health care for Americans.

• If confirmed, how would HHS plan to work with Congress to ensure millions of Medicare beneficiaries don't lose access to telehealth services and abruptly fall off the "telehealth cliff"?

Response: Telehealth is an important tool for providing access to a range of crucial health care services, particularly for those in rural areas and in areas with provider shortages. If confirmed, I look forward to working with Congress to ensure that innovative modes of care delivery such as telehealth will maximize quality and access to care for Medicare beneficiaries.

Questions for the Record submitted to Robert F. Kennedy, Jr. from Senator Young.

Question 1: In <u>previous comments</u> prior to your nomination, you indicated that you might be prepared to declare a "chronic disease emergency". If confirmed, how would you approach your public health emergency declaration authority, and which issues do you believe might warrant this approach?

Response: A public health emergency declaration authority should only be used with advice of counsel.

Question 2: Risk-based policymaking relies on systematic, science-based evaluation to distinguish between hazards (potential sources of harm) and risks (likelihood and mechanisms of harm). This approach helps agencies prioritize threats, support trade with objective data, and inform the public while avoiding unintended consequences on food accessibility and

affordability. If confirmed, will you commit to a science and risk-based approach to policy at HHS?

Response: If confirmed, I intend to ensure HHS operates on empirically-based evidence.

Question 3: If confirmed, how will you support the work of the FDA so that American patients can continue to have the first global access to new medicines?

Response: If confirmed, I commit that I will support FDA and its staff in the efficient review and approval of innovative new therapies.

Question 4: If confirmed, would you commit to not cutting FDA drug reviewers or funding?

Response: I believe FDA should be resourced where it can continue meeting the Gold Standard of review, with an efficient process ensuring that American patients can access new therapies.

Question 5: If confirmed, what role do you see HHS playing in promoting AI-driven advances in medicine?

Response: HHS can play a role with respect to safety, effectiveness, and transparency while also creating ample space for the private sector to innovate and expand America's competitiveness.

Question 5: If confirmed, what role do you see HHS playing in promoting AI-driven advances in medicine?

• As Secretary, I would work with stakeholders and patients to explore the latest technological advances in improving our health system, including the use of Artificial Intelligence (A.I.) as well as ensuring that innovators do not face unnecessary regulatory barriers in bringing these innovations to patients.

Question 5: As the Chair of the National Security Commission on Emerging Biotechnology, I believe advancing and securing biotechnology and biomanufacturing is critical to our health, economic security, and national security. If confirmed, how will you communicate the importance of U.S. leadership in biotechnology, including in the rapidly advancing fields of gene editing, gene sequencing, and engineered biology?

Response: I firmly believe that HHS and the U.S. government as a whole should foster innovation within our biotechnology and biomanufacturing industries. If confirmed, I commit to working with my staff and you to ensure that HHS policy is clear, predictable, and puts America first.

Question 6 (series): As you and I discussed in my office and as was raised by a number of my colleagues during the hearing, ensuring the federal government adheres to pro-life values is an important priority. To that end, I have the following "yes or no" questions:

• If confirmed, do you commit to working with Congress to implement strong pro-life policies like President Trump implemented in his first term, yes or no? If your answer is "no," please explain in further detail.

Response: Yes.

• More specifically, do you commit to ensuring HHS restores important Hyde Amendment protections, yes or no? If your answer is "no," please explain in further detail.

Response: Yes.

- In addition, do you commit to restoring other important Trump-era pro-life protections at HHS, including but not limited to guardrails on research using human fetal tissue, the Protect Life Rule to stop funding a Planned Parenthood slush fund, and conscience protections for health care providers, yes or no? If your answer is "no," please explain in further detail.
- Response: As HHS Secretary, I would fully implement President Trump's agenda on the issue of life. That includes President Trump's Executive Order on Enforcing the Hyde Amendment, to stop taxpayer dollars from funding or promoting abortion. If confirmed, I will also carry out the Protecting Life in Global Health Assistance policy, strengthen enforcement of Federal conscience laws, and implement other pro-life policies. As I said in my hearing, HHS can continue to conduct research using human stem cells from umbilical cords, without using fetal tissue.
 - Are there any Trump-era pro-life protections you would not reinstate?
 Response: If confirmed, I will fully implement President Trump's agenda on the issue of life.
- If confirmed, will you ensure your team hires and empowers pro-life personnel in key positions throughout HHS, yes or no? If your answer is "no," please explain in further detail

Response: Yes

• Will you put structures in place to ensure your staff are enacting and enforcing strong pro-life and pro-family policies, yes or no? If your answer is "no," please explain in further detail.

Response: Yes.

Questions for the Record submitted to Robert F. Kennedy, Jr. from Senator Ron Wyden

Question 1. Please share your views on the European Union's regulatory approach to food safety, specifically its use of the precautionary principle.

Question a. Do you believe the United States should adopt the precautionary principle in its domestic regulations?

Response: If confirmed, I will base all my decisions on the objective scientific information available and look forward to ensuring a safe food supply while working to understand what can be learned from the EU experience.

Question b. In your view, does the EU's application of the precautionary principle constitute a trade barrier?

Response: If confirmed, I will base all my decisions on the objective scientific information available and look forward to ensuring a safe food supply while working to understand what can be learned from the EU experience.

Question 2. Do you believe the United States should proceed with withdrawal from the World Health Organization (WHO)? Please respond with a yes or a no.

Response: In his recent Executive Order, President Trump has announced his intent to withdraw from the WHO.

Question a. If no, what role should the United States play at the WHO?

N/A

Question b. If yes, how will you ensure that the Department of Health & Human Services (HHS) continues to play a leading role in upholding the importance of sound science in an international context – particularly as it relates to food regulations and trade?

Response: The United States has been an active participant in global health matters long before the formation of the WHO. HHS continues to participate in research and work with international partners to engage in sound international scientific research and collaboration and will continue to do so in a responsible and measured way that protects the health of U.S. citizens.

Question 3. Please share your views on the Codex Alimentarius Commission (Codex). What do you see as the relationship between the work being done at the WHO and Codex, particularly as it relates to food safety, labeling, and dietary guidelines?

Response: I support the President's withdrawal of the United States from the WHO.

Question a. What value does Codex bring to American consumers and businesses?

Response: If confirmed, I look forward to evaluating Codex and its value to American consumers and businesses.

Question b. What role should the United States play at Codex?

Response: If confirmed, I look forward to evaluating Codex and the United States' role at Codex.

Question 4. I understand from your book that you were quite supportive of the TRIPS waiver for COVID-19 vaccines at the World Trade Organization (WTO). Could you please elaborate on your views?

Response: The Secretary of HHS has various authorities to meet public health needs and, if confirmed, I intend to seek the advice and counsel of experts to ensure the Department properly exercises those authorities in accordance with the law.

Question a. In what other contexts would you support waiving the rights to American IP?

Response: This question presupposes support of any such waiver, which is an inaccurate characterization of my public statements on the issue.

Question 5. What role should biotechnology play in American agriculture?

Response: Biotechnology continues to play a critical role in the American health care industry. If confirmed, I look forward to working with these industries to ma

care industry. If confirmed, I look forward to working with these industries to make Americans healthy again.

Question a. Do you distinguish between genetically modified organisms (GMOs) and other forms of biotechnology, like gene editing and cutting-edge research?

Response: The U.S. government, including HHS, distinguishes between these technologies.

Question 6. Should the United States Trade Representative (USTR) push back when other countries put up unscientific roadblocks to biotech that hurt our agriculture exports?

Question a. You have criticized, on social media, USTR's pursuit of a case against Mexico regarding corn and biotechnology under the United States-Mexico-Canada Agreement (USMCA). Please explain your opposition to the USTR position in this trade dispute.

Response: Without a more specific description of the statements referenced in this question, I cannot confirm that it is an accurate description of what I have said in the past. In any event, as explained in my prior response, my role, if confirmed, as HHS Secretary will be focused on the appropriate exercise of HHS's authorities, and I will defer to the White House and other agencies in the exercise of their authorities.

Question b. Would you support the Trump Administration taking another case against Mexico, including in response to its proposed constitutional reform, or a similar case in another country?

Response: As I explained in my prior response, if confirmed, my role as HHS Secretary will be focused on the appropriate exercise of HHS's

authorities, and I will defer to the White House other agencies in the exercise of their authorities.

Question 7. Bird flu is sweeping across the country, with the first human death reported just a few weeks ago. Hardworking American farmers have lost or been forced to euthanize over 140 million birds since bird flu broke out. Consumers are paying the price: egg prices have skyrocketed, and where families can find eggs in stock, they're scared they'll make them sick. Meanwhile, in his first week in office, Trump has effectively halted all sorts of medical research and censored warnings and information from our public health agencies. At Trump's direction, HHS has announced a halt on most public communications, including from top federal health agencies like the Centers for Disease Control and Prevention (CDC).

Question a. Does it make sense to be sweeping information under the rug at a time when bird flu is a growing economic and health crisis?

Response: As is customary for any new administration, a communications pause was instituted. It is my understanding that the pause specifically does not impact communications or research or activities critical to public health.

Question b. If confirmed, will you commit to reversing the freeze within two hours of your swearing in?

Response: I will review the items paused and make a determination.

Question c. I was dismayed to see that your presidential campaign is not only supportive of this freeze, but is in fact raising money off it. On Monday, your presidential campaign committee sent out a fundraising email describing the "freeze on all new regulations, guidance, and announcements" as a way to "prevent unelected bureaucrats from further undermining our health freedom." Do you stand by the views disseminated on your behalf by your presidential campaign committee? Please respond with a yes or no.

Response: No

Question d. When asked about this, under oath at this morning's Finance Committee hearing, you denied these reports, saying, "I don't think my campaign exists anymore." Yet, your campaign sent out another fundraising email during the hearing. Please explain the discrepancy.

Response: My campaign committee is carrying debt from my presidential campaign. Under federal campaign finance law, a campaign committee cannot terminate until it has retired its debt. Therefore, my campaign committee is fundraising to retire debt.

Question 8. Has your campaign committee and its fundraising activities been terminated? Please respond with a yes or no.

Response: No. My campaign committee is carrying debt from my presidential campaign. Under federal campaign finance law, a campaign committee cannot terminate until it has retired its debt. Therefore, my campaign committee is fundraising to retire debt.

Affordable Care Act

Question 9. President Trump has tried several times to repeal the ACA. As HHS Secretary, would you publicly oppose any efforts by Congress to repeal the ACA?

Response: President Trump stabilized the ACA, lowered premiums, and fostered innovation. If confirmed, I will work to foster an affordable, accessible, high quality health care system that best meets the needs of individuals and their families.

Question 10. The ACA prohibits insurers from denying coverage to patients because they have a pre-existing condition. Will you commit to preserving this protection?

Response: President Trump stabilized the ACA, lowered premiums, and fostered innovation. These lower premiums improved access, especially for people with pre-existing conditions who earn too much to qualify for premium subsidies. If confirmed, I will follow the law and work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families.

Question 11. If President Trump asks you to weaken the quality of health insurance plans offered through the ACA, what will you do to protect the millions of people who would lose coverage?

Response: I want to ensure that Americans have access to the best health insurance that fits that fits their unique needs. If confirmed, I will follow the law and work to foster affordable, high quality health coverage that best meets the needs of individuals and their families.

Question 12. Are there any provisions within the ACA that you believe should be changed? If so, describe the changes you believe should be made.

Response: President Trump stabilized the ACA, lowered premiums and fostered innovation. I want to ensure that Americans have access to the best health insurance possible. If confirmed, I will work to improve the health insurance markets to foster more affordable, accessible, and high quality health coverage that best meets the needs of individuals and their families.

For those buying coverage on their own, the enhanced premium tax credits provided in the Inflation Reduction Act have lowered costs significantly. Due, in part, to the availability of enhanced premium tax credits we saw record enrollment through the ACA marketplaces this year.

Question 13. Will you commit to making sure that these coverage gains are preserved? Will you oppose any proposed reforms from Congress or the Administration that would result in these coverage gains being lost?

Response: If confirmed, I will work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families. I look forward to working to ensure that these programs operate efficiently and effectively.

- **Question 14.** If Republicans fail to extend these tax credits, it will drive up health care costs for millions of Americans. This is particularly true in the states where premiums will increase the most WY, AK, WV and states where the majority of the funding goes FL, TX, GA, and NC. Do you support extending these tax credits?
- Question 15. How do you plan to support and maintain access to Marketplace coverage?

 Response 14-15: President Trump stabilized the ACA, lowered premiums and fostered innovation. I want to ensure that all Americans realize better health outcomes including those who purchase coverage on the Marketplaces. If confirmed, I will work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families.
- **Question 16.** Would you oppose legislative changes that increase costs or reduce access to coverage through the Marketplace?

Response: I want to ensure that all Americans realize better health outcomes including those who purchase coverage on the Marketplaces. If confirmed, I look forward to working with Congress if it considers legislation to improve Americans' health.

Question 17. During your confirmation hearing, you said: "Americans by and large don't like the Affordable Care Act...they would prefer to be on private insurance." Are qualified health plans private insurance?

Response: President Trump stabilized the ACA, lowered premiums and fostered innovation. I want to ensure that Americans have access to the best, most affordable health insurance possible. If confirmed, I will work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families.

Budget Cuts

The Trump Administration has proposed deep cuts to federal funding and the federal workforce, including more than \$2 trillion in cuts to health care spending and cutting up to 75 percent of the federal workforce. HHS programs account for just over 25 percent of the federal budget and

HHS programs touch nearly every U.S. resident, paying for almost half of births, headstart and other childcare, and a wide range of health care programs. Medicare and Medicaid constitute the largest part of the HHS budget, providing health care for more than 140 million people. Some 20 million additional people purchase health coverage on the ACA Marketplaces that HHS oversees.

Question 18. How would it be mathematically possible for you to carry out your MAHA agenda if you were faced with the largest funding cuts in the history of federal health programs?

Response: If confirmed, I look forward to advancing a transformative agenda to make Americans healthy again.

Question 19. What specific programmatic impacts do you expect that the proposed over \$2 trillion in cuts would have on the health programs - especially Medicaid and Medicare - that HHS operates?

Response: The Trump Administration has not yet made any Budget request to Congress. If I am confirmed as HHS Secretary, I plan to refocus HHS programs – including Medicare and Medicaid – on whole health, and patient outcomes. It is critical that these programs are accountable and serving the best interests of the American people.

Question 20. Can you guarantee that everyone currently enrolled in Medicare, Medicaid and ACA health insurance will remain covered if these cuts take place?

Question 21. How would proposed workforce cuts affect your ability to effectively run the Medicare, Medicaid and ACA Marketplace programs?

Response 20-21: Congress determines the funding levels for these programs, and, if confirmed, my role as Secretary will be to administer these programs efficiently to serve patients. Additionally, this Administration has not yet submitted a budget request. I look forward to working with Congress in the coming year as it considers legislation to improve the Americans' health.

In September 2024, you wrote in the WSJ that half of NIH's budget should be redirected to research on prevention and alternative approaches to medicine. In November 2024, you stated that you plan to <u>fire and replace 600</u> NIH staff on day one. NIH funding and expertise are incredibly important to research institutions and the economy in my state, so your views about NIH research and staffing are deeply troubling to me. NIH supports over 5,000 workers in my state of Oregon and generates \$417 million in economic activity.

Question 22. What types of roles and specific positions within NIH do you plan to eliminate? Response: If confirmed, I will look to understand the staffing needs of NIH in accordance with their mission.

Question 23. Do you plan to replace the people who currently occupy those roles, or would they remain vacant?

Response: If confirmed, I intend to adhere to OPM and White House guidance on hiring and filling vacancies.

Question 24. How do you think dramatic staff reductions at NIH could impact America's position as a global leader in research?

Response: If confirmed, I will seek to reform the NIH to ensure that the agency prioritizes staff quality, transparency, and conflicts rather than the size of the agency.

Question 25. If the NIH yields its global leadership role on research, who will fill this void? **Response:** America will never yield its global leadership role on research.

Question 26. In November 2023 at a conference in Georgia, you told attendees that you would halt infectious disease research for eight years. Do you stand by this statement and if so, when do you plan to put this halt into effect?

Response: I don't intend to halt infectious disease research.

Question 27. The annual budget of the National Institute of Allergy and Infectious Diseases advances critical research; examples include the successful development of new vaccines against RSV, an FDA-approved drug that delays the onset of Type 1 Diabetes, an mRNA vaccine against HIV, and more. Please explain why you plan to stop this work and who it will benefit?

Response: If confirmed, I look forward to evaluating all agencies and programs to ensure that they are accomplishing the mission of making Americans healthy again.

Question 28. Beyond the human cost of lost cures, treatments, and prevention, NIH scientists and staff are among the best in the world and will leave if their work is paused. Regaining that capability for NIH would take years and may not ever truly recover. How do you plan to quantify and make up for these losses in breakthrough research?

Response: If confirmed, my goal is for NIH to be the global leader in breakthrough, transparent research accountable to the American people.

Question 29. Are you concerned that for-profit companies or other nations would have more ability to steer and influence research priorities moving forward? **Response: No.**

Question 30. How will you prioritize funding for scientific research within your agency, and what criteria will you use to allocate resources across different research areas?

Response: In accordance with appropriations, I will conduct a detailed review of department needs after my confirmation to ensure that every American health agency prioritizes work that advances American health outcomes.

Question 31. Will you ensure that research funding is stable and predictable, allowing scientists to pursue ambitious projects and make meaningful discoveries?

Response: If confirmed, I am committed to working with Congress to ensure NIH remains the world leader in biomedical research while advancing breakthrough, transparent research accountable to the American people.

Question 32. How will you ensure that the process for awarding research grants is fair, impartial, and based on rigorous scientific merit?

Response: Transparency is a crucial part of the process for awarding any grants, and I am committed to ensuring that taxpayer dollars are awarded appropriately. If confirmed, I will ensure we abide by the law to fund meritorious scientific research.

Question 33. Will you ensure that the process for awarding research grants and the results of publicly funded research are made widely available?

Response: As a general matter, I support transparency in science and ensuring NIH funds the best science.

Question 34. How will you foster interdisciplinary research and partnerships between government agencies, academic institutions, and private industry to maximize the impact of research funding?

Response: If confirmed, I am fully committed to looking at additional ways that HHS can take steps, under the agency's existing legal authorities, to facilitate strong communication and coordination between the government, private industry, and universities to make sure that the United States remains the leader in biomedical research.

Question 35. On January 27, 2025 the Trump Administration announced a "pause" on nearly all federal grants. While the impact of the "pause" will depend on ongoing litigation, and the administration may even withdraw or rescind this order, its immediate impact caused chaos among federal grantees. Considering that the Trump administration made clear its attempt to withhold federal funds through this order, it is important to understand which specific grants or programs you believe this pause applies to within HHS. Which specific grants or programs within HHS do you believe should not be subject to this type of pause?

Response: OMB rescinded Memo 25-13 on January 29, 2025. HHS will continue to implement the President's Executive Orders.

Chronic Disease

You've expressed an interest in addressing the nation's burden of chronic disease. Decades of evidence indicate that people with access to high-quality primary care have more preventive care, better chronic disease management, better health outcomes, and fewer ER visits and hospitalizations.

- Question 36. How do you envision primary care playing a role in making America healthier? Response: We cannot make Americans healthy again without empowering the patient doctor relationship, and that begins with primary care.
- **Question 37.** What specific policies do you support to strengthen our primary care infrastructure?

Response: If confirmed, HHS divisions will review all available options to improve primary care infrastructure.

Question 38. How would you make sure that low-income individuals, particularly those who cannot afford to make contributions to Health Savings Accounts (HSAs), would afford and access primary care?

Response: If confirmed, I will work with Congress to ensure that the disabled, truly needy, and poor children are not prohibited from accessing the same innovative health tools as other Americans.

- Question 39. With respect to Medicare beneficiaries with chronic conditions, what specific steps will you take to improve access to necessary care in the Medicare program?

 Response: If confirmed, I look forward to working with the CMS Administrator to improve how the Medicare program approaches chronic care management with the goal of improving the holistic health of seniors and reducing chronic disease.
- **Question 40.** You have repeatedly vowed that you will do all you can to address the prevalence of chronic disease. Chronic illness is more prevalent for people with lower incomes, and for adults with chronic conditions, gaining access to care through Medicaid has allowed them to better manage their chronic conditions and improve their overall

health. Does it concern you that cuts to Medicare and the ACA would take away funding and resources you could use to implement your MAHA agenda?

Response: President Trump has been clear that he does not support cuts to the Medicare Program. The levels of funding for federal health programs are determined by Congress. If confirmed, I will work with the CMS Administrator to take a holistic look at the programs administered by CMS to ensure that they are working to make Americans healthy and reducing the rate of chronic disease.

Question 41. Do you believe that cuts to Medicaid and the ACA will improve chronic disease rates, quality, and outcomes?

Response: Funding levels for public health programs are determined by Congress, and the HHS Secretary's role is to administer these programs. If confirmed, I would work to ensure that the ACA and Medicaid programs are well-administered, effective, and support the goal of making America healthy again.

Question 42. Will you publicly oppose any proposed cuts to Medicaid that would limit access to primary care?

Response: Decisions about Medicaid funding are made by Congress. I am committed to improving healthcare quality and outcomes for Medicaid beneficiaries, and that includes primary care. Primary care will play a key role in addressing America's health care crisis and improving access will help make American healthy again. If confirmed, I will work with Congress on this issue.

Question 43. How would you address chronic disease and carry out your plans if Republicans ultimately eliminate trillions of dollars of health care funding?

Response: If confirmed, I look forward to working with Congress to ensure that the Department has the necessary funding to make Americans healthy again.

Question 44. QuMeaningfully investing in our nation's primary care workforce will be necessary in order to course correct and address the growing burden of chronic disease on our health care system. What role should primary care clinicians play in addressing our nation's chronic disease epidemic?

Response: If confirmed, I look forward to working with Congress to evaluate the impact of the various payment systems and regulatory burden on the primary care workforce and how to transition our system to one that does not incentivize sick care.

Question 45. Do you oppose cuts to federal health programs that would lead to less funding for payments to primary care clinicians?

Response: If confirmed, I look forward to working with Congress to ensure the many federal health programs support primary care clinicians in their endeavor to make Americans healthy again.

Question 46. What specific steps would you take as Secretary to facilitate the delivery of chronic care management, to ensure that this benefit is accessed by those with Traditional Medicare?

Response: Addressing chronic disease is a priority of mine. If confirmed, I will work with the CMS Administrator to improve how the Medicare program approaches chronic care management with the goal of keeping our nation's seniors healthy and reducing chronic disease.

Coverage

Question 47. We have seen historic health coverage gains in recent years, with record enrollment in Medicaid and the Marketplace. What will you do as HHS Secretary to ensure that everyone can access comprehensive coverage, whether they are enrolled in Medicaid, or have insurance through their employer or the Marketplace?

Response: I want to ensure that Americans have access to the best health insurance possible. If confirmed, I will work to address barriers to coverage and promote broader access to affordable, high quality health coverage that best meets the needs of individuals and their families.

- **Question 48.** How will you protect coverage of preventive care and wellness exams as HHS Secretary?
- **Question 49.** Would you oppose any cuts that led to a reduction of preventive care and wellness exams?

Response 48-49: I believe that we need to Make America Healthy Again and this starts with a focus on prevention and management of chronic disease. If confirmed, I will work to foster an affordable, accessible, high quality health care system that best meets the needs of individuals and their families.

Question 50. Can you commit to publicly opposing any legislation or policy change that would reduce or limit any individuals' access to coverage?

Response: I want to ensure that Americans realize better health outcomes. If confirmed, I will work to foster affordable, accessible, high quality health care coverage through a competitive health insurance market that delivers better health outcomes for individuals and their families.

Question 51. During Donald Trump's first term, Congress passed the bipartisan No Surprises Act to protect patients from unexpected balance bills. To date, the No Surprises Act has protected tens of millions of patients and their families from receiving surprise bills. Are you committed to fully implementing the No Surprises Act?

Question 52. Will you commit to working with Congress to ensure that HHS has the necessary funding to carry out its No Surprises Act implementation and compliance activities?

Response 51-52: American families deserve to be protected against the burden of costly, surprise bills after they and their loved ones receive medical care. If confirmed, I will follow the law and work to ensure that patients are protected and have the price information they need to make informed decisions about their care.

Direct Care Workforce

Question 53. Yes or no, do you believe direct care workers are paid a fair wage?

Response: Federal wage laws are set by Congress and enforced by the Department of Labor.

Question 54. Yes or no, do you believe there is a role for the federal government to ensure that direct care workers are paid a fair wage?

Response: Federal wage laws are set by Congress and enforced by the Department of Labor.

Question 55. Yes or no, do you believe paying direct care workers a fair wage would resolve some of the workforce shortages we see in this field?

Response: Wages are one important factor among others that contribute to labor supply in any industry.

Question 56. Given that Medicaid pays for nursing home care and care received at home through home and community-based services (HCBS), do you oppose any cuts to Medicaid that would reduce access to this care?

Response: Decisions made about Medicaid funding levels are made by Congress. I support the availability of home and community-based services for individuals best served by these settings. If confirmed, I would work with states to ensure the right balance of public funding for home and community-based options for older adults and people with disabilities.

Question 57. We need an estimated 1.3 million additional direct care workers by 2030. How do you believe we develop this workforce?

Response: I look forward to working with you to analyze the barriers to entry in the direct care workforce and what federal interventions may be appropriate.

Question 58. Do you believe the federal government has a role in training the direct care workforce?

Response: The current impact of federal healthcare workforce programs should by analyzed to see if similar interventions in the direct care workforce are appropriate and likely to produce desired results.

Question 59. What do you believe is the federal government's role in addressing the shortage of healthcare workers in health professional shortage areas?

Response: Among other things, I look forward to looking at what federal regulations may currently be barriers to entry in any part of the healthcare workforce where current levels of employment may be insufficient. Additionally, I plan on reviewing the success of the legacy healthcare workforce programs at meeting the needs of health professional shortage areas.

Question 60. What specific steps would you take to help grow the behavioral health care workforce and how would you prioritize these efforts?

Response: I plan on reviewing our legacy healthcare workforce programs and whether there is appropriate attention given to behavioral health.

Child Welfare, Childhood Health & Education

Question 61. As HHS Secretary, you would 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 the Children's Hospital Graduate Medical Education Program (CHGME) program and pediatric research initiatives at the National Institutes of Health. How will you protect and strengthen these existing programs to improve children's health?

Response: If I am confirmed as HHS Secretary, I will follow the law to protect and strengthen <u>children</u> and end the chronic disease epidemic.

Question 62. The Child Care and Development Block Grant (CCDBG) is the nation's largest source of direct financial support to low-income families who earn too little to pay for child care out of pocket. And in the 2014 reauthorization, Republican leadership incorporated more stringent standards to promote child health and safety through additional federal requirements for participating providers to ensure that early educators undergo background checks, along with issued guidance around safe caregiver to child ratios and caps on group sizes by age. Do you agree with these standards?

Response: If confirmed, I will follow the law on child care safety standards.

- Question 63. Will you emphasize the importance of the CCDGB program and ensure that more families (including those already deemed eligible) can access its benefits?

 Response: If confirmed, I will follow the law on CCDBG program eligibility.
- Question 64. Will you support preserving necessary protections for young children to ensure that the CCDGB program does not succumb to deregulatory backsliding?

 Response: If confirmed, I will follow the law and support states in their work to administer the CCDBG.
- Question 65. Rulemaking under the Biden-Harris Administration set crucial standards for the administrative priorities of the two most prominent federal early learning programs. If confirmed, will you commit to overseeing the full implementation of these rules?

 Response: If confirmed, I will follow the laws passed by Congress to support children and families.

- Question 66. Will you commit to monitoring state and grantee compliance with these rules? Response: If confirmed, I will follow the law.
- **Question 67.** Will you work with Congressional leadership to secure the necessary resources to meet these mandates and continue improving these critical programs?
- Question 68. Response: If confirmed, I will work with leaders in Congress and implement appropriations laws as provided by Congress Yes or no will you commit to maintaining the public availability of Approved CCDF Plans?

 Response: Yes.
- **Question 69.** Yes or no will you commit to maintaining the public availability of Head Start Program Information Reports?

Response: Yes.

Question 70. Yes or no – will you commit to maintaining the public availability of CCDF Data Tables?

Response: Yes.

Question 71. How would you work with the Department of Education to ensure that all young children in our country have access to high-quality equitable early childhood education, including infants and toddlers with disabilities?

Response: If confirmed, I will look forward to working with the Department of Education and following the relevant laws.

Question 72. One in four children in the United States have an immigrant parent. The Trump administration revoked a policy prohibiting immigration enforcement at schools, hospitals and other sensitive areas. As a result, many immigrant families may be afraid of taking children to the doctor, out of fear that they will face detention or deportation. How will you ensure that children continue to receive prompt medical care, when families fear the consequences of broad immigration enforcement?

Response: Immigration enforcement is outside the purview of HHS.

Question 73. You have said you "will provide Americans with transparency and access to all the data so they can make informed choices for themselves and their families." Schools have a long tradition as a lynchpin in America's public health infrastructure. Do you oppose withholding federal funding from schools with immunization entry requirements for the vaccines on the childhood immunization schedule?

Response: I refer this question to the Department of Education.

Question 74. Young people with lived experience of foster care and other child welfare programs are best positioned to share their perspectives and recommendations on sound policy. How will you center lived experience in child welfare work?

Response: If confirmed, I look forward to reviewing experienced participants' thoughts about child welfare programs.

- Question 75. What role do you think kin caregivers should play in the continuum of care?

 Response: Kinship caregivers play a critical role in providing healthy family environments for children. Kinship care is the next best option compared to a foster youth's safe reunification with their biological parents.
- **Question 76.** Should organizations be able to receive exemptions from non-discrimination policies due to their strongly held religious beliefs? For instance, should a foster care licensing organization be able to deny otherwise qualified Jewish or LGBTQI+ adults the right to be foster parents because of their beliefs or identity?

Response: If confirmed, HHS will follow the law to protect religious liberties.

Question 77. During Donald Trump's first term as president, Congress overwhelmingly passed the bipartisan Family First Prevention Services Act, which provided new flexibility to states to address crises and keep children safely at home. To date, due in part to administrative barriers related to coordination between ACF and the states, the full vision of the law has not been realized. How will your administration work to ensure states are able to take advantage of these flexibilities to better support families and keep them together?

Response: If confirmed, I will work with the Children's Bureau to follow the law and help states fully implement it to deliver preventative services to families with children at risk of entering foster care.

Congregate care describes out-of-home care, including group homes or residential treatment facilities (RTFs). There are big business interests at play that result, in too many cases, in the child welfare system warehousing children in behavioral health facilities where they may end up facing abuse, neglect, and mistreatment.

Question 78. The Senate Finance Committee's June 2024 report *Warehouses of Neglect* found that children suffer routine harms inside RTFs, including sexual, physical, and emotional abuse, unsafe and unsanitary conditions, and inadequate provision of behavioral health treatment. What steps will HHS take to improve the lives of these children?

Response: If confirmed, I will follow the law to ensure HHS reviews all options to improve the lives of children in RTFs and protect them from predators.

Question 79. How will you ensure that children are placed in care settings that are aligned with their needs instead of the needs of entrenched industry interests?

Response: If confirmed, I will follow the law to ensure that foster youth are placed in settings in the best interest of the child and protected from predators.

Question 80. How will you ensure that children who are placed in congregate settings have appropriate oversight and protections?

Response: If confirmed, I will work with the Administration for Children and Families to help states improve oversight and implement protections for children in congregate care.

Question 81. What investments will you make in community-based services to ensure that children with behavioral health needs are served in the least restrictive setting that meets their needs, as required by *Olmstead*?

Response: If confirmed, I will implement appropriations laws as provided by Congress and relevant court opinions and orders.

Question 82. Would you support increased awareness for judges on the risks of improper placements in RTFs, the full continuum of care, and clinical best practices for treating children with behavioral health needs, particularly for children in foster care?

Response: If confirmed, I will follow the law and implement the recently enacted Supporting America's Children and Families Act to support the Court Improvement Program.

Safe and appropriate placements that align with youth's identities lead to better outcomes for young people in the child welfare system.

Question 83. Do you support placing children in foster care in placements that are safe and appropriate to their gender identity?

Response: If confirmed, I will ensure states create a case plan for each child, male or female, to receive safe and proper care. Such care will not involve the federal government supporting, promoting, or inculcating gender ideology.

Question 84. Do you support placing children in foster care in placements that are safe and appropriate to their sexual orientation?

Response: If confirmed, I will follow the law.

The child welfare system used to routinely break families apart when a parent experienced a substance use disorder (SUD) treatment need. Over the past five years, there has been material progress towards orienting the system around prevention and SUD treatment alongside family, allowing families to remain together.

Question 85. What values will you bring to the child welfare system, especially as it relates to families with SUD treatment needs?

Response: If confirmed, I will follow the law.

The Office of Refugee Resettlement (ORR) within HHS is responsible for the care and placement of unaccompanied migrant children in the least restrictive settings possible and in the

child's best interests. ORR serves an essential function in caring for children and ensuring they are safely placed in contracted facilities and eventually with a home-sponsor. This function and ORR's purview are separate from immigration enforcement agencies like Immigration and Customs Enforcement and Customs and Border Protection. The last Trump Administration co opted ORR's essential function to carry out inhumane immigration enforcement, pressuring the Office to leave unaccompanied children in the hands of Customs and Border Protection, to become a clearing house for children separated from their families under Trump's zero tolerance policy, and to change a number of its policies to aid in immigration enforcement instead of care for vulnerable kids. We all saw the outcome of these policies—children ripped away from their parents and held in cages, traumatized and alone. You have harshly criticized these policies in the past.

Question 86. Do you commit to protecting unaccompanied children in your care by opposing any attempts to resurrect any form of Trump's family separation policy?

Response: If confirmed, HHS & ORR will commit to following the rule of law on the care and custody of unaccompanied alien children.

Question 87. Do you commit to respond timely and in full to my Office, and to transparency with the American people, regarding:

Question a. Any change to the policies, programming, budget, use of appropriated funds, controlling regulation, and regular functioning of ORR;

Response: I will respond promptly and appropriately.

Question b. Any newly contracted ORR facilities or the termination of any existing facility contracts;

Response: I will respond promptly and appropriately.

Question c. Any changes to the services offered to children in ORR custody, including discharge planning.

Response: I will respond promptly and appropriately.

Question 88. What role do you think kin caregivers should play in the continuum of care?

Response: Kinship caregivers play a critical role in providing healthy family environments for children. Kinship care is the next best option compared to a foster youth's safe reunification with their biological parents.

Question 89. Do you commit to preserving the Unaccompanied Children Program, an essential legal orientation program for unaccompanied children?

Response: HHS and ORR will follow the law with respect to legal services for unaccompanied alien children.

Food & Drug Administration

- Question 90. You have spoken publicly about your desire to overhaul the FDA. The FDA's role is to evaluate the science and make decisions that are best for public health. Do you commit to letting the FDA follow the science, without interference by politicians?

 Response: If confirmed, I look forward to working to ensure the FDA operates as the empirically-based, evidence-based agency that Americans deserve.
- Question 91. What would be the impact if the FDA lost a significant number of staff? Response: If confirmed, I look forward to considering the FDA's staffing and personnel requirements and ensuring sufficient staffing levels.
- Question 92. Do you believe that FDA losing staff could lead to an increase in influence for the external stakeholders you have concerns about?

 Response: If confirmed, I look forward to considering the FDA's staffing and
 - Response: If confirmed, I look forward to considering the FDA's staffing and personnel requirements and ensuring sufficient staffing levels.
- Question 93. What is your plan to ensure sufficient oversight and regulation of the very well resourced companies FDA regulates, given your interest in firing FDA staff?

 Response: If confirmed, I will follow the law.
- **Question 94.** Will you, as Secretary of Health and Human Services, commit to overseeing responsible regulation of infant formulas?

Response: If confirmed, I will follow the law.

Question 95. How will you, as Secretary of Health and Human Services, enforce new protections for kids if you cut the FDA operating budget and the agency staff who perform its functions?

Response: If confirmed, I will implement the law as passed by Congress, including appropriations laws. I also am committed to ensuring the safety of all Americans, but I will not make any staffing decisions before being sworn in as Secretary of Health and Human Services.

Question 96. What steps do you personally believe should be required to take place in order for a vaccine to be approved by the FDA?

Response: If confirmed, I look forward to working with the FDA to ensure that there are high standards of transparency in safety and efficacy decisions on for all products the agency is legally required to review.

Question 97. What specific concerns do you have with the existing clinical trial process? Response: Well-designed clinical trials are essential in determining the benefits and risks of new medical products. You can look to President Trump's Operation Warp Speed, and the clinical trials it accelerated, for lessons in how to improve upon the clinical trial process generally. I support such rigorous study, and, if confirmed, will support efforts to make research faster, cheaper, safer, and more informative.

Question 98. What specific concerns do you have with the role of independent advisory committees?

Response:

- Question 99. Will you commit to ensuring that independent advisory committees continue to be able to meet regularly and publicly report the minutes and results of those meetings?

 Response: I support the government's ability to seek outside advice when it is done with transparency and independence. If confirmed as Secretary of HHS, I would work with my staff to ensure that our independent advisory committees do not pose undisclosed conflicts of interest and that they are providing useful advice.
- **Question 100.** How would you approach evidence that has been peer-reviewed and replicated, even if it conflicts with your personal beliefs?

Response: As I testified, I am not a scientist. I want to empower scientists. I want to make sure that science is unobstructed by vested or economic interests.

Cannabis

During President Joe Biden's administration, the Drug Enforcement Administration (DEA) under the Department of Justice followed the leadership of 39 states in reviewing the appropriate legal classification of marijuana. The Food and Drug Administration under the Department of Health and Human Services conducted a robust and science-based review, officially recommending cannabis be rescheduled from from Schedule I of the Controlled Substances Act (CSA) to Schedule III, which would potentially increase research into cannabis but would not legalize or regulate cannabis products, including medical and adult-use marijuana. The FDA review acknowledged that cannabis has "some credible level of scientific support for some of the therapeutic uses for which marijuana is being used in clinical practice in the United States."

- **Question 101.** Do you agree with the FDA's conclusion that cannabis has some medical and/or therapeutic use?
- **Question 102.** Do you believe that the CSA's Schedule III classification for cannabis is most appropriate, or is there another classification under the CSA better suited to apply to cannabis?
- **Question 103.** Do you commit to protecting the science-based role of FDA in any future rescheduling or descheduling process initiated by the Trump administration?

Answer to Questions 101-103: Response: If confirmed, I look forward to reviewing the reasoning behind the FDA's conclusion and following the law.

You have previously expressed support for decriminalizing cannabis at the federal level. In the 2018 Farm Bill (P.L. 115-334), Congress created the legally distinct category of "Hemp," removing cannabis crops with certain characteristics from the Controlled Substances Act. This category includes products like cannabidiol (CBD), topical, oral and inhalable cannabis products,

and animal products as well. Members of Donald Trump's administration, including Trump himself, have at times supported legal hemp products, and at times threatened to prohibit all such products, and some in Congress support banning all hemp products. As Secretary, you will oversee the Food and Drug Administration (FDA), which has some authority to regulate these products, and the millions of Americans who benefit from using hemp products will look to you for consistent leadership on the regulation of these products.

- Question 104. Under current law, there is no federal standard for transparency in manufacturing, processing, labeling or packaging of hemp products, meaning consumers may lack reliable information about the contents and potency of these products. Do you believe that FDA can improve regulation of hemp and hemp-derived products to ensure they are safely manufactured, tested for pesticides, heavy metals and other adulterants, accurately labeled, and kept out of the hands of kids?
- **Question 105.** Do you believe that the FDA has the necessary authority under current law to effectively regulate hemp and hemp-derived products? If not, do you believe that additional statutory authority is necessary for FDA to adequately ensure consumer safety regarding these products?
- **Question 106.** Do you believe that a new product category for hemp products would be necessary or beneficial for FDA's regulation of such products?
- **Question 107.** Will you commit to working with Congress to ensure that hemp and hemp-derived products remain available for adult users, while also ensuring that they are safely manufactured, tested for pesticides, heavy metals and other adulterants, accurately labeled, and kept out of the hands of kids?

Response to Questions 104-107: If confirmed, I look forward to following the law. In addition, I look forward to working with Congress, relevant stakeholders, medical experts, and the patient community to ensure that every safe and effective treatment is made available for patients, consistent with federal law.

Gene Therapy

Question 108. How does coverage and reimbursement of cell and gene therapy fit into your vision of shifting the U.S. healthcare system away from so-called "sick care"?

Response: If confirmed, a top priority for me would be harnessing the power of HHS programs to shift the focus in our healthcare system from paying for procedures and sickness to paying for health and outcomes. If confirmed, I will seek to ensure patients have affordable access to these medications consistent with the authorities provided by Congress.

Question 109. During Donald Trump's first term, CMS promulgated rules that made it easier for state Medicaid programs to enter into value-based arrangements with drug manufacturers. Since then, the CMS Innovation Center has launched a new model to test the use of value-based arrangements for Sickle Cell Disease gene therapies. Do you intend to continue this model?

Response: I think this model is an interesting approach to ensuring patient access to these products, and, if confirmed, I plan to study it in more detail. More broadly, I look forward to reviewing all current Innovation Center demonstration projects, consistent with the President's priorities.

Question 110. Do you have specific plans for modernizing Medicare and Medicaid coverage and payment for cell and gene therapies?

Response: If confirmed, I will work with the CMS Administrator to take a holistic look at the Medicare and Medicaid programs to ensure they are working to keep people healthy and to promote access to innovative therapies.

Health Equity

Question 111. The nation is facing a maternal health crisis, exacerbated by abortion bans and restrictions. We have all seen the reports of women dying after being denied adequate health care when they experienced pregnancy complications. What specific steps would you take to address this crisis?

Response: I agree with President Trump that states should determine their own abortion laws. I also believe women should have access to the best, most transparent health systems with the most rigorous data in order to make informed decisions for themselves. Addressing maternal mortality, and its underlying causes, will be a priority in my leadership of HHS.

Question 112. What changes do you plan to make to medical research or patient engagement initiatives that target underserved populations?

Response: If confirmed, I will align medical research and patient engagement initiatives to end the chronic disease epidemic and make Americans healthy again.

Question 113. The Agency for Healthcare Research and Quality (AHRQ) has suggested the need for more culturally and linguistically appropriate care across a variety of medical service sectors. Do you agree?

Response: I will follow the law.

Question 114. AHRQ found that life expectancy in the US for non-Hispanic White Americans is six years longer than for Black Americans, and 11 years longer than for Native American populations. What specific steps would you take to address this problem?

Response: If confirmed, I will take the steps needed to end the chronic disease.

Response: If confirmed, I will take the steps needed to end the chronic disease epidemic and make all Americans healthy again.

Question 115. 25 million Americans have limited English proficiency. Despite long standing protections under Title VI from the Civil Rights Act of 1964, these people and their families face disparities in health access and outcomes due to inadequate information in their languages. For example, many children are put in the inappropriate position of serving as interpreters for their parents at the doctor or when trying to understand medical bills. The lack of investment in language access leads to higher health costs, due to poor medication adherence and hospital readmissions when patients do not understand their diagnosis and treatment options. What will you do to improve the health outcomes of this population?

Response: If confirmed, I will take the steps needed to end the chronic disease epidemic and make all Americans healthy again.

Question 116. Why do you believe Black, Hispanic, and Native American people in the United States are more likely to die from cancer than their white counterparts?

Response: If confirmed, I will take the steps needed to end the chronic disease epidemic and make all Americans healthy again.

Question 117. What are your plans to address disparities in cancer rates?

Response: If confirmed, I will take the steps needed to end the chronic disease epidemic and make all Americans healthy again.

Question 118. As we confront the persistent and pervasive health inequities faced by Black, Hispanic, Native American populations in the United States, what specific structural barriers do you believe are driving these inequities?

Response: If confirmed, I will take the steps needed to end the chronic disease epidemic and make all Americans healthy again.

Question 119. What is the role of HHS in addressing these structural barriers?

Response: If confirmed, I will take the steps needed to end the chronic disease epidemic and make all Americans healthy again.

HIPAA and Cybersecurity

For over two decades, the Health Insurance Portability and Accountability Act, or HIPAA, has set federal standards for patient's health information. HHS issued the initial data security rules implementing HIPAA in 2003 and has not meaningfully updated them since. The existing rules do not require minimum cybersecurity protections of Americans' health data, leaving Americans' sensitive health records vulnerable to hackers. A November 2024 review by HHS OIG found that HHS had not conducted a single HIPAA audit since 2017, and the audits that

HHS conducted in the years before did not review those organizations' cybersecurity practices to determine their effectiveness. On December 27, 2024, HHS issued a notice of proposed rulemaking to update the HIPAA security rule, to finally require some basic cybersecurity best practices, such as multi-factor authentication.

Question 120. Do you agree that the existing HIPAA security regulations are ineffective and are insufficient to protect Americans' health records from hackers?

Response: If confirmed, I look forward to working with Congress to understand how we can best protect American patients and their data.

Question 121. Do you agree that the December 27, 2024 proposed update to the HIPAA security rule would better protect patient data from hackers?

Response: If confirmed, I will review all relevant patient privacy rules to ensure that American patient data is protected from hackers.

Question 122. Do you agree that the HHS should set mandatory cybersecurity requirements for providers and exchanges and that the current approach of voluntary cybersecurity has failed to protect patient data from hackers?

Response: If confirmed, I will review all relevant cybersecurity rules to ensure that American patient data is protected from hackers.

Question 123. Do you agree that the federal government should hold the Chief Executive Officer and other senior officials at companies personally accountable when lax cybersecurity at the company enables hackers to steal health records of millions of Americans?

Response: If confirmed, I will review all relevant cybersecurity rules to ensure that American patient data is protected and the parties responsible for breaches are held accountable in accordance with the law.

Question 124. Do you agree that systemically important entities in the healthcare sector should be subjected to mandatory cyber "stress tests" to determine how quickly they are able to get back up and running again after a ransomware incident?

Response: If confirmed, I will review all relevant cybersecurity rules to ensure that American patient data is protected.

Question 125. To date, the largest fine that HHS has issued for violating HIPAA was for \$16 million against Anthem in 2015, after hackers stole health data on 78 million people. In contrast, in 2019, the Federal Trade Commission fined Facebook \$5 billion for deceiving users about their ability to control the privacy of their personal information. Do you agree that existing fines under HIPAA are insufficient to motivate large corporations to protect Americans' privacy, and that substantially larger fines are necessary, along the lines of those issued by the FTC?

Response: If confirmed, I will review all relevant cybersecurity rules and penalties to ensure that American patient data is protected and parties responsible for violations are held accountable.

HIPAA and Privacy

Question 126. How do you view HHS' role in ensuring that patients' health information remains private?

Response: HHS regulates the use and disclosure of patients' health information under HIPAA and associated rules.

Question 127. How do you view HHS' role in protecting patients whose privacy rights under HIPAA are violated?

Response: HHS regulates the use and disclosure of patients' health information under HIPAA and associated rules.

Question 128. How do you view HHS' role in protecting private health information from being used to criminalize patients?

Response: HHS regulates the use and disclosure of patients' health information under HIPAA and associated rules.

Question 129. Do you believe patients should have the right to access their own health information?

Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected.

Question 130. Pursuant to the 21st Century Cures Act, Americans' health records are currently accessible to health care professionals around the country, regardless of whether the individual is a patient, and can be accessed without prior consent of the individual, even in non-emergencies. Such default open access to private health records exposes Americans to snooping and other privacy abuses. Do you believe that in non-emergency situations, access to Americans' health care records should be restricted to health care professionals to whom the individual has consented to giving access to their records?

Response: If confirmed, I will review all relevant laws to ensure that American patient data is protected.

Question 131. Do you believe patients have a right to know if their health information is released to law enforcement, just as Americans are already told if their calls are wiretapped or their bank records are obtained with a subpoena?

Response: If confirmed, I will review all relevant patient data security rules to ensure that American patient data is protected and applicable laws are followed.

Question 132. Do you agree that Americans have a reasonable expectation of privacy in their health records?

Response: HIPAA protects patient information, and I will ensure all applicable laws are followed.

Question 133. The HIPAA Privacy Rule currently permits law enforcement to access Americans' health records — including sensitive health records — with merely a subpoena or administrative request. Do you believe that law enforcement agencies demanding access to Americans' health records should be required to obtain a warrant signed by a judge, which is already required in several states, such as Louisiana and Montana, and is the same standard that applies nationwide for Americans' emails, search engine records and location data?

Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected.

Question 134. There have been calls for the Trump Administration to broadly track pregnancy outcomes, including births and abortions, and rescind privacy protections put in place by the Biden Administration, including the 2024 update to the HIPAA privacy rule. Yes or no, do you agree with these calls?

Response: Through his recent Executive Order, President Trump rescinded certain elements of the 2024 update to the HIPAA privacy rule.

Question 135. Can you commit that HHS would not support, endorse or collaborate with states in efforts to punish people for accessing or providing health care?

Response: I support President Trump's position that the States should have the power to determine their own laws on abortion.

Question 136. Would you oppose HHS oversight or rulemaking that allows states to criminalize or punish people who access reproductive health care?

Response: I support President Trump's position that the States should have the power to determine their own laws on abortion.

Question 137. What specific steps would you take as HHS Secretary to ensure individuals' health information – including data collected by health tracking apps, health records and communications – remains private and confidential?

Response: As HHS Secretary, I will follow the law on patient privacy, including the health care privacy protections provided under HIPAA.

Question 138. Do you support HIPAA protections that safeguard reproductive health information from being used against patients, providers and their families in criminal and/or civil investigations and proceedings?

Response: As HHS Secretary, I will follow the law, including the health care privacy protections provided under HIPAA and other relevant law, including coordination with state attorneys general to enforce state privacy laws restricting the disclosure of protected health information. I also support President Trump's position that the States should have the power to determine their own laws on abortion.

Question 139. Do you believe states and employers should have access to individuals' personal health information without their consent?

Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected and all applicable laws are followed.

Question 140. How do you view the role of HHS in protecting reproductive health information from being used to criminalize individuals, including patients and providers, who seek and/or provide abortion care in states where it is restricted?

Response: As HHS Secretary, I will follow the law, including the health care privacy protections provided under HIPAA. I also support President Trump's position that the States should have the power to determine their own laws on abortion.

Question 141. Would you collaborate with other agencies to ensure protection of reproductive health information in health apps and from data brokers and law enforcement? Which agencies do you think should be involved in this work?

Response: As HHS Secretary, I will follow the law, including the health care privacy protections provided under HIPAA.

Question 142. Given increasing concerns about data privacy, especially regarding sharing sensitive health information, would you support federal policies requiring explicit, informed patient consent before their personal health information is shared between third parties?

Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected and all applicable laws are followed.

Question 143. Do you believe the increased use of AI in healthcare puts data privacy at risk?

Response: If confirmed, I will review all relevant data security rules to ensure that American patient data is protected.

HIV & Hepatitis

In your 2021 book *The Real Anthony Fauci*, you wrote, "any questioning of the orthodoxy that HIV is the sole cause of AIDS remains an unforgivable—even dangerous—heresy among our

reigning medical cartel and its media allies." You have also said that HIV is caused by "poppers" (amyl nitrite) and other environmental reasons. And, just a couple of years ago, in a 2023 New York Magazine interview you are quoted as saying, "They were doing phony, crooked studies to develop a cure that killed people without really being able to understand what HIV was, and pumping up fear about it constantly, not really understanding whether it was causing AIDS."

Question 144. Do you still support these statements?

Response: I believe HIV causes AIDS.

Question 145. Do you agree that the HIV virus causes the infectious disease that leads to AIDS?

Response: Yes, in most cases.

Question 146. Will you commit to fully funding the Ryan White HIV/AIDS program?

Response: If confirmed, HHS will implement laws passed by Congress, including appropriations laws, which includes designated funding levels for the Ryan White HIV/AIDS program.

Question 147. Will you commit to supporting a robust prevention program at the CDC that includes pre-exposure prophylaxis?

Response: If confirmed, HHS will support all appropriate prevention programs, including those which include pre-exposure prophylaxis.

Question 148. Will you commit to investing in HIV research programs at the NIH?

Response: If confirmed, my goal is for NIH to be the global leader in breakthrough, transparent research accountable to the American people.

PrEP medications have been shown to successfully reduce the risk of acquiring HIV through sexual contact by over 99% and are a major component of the national strategy to reduce HIV. The U.S. Preventive Services Task Force has given PrEP a grade A recommendation, which under the ACA requires insurers to cover it without patient cost-sharing. Today PrEP is either a once daily oral or a bimonthly injection, and the FDA is expected to approve a twice-yearly injection later this year.

Question 149. Under your leadership, will HRSA and the CDC continue to support activities to promote and increase PrEP usage, particularly for those individuals who need it but are not currently accessing it?

Response: If confirmed, I look forward to continuing the good work that President Trump did in his pursuit to eradicate HIV/AIDs.

Question 150. If confirmed, would you make sure that insurers cover all forms of PrEP without cost-sharing?

Response: I am committed to improving healthcare quality and outcomes for all Americans. If confirmed, I will work to address barriers to coverage and promote broader access to affordable, high quality health coverage that best meets the needs of individuals and their families.

Health Insurance

Question 151. In its work to improve patient access, particularly access to mental health services, the Finance Committee has undertaken a bipartisan effort to address the problem of "ghost networks," which are incomplete and inaccurate health care provider directories. The prevalence of ghost networks makes it difficult or impossible for patients to find appropriate health care providers who are covered by their insurance plan. The Committee included legislation to address the ghost network problem, including through the use of artificial intelligence and other advanced technologies, as part of a bipartisan health care bill reported by the committee earlier this year. This is an area where we can use new technology to deliver better health care results at a lower cost. If confirmed, will you aggressively pursue the use of AI and other advanced technologies, with appropriate privacy safeguards, to improve health care provider directories and other health care information?

Response: It is essential for people to have accurate information so that they can access the health care that best meets their needs. There is a lot of opportunity with AI. If confirmed, I look forward to harnessing innovations in health care, such as AI, while ensuring that seniors and other health care consumers have access to high quality healthcare.

Question 152. What is your perspective on insurance company prior authorizations and coverage denials?

Response: It is important for people with Medicare and private insurance to have access to the healthcare they need. If confirmed, I look forward to working on ways to increase transparency and to ensuring that payors regulated by HHS provide appropriate access to care that improves health outcomes and quality.

Question 153. What improvements would you make to the consumer experience of using health insurance?

Response: President Trump implemented historic price transparency requirements on hospitals and health plans that elevated the consumers experience by giving consumers pricing information they need to make the best care decisions for themselves and their families. I want to continue improving the consumer

experience to ensure that Americans have access to the best health insurance possible with the information they need to achieve better health outcomes.

Question 154. What policies do you support to tackle the root drivers of high U.S. health care spending?

Response: As I testified, our country needs to change policy and its attitude toward the root cost drivers of healthcare. The obvious answer is chronic disease. The CDC says 90 percent of healthcare spending goes toward managing chronic disease. This hits lower income Americans the hardest and needs to be addressed.

Question 155. How do you intend to ensure that consumers have access to affordable coverage that supports their health needs?

Response: I want to ensure that Americans realize better health outcomes and quality. If confirmed, I will work to foster an affordable, accessible, high quality health care system that best meets the needs of individuals and their families, including access to affordable insurance options.

Question 156. Do you oppose changes to Medicaid or the ACA that result in coverage losses? Response: If I am confirmed, my role as Secretary would be to administer these programs consistent with the laws passed by Congress so that they serve the Americans they are intended to benefit. I want to ensure that all Americans realize better health outcomes and quality. And I look forward to working with Congress as they consider legislation to improve these programs so that they focus on making Americans healthy, not just on treating sickness.

Question 157. Do you oppose tax cuts for the wealthy if they are paid for by cuts to health care coverage for low and middle-income Americans?

Response: I support the President's economic and tax policies.

Question 158. What role do you believe for-profit companies should play in the Medicare program?

Response: It is important that people with Medicare have access to high quality healthcare that improves health outcomes. Innovation is key to achieving that goal, and I appreciate the role that private companies can serve towards that goal. For example, Medicare Advantage provides an opportunity for people with Medicare to access more options and additional benefits based on their individual needs. If confirmed as HHS Secretary, I plan to work closely with CMS to improve quality of care, increase innovation, and secure better health outcomes for beneficiaries.

Question 159. Would you support efforts to measure and ultimately increase the amount of primary care spending in federal health programs?

Response: If confirmed, I look forward to working with Congress to ensure the many federal health programs support primary care clinicians in their endeavor to make Americans healthy again.

Question 160. What do you see as the role of AI in health care delivery?

Response: As Secretary, I would work with stakeholders and patients to explore the latest technological advances in improving our health system, including the use of Artificial Intelligence (A.I.) as well as ensuring that innovators do not face unnecessary regulatory barriers in bringing these innovations to patients.

Question 161. What steps would you take to protect patients and providers from the risks of AI in healthcare?

Response: As Secretary, I would work with stakeholders and patients to explore the latest technological advances in improving our health system, including the use of Artificial Intelligence (A.I.) as well as ensuring that innovators do not face unnecessary regulatory barriers in bringing these innovations to patients.

Question 162. What steps would you take to combat "regulatory capture" by companies in the healthcare AI space?

Response: As Secretary, I would work with stakeholders and patients to explore the latest technological advances in improving our health system, including the use of Artificial Intelligence (A.I.) as well as ensuring that innovators do not face unnecessary regulatory barriers in bringing these innovations to patients.

Long-Term Care

Nursing homes have been understaffed for years, harming both residents and the nurse aides and other workers who care for residents. Research has consistently shown that low staffing is associated with more falls, pressure ulcers, hospitalizations and lower quality of care. Nursing home advocates have called for federal staffing standards for decades.

Question 163. What improvements do you believe need to be made to improve the quality of care provided in our nation's nursing homes?

Response: This is a vulnerable population, and I agree that the quality of care in nursing homes must be a top priority. Regulatory requirements for health care providers, including nursing homes, should not be unnecessarily burdensome or reduce care options for patients. I look forward to working with Congress on ways to maintain high quality options for nursing home care. I would note that proximity to family members can be a significant driver of quality for nursing home residents.

Question 164. Do you commit to implementing the final rule that establishes minimum staffing standards for nursing homes?

Responses: This is a vulnerable population, and I agree that the quality of care in nursing homes must be a top priority. Regulatory requirements for health care providers, including nursing homes, should not be unnecessarily burdensome or reduce care options for patients. While I appreciate the goals of this proposal, many nursing homes, particularly in rural areas, simply do not have the staffing available

to meet these mandates. I look forward to working with Congress on ways to maintain high quality options for nursing home care. I would note that proximity to family members can be a significant driver of quality for nursing home residents.

Question 165. Do you believe that every nursing home should have a nurse in it 24/7?

Response 163-165: This is a vulnerable population, and I agree that the quality of care in nursing homes must be a top priority. Regulatory requirements for health care providers, including nursing homes, should not be unnecessarily burdensome or reduce care options for patients. While I appreciate the goals of this proposal, many nursing homes, particularly in rural areas, simply do not have the staffing available to meet these mandates. If confirmed, I look forward to working with Congress on ways to maintain high quality options for nursing home care. I would note that proximity to family members can be a significant driver of quality for nursing home residents.

Question 166. What steps would you take to address the shortage of the long-term care workforce?

Response: Many nursing homes, particularly in rural areas, simply do not have the staffing available to meet these mandates. If confirmed, I look forward to working with Congress on ways to maintain high quality options for nursing home care.

Question 167. Should there be a role for private equity investments in our nation's nursing homes?

Response: If confirmed, I am committed to providing all Americans with radical transparency when it comes to their health care decisions. I look forward to working with CMS to make sure that seniors and their families have the information they need to choose quality care.

Question 168. Should there be a role for HHS to regulate the role of private equity investment in nursing homes?

Response: If confirmed, I am committed to providing all Americans with radical transparency when it comes to their health care decisions. I look forward to working with CMS to make sure that seniors and their families have the information they need to choose quality care.

Question 169. Do you agree that Congressional proposals to cut Medicaid will make it harder for nursing homes to hire staff?

Response: I defer to Congress on the funding levels for the Medicaid Program. If confirmed, I will work with states to administer the program as efficiently as possible. Every state is unique in their specific approach to the provision of services under Medicaid, and I will stand ready to assist states as they develop strategies to meet their particular goals.

Question 170. Do you believe the current cost reporting requirements for nursing homes are adequate to ensure that public dollars support care for nursing home residents?

- Response: It is important to have insight on costs incurred by health care providers and facilities. If confirmed, I will work to increase transparency and ensure that nursing homes comply with applicable laws in this regard.
- Question 171. Do you support a requirement for a specific minimum percentage of Medicaid and Medicare payments that a nursing home receives to be spent on direct care?

 Response: If confirmed, I will evaluate all government requirements governing nursing homes and will work to ensure the health and safety of all patients in nursing homes.
- Question 172. In 2023, CMS finalized a rule that would require facilities to report all owners, regardless of their percentage of ownership, require facilities to report who owns their real estate, and require facilities to disclose if they are private equity, among other important additions. If confirmed, would you make sure this information is publicly available in a way that is readable and usable for consumers and researchers?

 Response: If confirmed, I am committed to providing all Americans with transparency when it comes to health care. I look forward to working with CMS to make sure that seniors and their families have the information they need to receive quality care.
- **Question 173.** What is your view of the current Survey and Certification process for nursing homes?
- Question 174. Do you support additional federal funding for nursing home surveys?
- **Question 175.** Recently, CMS announced that, in conjunction with the Department of Labor, it plans to allocate \$75 million to support nursing home workforce training, recruitment and retention. Will you commit to distribute this funding to invest in the nursing home workforce?
 - Response 173-175: I believe that the quality of care in nursing homes must be a top priority, and that surveys are a valuable tool for assessing the quality of care. If confirmed, I will evaluate all government regulations governing nursing homes, push for radical transparency, and work to ensure the safety of all patients.
- **Question 176.** If the Trump administration attempts to freeze this funding, would you oppose those efforts?
 - Response: I will support President Trump's agenda.
- **Question 177.** Will you support additional federal funding to support training, recruitment, and retention of nursing home workers?
 - Response: As I responded above, a sustainable nursing home workforce is crucial for our aging population. I look forward to working with Congress to find ways to maintain high quality options for nursing home care and further support training, recruitment, and retention of nursing home workers.
- **Question 178.** Studies show that the vast majority of elders want to age in place, at home and in their communities. Home care services, such as assistance with activities of daily living, meal preparation, and other supports allow them to do so. HHS is the single

biggest payer for these services, through Medicaid home- and community-based (HCBS) programs. However, only a fraction of the millions of people who need services are eligible for Medicaid programs, leaving them to rely on unpaid care from family members and friends. Many states have waiting lists even for those who are eligible for HCBS. Do you support an expansion of Medicaid HCBS?

Question 179. Should HCBS services be a mandatory Medicaid benefit, similar to nursing homes?

Response 177-178: Every state is unique with a different population and different needs, and the Medicaid program should be more flexible to address the changing health care landscape and population needs with the goal of improving health outcomes. If confirmed, I am committed to working with states, in accordance with the laws passed by Congress, to provide more flexibility to pursue innovative measures that fit the needs of their citizens. At the same time, states must be held accountable to standards that result in better health care quality and access. Our goal is to ensure that all Americans have access to high quality health care with choices that fit their needs and the needs of their family.

Question 180. Are current wages for home care workers adequate? **Response:** I believe this question is better addressed to the Department of Labor.

Question 181. Do you support increasing wages for home care workers? **Response: I'd have to know the numbers to comment.**

Question 182. Yes or no, should there be a federal role in ensuring wages for home care workers are adequate?Response: No.

Question 183. Will you commit to implementing the Ensuring Access to Medicaid Services rule, including its provisions to expand access to HCBS and improve compensation for direct care workers?

Response: I look forward to reviewing this issue with CMS to ensure our commitment to Americans with long-term care needs is met and that states have the flexibility to implement innovative programs that work best for the populations they serve.

Question 184. What specific improvements do you think should be made to the Medicare home health benefit?

Response: If confirmed, I look forward to reviewing this important benefit. I will work with the CMS Administrator to take a holistic look at the Medicare program

to ensure that it is working to keep our nation's seniors healthy, including by better managing chronic disease.

Question 185. Should for-profit entities affiliated with a nursing home be able to avoid liability for poor quality of care in nursing homes?

Response: I think this is properly a state law question.

Question 186. Do you agree that proposals to cut Medicaid funding will reduce seniors' access to long-term care?

Response: Decisions made about Medicaid funding levels are made by Congress. Long-term services and supports are a vital part of the Medicaid program and the need for these services will increase with the aging baby boomer population. If confirmed, I will work to ensure our commitment to Americans with long-term care needs is met and that states have the flexibility to implement innovative programs that work best for the populations they serve.

Question 187. Yes or no, do you agree that proposals to cut Medicaid will reduce access to HCBS that enable older adults and people with disabilities to remain in their homes and communities?

Response: Decisions made about Medicaid funding levels are made by Congress. I support the availability of home and community-based services for individuals best served by these settings. If confirmed, I would work with states to ensure the right balance of public funding for home and community-based options for older adults and people with disabilities.

Question 188. A new audit report by the HHS Office of Inspector General, *Some Selected Skilled Nursing Facilities Did Not Comply With Medicare Requirements for Reporting Related-Party Costs*, A-07-21-02836 (Dec. 2024), finds that 7 of 14 facilities it reviewed did not properly adjust related party costs (costs to companies they own and control) and overstated their costs by \$1,703,734 (an average of \$243,390 for each facility). Will you take action to ensure that nursing homes comply with requirements to report related party costs?

Response: Thank you for highlighting this report. It is important to have insight on costs incurred by Medicare providers. If confirmed, I will work to increase transparency and ensure that nursing home comply with all applicable laws.

Question 189. Should nursing home residents receive the flu vaccine annually?

Response: If confirmed, I will ensure that these decisions can be determined by the individual patient and they should be provided with all relevant information and resources to reach a decision.

Question 190. Effective enforcement of federal regulations at the state level plays a critical role in ensuring the safety and well-being of nursing home residents. A GAO report from 2022 highlights significant gaps in oversight and enforcement, such as inconsistencies in state inspections and inadequate penalties for violations. What specific policies would you implement to ensure that federal nursing home regulations are effectively enforced across all states?

Question 191. How would you provide better resources and support for state enforcement agencies to improve the quality of life for residents in nursing homes?

Response 190-191: Ensuring the health and safety of all Americans is a top priority of the President. If confirmed, I will work closely with CMS to evaluate the enforcement of federal regulations governing nursing homes to safeguard the health and safety of all patients.

Question 192. Over the past several years, CMS has collected and made public data on nursing home quality and ownership. How do you plan to use data to ensure individuals can access high quality care in nursing homes and to empower consumers to make informed choices about their nursing home care?

Responses: If confirmed, I am committed to providing all Americans with radical transparency when it comes to their health care decisions. I look forward to working with CMS to make sure that seniors and their families have the information they need to receive quality care.

LGBTQIA+ Populations

Question 193. Do you agree with the extensive body of evidence that shows that access to gender-affirming care for transgender and nonbinary youths is associated with decreases in depression, anxiety and suicidality for these populations?

Response: No, consistent with the Independent Review of Gender Identify Services for Children and Young People (commonly known as the Cass Review), that characterization of the evidence is incorrect.

Question 194. In the context of vaccines, you have expressed a strong belief that patients should have access to full information on which to base their medical decisions. Do you believe that patients have a right to full information from their doctors in the context of gender-affirming care?

Response: If confirmed, I will fully implement President Trump's Executive Order as it relates to gender-affirming care.

Maternal Mortality

Question 195. What specific steps would you take to address the nation's maternal mortality rate, which exceeds that of other developed nations?

Response: If confirmed, I look forward to addressing the nation's maternal mortality rate and ensuring that we make all Americans healthy again.

Question 196. How do you plan to address the lack of maternity care available in some areas of the country, especially rural areas?

Response: If confirmed, I look forward to addressing access to maternal care and ensuring that we make all Americans healthy again.

Question 197. How do you plan to address obstetric unit and hospital closures?

Response: I agree that access to maternal health care and rural hospital closures are critical issues. If confirmed, I commit to reviewing these issues in great detail and working holistically to ensure that patients have access to care, including by leveraging technologies through telehealth and innovative care models that promote specialist access in remote or rural communities. I look forward to working with Congress, provider groups, hospitals and other stakeholders to explore solutions to this complicated problem.

Question 198. Yes or no, should every mother in America have health insurance during and after pregnancy?

Response: I will follow the laws passed by Congress, including by administering any programs that support access to health services for pre and postpartum mothers.

Question 199. Yes or no, should every newborn child in America have health insurance?

Response: I want to ensure that Americans realize better health outcomes. If confirmed, I will work to foster affordable, accessible, high quality health care coverage through a competitive health insurance market that delivers better health outcomes for individuals and their families.

Question 200. Yes or no, will you oppose any cuts that reduce access to insurance for mothers and newborns?

Question 201. Will you commit to continuing the federal expansion allowing and encouraging states to offer a full 12 months of postpartum Medicaid coverage?

Responses Questions 199-201 198-201: Advancing the health of America's mothers and children is a key component of Making America Heathy Again. While decisions about funding for federal programs are made by Congress, if confirmed, I will work to administer these programs efficiently to serve these patients. I will also work to address barriers to coverage and promote broader access to affordable, high quality health coverage that best meets the needs of women, children and their families.

Question 202. Will you commit to directing HHS to support existing programs aimed at addressing the maternal health crisis, and especially these disparities in maternal health outcomes among Black, Indigenous, and rural Americans?

Response: If confirmed, I look forward to addressing the nation's maternal care and ensuring that we make all Americans healthy again.

Question 203. The U.S. is facing a maternal health crisis, with disproportionately high rates of maternal mortality, particularly among Black, Indigenous, and rural populations. You highlighted this crisis during your time on the Presidential campaign trail, tying it to a high prevalence of chronic disease among Black Americans, largely caused by systemic poverty, the long impact of redlining, and racism. Is it still your belief that these root causes are contributing to the high maternal mortality rate?

Response: If confirmed, I look forward to addressing the nation's maternal care and ensuring that we make all Americans healthy again.

Question 204. What steps will you take to support the training, certification, and equitable payment of midwives and doulas?

Response: If confirmed, I look forward to addressing the nation's maternal care and ensuring that we make all Americans healthy again.

Question 205. How will you address perinatal workforce shortages, especially in rural and underserved areas?

Response: If confirmed, I look forward to addressing the nation's maternal care and ensuring that we make all Americans healthy again.

Question 206. The bipartisan Maternal and Child Health Stillbirth Prevention Act expanded the scope of the Maternal and Child Health Services Block Grant to include research and activities to prevent stillbirths. Will you commit to working towards eliminating preventable stillbirths by ensuring states implement the prevention strategies set forth in the Maternal and Child Health Stillbirth Prevention Act?

Response: If confirmed, I am committed working with Congress to find solutions to prevent stillbirths and to implementing all Congressional laws, including the Maternal and Child Health Stillbirth Prevention Act. I look forward to working with you on this issue.

Medicaid

Question 207. What are your views on the role of the Medicaid program?

Question 208. Do you believe that all eligible low-income people and people with disabilities should be able to access Medicaid?

Question 209. How might proposed funding cuts to Medicaid jeopardize your ability to carry out your MAHA agenda?

Response 207-209: I am committed to improving healthcare quality and outcomes for all Americans, and Medicaid is an important program to support that goal. While decisions about funding levels are set by Congress, if confirmed, I would work with states to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries, and that the states are given the flexibility to pursue innovative approaches that fit the needs of their citizens.

- **Question 210.** Do you support making work reporting requirements a condition of participation in Medicaid?
- **Question 211.** What criteria would you use to determine whether to approve work reporting requirements in a specific state?
- **Question 212.** What are your views on the HHS general counsel advisory opinion finding that it is beyond the HHS Secretary's authority to approve Medicaid work reporting requirements, because they conflict with the program's core statutory objective of furnishing Medicaid coverage?

Response 210-212: Encouraging community engagement allows more families to realize the American dream and has been shown to contribute positively to both physical and mental health. If confirmed, I will work with states, in compliance with

the law and the President's health care policies, to implement innovative approaches that both promote holistic health and foster community engagement.

Question 213. How many individuals with Medicaid coverage are currently working, or unable to work because they are a caregiver, student, or individual with a disability?

Question 214. How many individuals with Medicaid coverage would lose coverage if work reporting requirements are in place?

Question 215. What guardrails should be in place to ensure that nobody who is eligible for Medicaid loses coverage due to administrative red tape?

Question 216. How should HHS make sure that people unable to work because of illness or disability do not lose access to their Medicaid coverage?

Response 213-216: Studies have confirmed the value of work to individual health and sense of well-being. If confirmed, I look forward to working with states to consider innovative strategies that improve outcomes across the Medicaid program. Every potential policy should consider the impact on the different Medicaid populations and ensure appropriate protections are in place for vulnerable populations like children and individuals with disabilities.

Question 217. Do you support proposals to institute a per capita cap or block grant structure in Medicaid?

Response: While Medicaid funding levels and structures are decided by Congress, if confirmed, I would work to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fits the needs of their citizens, ensures quality, and improves health outcomes.

Question 218. How will you use your authorities to preserve and expand on the role of Medicaid in fighting the opioid epidemic?

Question 219. Will you oppose any cuts to Medicaid that reduce access to treatment for substance use disorders?

Response 217-218: Addiction care is a priority to me as someone who has lived with addiction, and I believe that Medicaid programs can be an important resource for many patients. If I am confirmed, I will work closely with CMS and Congress to improve access to the most appropriate and compassionate care for individuals who need substance use disorder services.

- **Question 220.** Will you oppose any cuts to Medicaid that reduce access to mental health services?
- **Question 221.** Will you oppose any changes to Medicaid that cause eligible people to lose coverage?
- Question 222. Will you oppose any changes to Medicaid that reduce access to care?
- **Question 223.** In some states, like Texas, the bar for qualifying for Medicaid for adults is exceptionally low. For example, a parent in a two person household making \$2,500 per year makes too much money to qualify for Medicaid. Do you think this is acceptable?
- **Question 224.** Many of your colleagues have called for limiting federal support to the Medicaid program, which would throw state budgets into disarray and result in substantial coverage losses. Do you believe federal Medicaid funding to states should be arbitrarily capped?
- **Question 225.** Do you believe that Medicaid is a vital anti-poverty program that must be maintained and strengthened?

Response 220-225: While Medicaid funding levels are decided by Congress, if confirmed, I would work to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fit the needs of their citizens, ensure quality, and improve health outcomes.

Question 226. Will you support the continued implementation of regulations to combat the problem of vulnerable people losing Medicaid coverage for procedural reasons rather than due to ineligibility?

Question 227. Will you commit to continue enforcement activities by the federal government to ensure that states are not systematically engaging in practices that wrongfully deny Medicaid coverage to eligible people?

Response 225-226: States and the federal government both have a role in administering the Medicaid Program. It is important that Medicaid's enrollment and payment policies strike the right balance between fairness and responsibility and contain the appropriate safeguards that consider changing circumstances for families.

Question 228. Will you commit to supporting the continued use of SNAP eligibility data to enroll people in the Medicaid program?

Question 229. If caps or block grants would take away coverage for low-income people, would you oppose them?

Question 230. Do you support allowing flexibility in the Medicaid program to cover social needs that contribute to poor health outcomes, such as housing support services, nutrition services, and home environment improvements (air ventilation, refrigeration, accessibility modifications)?

Response 227-229: While funding levels and mechanisms are set by Congress, if confirmed, I would work to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fit the needs of their states while ensuring access to care.

Question 231. What is the role of Medicaid in the provision of mental health services in the U.S., and how would you anticipate that role changing if major cuts in federal Medicaid funding take place? How would people get the treatment they need?

Response: Mental health conditions in America are on the rise, yet many struggle with timely and effective access to care. I hear the stories about barriers to access - and we need to improve that. If confirmed, I will work to foster access to affordable, high quality mental and behavioral health care coverage that best meets the needs of individuals and their families.

Question 232. Do you support states providing pre-release benefits through Medicaid for people transitioning out of incarceration?

Response: If confirmed, I would work to see that the Department is a helpful resource to the states by providing transparent and clear communication regarding the flexibilities available to them, technical assistance, and support as needed. Every state is unique in their specific approach to the provision of services, and we stand ready to assist states as they develop strategies to meet their particular goals.

Question 233. Forty-one states have expanded Medicaid under the Affordable Care Act, significantly reducing uninsured rates among low-income individuals. Do you believe all states should expand Medicaid, and if not, how would you address the coverage gap for low-income adults in non-expansion states?

Response: I want to ensure that Americans have access to the best health insurance possible. If confirmed, I will work to address barriers to coverage, promote broader access to affordable, high quality health coverage that best meets the needs of individuals and their families, and ensure the Medicaid program provides a strong safety net for America's most vulnerable populations.

Question 234. Medicaid is the primary payer for long-term care in the United States, particularly for older adults and people with disabilities. Would you oppose any cuts that result in less coverage for these services?

Response: Long-term services and supports are a vital part of the Medicaid program and the need for these services will increase with the aging baby boomer population. I look forward to ensuring our commitment to Americans with long-term care needs is met and that states have the flexibility to implement innovative programs that work best for the populations they serve.

Question 235. Would you oppose any cuts to Medicaid that reduce payments to doctors and hospitals?

Response: While Medicaid funding levels are decided by Congress, if confirmed, I would work to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fit the needs of their states.

Question 236. You stated that "Medicaid is fully paid for by the federal government" during your confirmation hearing. How is Medicaid financed?

Response: Medicaid is a federal-state partnership that is jointly financed by the federal government and states.

Question 237. You talked about Medicaid "premiums and deductibles" being too high. However, Medicaid does not have premiums and deductibles other than in very limited circumstances. Do you oppose efforts to further shift the burden of health care costs to Medicaid enrollees?

Response: If confirmed, I would work to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fits the needs of their states.

- **Question 238.** You claimed that Medicaid has been expanded beyond its "original target population of the poorest Americans." Do you believe pursuing cuts of up to one-third of federal Medicaid spending will impact on children, pregnant women, Americans with disabilities, and seniors?
- Question 239. You claimed that Medicaid has been expanded beyond its original "target population of the poorest Americans." What percentage of non-elderly adults with Medicaid have a disability, but do not have Supplemental Security Income and thus cannot qualify on the basis of disability? What percentage of non-elderly adults with Medicaid have a mental health or substance use disorder? What percentage of non-elderly adults with HIV have Medicaid coverage? Do you think expanding Medicaid helps these populations? Do you believe pursuing cuts of up to one-third of federal Medicaid spending will have an impact on these populations?

Response 237-238: If confirmed, I will work to foster an affordable, accessible, high quality health care system that best meets the needs of individuals and their families and ensure the Medicaid program provides a strong safety net for America's most vulnerable populations.

- Question 240. During your confirmation hearing, you made repeat references to the Supplemental Nutrition Assistance Program (SNAP) and healthy foods. Does the Secretary of Health and Human Services have jurisdiction over SNAP?

 Response: SNAP is run by the U.S. Department of Agriculture. If confirmed, I will work with my colleagues at the USDA to improve SNAP standards to focus on outcomes that will make American Healthy Again.
- **Question 241.** Nearly half of all children in the United States have Medicaid and CHIP coverage. If confirmed as HHS Secretary, do you commit to preserving these comprehensive programs and ensuring children have timely access to health care?
- Question 242. The Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) provision and Home and Community Based Services waivers are crucial for ensuring children with disabilities, including those in middle class families, can receive the treatments and services they need. These vital programs are already underfunded, but there are proposals out there to find cost savings in Medicaid by converting it to a block grant or imposing per capita spending caps. All of these changes will result in even less money for states to administer their Medicaid program, which will directly risk benefits offered by the states to children with disabilities, such as Applied Behavioral Analysis for

Autism and Home Nursing Services to allow children with medical complexity to live at home with their families instead of an institution. Do you oppose cuts to Medicaid that would risk children with disabilities losing access to services that allow them to thrive at home in their communities and avoid institutionalization?

Response 240-241: Our goal is to ensure every single American has access to the coverage they want for themselves or their children and dependents. Children are, and will continue to be, a high priority population within the Medicaid program. States are well-positioned to determine the most appropriate ways to ensure access to the highest quality care for children. If confirmed, I will work to see that the Department is a helpful resource to states by providing transparent and clear communication regarding the flexibility available to them, technical assistance, and support as needed. Every state is unique in their specific approach to the provision of services, and we stand ready to assist states as they develop strategies to meet their particular goals.

Question 243. What are your plans to strengthen the CHIP program?

Response: It is important that every child has access to high-quality health coverage, and CHIP plays an important role in accomplishing this objective. Each state has different needs, and I believe CMS needs to work with states to ensure that the CHIP program provides the best possible coverage to their residents. If confirmed, I would work with Congress and states with these principles in mind.

Question 244. How does Indian Country benefit from Medicaid?

Response: I care very deeply about Native American issues and have spent much of my career working to support tribal nations. If confirmed, I would work closely with the President to determine how we can best meet the needs of Native Americans on Medicare and Medicaid. These populations deserve better health outcomes and quality of care.

Medicare

Question 245. Reporting suggests you are interested in reconfiguring how and what Medicare pays for medical services and freeing agencies from "corporate capture"—citing the Relative Value Scale Update Committee's (RUC) role in influencing how services are priced. Policy experts have critiqued the RUC for biasing payment toward specialized care and away from primary care. Are you open to considering alternative evidence-based approaches to determining appropriate payment for services?

Response: I have testified that on several issues requiring expert review, I will meet with and consider technical and expert advice to arrive at a determination that promotes the improved health of every American.

Question 246. How, if at all, would you support reforming the RUC?

Response: It is important that all HHS policy is set in a transparent manner and care is taken to limit conflicts of interest. I commit to working with Congress on making the department more transparent.

Question 247. How do you think Medicare payment rates should be determined?

Response: Generally, Medicare payment methodologies are prescribed in statute. If confirmed, I look forward to working with Congress and the CMS Administrator to take a holistic look at the Medicare program to ensure that it is working to keep beneficiaries healthy.

Question 248. Do you believe it is important to preserve the traditional Medicare program?

Question 249. How do you plan to preserve the traditional Medicare program, and make it such that all seniors have the choice to enroll in it?

Response 248-249: The President has been very clear about his support for Medicare. I am committed to improving healthcare quality and outcomes for all Americans, and Medicare is an important program to support that goal. If confirmed, I would work as HHS Secretary to ensure that Medicare is well administered, effective, and available for eligible beneficiaries.

Question 250. What is your opinion on the state of the Medicare quality bonus system?

Response: I am committed to making sure all Americans have access to the highest quality healthcare. If confirmed as HHS Secretary, I plan to work closely with CMS to improve quality of care, increase competition and provide flexibilities that give Medicare beneficiaries access to the care that fits their needs.

Question 251. What steps would you take at CMS to improve chronic disease management for Medicare and Medicaid beneficiaries?

Response: I believe that we need to Make America Healthy Again and this starts with a focus on prevention and management of chronic disease. If confirmed, I will work to foster an affordable, accessible, high quality health care system that best meets the needs of individuals and their families.

Question 252. How would you strengthen the nation's long-term care system for older adults and people with disabilities to address barriers that prevent Americans from receiving long-term care, which can improve health outcomes and reduce reliance on more costly services like hospitalizations?

Response: Medicaid is the largest funder of long-term care in the United States. I am committed to improving healthcare quality and outcomes for all Americans, and Medicaid is an important program to support that goal. If confirmed, I would work with states to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries, and that the states are given the flexibility to pursue innovative approaches that fit the needs of their citizens. Further, I support the HHS Administration for Community Living and its mission to help older adults and people of all ages with disabilities through community-based organizations.

Question 253. How would you ensure that Americans dually eligible for Medicare and Medicaid have access to integrated care that addresses their complex needs and controls federal health care spending?

Response: If confirmed, I will work with the CMS Administrator to take a holistic look at the care of those dually eligible for Medicare and Medicaid to ensure that the two programs are working to keep the dually eligible healthy while achieving transparency, accountability, and access.

Question 254. Do you believe that obesity is a disease?

Response: Like I said at the hearing, Americans are suffering from a chronic disease crisis in part because of the obesity epidemic.

Question 255. Obesity and related chronic diseases affect millions of Americans and pose significant public health challenges. Glucagon-like peptide 1 medications, initially developed for diabetes management, also promote weight loss and improve related health outcomes. Last month, CMS released a proposal to allow Medicare and Medicaid to cover these medications for the treatment of obesity. Would you move forward with finalizing CMS' proposal?

Response: I believe that we need to Make America Healthy Again and I have promised President Trump that I will do everything in my power to put the health of Americans back on track. If confirmed, I will work with the CMS Administrator to take a holistic look at the Medicare and Medicaid programs to ensure that they are working to keep Americans healthy.

Question 256. What is your perspective on using medications for the treatment of obesity as a tool in the chronic disease epidemic?

Response: If confirmed, I will work to ensure that HHS programs and policies are transparent, evidence-based, and informed by the strongest possible science.

Question 257. Do you believe taxpayers should be paying for medications that treat obesity? Response 255-256: Congress directs the spending of taxpayer dollars. The issue of drug pricing and drug costs is one of great concern to Americans. I appreciate that prescription drugs play an important role in meeting many American's health care needs. If confirmed, I will work with the CMS Administrator to ensure that taxpayer funding is used consistent with the law, efficiently, and appropriately to advance the health of Medicare and Medicaid beneficiaries.

Question 258. Medications to treat obesity are cheaper in other countries than they are in the United States. Should Medicare negotiate the prices for these drugs?

- **Response:** Congress directs the spending of taxpayer dollars, including through Medicare payment and coverage policies. If confirmed, I plan to follow the law.
- **Question 259.** Are you supportive of Medicare GME funding, which supports the training and development of resident physicians?
- Question 260. Will you commit to protect the current Medicare GME funding structure? Response 258-259: HHS programs provide significant funding for numerous health care workforce development programs, including Graduate Medical Education programs.. If confirmed, I look forward to evaluating healthcare workforce needs and working with CMS, HRSA, and Congress to ensure that federal funding is being spent as efficiently as possible to address such needs..

Clinical Laboratory Services

- Question 261. How would you ensure that CMS sets Medicare rates based on timely and accurate payer rates for laboratory services?
- **Question 262.** Will you commit to ensuring CMS sets Medicare rates for clinical laboratories as Congress intended?
- **Question 263.** How would you improve the quality and comprehensiveness of data used to set Medicare payment rates for labs?
- **Question 264.** Will you commit to ensuring appropriate Medicare payment for clinical laboratory tests and commit to advancing a regulatory environment that supports the important role of clinical laboratories?
 - Response 260-263: I am committed to implementing payments for clinical laboratory services as set forth in statute and supporting the role of clinical laboratories in providing high quality care to patients. If confirmed, I look forward to working with Congress on this issue.
- Question 265. As Secretary, what specific steps would you take to address prior authorization tactics that harm our patients and our health care system, including our clinical laboratories?
 - Response: It is important that people with Medicare have access to the care they need. If confirmed, I look forward to working on ways to make sure that seniors have access to the highest quality health care, including clinical laboratory services.
- **Question 266.** Will you commit to evaluate the Acute Hospital Care at Home waiver initiative and provide the data and information that Congress needs as it evaluates extension of this initiative?
 - Response: If confirmed, I commit to implementing the law and providing data that Congress needs in this area. I also look forward to working with CMS to thoroughly evaluate this initiative.

Medicare Advantage

beneficiaries.

Question 267. How will you address Medicare Advantage overpayments?

Response: Medicare Advantage provides an opportunity for people with Medicare to access additional choices and benefits based on their individual needs. If confirmed, I would seek to ensure that Medicare Advantage provides seniors with access to the best care while remaining financially sustainable.

Question 268. Are you supportive of for-profit companies in Medicare Advantage?

Response: Innovation is key to providing seniors with access to high quality healthcare in Medicare and I appreciate the role that private companies can serve towards that goal. For example, Medicare Advantage provides an opportunity for people with Medicare to access more options and additional benefits based on their individual needs. If confirmed as HHS Secretary, I plan to work closely with CMS to improve quality of care, increase innovation, and secure better health outcomes for

Question 269. The Biden administration took critical steps and issued critical rules to protect Medicare enrollees from prior authorization and AI tools that blocked access to care. Will you commit to implementing these policies?

Response: It is important for people with Medicare to have access to the healthcare they need. If confirmed, I look forward to working on ways to make sure that Medicare Advantage provides access to quality healthcare to seniors.

Question 270. What will be your approach to addressing prior authorizations and other limits on Medicare enrollees' care in the Medicare Advantage program?

Response: It is important for people with Medicare to have access to the healthcare they need. If confirmed, I look forward to working on ways to make sure that Medicare Advantage provides access to quality healthcare to seniors.

Question 271. Trump's Project 2025 plan calls for making Medicare Advantage the default option for all enrollees. Do you support a policy that would automatically enroll beneficiaries in Medicare Advantage?

Response: The Trump Administration has not endorsed recommendations from Project 2025. If confirmed, I will follow the law and work to foster affordable, accessible, high quality health insurance coverage that best meets the needs of individuals and their families.

Question 272. The HHS Office of Inspector General completed a study in 2022 finding that plans regularly use prior authorization practices to deny coverage for services that should have been covered, and would have been covered had the beneficiary been enrolled in Medicare fee-for-service. Do you support the Biden administration's efforts to increase standards and accountability for Medicare Advantage plans to ensure enrollees are not being denied needed care?

Response: The President and I share the goals of transparency, accountability, and access, and that applies to the Medicare Advantage program. It is important for people with Medicare to have access to the quality healthcare they need. I look forward to working on ways to make sure that Medicare Advantage provides access to quality healthcare to seniors.

- Question 273. What additional regulations of MA plans would you pursue if confirmed? Response: If confirmed, I will work with the CMS Administrator to take a holistic look at the Medicare Advantage program to ensure that it is providing access to quality healthcare to seniors.
- Question 274. Will you promote access to quality mental health care in Medicare by holding Medicare Advantage plans accountable for access to care outcomes?

 Response: Timely access to effective care is critical for addressing mental health concerns. I am committed to improving healthcare access and outcomes for all Americans. Medicare Advantage is an important program to support that goal. If confirmed, I look forward to working on ways to make sure that Medicare Advantage provides access to quality mental healthcare to seniors.
- Question 275. Medicare Advantage (MA) beneficiaries are filing more appeals for denied services or treatments in recent years. MA enrollees are also more likely than traditional Medicare enrollees to report delays in care due to required approval. What can CMS do to ensure that beneficiaries are receiving needed care in a timely manner?

 Response: It is important for people with Medicare to have access to the healthcare they need. I look forward to working on ways to make sure that Medicare Advantage provides access to quality healthcare to seniors.
- **Question 276.** Do you believe that people should have a choice in how they access Medicare services?

Response: Medicare beneficiaries have the option to choose how they receive their Medicare benefit. If confirmed, I look forward to working on ways to make sure that seniors have access to the best healthcare and information to inform their decision-making.

Question 277. As you know, while people can get in and out of a Medicare Advantage (MA) plan on an annual basis, rights to purchase a Medicare supplemental insurance plan (Medigap) are much more restricted. Should this change?

Response: Medigap plans offer a choice for Medicare beneficiaries to assist with the costs of the traditional Medicare benefit. If confirmed, I look forward to working on ways to make sure that all people with Medicare have access to quality healthcare.

Question 278. What actions will you take to maximize the ability for people to choose between MA and traditional Medicare?

Response: Medicare beneficiaries have the option to choose how they receive their Medicare benefit, whether that is through traditional Medicare or Medicare Advantage. If confirmed, I look forward to working on ways to make sure that seniors have access to the best healthcare and information to inform their decision-making.

- **Question 279.** Less than 10% of people appeal MA plan denials, but when they do, 80% win their appeal. Does this suggest to you that MA plans are denying more medically necessary care than they should? What would you do to address this issue?
- **Question 280.** What will you do to hold MA plans accountable for failing to provide medically necessary care?
- Question 281. What will you do to improve network adequacy standards in MA?

 Response 278-280: It is important for people with Medicare to have access to healthcare. I look forward to working on ways to make sure that Medicare Advantage provides access to quality healthcare to seniors.
- Advantage insurers received an additional \$7.5 billion from the government due to medical diagnoses identified using "questionable" health risk assessments but never identified in any medical services records. The OIG recommends that CMS restrict the use of these diagnoses in determining payments to MA companies because they are likely being used by insurers to increase payments. What are your views on this issue?

 Response: Medicare Advantage provides an opportunity for people with Medicare to access additional choices and benefits based on their individual needs. If confirmed, I would seek to ensure that Medicare Advantage provides seniors with access to the best care while remaining financially sustainable.
- Question 283. Medicare Advantage and Part D plans frequently use "preferred cost-sharing pharmacies." The underlying statutes require that any such preference shall not result in an increase in payments. However, the Federal Trade Commission's recent reports on PBMs demonstrate that the major PBMs, all of which are vertically integrated with major insurers, pay their preferred and affiliated pharmacies substantially more than non-preferred and independent pharmacies. If confirmed, will you direct CMS to examine the prevalence of and enforce the prohibition against plans' increased payments to preferred pharmacies?

Response: The issue of drug pricing, including the role of middlemen, is an issue of great concern to many Americans. I believe increased transparency in PBM practices is needed, and I am interested in working with Congress and with stakeholders to address these issues.

Physician Fee Schedule

- **Question 284.** A variety of stakeholders, including yourself, have argued that we need to overhaul how Medicare pays physicians. How will you ensure appropriate access to primary care through the physician fee schedule updates?
- **Question 285.** How will you encourage clinicians to focus on keeping people healthy and appropriately managing their care rather than the volume of services they deliver?
- **Question 286.** How will you ensure primary care providers are paid in a way that incentivizes high-quality care and ensures comprehensive access for patients?

Response 283-285: If confirmed, I will work with the CMS Administrator to take a holistic look at the Medicare program to ensure that it is working to keep our nation's seniors healthy and reducing the rate of chronic disease. Ensuring that Medicare coding and payment enable primary care providers to achieve these goals for beneficiaries will be essential.

Question 287. How would you collaborate with the CMS administrator and essential stakeholders—including physicians—to balance the need to appropriately compensate doctors to support access to care while controlling costs to taxpayers?

Response: Medicare payment rates and formulas are set by Congress. If confirmed, I will work with Congress, CMS, and stakeholders to evaluate the appropriateness of payment rates for physicians to ensure access, while controlling costs.

Question 288. What recommendations/directives, if any, would you make to the CMS administrator for CMMI to advance progress in expanding primary and preventive health care delivery?

Response: If confirmed, I will work with Congress, CMS and stakeholders to ensure that the Innovation Center tests appropriate innovative models that improve the quality of care and reduce costs for Medicare and Medicaid beneficiaries.

Mental Health/SUD

Question 289. Do you intend to promote equal access to quality mental health and substance use disorder coverage through implementation of the 2024 Final Rule on the Mental Health Parity and Addiction Equity Act? And the parallel guidance issued by CMS for Medicaid?

Response: Mental health conditions in America are on the rise, yet many struggle with timely and effective access to care. If confirmed, I will work to foster access to affordable, high quality mental and behavioral health care coverage that best meets the needs of individuals and their families.

Question 290. Millions of Americans experience mild to moderate mental health and substance use disorder issues, yet many struggle to access timely and effective treatment. Primary

care often serves as these individuals' first point of contact, making it a critical setting for addressing behavioral health needs. Integrated care models that combine behavioral health and primary care have successfully improved outcomes by treating the whole person in a coordinated manner. As CMS continues prioritizing patient-centered care, how would you strengthen the integration of behavioral health and primary care services? Response: Primary care is a priority for me. We have the opportunity to improve care and outcomes for patients living with substance use disorders. I believe that primary care providers should understand how to serve patients with behavioral health conditions, particularly substance use disorders, so that patients who need life-saving care are able to receive it at the right time. If I am confirmed, I will work with CMS and Congress to improve access to primary and behavioral health care.

- Question 291. What actions would you take to ensure that primary care providers have the training, resources, and support needed to deliver integrated care effectively?

 Response: If confirmed, I look forward to working with the CMS Administrator and Congress on ways to ensure that primary care providers are continually supported.
- **Question 292.** Given the youth mental health crisis and Medicaid's role in providing behavioral health services, what steps would you take to prevent gaps in care for youth and their families?
- **Question 293.** Do you think that proposals to cut Medicaid would result in less coverage for mental and behavioral health services?

Response 291-292: Mental health conditions in America are on the rise, yet many struggle with timely and effective access to care. I am committed to improving access to affordable, high quality mental and behavioral health care that best meets the needs of individuals and their families, and Medicaid is an important program to support that goal. If confirmed, I would work to ensure that the Medicaid program is well administered, effective, and available for the most vulnerable beneficiaries and that the states are given the flexibility to pursue innovative approaches that fits the needs of their states.

Question 294. How can federal policies better prioritize prevention and early intervention strategies across both physical and behavioral health?

Response: I believe that we should support primary care providers as they can be situated to provide early interventions for both physical and behavioral health care. If I am confirmed, I will work with CMS and Congress to improve access to primary and behavioral health care.

Question 295. Would you agree that we need to treat substance use disorders as health conditions, not as personal failings, and that we need to continue working to expand access to evidence-based treatments for substance use disorders, including medications such as buprenorphine, naltrexone, and methadone?

Response: Addiction care is a priority to me as someone who has lived with addiction, and I agree that medications can be a useful tool for some patients. If I am confirmed, I will work closely with CMS and states to ensure that we are improving access to care for individuals who need substance use disorder services.

Question 296. What metrics would you use in the design of new models for behavioral health integration? How would you measure if a particular model is integrating behavioral health?

Response: If I am confirmed, I will work closely with CMS and Congress to increase access to innovative technologies where appropriate to improve the lives of individuals who need behavioral health treatment.